STATE OF OREGON	KLAM 60840
WATER SUPPLY WELL REPORT	
(as required by ORS 537.765 & OAR 690-205-0210)	12/12/2020

(as required by OKS 557.705 & OAK 690-205-0210)	12/12	/2020	ORIGI	INAL LOG #		
(1) LAND OWNER Owner Well I.D.						
First Name MICHAEL Last Name HORTON	•	(9) LOCAT	ION OF W	ELL (legal	descri	ntion)
Company						
Address P.O. BOX530		County KLAMAT				ange <u>13</u>
City BONANZA State OR Zip 97623		Sec $\underline{13}$ <u>N</u>				Tax Lo
(2) TYPE OF WORK X New Well Deepening Conve	ersion	Tax Map Numbe	er	' or <u>42.011504</u> 4		Lot
Alteration (complete 2a & 10) Abandonment(cor	mplete 5a)	Lat		or <u>42.011504</u>	4	
(2a) PRE-ALTERATION	<u> </u>	Long°		' or <u>-121.23969</u>	193	
Dia + From To Gauge Stl Plstc Wld Thrd		\sim	eet address of	~	earest ac	ldress
Casing:		NEAR - 23411	WEST LANC	ELL VELLEY	RD.	
Material From To Amt sacks/lbs						
		(10) STATIC	WATED	IEVEI		
(3) DRILL METHOD		(10) STATIC		LE VEL Dat	e 61	WL(psi)
Rotary Air Rotary Mud Cable Auger Cable Mud		Existing We	ll / Pre-Altera			vL(psi)
Reverse Rotary Other		Completed '		12/7/2020	,	
(4) PROPOSED USE Domestic X Irrigation Community				g Artesian?		y Hole?
Industrial/Commercial Livestock Dewatering		WATER BEARII			-	-
Thermal Injection Other				Depth w		
		SWL Date	From	To Es	st Flow	SWL(
(5) BORE HOLE CONSTRUCTION Special Standard (A	ttach copy)	11/17/2020	120	190	500	
Depth of Completed Well 227.00 ft.		12/2/2020	190	272	5000	
BORE HOLE SEAL	sacks/				-	
Dia From To Material From To Ar					-	
	14 S					
12.25 199 272 Calculated 1 Cement 69 199 14	47 0			ŀ		
Calculated 14	4/ 5	(11) WELL I	.OG	Ground Elevati	on	
	E		Material	Ground Elevan	<u> </u>	From
Notwas scal placed. Method N X Other POUR DRY&HYDRATED		TOP SOIL	Wraterrai			0
Backfill placed from ft. to ft. Material		BROWN CLAY	STONE & CO	OBBLES		3
Filter pack from ft. to ft. Material Size		BROWN CLAY				5
		BROWN BASA	LT W/ CLAY	STONE		23
Explosives used: Yes Type Amount		GREY BASAL				50
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	ГE	BLUE CLAYST				90
Proposed Amount Actual Amount		BLACK SAND				12
(6) CASING/LINER		BROWN SAND				16
Casing Liner Dia + From To Gauge Stl Plstc V	Wld Thrd	GREY & BROW				19
\bullet 16 \times 1 199 .250 \bullet 1	X	GREY & BROW	VN BASALI	FRACTURED	W/B	26
Shoe Inside Outside Other Location of shoe(s)						
Temp casing Yes Dia From + To						
(7) PERFORATIONS/SCREENS						
Perforations Method						L
Screens Type Material		Date Started1	1/16/2020	Con	npleted	1 12/7/2
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/				•	
Screen Liner Dia From To width length slots	pipe size	(unbonded) Wa				
		I certify that th				
		abandonment of construction sta				
	+	the best of my k			monnat	ion rept
	+	License Number	e		Date	

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

O Bailer

Drawdown

O Pump

Yield gal/min

5000

Temperature 69 Water quality concerns? From To • Air

Description

°F Lab analysis Yes By

Drill stem/Pump depth

270

Yes (describe below) TDS amount <u>142</u> Description Amount

VL(psi) + VL(psi) +	DMS or DE DMS or DE SWL(ft)
Lot Idress VL(psi) + VL(psi)	DMS or DE DMS or DE SWL(ft)
VL(psi) +	SWL(ft) 42
Hole?	42
s first found	
s first found	
s first found	120.00
	120.00
SWL(psi)	
-	+ SWL(ft)
	42
	42
	42
From	То
0	3
3	5
5	23
23	50
50	90
90	120
120	162
162	190
190	260
260	272
12/7/2020	
	ng, alteration, o
	0 3 5 23 50 90 120 162 190 260

WELL I.D. LABEL# L 139758

1050000

START CARD #

ORIGINAL LOG #

Page 1 of 2

wledge and belief. 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	1844	Date 12/12	2/2020

Signed COLTER CHANCELLOR (E-filed)

Contact Info (optional) Chancellor Drilling & Pump

ORIGINAL - WATER RESOURCES DEPARTMENT

○ Flowing Artesian

Duration (hr)

1

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

ppm Units

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

KLAM 60840

12/12/2020

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 42.01150444 Datum: WGS84 Longitude: -121.23969193 Township/Range/Section/Quarter-Quarter Section: WM41.00S13.00E13NWSE Address of Well: NEAR - 23411 WEST LANGELL VELLEY RD.

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301 (503)986-0900



Well Label: 139758 Printed: December 12, 2020

DISCLAIMER: This map is intended to represent the

approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

