

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

WELL I.D. # L 60104
 START CARD # 152253

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

(1) LAND OWNER Well Number
 Name Rock Valley Improvement Dist.
 Address 6640 Kid Lane
 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 775 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	110	Cement	0	110	79 sacks
15 1/2"	110	575				
14"	575	700				
8"	700	775				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+1 1/2	110	.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:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		1/2"	4			<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4000 +		700	1 hr.

Temperature of water 58 Depth Artesian Flow Found _____
 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: _____

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39S N or S Range 11 1/2 E E or W. WM.
 Section 22 SE 1/4 SW 1/4
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 24500 North Rock Valley Rd. Klamath Falls OR

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 4-4-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 115'

From	To	Estimated Flow Rate	SWL
115	188	500 gpm	62
201	767	3500 gpm	62

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top soil + boulders	0	10	
Tan Clay	10	35	
Grey Clay	35	102	
Basalt	102	115	
Frac Basalt	115	188	62
Tan Shale Rock	188	201	
Frac Basalt	201	223	62
Red Cinders	223	244	62
Frac Basalt	244	598	62
Frac Basalt w/ Red Cinders	398	692	62
Frac Basalt	692	767	62
Basalt	767	775	

Date started 3-20-03 Completed 4-4-03

(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 _____ 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 [Signature] WWC Number 1803 Date 4-27-03