

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all items included with this application. (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended:** 1
List the Permits here: G-17708
Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	

Other/Explanation _____

Staff: _____ 503- _____ Date: ____/____/____

Your permit amendment application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- N/A If **more than three** permits are involved, separate maps for each permit.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water use permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32’15.5”) or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

Lee Sukraw

APPLICANT/BUSINESS NAME Cheyne Brothers LLC & Lee Sukraw		PHONE NO. 541-7232005	ADDITIONAL CONTACT NO. 541-891-8740
ADDRESS PO Box 49		1881 Lower Klamath Lake Rd K Falls OR 97603	
CITY Malin	STATE OR	ZIP 97632	E-MAIL Fenterss@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Michelle Angell		PHONE NO. 541-891-7294	ADDITIONAL CONTACT NO.
ADDRESS 1400 Carlson DR		FAX NO.	
CITY K Falls	STATE OR	ZIP 97603	E-MAIL michelleacayer@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
 Change location of well #3, which has not been drilled to KLAM 55747 location. Correct locations of Well #1 + #4
 If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), OR
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? 10/01/2027

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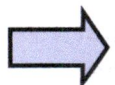
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- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

- Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: _____

I (we) affirm that the information contained in this application is true and accurate.



[Signature]
Applicant Signature

[Signature]
Applicant Signature

Lee R. Sukraw
Print Name (and Title if applicable)

Scott A. Fenters
Print Name (and Title if applicable)

2-23-24
Date

2/23/24
Date

Check one of the following:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

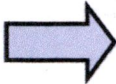
Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME Klamath Drainage District	ADDRESS P. O. Box 1090	
CITY Klamath Falls	STATE OR	ZIP 97601

- Check here if water for any of the permits supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

 To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;
- OR**
- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

Microsoft Word 2010

- Unlock the document by clicking the **Review** tab, toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing** in the document: **Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page ~~5~~ 6 of ~~9~~ 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to tables using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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Part 5 of 5 – Water Use Permit Information

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

PERMIT # B-17708

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well # 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 61795	40 S	9 E	28	SE NE	1400	2200' SO + 1300' WEST FROM NE CORNER of Sec 28
Well # 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 61795	40 S	9 E	28	SE NE	1400	2247' SO + 1373.19' WEST FROM NE COR Sec 28
Well # 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NOT Constructed	40 S	9 E	29	NE SW		2635' NO + 2933' W FROM SE CORNER
Well # 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KIAM 55747	40 S	9 E	34	SW SE	200	59.4' W + 394.8' SO FROM CENTER NE ¼ SEC 34

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Point of Appropriation/Well (POA)
- Point of Diversion (POD)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)
- Surface water POD to Ground Water POA (SW/GW)

Will all of the proposed changes affect the entire water use permit?

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?

- Yes No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

Part 5 of 5 – Water Use Permit Information

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

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POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 61160	40 S	9 E	28	NW NW	800	29.9' SO + 441.4' W FROM NWNW COR SEC 28
Well #4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 61160	40 S	9 E	28	NW NW	800	35.54' SO + 1765.51' W of N ¼ CORNER
Well #5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 14559	40 S	9 E	27	SE SW	900	1200' NO + 2600' E FROM SW CORNER of Sec 27
Well #5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 14559	40 S	9 E	27	SE SW	900	4181.16' SO + 5129.87' FROM N ¼ COR

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Point of Appropriation/Well (POA)
- Point of Diversion (POD)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)
- Surface water POD to Ground Water POA (SW/GW)

Will all of the proposed changes affect the entire water use permit?

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

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For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?

- Yes No

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If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use unless the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

Part 5 of 5 – Water Use Permit Information

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PERMIT # G-17708

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well # 7	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	KLAM 53732	39 S	09 E	28	SE NE	1901	2520' SO + 46' W FROM THE NE CORNER of Sec 28
Well # 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	KLAM 53732	39 S	09 E	28	SE NE	1901	2659.83' SO + 94.02' West of NE CORNER
Well # 8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	Received	39 S	09 E	28	SE NE	1901	2324 ft SO + 22' West FROM NE CORNER of Sec 28
Well # 8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	JUL 01 2024	39 S	09 E	28	SE NE	1901	2459.02' + 74.62' West FROM NE CORNER Sec 28

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Point of Appropriation/Well (POA)
- Point of Diversion (POD)
- Additional Point of Appropriation (APOA)
- Additional Point of Diversion (APOD)
- Surface water POD to Ground Water POA (SW/GW)

Will all of the proposed changes affect the entire water use permit?

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use:

Does the permit holder of record own or control the land TO which the place of use is being moved?

- Yes No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

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Part 5 of 5 – Water Use Permit Information

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

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Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well # 9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		40 S	9 E	28	NE NW	300	960' 50" + 222' W FROM 1/4 CORNER Sec 28
Well # 9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed		40 S	9 E	28	NE NW	300	941.54' SO + 182.84' W FROM 1/4 COR Sec 28
Well # 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		40 S	9 E	29	SW SE		1380' WEST FROM SE CORNER Sec 29
Well # 6	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed		40 S	9 E	27	SE SW		1150' NO + 2600' E FROM SW COR of Sec 27

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Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
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- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the permit to be changed.

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Does the permit holder of record own or control the land TO which the place of use is being moved?

