Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1271
(503) 986-0900
www.wrd.state.or.us

Application for a Permit to Use
Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

1. APPLICANT INFORMATION

A. Individuals

Applicant: _____ (First) _____ (Last)

Mailing address: _____

_____ (City) _____ (State) _____ (Zip)

Phone: _____ (Home) _____ (Work) _____ (Other)

*Fax: _____ *E-Mail address: _____

B. Organizations

(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)

Name of organization: KLAMATH FALLS FOURSQUARE CHURCH dba KLAMATH CHRISTIAN CENTER

Name and title of person applying: DENNIS FINDORFF, ASSISTANT PASTOR

Mailing address of organization: 115 N. ALAMEDA AVE.

KLAMATH FALLS (City) OR (State) 97601 (Zip)

Phone: 541-882-4646 x107 (Day) 541-891-3080 (Evening)

*Fax: 541-885-9733 *E-Mail address: dennisf@klamathchristiancenter.or

* *Optional information*

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WATER RESOURCES DEPT
SALEM, OREGON

For Department Use

App. No. _____ Permit No. _____ Date _____

2. PROPERTY OWNERSHIP

Do you own all the land where you propose to divert, transport, and use water?

☒ Yes *(Skip to section 3 "Ground water Development.")*

☐ No *(Please check the appropriate box below.)*

- ☐ I have a recorded easement or written authorization permitting access.
- ☐ I do not currently have written authorization or easement permitting access.
- ☐ Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigated and/or domestic use only (ORS 274.040).

You must provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

List the names and mailing addresses of all affected landowners.

NONE BESIDES APPLICANT

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 2

Name of nearest surface water body: LAKE EWAUNA / KLAMATH RIVER

Distance from well(s) to nearest stream or lake: 1) 17,000 FT +/-

2) _____ 3) _____ 4) _____

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) _____

2) _____ 3) _____ 4) _____

B. Well Characteristics

Wells must be constructed according to standards set by the Department for the construction and maintenance of water wells. If the well is already constructed, please enclose a copy of the well constructor's log and the well ID number, if available, for each well with this application. Identify each well with a number corresponding to the wells designated on the map and proceed to section 4 of the form. If the well has not been constructed, or if you do not have a well log, please complete the following:

Well(s) ~~will be~~ constructed by: ROGER CHANCELLOR DRILLING

Address: 5437 ALTAMONT DR.

KLAMATH FALLS, OR 97603

Completion date: KLAM 56417: 11/12/07 KLAM 56340: 10/26/07

Please provide a description of your well development. *(Attach additional sheets if needed.)*

Well No.	Diameter	Type and size of casing	No. of feet of casing	Intervals casing is perforated (in feet)	Seal depth	Est. depth to water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth
1	6"	SEE	WELL	LOG					
2		SEE	WELL	LOG					

Note: Well numbers in this listing must correspond to well locations(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals.

C. Artesian Flows

If your water well is flowing artesian, describe your water control and conservation works:

_____

_____

_____

_____

_____

4. WATER USE

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

A. Type(s) of Use(s)

See list of beneficial uses provided in the instructions.

- If your proposed use is **domestic**, indicate the number of households to be supplied with water: _____
- If your proposed use is **irrigation**, please attach **Form I**
- If your proposed use is **mining**, attach **Form R**
- If your proposed use is **municipal or quasi-municipal**, attach **Form M**
- If your proposed use is **commercial/industrial**, attach **Form Q**

B. Amount of Water
Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

Well No.	Source of aquifer	Type of use	Total rate of water requested (in gpm)	Total annual quantity (in gallons) *	Production rate of well (in gpm)
WELL # 1 KLAM 56417		COOLING & CHURCH BUILDING	60 MAX.	23,652,000	61
WELL # 2 KLAM 56340		HEATING & CHURCH BUILDING	60 MAX.	23,652,000	67

* BASED ON 45 GPM AVERAGE

C. Maximum Rate of Use Requested
What is the maximum, instantaneous rate of water that will be used? 60 GPM
(The fees for your application will be based on this amount.)
~~150 gpm~~

D. Period of Use
Indicate the time of year you propose to use the water: YEAR ROUND
(For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1–October 31.)

E. Acreage
If you will be applying water to land, please give the total number of acres where water will be applied or used: _____
(This number should be consistent with your application map.)
~~½ ACRE OVER 2.4 A.~~

5. WATER MANAGEMENT

A. Diversion
What equipment will you use to pump water from your well(s)?

☒ Pump (give horsepower and pump type): 15 hp MULTI-STAGE CENTRIFUGAL ϕ
7.5 hp " " "

☐ Other means (describe): _____

B. Transport
How will you transport water to your place of use?

☐ Ditch or canal (give average width and depth):

Width _____ Depth _____

Is the ditch or canal to be lined? ☐ Yes ☐ No

☒ Pipe (give diameter and total length):

Diameter 3"ϕ Length 400' M/L

☐ Other (describe) _____

C. Application/Distribution Method

What equipment will you use to apply water to your place of use? PLATE & FRAME HEAT EXCHANGERS

Irrigation or land application method (check all that apply):

- ☐ Flood
- ☐ High-pressure sprinkler
- ☐ Low pressure sprinkler
- ☐ Drip
- ☐ Water cannons
- ☐ Center pivot system
- ☐ Hand lines
- ☐ Wheel lines
- ☐ Siphon tubes or gated pipe with furrows
- ☐ Other, describe _____

Distribution method

- ☒ Direct pipe from source
- ☐ In-line storage (tank or pond)
- ☐ Open canal

D. Conservation

What methods will you use to conserve water? Why did you choose this distribution or application method? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

VARIABLE SPEED PUMPS & REINJECTION

6. PROJECT SCHEDULE

Indicate the anticipated dates that the following construction tasks should begin. If construction has already begun, or is completed, please indicate that date.

Proposed date construction will begin: JUNE 2006

Proposed date construction will be completed: OCTOBER 2008

Proposed date beneficial water use will begin: OCTOBER 2008

7. REMARKS

If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.

8. MAP REQUIREMENTS

The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

9. SIGNATURE

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be canceled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit to me, I may have to stop using water to allow senior water right holders to get water they are entitled to, and

I swear that all information provided in this application is true and correct to the best of my knowledge:

DENNIS D. FINDORFF, ASSISTANT PASTOR, MAY 12, 2008

Signature of Applicant *(If more than one applicant, all must sign.)* Date

G. Scott Hines, Gregory Scott Hines, Senior Pastor, May 13, 2008

Before you submit your application be sure you have:

- Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this application. You may supply a copy of the deed, land sales contract, or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at www.wrd.state.or.us or call (503) 986-0900.

Oregon Water Resources Department
Land Use Information Form

THIS FORM IS NOT REQUIRED IF: 1) water is to be diverted, conveyed, and/or used only on federal lands; 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) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.

Applicant Name: KLAMATH FALLS FOURSQUARE CHURCH dba KLAMATH CHRISTIAN CENTER
Mailing Address: 115 N. ALAMEDA AVE., ~~KLAMA~~
City: KLAMATH FALLS State: OR Zip: 97601 Day Phone: 541-882-4646

This application is related to a Measure 37 claim. ☐ Yes ☒ No

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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 ~~38S~~ 38	Range E	Section	¼ ¼	Tax Lot #	Plan Designation (e.g. Rural Residential/RR-5)	Water to be:	Proposed Land Use:
38S	9E	36	NW NW	102	PUBLIC FACILITY	☒ Diverted ☒ Conveyed ☒ Used	CHURCH FACILITY
38S	9E	36	NW NW	300	" "	☒ Diverted ☒ Conveyed ☒ Used	"
38S	9E	36	SW NW	100	" "	☒ Diverted ☒ Conveyed ☒ Used	"
						☐ Diverted ☐ Conveyed ☐ Used	

List all counties and cities where water is proposed to be diverted, conveyed, or used. KLAMATH COUNTY, CITY OF KLAMATH FALLS

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 100 ☐ 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: WATER (GEOTHERMAL) TO BE USED TO HEAT & COOL A 36,000 FT² BUILDING CURRENTLY UNDER CONSTRUCTION. WATER TO BE REINJECTED EXCEPT FOR THAT AMOUNT TO BE USED FOR IRRIGATION OF LANDSCAPING.

