

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

12-06-2010

WELL LABEL # L 105253

START CARD # 1010831

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

First Name MR. ROGER Last Name NICHOLSON
Company
Address P.O. BOX 458
City FORT KLAMATH State OR Zip 97626

(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 534.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Cement, 0, 518, 616, S.

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

[] Other

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. Rows include 20, 18, 16, 16.

Shoe [X] Inside [X] Outside [] Other Location of shoe(s) 518

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

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

Table with columns: Perf/S, Casing, Screen, Scrn/slot, Slot, # of, Tele/. Rows include 860, 24.

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

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

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row includes 860, 24.

Temperature 39 °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 33.00 S N/S Range 7.50 E E/W WM
Sec 19 NW 1/4 of the NE 1/4 Tax Lot 3800

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[] Street address of well [X] Nearest address

Corner of Hackler and Nicholson Rd., FORT KLAMATH, OREGON 97626

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row includes 11-17-2010, 1.5, 3.5.

Flowing Artesian? [X] Dry Hole? []

WATER BEARING ZONES Depth water was first found 2

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows include 07-29-2010, 08-03-2010, 08-04-2010.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows include Sandy Loam & Cobbles, Silty Black Sand, Sticky Silty Sand, etc.

Date Started 07-27-2010 Completed 11-17-2010

(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 _____ 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. 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 1385 Date 12-06-2010

Electronically Filed

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional)