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

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 44990
START CARD # 171172

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

(1) LAND OWNER Well Number _____
 Name TONY BAIR
 Address 10221 HOMEDALE RD.
 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 296 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
		ORIG. SEAL UNDESTRUCTURED			
<u>16"</u>	<u>38</u> <u>225</u>				
<u>10"</u>	<u>225</u> <u>302</u>				

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:	<u>SEE ORIG. LOG</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input 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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>3500</u>		<u>225'</u>	<u>1 hr.</u>

Temperature of water 84° 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 39 N or S Range 09 E or W. WM.
 Section 27 NW 1/4 SW 1/4
 Tax Lot 1400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9743 SPRING LAKE RD.

(10) STATIC WATER LEVEL: UNCHANGED
41 ft. below land surface. Date 3-04-05
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>122</u>	<u>302</u>	<u>4000 + gpm</u>	<u>41</u>

(12) WELL LOG:
 Ground Elevation 4150

Material	From	To	SWL
<u>SEE ORIG. WELL LOG</u>	<u>0</u>	<u>202</u>	
<u>SWL. BEFORE DEEPENING</u>		<u>41'</u>	
<u>BASALT - BROKEN AREAS</u>	<u>202</u>	<u>302</u>	<u>41'</u>
<u>BOTTOM 6' FILLED WITH Boulders</u>			

Date started 2-27-05 Completed 3-04-05

(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 Charles J... WWC Number 1739 Date 3-06-05

(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 Arthur L J... WWC Number 1355 Date 3-06-05