KLAM 58146

RECEIVED
JUN 04 2012
WATER RESOURCES DEPT
SALEM, OREGON

Klam 58146

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

WELL LABEL # L 81998

START CARD # 1016587

(1) LAND OWNER

Owner Well I.D. _____

First Name Ryan Last Name Hartman

Company Hartman Farms

Address P O Box 148

City Malin State Or Zip 97632

(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 [X] Irrigation [ ] Community [ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 378 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
19	0	244	Concrete	223	243	40	S
19	0	244	Bentonite	50	223	144	S
19	0	244	Concrete	0	50	50	S
15	244	379	open hole	—	—	—	—

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

[X] Other Braden head method

Backfill placed from 50 ft. to 223 ft. Material bentonite

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
[X]	[ ]	16	[X]	2	243	.375	[X]	[ ]	[X]	[ ]

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

Temp casing [X] Yes Dia 20 From 0 To 12

(7) PERFORATIONS/SCREENS

Perforations Method ____

Screens Type ____ Material ____

RECEIVED BY OWRD

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

AUG 16 2012
SALEM, OR

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,200		350	2

Temperature 71 °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 41 S N/S Range 12 E E/W WM

Sec 12 NW 1/4 of the NE 1/4 Tax Lot 400

Tax Map Number ____ Lot ____

Lat ° ' " or [illegible] DMS or DD

Long ° ' " or [illegible] DMS or DD

(•) Street address of well ( ) Nearest address

35243 Malin Loop Rd Malin Or. 97632

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	06-27-2012			190

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found ____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-20-2012	253	276	700			190
06-20-2012	276	308	100			190
06-21-2012	341	379	400			190

(11) WELL LOG

Ground Elevation ____

Material	From	To
Soil med brn some cobbles	0	8
Lava, cinders mix, red-brown	8	19
Basalt hard, grey	19	22
Basalt med black	22	37
Clay, sandy brown	37	56
Basalt fract black	56	59
Basalt hard black	59	62
Basalt fract loose black	62	70
Basalt med black	70	74
Lava med brown-red	74	111
Conglomerate, sandy, brown dry	111	140
Lava-cinders mix red-brown-black	140	156
Altered basalt mix red-black	156	195
Lava hard, mix grey-red	195	237
Basalt hard grey	237	253
Cinders lava mix red-brwn-black	253	276
Lava fract med	276	300
Sandstone med black	300	316
Cinders med red	316	348

Date Started 05-10-2012 Completed 06-01-2012 C.S.

(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 723 Date 06-01-2012

Password : (if filing electronically) *******

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 723 Date 06-01-2012

Password : (if filing electronically) *******

Signed ____

Contact Info (optional) 503-551-1930

RECEIVED BY OWRD

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SEP 16 2013
SALEM, OR

Form Version: 0.95

KLAM 58146

RECEIVED

JUN 04 2012

WATER RESOURCES DEPT
SALEM, OREGON

Klam 58146

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 81998

START CARD # 1016587

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To
Basalt fract block	3.18	361
Cinders Mix Rock	361	374
Basalt fract block	374	379

RECEIVED BY OWRD

AUG 16 2012

SALEM, OR

Comments/Remarks

723

6-1-2012

RECEIVED BY OWRD

SEP 16 2013

SALEM, OR