- Yes No

If NO, the landowner of the land TO which the place of use is being moved must be assigned to the permit as a permit holder of record by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-17708

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.													
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																								
2	S	9	E	15	NE	NW	100		15.0	POD #1		POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"		"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
40	S	9	E	27	SW	NW			5.00	1 ALL		POA #3 Location Change	40	S	9	E	27	SW	NW			5.00	ALL Wells	03/09/2001
40	S	9	E	27	NE	SW		2	15.00	Wells			40	S	9	E	27	NE	SW		2	15.00	1-9	
40	S	9	E	27	NW	SW		1	20.00	1-9		CORRECT Location	40	S	9	E	27	NW	SW		1	20.00		
40	S	9	E	27	NW	SW		5	8.06			Wells 1,2 4,5,6,7,8,9	40	S	9	E	27	NW	SW		5	8.06		
40	S	9	E	27	NW	SW		6	11.53				40	S	9	E	27	NW	SW		6	11.53		
40	S	9	E	27	SW	SW		7	49.00				40	S	9	E	27	SW	SW		7	49.00		
40	S	9	E	27	SE	SW		3	23.00				40	S	9	E	27	SE	SW		3	23.00		
40	S	9	E	27	SE	SW		4	9.78				40	S	9	E	27	SE	SW		4	9.78		
40	S	9	E	28	SW	NE		5	4.86				40	S	9	E	28	SW	NE		5	4.86		
TOTAL ACRES									cont		TOTAL ACRES									cont				

Additional remarks: _____

11/14/23

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
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If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date			Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																							
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
40	S	9	E	28	SW	NE		9	15.00	ALL wells	POA 3 location change	40	S	9	E	28	SW	NE		9	15.00	ALL wells	03/09/2001
40	S	9	E	28	SW	NE		2	2.70	1-9		40	S	9	E	28	SW	NE		2	2.70	1-9	
40	S	9	E	28	SE	NE		3	20.10		CORRECT location	40	S	9	E	28	SE	NE		3	20.10		
40	S	9	E	28	SE	NE		4	8.36		Well 1, 2, 4, 5, 6, 7, 8, 9	40	S	9	E	28	SE	NE		4	8.36		
40	S	9	E	28	NE	NW		1	9.70			40	S	9	E	28	NE	NW		1	9.70		
40	S	9	E	28	NW	NW		1	8.30			40	S	9	E	28	NW	NW		1	8.30		
40	S	9	E	28	NW	NW		6	8.42			40	S	9	E	28	NW	NW		6	8.42		
40	S	9	E	28	SW	NW			38.83			40	S	9	E	28	SW	NW			38.83		
40	S	9	E	28	SE	NW		8	31.29			40	S	9	E	28	SE	NW		8	31.29		
TOTAL ACRES										cont	TOTAL ACRES										cont		

142.70

Additional remarks:

Received

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-17708

List the change proposed for the acreage in each 1/4. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
EXAMPLE																							
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE		"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
40S	9E	28	SE	NW			1	0.20	All Wells 1-9		POA 3 Location Change	40S	9E	28	SE	NW			1	0.20	ALL wells	03/09/2001	
40S	9E	28	NE	SE			10	36.23				40S	9E	28	NE	SE			10	36.23	1-9		
40S	9E	28	NW	SE				39.49			CORRECT Location	40S	9E	28	NW	SE					39.49		
40S	9E	28	SW	SE				39.82			Wells 1,2,4,5,14,7,8,9	40S	9E	28	SW	SE					39.82		
40S	9E	28	SE	SE				39.77				40S	9E	28	SE	SE					39.77		
40S	9E	29	SW	NE				39.93				40S	9E	29	SW	NE					39.93		
40S	9E	29	SE	NE				40.79				40S	9E	29	SE	NE					40.79		
40S	9E	29	SW	NW				41.51				40S	9E	29	SW	NW					41.51		
40S	9E	29	SE	NW				40.66				40S	9E	29	SE	NW					40.66		
							TOTAL ACRES	cont	318.40								TOTAL ACRES	cont					

Additional remarks: _____

Received

JUL 01 2024

14493 -

OWDD

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # 6-17708

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.										Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date			Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date				
EXAMPLE																							
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2	POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
40S	9E	29	NE SW			38.63	ALL wells			POA #3		40S	9E	29	NE SW						38.63	ALL wells	03/09/2001
40S	9E	29	NW SW			41.32	1-9			Location Change		40S	9E	29	NW SW						41.32	1-9	
40S	9E	29	SW SW			37.96				CORRECT Location		40S	9E	29	SW SW						37.96		
40S	9E	29	SE SW			37.20				Wells 1,2,4,5,6,7,8,9		40S	9E	29	SE SW						37.20		
40S	9E	29	NW SE			40.87						40S	9E	29	NW SE						40.87		
40S	9E	29	SW SE			40.36						40S	9E	29	SW SE						40.36		
40S	9E	32	NE NE			40.92						40S	9E								40.92		
40S	9E	32	NW NE			41.00						40S	9E								41.00		
U																							
						TOTAL ACRES	cont							TOTAL ACRES	cont								

318.26

Additional remarks:

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JUL 01 2024

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-17708

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.


AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																		
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng		Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date												
EXAMPLE																														
2	S	9	E	15		100			15.0	POD #1		POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5							
"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	"	2	S	9	E	15	SW	NW	200		5.0	POD #6							
40S	9E	32	SW NE			40.89	ALL Wells			POA #3 Location Change		40S	9E	32	SW NE					40.89	ALL Wells		03/09/2001							
40S	9E	32	SE NE			40.75	1-9					40S	9E	32	SE NE					40.75	1-9									
40S	9E	32	NE SE			40.56				CORRECT Location		40S	9E	32	NE SE					40.56										
40S	9E	32	NW SE			40.77				Wells-1,3,4,5,6,7,8,9		40S	9E	32	NW SE					40.77										
40S	9E	32	SW SE			39.15						40S	9E	32	SW SE					39.15										
40S	9E	32	SE SE			38.88						40S	9E	32	SE SE					38.88										
TOTAL ACRES						1166.59						TOTAL ACRES						1166.59												

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JUL 01 2024
OWRD

Additional remarks: _____ 241

Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? Yes No

If YES, list the other certificate, permit, or ground water registration numbers: _____

 If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right
Well 3	NO	Has	not	been	constructed					
well 3	yes	KLAW 55747	282'	26"				17.54		4500cfs

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JUL 01 2024

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TACS

STATE OF OREGON WATER SUPPLY WELL REPORT

KLAM 61795

WELL I.D. LABEL# L 141168 START CARD # 1070602 ORIGINAL LOG # KLAMATH 61036

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210) 11/16/2023

(1) LAND OWNER Owner Well I.D. First Name LEE Last Name SUKRAW Company Address 5156 LOWER KLAMATH LAKE RD City KLAMATH FALLS State OR Zip 97603

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

(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing: 20 [X] 2 38 .250 [X] [] [] [] Material From To Amt sacks/lbs Seal:

(3) DRILL METHOD [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [X] 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 680.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows: 26 0 38, 20 38 278, 15 278 680

Seal placement method [] A [] B [] C [] D [] E [] Other: Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Type Amount Seal Placement Begin Date Begin Time

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf/ Casing/Screen Scrm/slot Slot # of Tel/ Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 72 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 218 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM Sec 28 SE 1/4 of the NE 1/4 Tax Lot 1400 Tax Map Number Lot Lat Long [X] Street address of well [] Nearest address 5156 LOWER KLAMATH LAKE RD, KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows: Existing Well / Pre-Alteration 10/27/2023 28, Completed Well 11/16/2023 28

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row: 11/16/2023 28 680 500 28

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows: see klam 61036 0 586, broken basalt 586 680. Includes 'Received JUL 01 2024 OWRD' stamp.

Construction Begin Date 10/26/2023 Begin Time 00 01 End Date 11/16/2023

(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. License Number 1739 Date 11/16/2023 Signed CHARLES FRY (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. License Number 1355 Date 11/16/2023 Signed ARTHUR FRY (E-filed)

Well #1

**STATE OF OREGON
WELL LOCATION MAP**

Oregon Water Resources Department



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

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 42.06169800 Datum: WGS84

Longitude: -121.761306

Township/Range/Section/Quarter-Quarter Section:

WM 40S 9E 28 SENE

Address of Well:

