

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

06-15-2010

WELL LABEL # L 101203

START CARD # 188478

REVISED

(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 New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 392.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
14	0	40	bentonite	0	6	7 s
10	40	200	cement	6	40	43 s
8	200	392				

How was seal placed: Method A B C D E

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

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	2	198	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	1	392	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 392

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Holt air perforator
Screens Type _____ Material _____

Perf	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
			8	80	392	13	1	3000	8

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

<input type="radio"/> Pump	<input type="radio"/> Bailer	<input checked="" type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
70		392	1

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

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 Nearest address

BROWN RD, KLAMATH FALLS; 200 YDS FROM WEST SIDE RD ON LEFT

(10) STATIC WATER LEVEL
Date 5/26/10 SWL(psi) + SWL(ft)
Existing Well / Predeepening 5/26/10 59
Completed Well 06-14-2010 59
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 80

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-14-2010	80	392	70		59

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand & gravel rough edges with cobbles & boulders	200	388
Basalt	388	392

RECEIVED

AUG 06 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-26-2010 Completed 06-14-2010

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1776 Date 06-15-2010

Electronically Filed

Signed DOUGLAS D TUCKER (E-filed)

(bonded) Water Well Coustructor 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 06-15-2010

Electronically Filed

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806