

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

WELL ID. # L 81221

START CARD # 182092

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

(1) LAND OWNER Well Number _____
 Name **WINEMA NATONA FOREST**
 Address **2819 DAHLIA ST**
 City **KLAMATH FALLS** State **OR** Zip **97601**

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well **203** ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
12"	0	22	CEMENT	0	22	15 SACKS	
8"	22	203	3/8 BENT	0	22	4 SACKS	

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: 8"	+1'6"	38'8"	.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) **38'**

(7) PERFORATIONS/SCREENS
 Perforations Method **NONE**
 Screens Type _____ Material _____

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
25 GPM		85	2 HRS

Temperature of water **49.6** 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 (legal description)
 County **KLAMATH**
 Tax Lot _____ Lot _____
 Township **34** S Range **7** E WM
 Section **2** NE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **WILLIAMSON RIVER
 CAMPGROUND, CHILOQUIN, OR**

(10) STATIC WATER LEVEL
13 ft. below land surface. Date **12/01/05**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found **131 FEET**

From	To	Estimated Flow Rate	SWL
131'	138'	5 GPM	13'
162'	186'	25 GPM	13'

(12) WELL LOG Ground Elevation **4200 FT**

Material	From	To	SWL
PUMICE	0	5	
YELLOW CLAY & PUMICE	5	9	
WHITE PUMICE	9	12	
YELLOW CLAY	12	23	
GRAY CLAY	23	131	
GRAY CLAY W/ STREAKS OF BLACK SAND	131	138	13'
GRAY CLAY	138	162	
GRAY CLAY W/ STREAKS OF BLACK SAND	162		
GRAY CLAY			

RECEIVED
DEC 12 2005
 WATER RESOURCES DEPT
 OREGON

Date Started **11/30/2005** Completed **12/01/2005**

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

WWC Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

WWC Number **777** Date **12/05/2005**

Signed **Stephen R Hughes**