Note to applicant: *If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt below and include it with the application filed with the Water Resources Department.*

Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

SIGNED COUNTY PLANNER

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 proposed water uses (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 proposed water uses (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:	
Design Review	CDO 11.00-11.094	☒ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued

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

Name: Erik Nobel Title: Senior Planner

Signature: [signature] Phone: 541-883-5254 Date: 10-11-07

Government Entity: City of Klamath Falls

Note to local government representative: *Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.*

Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

OREGON WATER RESOURCES DEPARTMENT
LOW TEMPERATURE GEOTHERMAL PROGRAM

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WATER RESOURCES DEPT
SALEM, OREGON

REQUEST FOR APPROVAL OF A LOW TEMPERATURE GEOTHERMAL INJECTION WELL

APPLICANT

Name: KLAMATH FALLS FOURSQUARE CHURCH dba KLAMATH CHRISTIAN CENTER Phone: 541-882-4646

Address: 115 N. ALAMEDA AVE
Street

KLAMATH FALLS (*City*) OR (*State*) 97601 (*Zip*)

ADDRESS AND LOCATION OF PRODUCTION WELL(S) (KLAM 56417)

Please list any wells which produce waste water that will ultimately be disposed of at your proposed injection well.

Name and address of well owner: KLAMATH FALLS FOURSQUARE CHURCH
115 N. ALAMEDA AVE., KLAMATH FALLS, OR 97601

Address at well site or nearest known address: 6100 CHURCH HILL DRIVE KLAMATH FALLS, OR 97603

Location of well: Township 38S, Range 9E, Section 36, 1/4 NW, 1/4 NW

Note: If you plan to dispose of effluent (waste water) that originates from more than one production well, please record the additional information required under this section on a separate page and include with this request.

ADDRESS AND LOCATION OF PROPOSED INJECTION WELL (KLAM 56340)

Name and address of well owner: KLAMATH FALLS FOURSQUARE CHURCH
115 N. ALAMEDA AVE., KLAMATH FALLS, OR 97601

Address at well site or nearest known address: 6100 CHURCH HILL DRIVE KLAMATH FALLS, OR 97603

Location of well: Township 38S, Range 9E, Section 36, 1/4 NW, 1/4 NW

Note: Any production well(s) and the injection well must be shown on a 7 1/2-minute USGS topographic map or a tax lot map. Indicate elevation of land surface at each well head, horizontal distance between production well(s) and injection well, and identify the owner of each well on the map (maps should be available from the Department in Salem or the local Watermaster office). The Department or local Watermaster will send you a photocopy of the map at your request.

WATER WELL REPORTS

Attach water well reports for each well involved in this proposal. Record current owner on each water well report if known. Water well reports are available from the Department in Salem or the local Watermaster office. If a water well report cannot be found, provide the following well information if readily available. Include the following:

Original well owner: KLAMATH CHRISTIAN CENTER

Date originally drilled: 11/12/07, Well driller: ROGER CHANCELLOR DRILLING

Well depth: 346', Casing Size: 8"

Is casing perforated?: ____yes, X no. If yes, at what depths: ____

WATER WELL REPORTS (Continued)

Bottom hole temperature (degrees Fahrenheit): 83° , Date: 4/16/08

Static water level: 159' , Date: 4/16/08

Note: If no well information is available, skip this section and proceed to the next section.

DESCRIBE YOUR CURRENT WELL SYSTEM

How is your well utilized? CURRENTLY UNUSED, TO BE USED FOR COOLING 36,000 SQ. FT. BUILDING UNDER CONSTRUCTION

If known, please provide the following information. (Please attach copies of any known water quality data for your well).

Pumping rate: 60 (gallons per minute).

Disposal temperature of waste water as it exits your system: 110° - 50° (degrees Fahrenheit).

Have you added any substance (oil, paraffin, etc.) to your well to inhibit corrosion?

_____yes __x__ no _____don't know.

Additional comments: _____

DESCRIBE YOUR INJECTION PLANS

If known, please provide the following information:

Proposed well depth: 902' Proposed casing size: 6"

Proposed injection temperature: 110° - 50° (degrees Fahrenheit).

Proposed injection rate: 60 (gallons per minute).

Note: If the proposed injection well has already been drilled, please attach the water well report.

Signature of Applicant

MAY 8, 2008

Date

If you need more information or help with your injection plans, contact the **OREGON WATER RESOURCES DEPARTMENT** in Salem at **503-986-0844.**

Please send your completed request to the following address:

OREGON WATER RESOURCES DEPARTMENT
Low-temperature Geothermal Program
725 Summer Street NE, Suite A
Salem, OR 97301-1266

KLAM 56340

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

10-31-2007

WELL LABEL # L 92027

START CARD # 1002451

(1) LAND OWNER

Owner Well I.D. #2

First Name KLAMATH CHRISTIAN Last Name CENTER

Company

Address 6100 CHURCH HILL RD

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 902.00 ft.

BORE HOLE

Dia	From	To
8	0	480
6	480	902

SEAL

Material	From	To	Amt	sacks/ lbs
Cement	0	480	130	S

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	☒	2	478	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 478

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		470	1

Temperature 99 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 38.00 S N/S Range 9.00 E E/W WM

Sec 36 NW 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

6100 CHURCH HILL RD. KLAMATH FALLS

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	10-26-2007			235

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 362

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-24-2007	362	415	30			235
10-26-2007	517	902	75			235

(11) WELL LOG

Ground Elevation

Material	From	To
SOIL & COBBLES	0	2
BROWN CLAY	2	173
BLUE CLAY	173	362
MULTI COLORED BASALT	362	415
GREY BASALT	415	488
BROKEN GREY BASALT	488	902

Date Started 10-16-2007 Completed 10-26-2007

(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 1758 Date 10-31-2007

Electronically Filed

Signed RYON FREEMAN (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 10-31-2007

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

Form Version: 0.89

CHANCELLOR
Drilling & Pump

Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

WELL FLOW TEST

Date: 4-18-08 Phone Number : _____ Test Ordered by: Klamath Christian Center
Address of Well: 6100 Church Hill Rd. Depth of Well: 902 Pump Depth: 462
Sample for Bacteria: YES___NO___Static Level: 232.9 Sample for Nitrates: Yes__No__

Test Time	Water Level	Temp.	G.P.M.
9:00	232.9		0
9:20	232.9		0
9:40	232.9		0
10:00	232.9	93.4	81
10:02	247.2	98.2	81
10:04	261.6	103.4	81
10:06	274.1	105.2	80.5
10:08	288.2	106.3	80.5
10:10	302.4	107	79.5
10:15	313	109.4	77
10:20	324.2	111.9	77
10:25	336.1	112.7	76.5
10:30	345.7	114	76.5
10:45	354.2	114.9	75
11:00	364	115.5	75
11:15	373.7	115.7	74.5
11:30	382.5	115.7	73
11:45	391.8	115.9	71
12:00	400.6	115.9	71.5
12:15	409.5	115.9	70
12:30	418.3	115.9	70
12:45	423.2	115.9	69.5
1:00	427.4	115.9	68
1:15	427	116	67
1:30	427.1	116.2	67
1:45	427	116.2	67
2:00	427	116.2	67

