

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

KLAM 59930

WELL I.D. LABEL# L 128408
START CARD # 1036831
ORIGINAL LOG #

12/27/2017

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company GOOSE BAY RANCH
Address PO BOX 519
City CHILOQUIN State OR Zip 97624

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 19.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Row 1: 10, 0, 19, Bentonite Chips, 0, 19, 12, S. Row 2: Calculated, 8.67.

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

[X] Other POUR

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

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: [X], [ ], 6, [X], 1, 19, 250, [ ], [ ], [ ], [ ].

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

Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 2, 18, 1.

Temperature 53 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 102 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 36.00 S N/S Range 7.00 E E/W WM
Sec 5 NE 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

[ ] Street address of well [X] Nearest address

80' SOUTH+ 100' WEST OF NORTH CORNER SECTION 5

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft). Row 1: Completed Well, 10/19/2017, 6.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 19.00

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Row 1: 10/19/2017, 15, 19, 2, 6.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Row 1: BROWN SAND, 0, 19.

Date Started 10/19/2017 Completed 10/19/2017

(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 1966 Date 12/27/2017

Signed PAUL POCHATKO (E-filed)

Contact Info (optional) 541-536-4596

