

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

WELL I.D. # L 98077

START CARD # 199642

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

(1) LAND OWNER Well Number WOOD RIVER DIST
Name ROBERT NICHOLSON AGRICULTURAL WATER LLC IMPROVEMENT CO.
Address Box 458
City FORT KLAMATH State OR Zip 97626

(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 18 1/2 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
<u>10 3/4</u>	<u>0</u>	<u>18 1/2</u>	<u>BENTONITE</u>	<u>0</u>	<u>18 1/2</u>	<u>15</u>	

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER
Casing: Diameter 6" From +1 1/2 To 18 1/2 Gauge 250 Steel Plastic Welded Threaded
Liner: Steel Plastic Welded Threaded
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 DRY Drill stem at _____ Time _____
Temperature of water _____ 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 R 76526 Lot _____
Township 33 N or S Range 7 1/2 E or W WM
Section 20 NE 1/4 NE 1/4
Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)
Street Address of Well (or nearest address) NICHOLSON RD

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
<u>3'</u>	<u>15</u>	<u>20+</u>	<u>3'</u>

(12) WELL LOG Ground Elevation 4175

Material	From	To	SWL
<u>SANDY LOAM - GRAVEL</u>	<u>0</u>	<u>5</u>	<u>3</u>
<u>GRAVEL - SAND - CLAY</u>	<u>5</u>	<u>15</u>	<u>3</u>
<u>gray clay</u>	<u>15</u>	<u>18 1/2</u>	

Date Started 8-26-08 Completed 8-26-08

(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 1355 Date 8-26-08
Signed Arthur L Jay

RECEIVED
SEP 02 2008