Test Conducted by: _____
Comments: 6" Well, Tag # L92027

CHANCELLOR
Drilling & Pump

Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

WELL FLOW TEST

Date: 4-18-08 Phone Number : _____ Test Ordered by: _____
Address of Well: _____ Depth of Well: _____ Pump Depth: _____
Sample for Bacteria: YES___NO___Static Level: _____ Sample for Nitrates: Yes__No__

Test Time	Water Level	G.P.M.
2:15	256'	0
2:30	239.7	0

Test Conducted by: _____
Comments: Recovery - Pump OFF

KLAM 56417

12-10-2007

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

WELL LABEL # L 92028

START CARD # 1002534

(1) LAND OWNER

Owner Well I.D. _____

First Name KLAMATH CHRISTIAN Last Name CENTER

Company _____

Address 6100 CHURCH HILL RD

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 346.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	241	Cement	0	241	160	S
8	241	346					

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	8	☒	1	241	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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/ Liner	Screen 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)
90		346	1
60		340	1

Temperature 78 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 9.00 E E/W WM

Sec 36 NW 1/4 of the NW 1/4 Tax Lot 102

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

6100 CHURCH HILL RD, KLAMATH FALLS, OR. 97603

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-12-2007			160

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 236

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-12-2007	236	346	90			160

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY & COBBLES	0	27
BROKEN BASALT	27	34
BROKEN BASALT & BROWN CLAY	34	172
BROWN CLAY	172	194
BLUE CLAY & GREY BASALT	194	273
BROKEN BROWN BASALT	273	277
BROKEN GREY BASALT	277	346

Date Started 10-29-2007 Completed 11-12-2007

(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 1758 Date 12-10-2007

Electronically Filed

Signed RYON FREEMAN (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 12-10-2007

Electronically Filed

Signed ROGER W CHANCELLOR (E-filed)

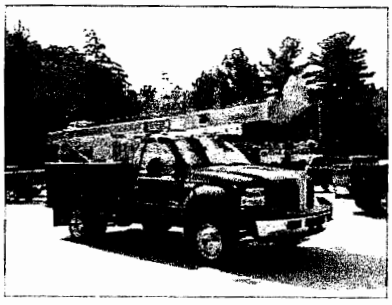
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89

CHANCELLOR
Drilling & Pump



Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

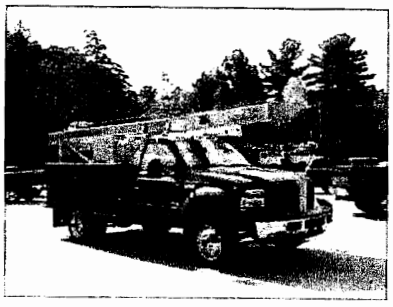
WELL FLOW TEST

Date: 4-16-08 Phone Number : _____ Test Ordered by: Klamath Christian Center
Address of Well: 6100 Church Hill Rd. Depth of Well: 346' Pump Depth: 252'
Sample for Bacteria: YES___NO___Static Level: 159' Sample for Nitrates: Yes__No__

Test Time	Water Level	Temp.	G.P.M.
11:30	159		0
11:50	159		0
12:10	159		0
12:30	159	80.4	60
12:32	167.1	80.4	66
12:34	176.4	80.4	65
12:36	183.2	80.4	65
12:38	189.7	80.4	64
12:40	196.5	80.4	63.2
12:45	203	80.4	62.5
12:50	206.1	80.4	62.5
12:55	209	80.7	62.5
1:00	212.4	81.0	62
1:15	216	82.4	62
1:30	219.5	82.6	62
1:45	219.9	82.6	62
2:00	220.8	82.6	62
2:15	221.7	82.8	62
2:30	223.4	82.8	63
2:45	223.4	82.8	63
3:00	223.5	82.8	63.5
3:15	223.5	82.8	63.5
3:30	223.6	82.8	63.5
3:45	222.9	82.9	~~62~~ 62
4:00	222.9	82.9	61
4:15	222.9	82.9	61
4:30	222.9	82.9	61

Test Conducted by: _____
Comments: 8" Well, Tag # L92028

CHANCELLOR
Drilling & Pump



Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

WELL FLOW TEST

Date: 4-16-08 Phone Number : _____ Test Ordered by: _____
Address of Well: _____ Depth of Well: _____ Pump Depth: _____
Sample for Bacteria: YES___NO___Static Level: _____ Sample for Nitrates: Yes__No__

Test Time	Water Level	G.P.M.
4:45	194'	0
5:00	163'	0

Test Conducted by: _____
Comments: Recovery - Pump OFF

OREGON WATER RESOURCES DEPARTMENT
LOW TEMPERATURE GEOTHERMAL PROGRAM

RECEIVED
MAY 14 2008
WATER RESOURCES DEPT
SALEM, OREGON

REQUEST FOR APPROVAL OF A LOW TEMPERATURE GEOTHERMAL INJECTION WELL

APPLICANT

Name: KLAMATH FALLS FOURSQUARE CHURCH dba KLAMATH CHRISTIAN CENTER Phone: 541-882-4646

Address: 115 N. ALAMEDA AVE.
Street

KLAMATH FALLS *City* OR *State* 97601 *Zip*

ADDRESS AND LOCATION OF PRODUCTION WELL(S) (KLAM 56340)

Please list any wells which produce waste water that will ultimately be disposed of at your proposed injection well.

Name and address of well owner: KLAMATH FALLS FOURSQUARE CHURCH
115 N. ALAMEDA AVE., KLAMATH FALLS, OR 97601

Address at well site or nearest known address: 6100 CHURCH HILL DRIVE KLAMATH FALLS, OR 97603

Location of well: Township 38S, Range 9E, Section 36, 1/4 NW, 1/4 NW

Note: If you plan to dispose of effluent (waste water) that originates from more than one production well, please record the additional information required under this section on a separate page and include with this request.

ADDRESS AND LOCATION OF PROPOSED INJECTION WELL (KLAM 56417)

Name and address of well owner: KLAMATH FALLS FOURSQUARE CHURCH
115 N. ALAMEDA AVE., KLAMATH FALLS, OR 97601

Address at well site or nearest known address: 6100 CHURCH HILL DRIVE KLAMATH FALLS, OR 97603

Location of well: Township 38S, Range 9E, Section 36, 1/4 NW, 1/4 NW

Note: Any production well(s) and the injection well must be shown on a 7 1/2-minute USGS topographic map or a tax lot map. Indicate elevation of land surface at each well head, horizontal distance between production well(s) and injection well, and identify the owner of each well on the map (maps should be available from the Department in Salem or the local Watermaster office). The Department or local Watermaster will send you a photocopy of the map at your request.

WATER WELL REPORTS

Attach water well reports for each well involved in this proposal. Record current owner on each water well report if known. Water well reports are available from the Department in Salem or the local Watermaster office. If a water well report cannot be found, provide the following well information if readily available. Include the following:

Original well owner: KLAMATH CHRISTIAN CENTER

Date originally drilled: 10/26/07, Well driller: ROGER CHANCELLOR DRILLING

Well depth: 902', Casing Size: 6"

Is casing perforated?: _____ yes, X no. If yes, at what depths: _____

WATER WELL REPORTS (Continued)

Bottom hole temperature (degrees Fahrenheit): 116°, Date: 4/18/08

Static water level: 233', Date: 4/18/08

Note: If no well information is available, skip this section and proceed to the next section.