2156 LOWER KLAMATH LAKE RD.
KLAMATH FALLS , OR.

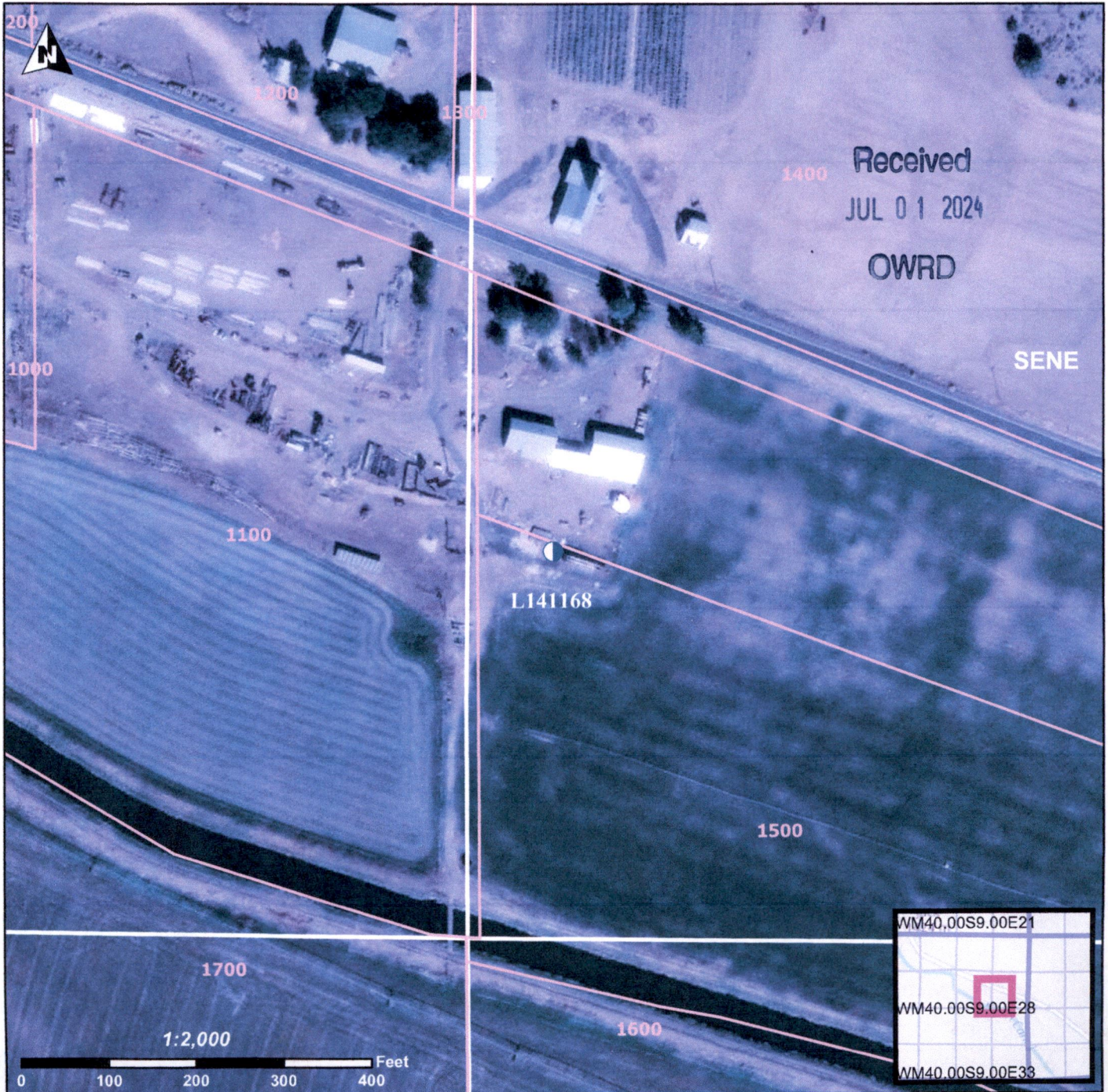
Well Label: L141168

Well Log: KLAM 61795

Printed: January 17, 2024

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

Generated by OWRD



Well # 3
Proposed

Received
JUL 01 2024

WELL I.D. # L _____

OWRD

(1) LAND OWNER Well Number 3
Name Liskey Farms Inc
Address 4650 Lower Klamath Lake Rd
City Klamath Falls State OR Zip 97603

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
30"	0	asa		

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Type		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
4500			1 hr.

Temperature of water 199°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 40 S N or S Range 9 E E or W. WM.
Section 34 ACA SW 1/4 of NE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
4024 Lower Klamath Lake Rd

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 15 Dec 1954
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
274	282	4500 gpm	17

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Dirt	0	3	
Hard Pan	3	6	
Yellow Chalk	6	24	
Blue & Yellow Chalk alternate	24	184	
Clay with streaks of hard shale	184	260	
Hard Blue Shale	260	274	
Pumice gravel with lots of water	274	282	17

Date started _____ Completed 15 Dec 1954

SOURCE OF DATA/INFO
Ground Water Right Application: G-16813
(see attached sheet)

COMPILED BY: GERALD H. GRONDAI
OWRD Hydrogeologist

DATE: 20 March 2007

#3

#3 Well

LISKY HOT WELL BY SHOP DEC. 15, 1954
8" Well

- 0----3 Top Dirt
- 3----6 Hard Pan
- 6---24 Yellow Chalk
- 24-185 Blue and Yellow Chalk Alternate
- 185-260 Clay with streaks of Hard shale
- 260-274 Hard Blue shale
- 274-277½ Pumice Gravel with lots of water.

Temperatures at 45' Luke warm
 145' 109 Degrees
 240' 124 "
 260' 129 "
 270' 140 "
 277½' 170 "

277½ Feet of 8" hole at \$2.00 -----\$555.00

~~WELL OUT BY FEED LOT 8"~~

- ~~0-----3 Top dirt~~
- ~~3-----16 Chalk~~
- ~~16-----17 Hard rocky clay~~
- ~~17-----53 Clay with streaks of shale~~

~~Water Test 50 Gallons per minute drawing the water down to 35'~~

~~Temperature 170 Degrees~~

~~53' of 8" hole at \$2.00-----\$106.00~~
~~-----~~
~~Total \$661.00~~

All to apply on Leveling job.

← same well →
 8" to 20"
 diameter

LISKY HOT WELL BY SHOP

Reamed from 8" hole to 20" hole.

- 0-----3 Top Dirt
- 3-----6 Hard pan
- 6-----24 Yellow Chalk
- 24----184 Blue and yellow chalk alternate
- 184---260 Clay with streaks of hard shale
- 260---274 Hard Blue Shale
- 274---282 Pumice gravel with lots of water

Temperature when pumping 4500 Gal. Per M.
199 Degrees.

Static water level 17 feet.

Pumping level at 4500 Gal. 19 feet.

282 Feet of 20" hole at \$5.00 -----\$1410.00

Received
 JUL 01 2024
 OWRD

RECEIVED
 FEB 27 2007
 WATER RESOURCES DEPT
 SALEM, OREGON

KLAM 55747

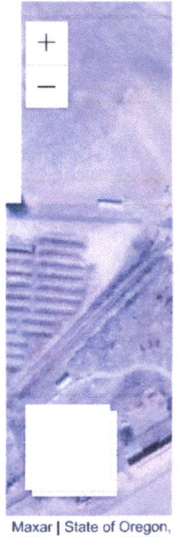
14493 -

Site Identification (Click to Collapse...)

GW LogID: KLAM 55747 [Well Log Database](#)
GW Well Tag Number: 91938
Tag Verified on Well: Yes
Site Type: WELL
Primary Use: IRRIGATION
Unused Status:
Site Source Organization:
Site Source OWRD:
Established By: Karl Wozniak
Established Date: 04/03/2010
Bonded Company: PREPARED BY OWRD STAFF
Stage: COMPLETE

Location (Click to Collapse...)

