

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 87130

START CARD # 188524

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number _____
Name PILOT TRAVEL CENTERS
Address 5508 LONAS RD. POB 10146
City KNOXVILLE State TN Zip 37939-0146

(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 BUSINESS

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 328 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	110	PORT. CEMENT	0	110	75
6"	110	340	BENTONITE	0	5'	10

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

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6"	+2	110	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4"	-4'	328'	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type FACTORY Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
-308	328	.010				<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40		300	1hr.

Temperature of water 45° Depth Artesian Flow Found _____
Was a water analysis done? Yes No by whom _____
Did any strata contain water not suitable for intended use? Yes No little
 Salty Muddy Odor Colored Other _____
Depth of strata: FEB 01 2007 OCT 16 2006

(9) LOCATION OF WELL (legal description)
County KLAMATH
Tax Lot 3500 Lot _____
Township 27 N or S Range 08 E or W WM
Section 21 NW 1/4 NE 1/4

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

Street Address of Well (or nearest address) 109450 Hwy 97
CHEMULT

(10) STATIC WATER LEVEL
240' ft. below land surface. Date 10-11-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found EST. 250'

From	To	Estimated Flow Rate	SWL
250'	340'	40+	240'

(12) WELL LOG Ground Elevation 4500

Material	From	To	SWL
BROWN PUMICE	0	15	
RED PUMICE	15	21	
PUMICE MUD	21	35	
LIGHT BROWN CLAY WITH FINE GRAVEL STREAKS	35	55	
RED LAVA ROCK	55	152	
FRACTURED BASALT	152	340	240'
(BOTTOM 12' FILLED WITH BROKEN ROCK)			

Date Started 9-25-06 Completed 10-11-06

(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 1794 Date 10-11-06

Signed Charles J. Jay

(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 1355 Date 10-11-06

Signed Arthur J. Jay