DESCRIBE YOUR CURRENT WELL SYSTEM

How is your well utilized? CURRENTLY UNUSED, TO BE USED FOR HEATING 36,000 SQ. FT. BUILDING UNDER CONSTRUCTION

If known, please provide the following information. (Please attach copies of any known water quality data for your well).

Pumping rate: 60 (gallons per minute).

Disposal temperature of waste water as it exits your system: 105° - 60° (degrees Fahrenheit).

Have you added any substance (oil, paraffin, etc.) to your well to inhibit corrosion?

____yes _X_ no ____don't know.

Additional comments:

DESCRIBE YOUR INJECTION PLANS

If known, please provide the following information:

Proposed well depth: 346' Proposed casing size: 8"

Proposed injection temperature: 105° - 60° (degrees Fahrenheit).

Proposed injection rate: 60 (gallons per minute).

Note: If the proposed injection well has already been drilled, please attach the water well report.

Signature of Applicant

MAY 8, 2008
Date

If you need more information or help with your injection plans, contact the **OREGON WATER RESOURCES DEPARTMENT** in Salem at **503-986-0844.**

Please send your completed request to the following address:

OREGON WATER RESOURCES DEPARTMENT
Low-temperature Geothermal Program
725 Summer Street NE, Suite A
Salem, OR 97301-1266

Oregon Water Resources Department

FORM Q

FOR COMMERCIAL AND INDUSTRIAL WATER USES

RECEIVED
MAY 14 2008
WATER RESOURCES DEPT
SALEM, OREGON

1. Describe the goods and services you plan to provide:

CHURCH BUILDING USED TO SUPPLY INTANGIBLE RELIGIOUS BENEFITS TO PEOPLE.

2. How will the water be used?

TO HEAT AND COOL A 36,000 SQUARE FOOT CHURCH BUILDING.

3. What is the maximum amount of water that will be used on any given day:

60 ☐ cfs ☒ gpm

4. Are there periods of the day, week, month, or year that the water will not be used? *(e.g. no use December–March)*

☒ No ☐ Yes If so, when?_____

5. Is there a particular time or period of day, week, month, or year when the use of water is absolutely essential for the project to continue? *(e.g. vegetable processing, Oct. 15-Nov. 15)*

☐ No ☒ Yes If so, when? CONTINUOUS IN ORDER TO PROVIDE HEATING AND/OR COOLING

6. Are there periods of the day week, month, or year where the amount of water used will be less than at peak times?

~~☒ No~~ ☒ Yes If so, when? DEPENDING UPON WEATHER CONDITIONS, VARIABLE SPEED PUMPS WILL BE USED

KLAM 56340

10-31-2007

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

WELL LABEL # L 92027

START CARD # 1002451

(1) LAND OWNER

Owner Well I.D. #2

First Name KLAMATH CHRISTIAN Last Name CENTER

Company

Address 6100 CHURCH HILL RD

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 902.00 ft.

BORE HOLE

Dia	From	To
8	0	480
6	480	902

SEAL

Material	From	To	Amt	sacks/ lbs
Cement	0	480	130	S

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	6	☒	2	478	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 478

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		470	1

Temperature 99 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 38.00 S N/S Range 9.00 E E/W WM

Sec 36 NW 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

6100 CHURCH HILL RD. KLAMATH FALLS

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	10-26-2007			235

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 362

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-24-2007	362	415	30			235
10-26-2007	517	902	75			235

(11) WELL LOG

Ground Elevation

Material	From	To
SOIL & COBBLES	0	2
BROWN CLAY	2	173
BLUE CLAY	173	362
MULTI COLORED BASALT	362	415
GREY BASALT	415	488
BROKEN GREY BASALT	488	902

RECEIVED
MAY 14 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-16-2007 Completed 10-26-2007

(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 1758 Date 10-31-2007

Electronically Filed

Signed RYON FREEMAN (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 10-31-2007

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

Form Version: 0.89

CHANCELLOR
Drilling & Pump

Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

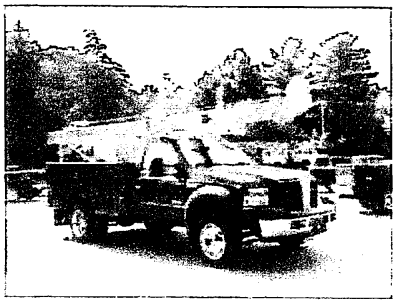
WELL FLOW TEST

Date: 4-18-08 Phone Number : _____ Test Ordered by: Klamath Christian Center
Address of Well: 6100 Church Hill Rd. Depth of Well: 902 Pump Depth: 462
Sample for Bacteria: YES___NO___ Static Level: 232.9 Sample for Nitrates: Yes__No__

Test Time	Water Level	Temp.	G.P.M.
9:00	232.9		0
9:20	232.9		0
9:40	232.9		0
10:00	232.9	93.4	81
10:02	247.2	98.2	81
10:04	261.6	103.4	81
10:06	274.1	105.2	80.5
10:08	288.2	106.3	80.5
10:10	302.4	107	79.5
10:15	313	109.4	77
10:20	324.2	111.9	77
10:25	336.1	112.7	76.5
10:30	345.7	114	76.5
10:45	354.2	114.9	75
11:00	364	115.5	75
11:15	373.7	115.7	74.5
11:30	382.5	115.7	73
11:45	391.8	115.9	71
12:00	400.6	115.9	71.5
12:15	409.5	115.9	70
12:30	418.3	115.9	70
12:45	423.2	115.9	69.5
1:00	427.4	115.9	68
1:15	427	116	67
1:30	427.1	116.2	67
1:45	427	116.2	67
2:00	427	116.2	67

Test Conducted by: _____
Comments: 6" Well, Tag # L92027

CHANCELLOR
Drilling & Pump



Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

WELL FLOW TEST

Date: 4-18-08 Phone Number : _____ Test Ordered by: _____
Address of Well: _____ Depth of Well: _____ Pump Depth: _____
Sample for Bacteria: YES___NO___Static Level: _____ Sample for Nitrates: Yes__No__

Test Time	Water Level	G.P.M.
2:15	256'	0
2:30	239.7	0

Test Conducted by: _____
Comments: Recovery - pump OFF

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

KLAM 56417

12-10-2007

WELL LABEL # L 92028

START CARD # 1002534

(1) LAND OWNER

Owner Well I.D. _____

First Name KLAMATH CHRISTIAN Last Name CENTER

Company _____

Address 6100 CHURCH HILL RD

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 346.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	241	Cement	0	241	160	S
8	241	346					

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	8	☒	1	241	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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/ Liner	Screen 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)
90		346	1
60		340	1

Temperature 78 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 9.00 E E/W WM

Sec 36 NW 1/4 of the NW 1/4 Tax Lot 102

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

6100 CHURCH HILL RD, KLAMATH FALLS, OR. 97603

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-12-2007			160

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 236

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-12-2007	236	346	90			160

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY & COBBLES	0	27
BROKEN BASALT	27	34
BROKEN BASALT & BROWN CLAY	34	172
BROWN CLAY	172	194
BLUE CLAY & GREY BASALT	194	273
BROKEN BROWN BASALT	273	277
BROKEN GREY BASALT	277	346

RECEIVED
MAY 1 4

Date Started 10-29-2007 Completed 11-12-2007

(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 1758 Date 12-10-2007

Electronically Filed

Signed RYON FREEMAN (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 12-10-2007

