

WELL ID. # L-19970

Klam
53080

(START CARD) # 132175

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 3
Name Nelson's Juniper Ridge Ranch
Address 24624 Schapp Rd
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 650'
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
22	0	220	Cement	0	220	5 yds Slurry
14	220	320				
8	320	650				

How was seal placed: Method A B C D E
 Other pumped via Tremie
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	220	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: - 0 -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method - 0 -
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
BOTH
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>850</u>	<u>170'</u>	<u>Pump 280'</u>	<u>8 hettm.</u>
<u>2000+-</u>	<u>410'</u>	<u>stem @ 650</u>	<u>3 h</u>

Temperature of water 85 Depth Artesian Flow Found 640'
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 40S N or S Range 11E E or W. WM.
Section 3 SW 1/4 SW 1/4
Tax Lot 11650 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24624 Schapp Rd
KLAMATH FALLS, OR.

(10) STATIC WATER LEVEL:
85 ft. below land surface. Date 10-25-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 640'

From	To	Estimated Flow Rate	SWL
<u>640</u>	<u>642</u>	<u>2000+-</u>	<u>85</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>	
<u>BROWN CLAY</u>	<u>2</u>	<u>26</u>	
<u>STICKY BLACK CLAY</u>	<u>20</u>	<u>210</u>	
<u>GREEN CLAY</u>	<u>210</u>	<u>250</u>	<u>85'</u>
<u>BLACK CLAY</u>	<u>250</u>	<u>390</u>	<u>"</u>
<u>SOFT GREY BASALT</u>	<u>390</u>	<u>640</u>	<u>"</u>
<u>FRACTURED BASALT</u>	<u>640</u>	<u>642</u>	<u>"</u>
<u>SOFT GREY BASALT</u>	<u>642</u>	<u>650</u>	<u>85'</u>

RECEIVED
NOV 15 2001
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
JAN 08 2004
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-11-01 Completed 10-23-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ Date _____ WWC Number _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Carol Weiler Date 10-28-01 WWC Number 1557