STATE OF OREGON

KLAM 59347

WELL I.D. LABEL# L 120005

| WATER SUPPLY WELL REPORT | | | START CARD # | 1026735 | |
|---|---------------------|--|----------------------------------|-------------------------|--------------------|
| (as required by ORS 537.765 & OAR 690-205-0210) | 10/1 | /2015 | ORIGINAL LOG# | | |
| 1) LAND OWNER Owner Well I.D. | | _ | | | |
| First Name LEE Last Name SUKRAW | | (9) LOCATION | ON OF WELL (legal d | lescription) | |
| Company | | County KLAMATI | H Twp 40.00 S N | S Range 9.00 1 | E E/W WN |
| Address 1881 LOWER KLAMATH LAKE RD. | | | E 1/4 of the NW | | |
| City KLAMATH FALLS State OR Zip 97603 2) TYPE OF WORK New Well Deepening Deepening | Conversion | Tax Man Number | | | |
| 2) TYPE OF WORK New Well Deepening | | Lat° | '" or | | DMS or DD |
| Alteration (complete 2a & 10) Abandonme 2a) PRE-ALTERATION | ent(complete 5a) | Long | ' or | | DMS or DD |
| Dia + From To Gauge Stl Plstc Wld T | hrd | (Street | et address of well Ne | arest address | _ |
| Casing: | | 1850 LOWER K | LAMATH LAKE RD. | | |
| Material From To Amt sacks/lbs | | KLAMATH FAI | LLS, OR. 97603 | | |
| Seal: | | | | | |
| 3) DRILL METHOD | | (10) STATIC | WATER LEVEL | GTTT (1) | ATT (0) |
| Rotary Air Rotary Mud Cable Auger Cable Mud | | Existing Wel | Date 1 / Pre-Alteration | SWL(psi) + | SWL(ft) |
| Reverse Rotary Other | _ | Completed W | | | 72 |
| 4) PROPOSED USE Domestic X Irrigation Comm | unity | I I I | Flowing Artesian? | Dry Hole? | 72 |
| Industrial/ Commercial Livestock Dewatering | unity | WATER READIN | | nter was first found _ | 108 00 |
| Thermal Injection Other | | WATER BEARIN | = | | |
| | | SWL Date | From To Est | Flow SWL(psi) | + SWL(ft) |
| 5) BORE HOLE CONSTRUCTION Special Standard | (Attach copy | 9/29/2015 | 108 480 2 | 2000 | 72 |
| Depth of Completed Well 480.00 ft. | | | | | |
| BORE HOLE SEAL | sacks/ | | | | |
| | Amt lbs | ــــــــــــــــــــــــــــــــــــــ | | | |
| 24 0 248 Cement w/5% Bentonit 0 78 Calculat | 65 S ed 60 | <u> </u> | | | |
| 12 380 480 Calculate | 00 | 1 <u> </u> | | | |
| Calculat | ed | (11) WELL L | OG Ground Elevation | n | |
| How was seal placed: Method A B X C I | | 1 | Material | From | То |
| Other | | | soft brown sandstone | 0 | 32 |
| Backfill placed from ft. to ft. Material | | grey clay | | 32 | 66 |
| | Size | red cinder, basalt | and green claystone | 66 | 72 |
| Explosives used: Yes Type Amount | | basalt | | 72 | 84 |
| | | green claystone v | | 84 | 92 |
| 5a) ABANDONMENT USING UNHYDRATED BENTO | ONITE | | green claystone/basalt | 92 | 108 |
| Proposed Amount Actual Amount | | broken/fractured basalt with red ci | | 108 | 118 |
| 6) CASING/LINER _ | | broken basalt w r | | 122 | 138 |
| | Plstc Wld Thrd | basalt with red ci | | 138 | 146 |
| ● ○ 20 ※ 2 78 .250 ● ● ○ 20 78 148 .375 ● | | basalt | | 146 | 154 |
| <u>0</u> 20 78 148 .375 0 | \bowtie | broken basalt wit | h mineral deposits | 154 | 378 |
| | \bowtie \bowtie | basalt with grey of | elay | 378 | 418 |
| | \bowtie \bowtie | broken basalt | | 418 | 426 |
| Shoe Inside Outside Other Location of shoe(| | fractured basalt w | 1th clay | 426 | 480 |
| | | | | | |
| | | | | | |
| 7) PERFORATIONS/SCREENS | | | | | |
| Perforations Method plasma cutter | | D . C 15/ | 1/2017 | 1 . 1 | |
| Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot | # of Tele/ | Date Started 7/ | 1/2015 Com | pleted <u>9/29/2015</u> | |
| | slots pipe size | (unbonded) Wat | ter Well Constructor Certifi | cation | |
| Perf Casing 20 148 248 .125 3 | 4200 | I certify that the | work I performed on the co | onstruction, deepenir | ng, alteration, or |
| | | | this well is in compliance | | |
| | | | dards. Materials used and in | formation reported a | above are true to |
| | | 1 | owledge and belief. | | |
| | | License Number | 1940 Da | ate 10/1/2015 | |
| 8) WELL TESTS: Minimum testing time is 1 hour | | Signed DENT | AMBLEDY (E.C.I. I) | | |
| Pump Bailer • Air Flow | ing Artesian | Signed BENJA | AMIN FRY (E-filed) | | |
| | ion (hr) | (bonded) Water | Well Constructor Certificat | ion | |
| 2000 280 | 1 | I accept responsi | bility for the construction, de | eepening, alteration, | or abandonme |
| | | work performed of | on this well during the constru | ction dates reported | above. All wor |
| | | | g this time is in compliance | | |
| Temperature 88 °F Lab analysis Yes By | | construction stand | dards. This report is true to th | e best of my knowle | dge and belief. |
| Water quality concerns? Yes (describe below) TDS amount | | License Number | 1355 Da | ate 10/1/2015 | |
| From To Description Ame | ount Units | | | | |
| | | | | | |
| | | Contact Info (opt | ional) | | |