Electronically Filed

Signed ROGER W CHANCELLOR (E-filed)

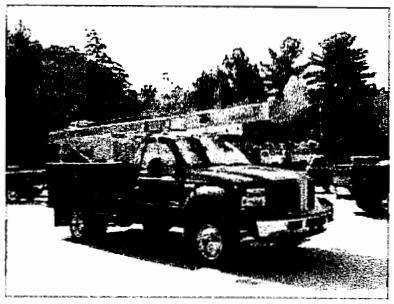
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89

CHANCELLOR
Drilling & Pump



Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

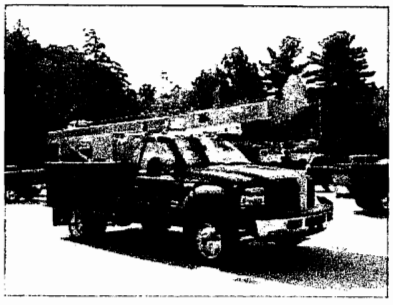
WELL FLOW TEST

Date: 4-16-08 Phone Number : _____ Test Ordered by: Klamath Christian Center
Address of Well: 6100 Church Hill Rd. Depth of Well: 346' Pump Depth: 252'
Sample for Bacteria: YES___NO___Static Level: 159' Sample for Nitrates: Yes__No__

Test Time	Water Level	Temp.	G.P.M.
11:30	159		0
11:50	159		0
12:10	159		0
12:30	159	80.4	66
12:32	167.1	80.4	66
12:34	176.4	80.4	65
12:36	183.2	80.4	65
12:38	189.7	80.4	64
12:40	196.5	80.4	63.2
12:45	203	80.4	62.5
12:50	206.1	80.4	62.5
12:55	209	80.7	62.5
1:00	212.4	81.0	62
1:15	216	82.4	62
1:30	219.5	82.6	62
1:45	219.9	82.6	62
2:00	220.8	82.6	62
2:15	221.7	82.8	62
2:30	223.4	82.8	63
2:45	223.4	82.8	63
3:00	223.5	82.8	63.5
3:15	223.5	82.8	63.5
3:30	223.6	82.8	63.5
3:45	222.9	82.9	~~62~~ 62
4:00	222.9	82.9	61
4:15	222.9	82.9	61
4:30	222.9	82.9	61

Test Conducted by: _____
Comments: 8" Well, Tag # L92028

CHANCELLOR
Drilling & Pump



Pump Contractors Licence# 439CPI

CCB#72750

5437 Altamont Dr
Klamath Falls OR 97603
(541) 884-7907

WELL FLOW TEST

Date: 4-16-08 Phone Number : _____ Test Ordered by: _____
Address of Well: _____ Depth of Well: _____ Pump Depth: _____
Sample for Bacteria: YES___NO___Static Level: _____ Sample for Nitrates: Yes__No__

Test Time	Water Level	G.P.M.
4:45	194'	0
5:00	163'	0

Test Conducted by: _____
Comments: Recovery - Pump OFF

KLAMATH CHRISTIAN CENTER
A place for everyone

Fulfilling Our Vision

May 12, 2008

Mr. Tim Wallin
Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, OR 97301-1271

Re: Geothermal Heating/Cooling Project at 6100 Church Hill Dr., Klamath Falls, OR

Dear Tim:

Enclosed herewith is our application for a permit to use ground water and two requests for approval of a low temperature geothermal injection well along with supporting documentation for the subject project. Also enclosed is a check in the amount of $900 for review fees. This project is for the purpose of heating and cooling a 36,000 sq. ft. church facility which is under construction. Our mechanical engineer, Fred Belz, is hand delivering these materials along with his design plans.

Klamath Falls Foursquare Church, dba Klamath Christian Center, is a subsidiary of the International Church of the Foursquare Gospel, a California corporation registered in the State of Oregon. Pastor G. Scott Hines and I are authorized signers for the corporation for this project.

Please contact me if you should have any questions regarding this application.

Sincerely,

Dennis D. Findorff
Assistant Pastor

NEILSON RESEARCH CORPORATION
Environmental Testing Laboratory

11/19/07

Maurene Ehlers
Spring Street Analytical
350 Spring Street
Klamath Falls, OR 97601

TEL: (541) 882-6286
FAX: (541) 882-9561

RE: Klamath Christian Center - Wells #1 & #2

Order No.: 0711121

Dear Maurene Ehlers:

Neilson Research Corporation received 2 sample(s) on 11/06/07 for the analyses presented in the following report.

The results relate only to the parameters tested or to the sample as received by the laboratory. This report shall not be reproduced except in full, without the written approval of Neilson Research Corporation. If you have any questions regarding these test results, please feel free to call.

Sincerely,
Neilson Research Corporation

Fay L. Fowler
Project Manager

245 South Grape Street ▵ Medford, OR 97501-3123 ▵ (541) 770-5678 ▵ fax (541) 770-2901

Neilson Research Corporation

245 South Grape Street, Medford, Oregon 97501 541-770-5678 Fax 541-770-2901

Analysis Report

ORELAP 100016
EPA OR00028

CLIENT:	Spring Street Analytical	**Date:** 19-Nov-07	
Project:	Klamath Christian Center - Wells #1 & #2	**CASE NARRATIVE**	
Lab Order:	0711121		

The analyses were performed according to the guidelines in the Neilson Research Corporation Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

Neilson Research Corporation certifies that this report is in compliance with the requirements of NELAP. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

Neilson Research Corporation

245 South Grape Street, Medford, Oregon 97501 541-770-5678 Fax 541-770-2901

Analysis Report

ORELAP 100016
EPA OR00028

Spring Street Analytical
350 Spring Street
Klamath Falls, OR 97601
Client Sample ID: **Klamath Christian**
Sample Location: **Well #1**
Project: **Klamath Christian Center - Wells #1 & #2**

Lab Order: **0711121**
NRC Sample ID **0711121-01**
Collection Date: **11/02/07**
Received Date: **11/06/07 2:37:00 PM**
Reported Date: **11/19/07 4:07:57 PM**
Matrix: **Drinking Water**

ANALYTICAL RESULTS

Analyses	NELAC Accredited	Result	Qual	MRL	Units	Dilution Factor	Date Analyzed
Anions by EPA 300.0							*Analyst:* ***TJK***
Chloride	A	**2.12**		1	mg/L	1	11/08/07
Fluoride	A	**ND**		0.2	mg/L	1	11/08/07
Sulfate	A	**4.31**		0.5	mg/L	1	11/08/07
Trace Metals by ICP-MS by EPA 200.8							*Analyst:* ***BAR***
Arsenic	A	**0.0167**	*	0.001	mg/L	1	11/12/07
Trace Metals by EPA 200.7							*Analyst:* ***BAR***
Boron	A	**ND**		0.05	mg/L	1	11/09/07
Iron	A	**0.917**	*	0.015	mg/L	1	11/09/07
Magnesium	A	**4.05**		1	mg/L	1	11/09/07
Potassium	A	**2.25**		1	mg/L	1	11/09/07
Silica	A	**49.8**		1	mg/L	1	11/09/07
Sodium	A	**25.7**		1	mg/L	1	11/09/07
Total Alkalinity by SM 2320B							*Analyst:* ***LDH***
Alkalinity, Bicarbonate (As CaCO3)		**116**		10	mg/L	1	11/15/07
Alkalinity, Carbonate (As CaCO3)		**ND**		10	mg/L	1	11/15/07
Specific Conductance by SM 2510B							*Analyst:* ***NNM***
Specific Conductance	A	**199**		1	µmhos/cm	1	11/07/07