Latitude/Longitude
Latitude: 42.04889700 **Horiz. Error:** 50.00
Longitude: -121.74200400 **Datum:** WGS1984
Lat/Long Source: SITE VISIT AND IMAGERY
Location
TRSQQ: WM 40.00S9.00E34SWNE
Tax Map: 40S-09E-34
Taxlot: 200
24 Quad: LOST RIVER
Basin: 14 - Klamath
County: Klamath
WM District: 17
WM Region: SC
LSD Elev: 4096.00 Accy: 1.00 Datum: NGVD1929
Elev Source: LIDAR
[Groundwater Mapping Tool](#)



Water Rights (Click to Expand...)

Well Construction History (Click to Collapse...)

Well Construction History

Well Log id	Well Log	Work Type	Startcard	Well Tag	Owner Name	First Water	Max Case. Diam.	Max Case. Depth.	Max Seal Depth.	Max De
KLAM 55747	Log	NEW		91938	LISKEY FARMS INC	274.00	16			
KLAM 56949	Log	ALTERATION		91938	LISKEY FARMS		16			

Well Log	Aquifer	Aq at Max Depth	System Aquifer	Regional USGS Aquifer
KLAM 55747				
KLAM 56949				

Well Test

No data matches search criteria.

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JUL 01 2024
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Measured Water Level (Click to Expand...)

Flow Meter/Power Meter (Click to Expand...)

Available Data (Click to Expand...)

Other Documents/Images (Click to Expand...)

[View Hydrograph](#)

14493 -

Well #4

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CHEYNE BROTHERS LLC
 Address P.O. BOX
 City MALIN State OR Zip 97632

(2) TYPE OF WORK 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 Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 850.00 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
26	0	38	Bentonite Chips	0	38	75	S
20	38	322				Calculated	72
16	322	770					
12	770	850				Calculated	

How was seal placed: Method A B C D E
 Other POURED DRY
 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

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/> 2	38	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/> 2	322	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	310	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen	Screen Dia	From	To	Scrnm/slot width	Slot length	# of slots	Telc/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		280	3

 Temperature 113 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 218 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM
 Sec 28 NW 1/4 of the NW 1/4 Tax Lot 800
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1883 LOWER KLAMATH LAKE RD KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/1/2021		63

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 115.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/1/2021	115	850	1200		63

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil	0	5
brown sand/gravel	5	14
basalt	14	28
volcanic sandstone with clay layers	28	320
grey clay with sand seams	320	435
broken basalt with clay layers	435	850

 Received
 JUL 01 2024
 OWRD

Date Started 6/21/2021 Completed 10/4/2021

(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 1739 Date 10/4/2021
 Signed CHARLES FRY (E-filed)

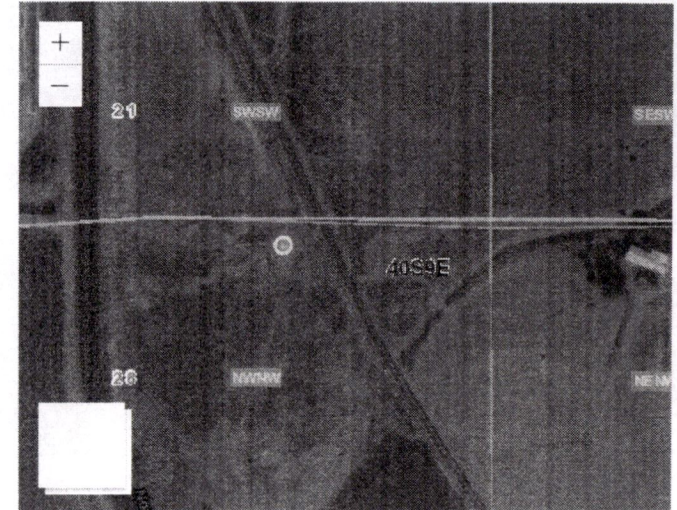
(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1355 Date 10/4/2021
 Signed ARTHUR FRY (E-filed) **14493**
 Contact Info (optional) _____

Site Identification [\(Click to Collapse...\)](#)

GW LogID: KLAM 61160 [Well Log Database](#)
GW Well Tag Number: 143162
Tag Verified on Well: No
Site Type: WELL
Primary Use:
Unused Status:
Site Source Organization:
Site Source OWRD:
Established By: GRAYSON FISH
Established Date: 11/03/2023
Bonded Company: FRY INDUSTRIES INC
Stage: DATA ENTRY

Location [\(Click to Collapse...\)](#)

Latitude/Longitude
Latitude: 42.06762503 **Horiz. Error:** 25.00 ft.
Longitude: -121.77302013 **Datum:** WGS1984
Lat/Long Source: SITE VISIT AND IMAGERY
Location
TRSQQ: WM 40.00S9.00E28NWNW
Tax Map: R-4009-02800-00800-000
Taxlot: 800
24 Quad: WORDEN
Basin: 14 - Klamath
County: Klamath
WM District: 17
WM Region: SC
LSD Elev: 4108.76 **Accy:** 1.00 **Datum:** NAVD1988
Elev Source: LIDAR
[Groundwater Mapping Tool](#)



Maxar | Oregon Water Resources Department and Bureau of Land Management

Water Rights [\(Click to Expand...\)](#)

Well Construction History [\(Click to Collapse...\)](#)

Well Construction History

Well Log Id	Well Log	Work Type	Startcard	Well Tag	Owner Name	First Water	Max Case. Diam.	Max Case. Depth.	Max Seal Depth.	Max Depth	Completed Depth	Complete Date
KLAM 61160	Log	NEW	1052547			115.00					850.00	10/4/2021

Well Log	Aquifer	Aq at Max Depth	System Aquifer	Regional USGS Aquifer	Local USGS Aquifer
KLAM 61160					

Well Test

No data matches search criteria.

