

**STATE OF OREGON
GEOTECHNICAL HOLE REPORT**
(as required by OAR 690-240-035)

(1) OWNER/PROJECT: Hole Number L60883
 Name Murel Long
 Address P.O. Box M
 City Merrill State OR Zip 97633

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

(3) CONSTRUCTION:
 Rotary Air Hand Auger Hollow Stem Auger
 Rotary Mud Cable Tool Push Probe Other

(4) TYPE OF HOLE:
 Uncased Temporary Cased Permanent
 Uncased Permanent Slope Stability Other

(5) USE OF HOLE: Test hole for water District to determine availability of water for irrigation

(6) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Hole _____ ft.

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	3/8" Bentonite	0	19	7 Sacks
6 1/8"	19	211	open			

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter Pack placed from _____ ft. to _____ ft. Size of pack _____

(7) CASING/SCREEN:

Diameter	From	To	Gauge	Material				Threaded
				Steel	Plastic	Welded		
Casing: 6"	+1'	19'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen: -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slot size _____

(8) WELL TEST:
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield _____ GPM _____
 Conductivity _____ PH _____
 Temperature of water 58° °F Depth artesian flow found _____ ft.
 Was water analysis done? Yes No
 By whom? _____
 Depth of strata analyzed. From _____ ft. to _____ ft.

Remarks: More water in the well than could be tested with the rigs Air - (A lot of water)

(9) LOCATION OF HOLE by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 41 S N or S Range 09 E E or W. WM.
 Section 12 SE 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Lower Lake Rd. Klamath Falls, OR

Map with location identified must be attached

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 10-29-02
 Artesian pressure _____ lb. per square inch. Date _____

(11) SUBSURFACE LOG:
 Ground Elevation 40.50

Material Description	From	To	SWL
Top Soil	0	6	
Brown sand & fine gravel	6	14	
Brown & Black Lava rock & Brown Clay	14	35	
Black & Brown lava rock & gray clay	35	75	
Fractured Br. & Bl. Lava rock & Br. clay	75	124	54'
Fractured brown & black lava/cinders & clay	124	152	54'
Gray Rock	152	166	54'
Gray rock with streaks of brown lava rock, cinders, clay	166	461	54'

Date Started 10-28-02 Date Completed 10-29-02

(12) ABANDONMENT LOG:

Material Description	From	To	Sacks or Pounds

Date started _____ Date Completed _____

Professional Certification

(to be signed by a licensed water supply or monitoring well constructor, or registered geologist or civil engineer).

I accept responsibility for the construction, alteration, or abandonment work performed on during the construction dates reported above. All work performed during this time is in compliance with Oregon geotechnical hole construction standards. This report is true to the best of my knowledge and belief.

License or Registration Number 777

Signed Stephen R. Hughes Date 12-23-02

Affiliation _____

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER