

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

KLAM 59008

WELL I.D. LABEL# L

114219

START CARD #

1025031

2/9/2015

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name SHIELD CREST GOLF Last Name _____

Company NORCAL INVESTMENT PARTNERS

Address 7090 N MARKS SUITE #102

City FRESNO State CA Zip 93711

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: 12 x 2 398 .250 [X] [] [] []

Material From To Amt sacks/lbs

Seal: Cement 0 839 300 Sacks

(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 1000.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, From, To, Amt, lbs, Sacks/lbs. Includes rows for Cement seal and calculated amounts.

How was seal placed: Method A B C D E

Other NOT DISTURBED

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

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

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

Diagram showing casing and liner sections with various diameters and materials.

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

Table for perforations and screens with columns for diameter, length, slot width, and number of slots.

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

Pump Bailer Air Flowing Artesian

Table for well test results with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 71 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount _____

Table for water quality concerns with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 39.00 S N/S Range 10.00 E E/W WM

Sec 8 NE 1/4 of the NW 1/4 Tax Lot 1600

Tax Map Number _____ Lot _____

Lat _____ " or 42.19914000 DMS or DD

Long _____ " or -121.67068000 DMS or DD

Street address of well Nearest address

ARANT RD KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table for static water level with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Pre-Alteration and Completed Well.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 847.00

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

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation _____

Table for well log with columns: Material, From, To. Includes entries for Existing Bore-960, Black Basalt, and Black Basalt some Green Broken.

Date Started 12/2/2014 Completed 1/8/2015

(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.

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.

License Number 1835 Date 2/9/2015

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC

