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

MAR 19 2003

WELL I.D. # L 60101
 START CARD # 152251

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

(1) LAND OWNER
 Name Klamath Basin Irrigation Dist
 Address 6640 Kid Lane
 City Klamath Falls State OR Zip 97603

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39S N or S Range 10E E or W. WM.
 Section 27 SW 1/4 SE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9089 Hill Rd Klamath Falls 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 450'
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	172	Cement	0	172	141 Sacks
14"	172	325				
8"	325	450				

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16"	15	172	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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
4000 #		450'	1 hr.

Temperature of water 70° Depth Artesian Flow Found 180'
 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: _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure 8 lb. per square inch Date 3-5-03

(11) WATER BEARING ZONES:

Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
180'	220'	1800 Gal/min	+8 #
276'	318'	1000 Gal/min	+8 #
412'	450'	1200 Gal/min	+8 #

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	6	
G-lay Clay	6	165	
Basalt	165	180	
Frac Basalt	180	230	+8 #
Basalt	220	276	
Frac Basalt	276	318	+8 #
Basalt	318	416	
Frac Basalt	416	450	+8 #

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APR 08 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2-19-03 Completed 3-5-03

(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 [Signature] Date 3-5-03 WWC Number 1803