

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # 60116
START CARD # 152269

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

(1) LAND OWNER Well Number _____
Name Sold-Wey Timber-Ranches
Address P.O. Box 5079
City Klamath Falls State OR Zip 97601

(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 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	70	Bentonite	0	50	88 Sacks
15 1/2"	70	150				
13 1/2"	150	200				
8"	200	650				

How was seal placed: Method A B C D E
 Other Poured.

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: 20"	+2	70'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<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	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
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3000		200'	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 38S Range 8E E or W. WM.
Section 27 SW 1/4 SE 1/4
Tax Lot 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 mi 140
3 miles South of Lakeshore Drive

(10) STATIC WATER LEVEL:
82' ft. below land surface. Date 4-6-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 82'

From	To	Estimated Flow Rate	SWL
82	206	1000 gpm	82'
500	650	2000 gpm	42'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil + Boulders	0	16	
Galle Rock	16	31	
Grey Clay Stone	31	82	
Frac Basalt + Gravel Congl.	82	206	52'
Frac Basalt	206	500	
Frac Basalt	500	650	52'

RECEIVED

APR 13 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 3-10-04 Completed 4-6-04

(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 4-10-04