

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

05-05-2009

WELL LABEL # L 101203

START CARD # 1006638

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company KNIFE RIVER
Address PO BOX 4430
City MEDFORD State OR Zip 97501

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

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [] Domestic [] Irrigation [] Community
[X] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 200.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes rows for Bentonite and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other poured and tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a row with values 10, 2, 198, .25, etc.

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 198

Temp casing [X] Yes Dia 14 From 0 To 40

(7) PERFORATIONS/SCREENS

Perforations Method Holte air perforator
Screens Type _____ Material _____

Perf/S Casing/ Screen
creen Liner Dia From To Scrn/slot Slot # of Tele/
width length slots pipe size

Table with columns: Perf, Casing, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Includes a row with values 10, 105, 200, .13, 1, 1,000.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes a row with values 40, 200, 1.

Temperature 56 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Klamath Twp 34.00 S N/S Range 6.00 E E/W WM
Sec 23 NE 1/4 of the SW 1/4 Tax Lot 500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [X] Nearest address

Cherry Creek Pit Quarry--Westside Rd. to Brown Rd. Go 200 yards on left side of road Klamath Falls

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Predeepening and Completed Well (04-30-2009, 59).

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes a row for 04-30-2009, 80, 200, 40, 59.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes rows for TOP SOIL, GRAVEL AND BOULDERS / SILTY, GRAVEL WITH COBBLES & BOULDERS.

Date Started 04-22-2009 Completed 04-30-2009

(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.

License Number 1776 Date 05-05-2009

Electronically Filed

Signed DOUGLAS D TUCKER (E-filed)

(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.

License Number 1541 Date 05-05-2009

Electronically Filed

Signed CASEY JONES JR (E-filed)

Contact Info (optional)