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

LAKE 51920
07-25-2007

WELL LABEL # L 86242

START CARD # 1001392

(1) LAND OWNER

Owner Well I.D. _____

First Name RANDY Last Name ALVES
Company COTTONWOOD CATTLE COMPANY, LLC
Address 6402 PALOMINO CT.
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 650.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 215 ft. to 650 ft. Material SAND Size #6
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	●	8	☐	210	588	.250	●	○	☒	☐
○	●	6	☐	588	650	.188	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner		210	588	.09	3	8,664	8
Perf	Liner		588	650	.06	3	1,368	6

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

○ Pump ○ Bailer ● Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		120	5

Temperature 55 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lake Twp 39.00 S N/S Range 19.00 E E/W WM
Sec 4 NW 1/4 of the SE 1/4 Tax Lot 1800
Tax Map Number _____ Lot _____
Lat ___° ___' ___" or _____ DMS or DD
Long ___° ___' ___" or _____ DMS or DD
● Street address of well ○ Nearest address

93499 JASKA LN. LAKEVIEW

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	06-25-2007		☐	48
Completed Well	07-01-2007		☐	48

Flowing Artesian? ☐ Dry Hole? ☐
WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG

Ground Elevation _____

Material	From	To

Date Started 06-25-2007 Completed 07-01-2007

(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 1452 Date 07-25-2007
Electronically Filed
Signed MICHAEL D WRIGHT (E-filed)

(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 693 Date 07-25-2007
Electronically Filed
Signed ROGER W CHANCELLOR (E-filed)
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER SUPPLY WELL REPORT - continuation page

LAKE 51920
07-25-2007

WELL I.D. # L 86242

START CARD # 1001392

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○						○	○		

(7) PERFORATIONS/SCREENS

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

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

(11) WELL LOG

Material	From	To