

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

(1) LAND OWNER Owner Well I.D. _____
 First Name CHRISTOPHER Last Name SMITH
 Company _____
 Address 6315 ELWOOD RD.
 City SANGER State CA Zip 93657

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 460 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
18"	0	16"	BENTONITE	0	50	75	SCKS
16"	16	160					
14"	160	199					
10"	199	460					

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from -199 ft. to 50 ft. Material BENTONITE
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		12"	+	2'	199	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter 16" From 0 To 16'

(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 1200 Drawdown 420 (Drill stem) Pump depth 2 Duration (hr) 2

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 36 N or S Range 11 E or W W.M.
 Sec 20 NW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD

Street Address of Well (or nearest address) SPRAGUE RIVER HWY
E. OF FURBER R.
SPRAGUE RIVER

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>2-18-14</u>	<u>-</u>		<u>59</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-18-14</u>	<u>85</u>	<u>453</u>	<u>1200+</u>			<u>59</u>

(11) WELL LOG

Material	From	To
CLAY LOAM TOPSOIL	0	2
BROWN CLAY	2	6
COBBLES - BOULDERS	6	12
SOFT GRAY CLAYSTONE	13	54
LAYERS CLAYSTONE, CLAY-SAND	54	165
SANDY CLAYSTONE - SAND STREAKS	165	233
HARD SANDSTONE	233	244
BROKEN SANDSTONE	244	345
BROKEN SANDSTONE WITH PUMICE STONE LAYERS	345	358
CLAYSTONE WITH PUMICE STONE	358	393
BROKEN SANDSTONE	393	434
CLAYSTONE WITH VERY HARD LAYERS	434	453
STICKY GRAY CLAY	453	460

Date Started 2-06-14 Completed 2-18-14

(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 1940 RECEIVED BY WARD

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 2-20-14

Signed Arthur L Jay

Contact Info. (optional)