

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

07-03-2007

WELL LABEL # L 88797

START CARD # 190683

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company OREGON DEPARTMENT OF TRANSPORTATION
Address 2557 ALTAMONT DR
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

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

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 165.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 12, 0, 40, Bentonite Chips, 0, 40, 28, S

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

[X] Other POURED

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

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 8, 2, 158, .250, [X]

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 158

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method HOLT

Screens Type _____ Material _____

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 138, 158, .125, 1, 360, 8

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 170, 139, 3.5

Temperature 45 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

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

(9) LOCATION OF WELL (legal description)

County Lake Twp 39.00 S N/S Range 24.00 E E/W WM

Sec 21 SE 1/4 of the NW 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____

Lat _____ ' " or _____ DMS or DD

Long _____ ' " or _____ DMS or DD

[] Street address of well [X] Nearest address

HWY 140 E; WARNER HWY MP 28.35, ADEL

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: 06-08-2007, 96

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 96

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 06-08-2007, 96, 155, 90, 96

(11) WELL LOG

Ground Elevation 4,542

Table with columns: Material, From, To. Row 1: Top Soil, 0, 2; Sandy Brown Clay, 2, 13; Brown Clay, 13, 85; Brown Sand & Gravel, 85, 101; Blue Clay with streaks of Sand & Gravel, 101, 155; Brown Clay, 155, 163; Brown Sand, 163, 180

Date Started 06-05-2007 Completed 06-08-2007

(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 _____

Electronically Filed

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 777 Date 07-03-2007

Electronically Filed

Signed STEPHEN R HUGHES (E-filed)

Contact Info (optional)

