

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

KLAM 58126

WELL LABEL # L 108202

START CARD # 1016136

ORIGINAL LOG # KLAM 1968

Klam
58126

(1) LANDOWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company HICKEY RANCHES INC.

Address 20877 ADAMS PT. RD.

City MERRILL

State OR

Zip 97633

(2) TYPE OF WORK

☐ New

☐ Conversion

☒ Deepening

☐ Alteration (complete Sections 2a & 10)

☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION:

Well Depth 100' ft.

Seal Material CEMENT

Casing Type: ☒ Steel

☐ Plastic

☐ Other

Casing Gauge .250

Casing Diameter 16"

(3) DRILL METHOD

☒ Rotary Air

☐ Rotary Mud

☐ Auger

☐ Cable

☐ Cable Mud

☐ Reverse Rotary

☐ Other

(4) PROPOSED USE

☐ Domestic

☒ Irrigation

☐ Community

☐ Industrial/Commercial

☐ Livestock

☐ Dewatering

☐ Injection

☐ Thermal

☐ Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 248' ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	100	230	SEE ORIG. LOG				
8"	230	248	KLAM 1968				

How was seal placed: Method

☐ A

☐ B

☐ C

☐ D

☐ E

☐ Other

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens

Type _____

Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump

☐ Bailer

☒ Air

☐ Flowing Artesian

Yield gal/min 1500

Drawdown 200

Drill stem Pump depth 200

Duration (hr) 1

Temperature 63 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 36 N or S Range 11 E or W W.M.

Sec 15 SE 1/4 of the NE 1/4 Tax Lot 2500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) SPRAGUE RIVER RD.

SPRAGUE RIVER

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>3-20-12</u>		-	<u>28'</u>
Completed Well	<u>3-26-12</u>		-	<u>27 1/2'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found 100'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-26-12</u>	<u>100</u>	<u>248</u>	<u>1500</u>			<u>27 1/2'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
DEEPENING ONLY FOR 0-100' SEE ORIGINAL LOG KLAM 1968		
BROKEN BASALT	100	248'
VERY BROKEN & UNSTABLE 2130-145'		
RECEIVED		RECEIVED
APR 06 2012		MAY 07 2012
WATER RESOURCES DEPT SALEM, OREGON		WATER RESOURCES DEPT SALEM, OREGON

Date Started 3-21-12 Completed 3-26-12

(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 _____

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 1355

Date 4-03-12

Signed Arthur L. Ing

Contact Info. (optional) _____

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Casing Type: ☒ Steel ☐ Plastic ☐ Other

Casing Gauge .250 Casing Diameter 16"

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

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

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Depth of Completed Well 248 ft. Special Standard: ☐ Yes (attach copy)

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☐ Other

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☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

1500

200

1

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SPRAGUE RIVER

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Completed Well	<u>3-26-12</u>			<u>27 1/2</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
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License Number 1355 Date 4-03-12

Signed Arthur L. Jay

Contact Info. (optional)