Qualifiers:

ND - Not Detected at the Reporting Limit
J - Analyte detected below quantitation limits
B - Analyte detected in the associated Method Blank
* - Value exceeds Maximum Contaminant Level
S - Spike Recovery outside accepted recovery limits
R - RPD outside accepted recovery limits
E - Value above quantitation range
MRL - Minimum Reporting Limit

Neilson Research Corporation

245 South Grape Street, Medford, Oregon 97501 541-770-5678 Fax 541-770-2901

Analysis Report

ORELAP 100016
EPA OR00028

Spring Street Analytical
350 Spring Street
Klamath Falls, OR 97601
Client Sample ID: **Klamath Christian**
Sample Location: **Well #2**
Project: **Klamath Christian Center - Wells #1 & #2**

Lab Order: **0711121**
NRC Sample ID **0711121-02**
Collection Date: **11/02/07**
Received Date: **11/06/07 2:37:00 PM**
Reported Date: **11/19/07 4:07:57 PM**
Matrix: **Drinking Water**

ANALYTICAL RESULTS

Analyses	NELAC Accredited	Result	Qual	MRL	Units	Dilution Factor	Date Analyzed
Anions by EPA 300.0							*Analyst: **TJK***
Chloride	A	**2.51**		1	mg/L	1	11/08/07
Fluoride	A	**0.430**		0.2	mg/L	1	11/08/07
Sulfate	A	**28.6**		0.5	mg/L	1	11/08/07
Trace Metals by ICP-MS by EPA 200.8							*Analyst: **BAR***
Arsenic	A	**0.00462**		0.001	mg/L	1	11/12/07
Trace Metals by EPA 200.7							*Analyst: **BAR***
Boron	A	**0.169**		0.05	mg/L	1	11/09/07
Iron	A	**3.98**	*	0.015	mg/L	1	11/09/07
Magnesium	A	**2.32**		1	mg/L	1	11/09/07
Potassium	A	**1.49**		1	mg/L	1	11/09/07
Silica	A	**90.7**		1	mg/L	1	11/09/07
Sodium	A	**76.3**		1	mg/L	1	11/09/07
Total Alkalinity by SM 2320B							*Analyst: **LDH***
Alkalinity, Bicarbonate (As CaCO3)		**52.0**		10	mg/L	1	11/15/07
Alkalinity, Carbonate (As CaCO3)		**104**		10	mg/L	1	11/15/07
Specific Conductance by SM 2510B							*Analyst: **NNM***
Specific Conductance	A	**289**		1	µmhos/cm	1	11/07/07

Qualifiers:

ND - Not Detected at the Reporting Limit
J - Analyte detected below quantitation limits
B - Analyte detected in the associated Method Blank
* - Value exceeds Maximum Contaminant Level
S - Spike Recovery outside accepted recovery limits
R - RPD outside accepted recovery limits
E - Value above quantitation range
MRL - Minimum Reporting Limit

2

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: ALKALINITY_W

Sample ID: **MBLK** SampType: **MBLK** TestCode: **ALKALINITY_** Units: **mg/L** Prep Date: RunNo: **36867**
Client ID: **ZZZZZ** Batch ID: **R36867** TestNo: **SM 2320B** Analysis Date: **11/15/07** SeqNo: **557320**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Alkalinity, Bicarbonate (As CaCO3)	ND	10.0									
Alkalinity, Carbonate (As CaCO3)	ND	10.0									

Sample ID: **LCS** SampType: **LCS** TestCode: **ALKALINITY_** Units: **mg/L** Prep Date: RunNo: **36867**
Client ID: **ZZZZZ** Batch ID: **R36867** TestNo: **SM 2320B** Analysis Date: **11/15/07** SeqNo: **557321**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Alkalinity, Bicarbonate (As CaCO3)	31.00	10.0	29.6	2	98.0	80	120				
Alkalinity, Carbonate (As CaCO3)	31.00	10.0	29.6	0	105	80	120				

Sample ID: **0711121-01ADUP** SampType: **DUP** TestCode: **ALKALINITY_** Units: **mg/L** Prep Date: RunNo: **36867**
Client ID: **Klamath Christian** Batch ID: **R36867** TestNo: **SM 2320B** Analysis Date: **11/15/07** SeqNo: **557323**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Alkalinity, Bicarbonate (As CaCO3)	116.0	10.0						116	0	10	
Alkalinity, Carbonate (As CaCO3)	ND	10.0						0	0	10	

NRC - Page 5 of 11

Qualifiers:
E Value above quantitation range
H Holding times for preparation or analysis exceeded
J Analyte detected below quantitation limits
ND Not Detected at the Minimum Reporting Limit
R RPD outside accepted recovery limits
S Spike Recovery outside accepted recovery limits

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: COND_W

Sample ID: **LCS**	SampType: **LCS**	TestCode: **COND_W**	Units: **µmhos/cm**	Prep Date:	RunNo: **36735**
Client ID: **ZZZZZ**	Batch ID: **R36735**	TestNo: **SM 2510B**		Analysis Date: **11/07/07**	SeqNo: **555480**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Specific Conductance	1365	1.00	1413	0	96.6	90	110				

Sample ID: **0711135-01BDUP**	SampType: **DUP**	TestCode: **COND_W**	Units: **µmhos/cm**	Prep Date:	RunNo: **36735**
Client ID: **ZZZZZ**	Batch ID: **R36735**	TestNo: **SM 2510B**		Analysis Date: **11/07/07**	SeqNo: **555489**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Specific Conductance	680.0	1.00						661	2.83	10	

Qualifiers:
E Value above quantitation range
H Holding times for preparation or analysis exceeded
J Analyte detected below quantitation limits
ND Not Detected at the Minimum Reporting Limit
R RPD outside accepted recovery limits
S Spike Recovery outside accepted recovery limits

Neilson Research Corporation **Date:** 19-Nov-07

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: EPA300_W

Sample ID: **MB**	SampType: **MBLK**	TestCode: **EPA300_W**	Units: **mg/L**	Prep Date:	RunNo: **36760**
Client ID: **ZZZZZ**	Batch ID: **R36760**	TestNo: **EPA 300.0**		Analysis Date: **11/08/07**	SeqNo: **555888**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Chloride	ND	1.00									
Fluoride	ND	0.200									
Sulfate	ND	0.500									

Sample ID: **LCS**	SampType: **LCS**	TestCode: **EPA300_W**	Units: **mg/L**	Prep Date:	RunNo: **36760**
Client ID: **ZZZZZ**	Batch ID: **R36760**	TestNo: **EPA 300.0**		Analysis Date: **11/08/07**	SeqNo: **555889**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Chloride	7.199	1.00	7.5	0	96.0	90	110				
Fluoride	3.879	0.200	3.75	0	103	90	110				
Sulfate	22.14	0.500	22.5	0	98.4	90	110				

Sample ID: **0711121-01AMS**	SampType: **MS**	TestCode: **EPA300_W**	Units: **mg/L**	Prep Date:	RunNo: **36760**
Client ID: **Klamath Christian**	Batch ID: **R36760**	TestNo: **EPA 300.0**		Analysis Date: **11/08/07**	SeqNo: **555899**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Chloride	9.171	1.00	7.5	2.123	94.0	80	120				
Fluoride	4.038	0.200	3.75	0.09729	105	80	120				
Sulfate	26.91	0.500	22.5	4.314	100	80	120				