Flow Meter/Power Meter [\(Click to Expand...\)](#)

Available Data [\(Click to Expand...\)](#)

Other Documents/Images [\(Click to Expand...\)](#)

Received
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14493 -

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

KLAM 61160
10/4/2021

WELL I.D. LABEL# L 143162
START CARD # 1052547
ORIGINAL LOG #

Well #4

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company CHEYNE BROTHERS LLC
Address P.O. BOX _____
City MALIN State OR Zip 97632

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing:

Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

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

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 850.00 ft. Special Standard (Attach copy)

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	lbs
26	0	38	Bentonite Chips	0	38	75	S
20	38	322			Calculated	72	
16	322	770					
12	770	850			Calculated		

How was seal placed: Method A B C D E
 Other POURED DRY

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

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	2	38	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	322	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12	310	770	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

Perf/ Casing/Screen	Screen 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 Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		280	3

Temperature 113 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 218 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM
Sec 28 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1883 LOWER KLAMATH LAKE RD KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	10/1/2021		63

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 115.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/1/2021	115	850	1200		63

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	5
brown sand/gravel	5	14
basalt	14	28
volcanic sandstone with clay layers	28	320
grey clay with sand seams	320	435
broken basalt with clay layers	435	850

Received
JUL 01 2024
OWRD

Date Started 6/21/2021 Completed 10/4/2021

(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 1739 Date 10/4/2021

Signed CHARLES FRY (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 1355 Date 10/4/2021

Signed ARTHUR FRY (E-filed)

Contact Info (optional) 14493

Klamath
14559

RECEIVED OBSERVATION WELL
NOV 10 1965 WATER WELL REPORT
STATE ENGINEER OF OREGON
SALEM OREGON

Well #5
40/9-27P

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

State Well No. 40/9-27P
State Permit No.

(1) OWNER: Ottis Osborn
Name
Address: Midland, Oregon

(2) LOCATION OF WELL:
County: Klamath Owner's number, if any—
1/4 1/4 Section 27 T. 40S R. 9E W.M.
Bearing and distance from section or subdivision corner LOT 3

(3) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check): (5) TYPE OF WELL:
Domestic Industrial Municipal Rotary Driven
Irrigation Test Well Other Cable Jetted
Stock water Dug Bored

(6) CASING INSTALLED: Threaded Welded
10 3/4" Diam. from 0 ft. to 179 ft. Gage .250
" Diam. from 0 ft. to 179 ft. Gage .250
" Diam. from 0 ft. to 179 ft. Gage .250

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used
SIZE of perforations in. by in.
perforations from 0 ft. to 179 ft.
perforations from 0 ft. to 179 ft.
perforations from 0 ft. to 179 ft.
perforations from 0 ft. to 179 ft.
perforations from 0 ft. to 179 ft.

(8) SCREENS: Well screen installed Yes No
Manufacturer's Name
Type Model No.
Slot size Set from 0 ft. to 179 ft.
Slot size Set from 0 ft. to 179 ft.

(9) CONSTRUCTION:
Was well gravel packed? Yes No Size of gravel:
Gravel placed from 0 ft. to 179 ft.
Was a surface seal provided? Yes No To what depth? 179 ft.
Material used in seal—Concrete
Did any strata contain unusable water? Yes No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level 32 ft. below land surface Date 11-4-65
Artesian pressure lbs. per square inch Date
Log Accepted by:
[Signed] _____ Date _____, 1965
(Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level Ken Hartley
Was a pump test made? Yes No If yes, by whom?
Yield: 450 gal./min. with 2 ft. drawdown after 4 hrs.
" " " " " "
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 186 Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 10" I.D. inches.
Depth drilled 418 ft. Depth of completed well 418 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Sandy loam	0	4
Yellow shale	4	19
Sand, gravel & boulders	19	21
Yellow shale	21	38
blue shale	38	50
lava boulders & shale	50	53
blue shale	53	126
fine gravel	126	127
gray shale, caving	127	152
gray-blue shale	152	168
sandy blue shale	168	173
blue shale with hard streaks	173	189
lava boulders embedded in blue shale	189	200
lava rock cemented	200	240
brilliant blue shale	240	261
lava rock and blue shale	261	272
gravel	272	273
gray sickly shale	273	285
soft brown sandy clay	285	306
grey blue shale	306	347
hard basalt boulders	347	353
boulders & black sticky clay	353	366
blue basalt rock	366	374
sticky clay	374	375

Work started Sept. 16 1965 Completed Nov. 8 1965

(13) PUMP:
Manufacturer's Name
Type: H.P.

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Ken Hartley Well Drilling
(Person, firm, or corporation) (Type or print)
Address Box 542, Klamath Falls, Oregon
Driller's well number
[Signed] Ken Hartley (Well Driller)
License No. 161 Date Nov. 8, 1965

40/9-27P

WELL REPORT

State Well No.

OF OREGON

State Permit No.

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?

Yield:	gal./min. with	ft. drawdown after	hrs.
"	"	"	"
"	"	"	"

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well inches.

