

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-13-2010

WELL LABEL # L 100395

START CARD # 1009908

(1) LAND OWNER Owner Well I.D./Home#2 First Name MIKE & KAREN Last Name NOONAN Company NOONAN FARMS Address 12080 HOMEDALE ROAD City KLAMATH FALLS State OR Zip 97603

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 645.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E [X] Other Poured Dry Backfill placed from ___ ft. to ___ ft. Material ___ Filter pack from ___ ft. to ___ ft. Material ___ Size ___ Explosives used: [] Yes Type ___ Amount ___

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) ___ Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS Perforations Method ___ Screens Type ___ Material ___ Perf/S Casing/ Screen green Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 5,500 Drawdown ___ Drill stem/Pump depth 625 Duration (hr) 6

Temperature 86 °F Lab analysis [] Yes By ___ Water quality concerns? [] Yes (describe below) Table with columns: From, To, Description, Amount, Units. Row: 36, 55, Odor

(9) LOCATION OF WELL (legal description) County Klamath Twp 40.00 S N/S Range 9.00 E E/W WM Sec 2 NE 1/4 of the SE 1/4 Tax Lot 1100 Tax Map Number ___ Lot ___ Lat ___ ' ___ " or ___ DMS or DD Long ___ ' ___ " or ___ DMS or DD [X] Street address of well [] Nearest address

SAME AS ABOVE

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening ___ Completed Well 05-18-2010 ___ 55 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 36 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows: 04-20-2010, 05-05-2010

(11) WELL LOG Ground Elevation ___ Material From To Sandy Clayey Top Soil 0 3 Hard Claystone 3 6 Brown Sandy Clay 6 15 Black & Brown Sand 15 36 Brown Sand WB 36 55 Blue Clay 55 70 Gray Clay 70 80 Gray & Brown Claystone 80 180 Brown Sandstone 180 215 Gray & Green Claystone 215 314 Gray Claystone 314 571 Gray Broken Basalt WB 571 618 Red Cinders & Gray Basalt WB 618 626 Hard Broken Basalt WB 626 645

Date Started 04-20-2010 Completed 05-14-2010

(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. License Number ___ Date ___ Electronically Filed 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. License Number 1385 Date 06-13-2010 Electronically Filed Signed ROBERT BUCKNER (E-filed) Contact Info (optional)