Sample ID: **0711121-01AMSD**	SampType: **MSD**	TestCode: **EPA300_W**	Units: **mg/L**	Prep Date:	RunNo: **36760**
Client ID: **Klamath Christian**	Batch ID: **R36760**	TestNo: **EPA 300.0**		Analysis Date: **11/08/07**	SeqNo: **555900**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Chloride	9.129	1.00	7.5	2.123	93.4	80	120	9.171	0.460	20	
Fluoride	4.049	0.200	3.75	0.09729	105	80	120	4.038	0.269	20	
Sulfate	26.88	0.500	22.5	4.314	100	80	120	26.91	0.105	20	

Qualifiers:
E Value above quantitation range
H Holding times for preparation or analysis exceeded
J Analyte detected below quantitation limits
ND Not Detected at the Minimum Reporting Limit
R RPD outside accepted recovery limits
S Spike Recovery outside accepted recovery limits

Neilson Research Corporation

Date: 19-Nov-07

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: ICP_200.7_DW

Sample ID: **MB-14252**	SampType: **MBLK**	TestCode: **ICP_200.7_D**	Units: **mg/L**	Prep Date: **11/09/07**	RunNo: **36784**
Client ID: **ZZZZZ**	Batch ID: **14252**	TestNo: **EPA 200.7**	**(EPA 200.7)**	Analysis Date: **11/09/07**	SeqNo: **556207**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Boron	ND	0.0500									
Iron	ND	0.0150									
Magnesium	ND	1.00									
Potassium	ND	1.00									
Silica	ND	1.00									
Sodium	ND	1.00									

Sample ID: **LCS-14252**	SampType: **LCS**	TestCode: **ICP_200.7_D**	Units: **mg/L**	Prep Date: **11/09/07**	RunNo: **36784**
Client ID: **ZZZZZ**	Batch ID: **14252**	TestNo: **EPA 200.7**	**(EPA 200.7)**	Analysis Date: **11/09/07**	SeqNo: **556208**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Boron	1.010	0.0500	1	0	101	85	115				
Iron	1.017	0.0150	1	0	102	85	115				
Magnesium	1.010	1.00	1	0	101	85	115				
Potassium	ND	1.00	1	0	99.2	85	115				
Silica	2.109	1.00	2.143	0	98.4	85	115				
Sodium	1.015	1.00	1	0	102	85	115				

Sample ID: **0711164-01AMS**	SampType: **MS**	TestCode: **ICP_200.7_D**	Units: **mg/L**	Prep Date: **11/09/07**	RunNo: **36784**
Client ID: **ZZZZZ**	Batch ID: **14252**	TestNo: **EPA 200.7**	**(EPA 200.7)**	Analysis Date: **11/09/07**	SeqNo: **556229**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Boron	1.109	0.0500	1	0	111	70	130				
Iron	24.79	0.0150	21	3.957	99.2	70	130				
Magnesium	31.23	1.00	21	10.71	97.7	70	130				
Potassium	18.05	1.00	21	1.418	79.2	70	130				
Silica	109.2	1.00	45	56.54	117	70	130				
Sodium	30.24	1.00	21	11.85	87.6	70	130				

Qualifiers:
E Value above quantitation range
H Holding times for preparation or analysis exceeded
J Analyte detected below quantitation limits
ND Not Detected at the Minimum Reporting Limit
R RPD outside accepted recovery limits
S Spike Recovery outside accepted recovery limits

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: ICP_200.7_DW

Sample ID: **0711164-01AMSD**	SampType: **MSD**	TestCode: **ICP_200.7_D**	Units: **mg/L**	Prep Date: **11/09/07**	RunNo: **36784**
Client ID: **ZZZZZ**	Batch ID: **14252**	TestNo: **EPA 200.7**	**(EPA 200.7)**	Analysis Date: **11/09/07**	SeqNo: **556230**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Boron	1.113	0.0500	1	0	111	70	130	1.109	0.360	20	
Iron	24.79	0.0150	21	3.957	99.2	70	130	24.79	0	20	
Magnesium	31.23	1.00	21	10.71	97.7	70	130	31.23	0	20	
Potassium	18.09	1.00	21	1.418	79.4	70	130	18.05	0.221	20	
Silica	109.3	1.00	45	56.54	117	70	130	109.2	0.0588	20	
Sodium	30.15	1.00	21	11.85	87.1	70	130	30.24	0.298	20	

Qualifiers:
E Value above quantitation range
H Holding times for preparation or analysis exceeded
J Analyte detected below quantitation limits
ND Not Detected at the Minimum Reporting Limit
R RPD outside accepted recovery limits
S Spike Recovery outside accepted recovery limits

CLIENT: Spring Street Analytical
Work Order: 0711121
Project: Klamath Christian Center - Wells #1 & #2

ANALYTICAL QC SUMMARY REPORT

TestCode: ICPMS_200.8_DW

Sample ID: **MB-14260**	SampType: **MBLK**	TestCode: **ICPMS_200.8**	Units: **mg/L**	Prep Date: **11/12/07**	RunNo: **36806**
Client ID: **ZZZZZ**	Batch ID: **14260**	TestNo: **EPA 200.8**	**(EPA 200.8)**	Analysis Date: **11/12/07**	SeqNo: **556431**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Arsenic	ND	0.00100									

Sample ID: **LCS-14260**	SampType: **LCS**	TestCode: **ICPMS_200.8**	Units: **mg/L**	Prep Date: **11/12/07**	RunNo: **36806**
Client ID: **ZZZZZ**	Batch ID: **14260**	TestNo: **EPA 200.8**	**(EPA 200.8)**	Analysis Date: **11/12/07**	SeqNo: **556432**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Arsenic	0.1021	0.00100	0.1	0	102	85	115				

Sample ID: **0711164-02AMS**	SampType: **MS**	TestCode: **ICPMS_200.8**	Units: **mg/L**	Prep Date: **11/12/07**	RunNo: **36806**
Client ID: **ZZZZZ**	Batch ID: **14260**	TestNo: **EPA 200.8**	**(EPA 200.8)**	Analysis Date: **11/12/07**	SeqNo: **556451**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Arsenic	0.1114	0.00100	0.1	0.005329	106	70	130				

Sample ID: **0711164-02AMSD**	SampType: **MSD**	TestCode: **ICPMS_200.8**	Units: **mg/L**	Prep Date: **11/12/07**	RunNo: **36806**
Client ID: **ZZZZZ**	Batch ID: **14260**	TestNo: **EPA 200.8**	**(EPA 200.8)**	Analysis Date: **11/12/07**	SeqNo: **556452**

Analyte	Result	MRL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Arsenic	0.1063	0.00100	0.1	0.005329	101	70	130	0.1114	4.69	20	

Qualifiers:
E Value above quantitation range
ND Not Detected at the Minimum Reporting Limit
H Holding times for preparation or analysis exceeded
R RPD outside accepted recovery limits
J Analyte detected below quantitation limits
S Spike Recovery outside accepted recovery limits

NEILSON RESEARCH CORPORATION

245 S. GRAPE ST. * MEDFORD, OR 97501-3123 * (541) 770-5678 * FAX (541) 770-2901

Environmental Testing Laboratory

Chain of Custody Record

Date 11/6/07 Page ____ of ____

Attention: ____

Results and Invoice to: Spring Street Analytical

Address: 350 Spring Street
Klamath Falls, OR 97601
541-882-6286

Phone: ____ Sampled By: ____

Fax #: ____ P.O. #: ____

REPORTING REQUEST

Preliminary: Fax ☐ Verbal ☐

Final: Written ☐ Fax ☐

RUSH REQUEST: ☐ 24–48 hrs. (100% sur)