Depth drilled ft. Depth of completed well ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Page 2 of 2 pages		
boulders and clay	375	380
pink volcanic ash, sticky	380	383
orange lava rock in clay	383	395
broken blue basalt	395	405
red lava	405	417
dense hard basalt	417	418

Received
JUL 01 2024
OWRD

Well #17

RECEIVED

STATE OF OREGON MAR 18 2003 WATER SUPPLY WELL REPORT (as required by ORS 537.765) WATER RESOURCES DEPT SALEM, OREGON

WELL I.D. # L 32935 START CARD # 102562

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Name LEE R. SUKRAW Well Number Address 1881 LOWER KLAMATH LAKE RD. City KLAMATH FALLS State OR Zip 97603

(9) LOCATION OF WELL by legal description: County KLAMATH Latitude Longitude Township 39 N or S Range 9 E or W. WM. Section 28 SE 1/4 NE 1/4 Tax Lot 1900 Lot Block Subdivision Street Address of Well (or nearest address) S. END OF WASHBURN WAY

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

(10) STATIC WATER LEVEL: 12 ft. below land surface. Date 3-09-03 Artesian pressure lb. per square inch Date

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(11) WATER BEARING ZONES: Depth at which water was first found 34

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 480 ft. Explosives used [] Yes [X] No Type Amount

Table with 4 columns: From, To, Estimated Flow Rate, SWL. Row 1: 34, 45, 10 gpm, 12'. Row 2: 60, 480, 3000 +, 12'.

HOLE SEAL table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows for 24", 20", 12", 10" diameters.

(12) WELL LOG: Ground Elevation 4130

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

WELL LOG table with columns: Material, From, To, SWL. Lists layers like SANDY CLAY TOPSOIL, BROWN CLAY, GREEN CLAY, BROWN SAND, GREEN CLAY, GREEN CLAYSTONE/SAND, BLACK SAND, BLACK SANDSTONE, BLACK BASALT, BLACK BASALT / ASH, BROKEN BASALT, VERY HARD GRAY BASALT WITH LAYERS OF BROKEN AREA.

(6) CASING/LINER table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Drive Shoe used [] Inside [] Outside [X] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table for Perforations/Screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table for Well Tests with columns: Pump, Bailer, Air, Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Values: 2500+, 250, 1 hr.

Temperature of water 80° Depth Artesian Flow Found Was a water analysis done? [] Yes [] No By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

Date started 10-10-01 Completed 3-07-03

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, 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.

WWC Number Signed Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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.

WWC Number 1355 Signed Date 3-09-03

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D.# L 53872
START CARD # 102532

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name LEE SUKRAW
Address 1881 LOWER KLAMATH LAKE RD.
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 525 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks of pounds	
24"	0	124	NET CEMENT	0	124	13,854	
20"	124	325	OPEN				
12"	325	500					
6"	500	525					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20" + 1/2	124	325	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
EST 3000		200	1 hr.
Pump 5700	5'		4 hr.
1-17-02			

Temperature of water 80° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 39 N or S Range 9 E or W. WM.
Section 28 SE 1/4 NE 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) OFF SOUTH END OF WASHBURN WAY

(10) STATIC WATER LEVEL:
32 ft. below land surface. Date 12-10-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
85	110	15 gpm	
112	525	3000 +	32

(12) WELL LOG:
Ground Elevation 4130

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	2	
GRAY CLAY	2	110	
BLACK LAVA	110	111	
GRAY CLAY	111	118	
BASALT	118	122	
FRACTURED BASALT	122	200	32
FRACTURED BASALT/CLAY	200	205	32
FRACTURED BASALT	205	525	32

Date started 8-10-01 Completed 12-10-01
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WVC Number 1355
Signed Arthur L. Jay Date 12-10-01

10/1/2015

(1) LAND OWNER

Owner Well I.D. _____
 First Name LEE Last Name SUKRAW
 Company _____
 Address 1881 LOWER KLAMATH LAKE RD.
 City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

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

(3) DRILL METHOD

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

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 480.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
24	0	248	Cement w/5% Bentonit	0	78	65 S
20	248	380			Calculated	60
12	380	480			Calculated	

How was seal placed: Method A B C D E
 Other _____

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/>	2	78	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input type="checkbox"/>	78	148	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method plasma cutter

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Casing	20	148	248	.125	3	4200	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2000		280	1

Temperature 88 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM
 Sec 28 NE 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1850 LOWER KLAMATH LAKE RD.
 KLAMATH FALLS, OR. 97603

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/29/2015		72

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 108.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/29/2015	108	480	2000		72

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown sand and soft brown sandstone	0	32
grey clay	32	66
red cinder, basalt and green claystone	66	72
basalt	72	84
green claystone with basalt	84	92
soft red cinder w green claystone/basalt	92	108
broken/fractured basalt	108	118
basalt with red cinders	118	122
broken basalt w mineral deposits	122	138
basalt with red cinders	138	146
basalt	146	154
broken basalt with mineral deposits	154	378
basalt with grey clay	378	418
broken basalt	418	426
fractured basalt with clay	426	480

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Date Started 7/1/2015 Completed 9/29/2015

(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 1940 Date 10/1/2015

Signed BENJAMIN FRY (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 1355 Date 10/1/2015

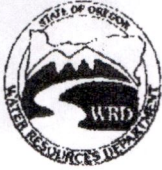
Signed ARTHUR L FRY (E-filed)

Contact Info (optional) _____

14493

Mailed 2/23/21

OWRD



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Request for Assignment

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

I, Lee R. Sukraw
(Name of Current Holder of Record)

1881 Lower Klamath Lake Road Klamath Falls, OR 97603 541-891-8740
(Mailing Address) (City) (State) (Zip) (Phone #)

- hereby assign all my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, sold all the land authorized under the right)
- hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)
- hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)

Application # G-15315 ; Permit # G-17708 ; Transfer # T-12319 ;

Limited License # _____ ; Groundwater Statement # _____ ;

as filed in the office of the Water Resources Director, to:

Cheyne Brothers, LLC
(Name of New Owner)

1649 Depot, PO Box 49 Malin OR 97632 541-723-2005
(Mailing Address) (City) (State) (Zip) (Phone #)

Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below _____

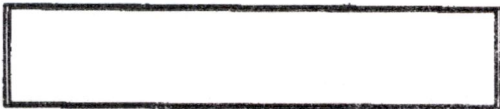
LR I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment.

