

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

WELL I.D. # L 82207

START CARD # 183721

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

(1) LAND OWNER Well Number _____
Name Steve E. McManus
Address P.O. Box 931
City Nerrill State CR Zip 97633

(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 396 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
22"	0	37 1/2	cement	0	37	47 sacks
16"	37 1/2	225				
12"	225	396				

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 _____

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	16	+1 1/2	37 1/2	.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
 Perforations Method _____
 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
500	51		3 hrs.

Temperature of water 70° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain materials not suitable for intended use? no Too little
 Spinel Olivine Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Klamath
Tax Lot 600 Lot _____
Township 40S N or S Range 11E E or W WM
Section 29 SE 1/4 SE 1/4

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

Street Address of Well (or nearest address) _____
19022 Taylor Rd.

(10) STATIC WATER LEVEL
149 ft. below land surface. Date 9/20/07
149 ft. below land surface. Date 9/28/07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
315	397	500	149

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Topsoil & cobbles	0	3	
Brn packed sand	3	8	
Gray lava	8	10	
Brn sandstone	10	22	
Yellow clay	22	33	
Brn clay	33	186	
Gray clay	186	315	
Blk sandstone	315	381	149
Brn lava	381	387	
Brn basalt	387	393	
Gray basalt	393	396	

Date Started 8/29/07 Completed 9/28/07

(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 1228 Date 10/9/07

Signed Larry H. Delpain

OCT 22 2007