

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 150337

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

(1) OWNER: Well Number: _____
 Name **LAKEWOODS DEVELOPMENT, LLC**
 Address **P.O. BOX 2520**
 City **WHITE CITY** State **OR** Zip **97503**

(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 **585** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
18	0	48	CEMENT &	0		25 SACKS
12	48	571	3/8 BENTONITE		48	21 SACKS
10	571	585				

How was seal placed: Method A B C D E
 Other **POURED - BENTONITE**
 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: 12	+1.5	48	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **571 FT.**

(7) PERFORATIONS/SCREENS:

Perforations Method **NONE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500 GPM		582 FT.	1 hr.

Temperature of Water **44 F** Depth Artesian Flow found **NONE**
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: **NONE**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **38S** N or S. Range **05E** E or W. of WM. _____
 Section **5A** **NE** 1/4 **NE** 1/4
 Tax lot **2400** Lot **35** Block **1** Subdivision _____
 Street Address of Well (or nearest address) **END OF CLOVER CREEK RD & INTERSECTION OF DEAD INDIAN HWY.**

(10) STATIC WATER LEVEL:
479 ft. below land surface. Date **9/12/02**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **490 FT.**

From	To	Estimated Flow Rate	SWL
490	582	500 GPM	479

(12) WELL LOG: Ground elevation **5600**

Material	From	To	SWL
TOP SOIL & BOULDERS	0	3	
GRAY ROCK	3	8	
BROWN CLAY	8	38	
GRAY ROCK	38	116	
BROWN LAVA ROCK & CLAY	116	174	
BLACK LAVA ROCK & CLAY	174	216	
GRAY ROCK	216	263	
BROWN LAVA ROCK	263	291	
GRAY ROCK	291	329	
BROWN LAVA ROCK	329	375	
GRAY ROCK	375	429	
RED LAVA ROCK	429	468	
BLACK LAVA ROCK	468	529	479
RED & BROWN LAVA ROCK	529	582	479
BLACK ROCK	582	585	

RECEIVED

SEP 30 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **7/30/02** Completed **9/13/02**

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 Date _____

(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 *Stephen R. Hughes* WWC Number **777**
 Date **9/20/02**