

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

(START CARD) # 107 326

(1) OWNER: Well Number \_\_\_\_\_

Name TPC, LLC  
Address 32041 CARTNEY DRIVE  
City HARLES BURG State ORE Zip 97446

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 270 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20	0	200	CEMENT	0	70	47 SCS
12 1/4	200	270		180	200	28 SCS
				70	180	BENTONITE

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 16	+1	200	.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"/>

Final location of shoe(s) 200 FT.

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<del>_____</del>							

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 1000 Drawdown 6.8 Drill stem at \_\_\_\_\_ Time 10 hr.

Temperature of Water 46°F 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 30 S N or S. Range 10 E E or W. WM. \_\_\_\_\_  
Section 8 SE 1/4 SE 1/4  
Tax Lot 1500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) KLAMATH MARSH RANCH  
MILE POST 17 SILVER LAKE HIGHWAY

(10) STATIC WATER LEVEL: CHILOQUIN, ORE.  
35 ft. below land surface. Date 8/2/05  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 264 FT.

From	To	Estimated Flow Rate	SWL
264	270	1000	35

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
SANDY LOAM TOPSOIL / PUMICE	0	6	
BLACK SANDSTONE	6	14	
BLACK SAND	14	29	
SANDY GREY CLAY	29	30	
HARD PUMICE ROCK	30	34	
BLACK SAND / SANDSTONE	34	62	
MEDIUM GRAVEL	62	64	
DECOMPOSED LAVA	64	93	
BLACK SANDSTONE	93	118	
LAVA ROCK & BROWN PUMICE	118	227	
BROWN LAVA	227	235	
HARD GREY BASALT	235	270	

**RECEIVED**  
AUG 24 2005  
WATER RESOURCES DEPT  
SALEM, OREGON

Date started 7/13/05 Completed 8/2/05

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed [Signature] WWC Number 601 Date 8/20/05