Witness my hand this 17th day of Feb, 2021.
(Day) (Month) (Year)

Signature of Current Holder of Record Lee R. Sukraw

Failure to provide any of the required information will result in the return of your application.

DO NOT WRITE IN THIS BOX



The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.

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JUL 01 2024

WR

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Land Use Information Form



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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NOTE TO APPLICANTS

In order for your application to be processed by the Oregon Water Resources Department (OWRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be diverted, conveyed, used, and developed. The planning official may choose to complete the form while you wait or return the "Receipt Acknowledging Request for Land Use Information" to you. Applications received by OWRD without the Land Use Information Form, or the signed receipt, will be returned to you. **IMPORTANT:** Please note that while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for OWRD's acceptance of all other applications. Please be aware that your application cannot be approved without land use approval.

This form is **NOT** required if:

- 1) Water is to be diverted, conveyed, and used on federal lands only; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a. The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b. The application involves a change in place of use only;
 - c. The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d. The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for a new water right or modifying an existing water right. The Oregon Water Resources Department (OWRD) requires applicants to obtain land use information to ensure the water right does not result in land uses that are incompatible with your comprehensive plan. Please complete the form and return it to the applicant for inclusion in their application. **NOTE:** For new water right applications only, if you are unable to complete this form while the applicant waits, you may complete the "Receipt Acknowledging Request for Land Use Information" and return it to the applicant.

You will receive notice via OWRD's weekly Public Notice once the applicant formally submits their request to OWRD. The notice will give more information about OWRD's water right process and provide additional comment opportunities. If you previously only completed the receipt for an application for a new permit to use or store water, you will have 30 days from the Public Notice date to complete the Land Use Information Form and return it to OWRD. Your attention to this request for information is greatly appreciated. If you have questions concerning this form, please contact OWRD's Customer Service Group at 503-986-0900 or WRD_DL_customerservice@water.oregon.gov.

Land Use Information Form



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.oregon.gov/OWRD

NAME Cheyne Brothers LLC				PHONE 541-723-2005	
MAILING ADDRESS PO Box 49					
CITY Malin	STATE OR	ZIP 97632	EMAIL Fenterss@gmail.com		

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts, may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
410S	9E	27				<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Farming
↓	↓	28				<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	↓
↓	↓	29				<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	↓
↓	↓	32				<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	↓

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Exchange of Water
 Allocation of Conserved Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 14.58 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

Location of Well 3 moved

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 OWRD

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

Land uses to be served by the proposed water use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): _____

Land uses to be served by the proposed water use(s), including proposed construction, involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being Pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
irrigations - well location moved		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	Received	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	JUL 01 2024	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	OWRD	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land use concerns or make recommendations to the Oregon Water Resources Department regarding this proposed use of water in the box below or on a separate sheet.

Name: Robbyn Thompson Title: Permit Tech
 Signature: Robbyn Thompson Date: 2/15/24
 Governmental Entity: Klamath County Phone: 541-883-5121

Receipt Acknowledging Request for Land Use Information	
<p>Note to Local Government Representative: Please complete this form and return it to the applicant. For new water right applications only, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.</p>	
Applicant Name: _____	
Staff Name: _____	Title: _____
Staff Signature: _____	Date: _____
Governmental Entity: _____	Phone: _____

Oregon Water Resources Department Fee Calculation for Permit Amendment

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Today's Date: Thursday, May 16, 2024	Fee Calculation
Base Fee (includes one type of change to one permit for up to 1 cfs)	\$1,360.00
Fill in information below-- Check each box that applies.	
Types of Change Proposed:	
<input type="checkbox"/> Place of Use	
<input checked="" type="checkbox"/> Point of Diversion (POD)/Appropriation (POA); and/or Additional POD/POA; and/or SW POD to GW POD	\$0.00
Enter total number of permits included in application. <input style="width: 50px;" type="text" value="1"/>	\$0.00
<input checked="" type="checkbox"/> Check this box if you propose to add or change a well location, or change from a surface water POD to a well.	\$480.00
Enter total number of groundwater wells (POAs) included in permit amendment. <input style="width: 50px;" type="text" value="7"/>	\$2,460.00
<input type="checkbox"/> Check this box if you propose to change the place of use for a NON-irrigation permit.	
<input type="checkbox"/> Check this box if you propose to change the place of use for an irrigation permit.	
Total Transfer CFS(rounded up to the next whole cfs):	
Subtotal:	\$4,300.00
Check each box that applies.	
<input type="checkbox"/> The transfer is necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932.	
<input type="checkbox"/> The transfer is endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat.	
Discount	
Permit Amendment Fee:	\$4,300.00

[Return to Edit](#) [Clear](#)

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