☐ 5 days (50% sur) ☐ Standard 10–14 days

☐ Other ____

ENR Page 27 11 21

PROJECT INFORMATION

Project Number: ____

Project Name: ____

Attention: ____

Address: ____

Phone: ____

SPECIAL INSTRUCTIONS: ____

6.0°C/I

☐ 4°C

☐ EPA JARS/VIALS WITH TEFLON LIDS

☐

☐

FIELD BLANK INCLUDED: ☐ YES ☐ NO

ANALYSIS REQUEST

NO. OF CONTAINERS

Boron
Calcium Carbonate + bicarbonate
Chloride
Fluoride
Magnesium
Potassium
Silica
Sodium
Sulfate
Conductivity
pH
Arsenic

LAB ID	SAMPLE ID	DATE	TIME	SOIL/WATER OTHER	DEPTH	REMARKS/SAMPLE CONDITION
01	Klamath Christian Center Well #1	11/2/07		geothermal water		Same tests on each well source
02	Well #2					

RECEIVED
MAY 14 2008
WATER RESOURCES DEPT
SALEM, OREGON

RELINQUISHED BY (Sign and Print)	DATE/TIME	RECEIVED BY (Sign)	DATE/TIME
Mehlens	11/6/07		
		REC'D. BY (LABORATORY)	11/6/07 14:37

SAMPLE DISPOSAL

☐ NRC disposal of non-contaminated

☐ Return ☐ Pick up

CHAIN OF CUSTODY SEALS Y/N/NA ____

SHIPPED VIA: UPS Fed-Ex Bus Hand

Note: See Standard Terms & Conditions on reverse side of this form.

114

SPRING STREET ANALYTICAL

ORELAP OR100034, NELAP 03218CA

350 Spring Street
Klamath Falls
Oregon 97601
Phone: (541) 882-6286
Fax: (541) 882-9561

Water Testing
Waste Water Testing
Environmental Consulting

Sample Matrix: Water
Collection Date & Time: 11/02/07 & 8:30A
Received Date & Time: 11/05/07 & 11A
Date Reported: 11/26/07

Klamath Christian Center
115 N. Crater Lake Parkway
Klamath Falls, Or. 97601

The samples were analyzed for pH, TSS and Total Dissolved Solids. The results are listed below.

	Geothermal Well #1	pH	8.72	Analyzed	ME
		Total Suspended	1 mg/l	11/05/07	
		Total Dissolved	0.02 mg/l		
		Solids			
	Geothermal Well #2				
		pH	9.17		
		Total Suspended	14 mg/l		
		Total Dissolved	162.8 mg/l		
		Solids			

*N.D. Stands for Not Detected
* MCL Stands For Maximum Contamination Level
*Spring Street Analytical certifies that all analyses and reporting are done according to the NELAC Standards.

Analyzed by

Maurene Ehlers
Lab Director

SPRING STREET ANALYTICAL

ORELAP OR100034, NELAP 03218CA

350 Spring Street
Klamath Falls
Oregon 97601
Phone: (541) 882-6286
Fax: (541) 882-9561

Water Testing
Waste Water Testing
Environmental Consulting

Sample Matrix: Water
Collection Date & Time: 11/2/07
Received Date & Time: 11/5/07 & 11:30A
Date Reported: 11/6/07

Klamath Christian Center
115 N. Alameda Ave.
KLamath Falls, OR 97601

The sample was analyzed for Total and Fecal Coliform bacteria. The results are listed below.

B07-2929	Well #2	Total Coliform	Absent	Analyzed	ME
		Fecal Coliform	Absent	11/5/07	
B07-2930	Well #1	Total Coliform	Absent		
		Fecal Coliform	Absent		

*N.D. Stands for Not Detected
* MCL Stands For Maximum Contamination Level
*Spring Street Analytical certifies that all analyses and reporting are done according to the NELAC Standards.

Analyzed by

Maurene Ehlers
Lab Director

Maurene Ehlers

01 AUG 28 PM3:17

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RETURN TO:	TAX STATEMENTS TO:	CLERK'S STAMP:
Brandsness Brandsness & Rudd, P.C. 411 Pine Street Klamath Falls, Oregon 97601	Klamath Christian Center 115 N. Alameda Avenue Klamath Falls, Oregon 97601	RECEIVED MAY 14 2008 WATER RESOURCES DEPT SALEM, OREGON

MTC 13961-3102

-BARGAIN AND SALE DEED-

Melvin L. Stewart and Mary Lou Stewart, Gary L. Stewart and Lisa M. Stewart, Matthew A. Stewart and Darcy K. Stewart, Grantors, convey to INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL, a California non-profit corporation, Grantee, the following described real property situated in the County of Klamath, State of Oregon, to-wit:

That portion of Parcel 3 of Major Land Partition 22-91 lying Northeasterly of Foothills Boulevard; and

That portion of the NW1/4NW1/4 of Section 36, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, lying Northeasterly of the El Paso Natural Gas Company property described in Volume 333, Page 145 of Klamath County Deed Records.

The true and actual consideration for this transfer is a gift.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

DATED this 28th day of ~~July~~ August, 2001.

Melvin L. Stewart

Mary Lou Stewart

Gary L. Stewart

Lisa M. Stewart

Matthew A. Stewart

Darcy K. Stewart

STATE OF OREGON)
) ss.
County of Klamath)

~~July~~ August 28, 2001.

Personally appeared the above-named Melvin L. Stewart and Mary Lou Stewart, Gary L. Stewart and Lisa M. Stewart, Matthew A. Stewart and Darcy K. Stewart and acknowledged the foregoing instrument to be their voluntary act. Before me:

OFFICIAL SEAL
KRISTI L REDD
NOTARY PUBLIC- OREGON
COMMISSION NO. 327508
MY COMMISSION EXPIRES NOV 16, 2003

Notary Public for Oregon
My Commission expires: 11/16/2003

State of Oregon, County of Klamath
Recorded 08/28/01 at 3:17 p. m.
In Vol. M01 Page 43844
Linda Smith,
County Clerk Fee$ 21.00

City of Klamath Falls Planning Department
Administrative Review

In the matter of an
Administrative Review for:

Final Decision and Conditions: **16-DR-06**

Klamath Christian Center
115 N. Alameda
Klamath Falls, OR 97601

Date: May 16, 2006

In accordance with the provisions of Section 10.805 and 11.000 - 11.094 of the Community Development Ordinance (CDO), the City of Klamath Falls Planning Department has reviewed this request for a Major Design Review.

NATURE OF THE PROPOSAL

The applicant, Rhine-Cross Group for Klamath Christian Center proposes to construct a 35,521 square foot church on approximately 22 acres of vacant land; covering 2 percent of the property. The height is proposed to be 45 feet tall meting the CDO requirement as the maximum height allowed in Public Facility zoning is 70 feet. Access is proposed off of Church Hill Road which intersects with Foothills Blvd. The structure is proposed to accommodate 500 seats, 12 classrooms, a 2000 square foot coffee and snack bar and approximately 3800 square feet for meeting rooms/auditorium. The development includes 267 parking spaces with 8 ADA spaces, and 4,005 square feet of landscaping. The property is sloped and the parking is proposed to be terraced with retaining walls and landscaping separating the terraces. The property is zoned Public Facility and can be found on County Assessor Maps 3809-036BB-00102, 3809-036BB-00300 and 3809-036BC-00100. The site is addressed as 6100 Church Hill Drive.

AGENCY COMMENTS

Planning –

1. **"Lighting:** One letter in opposition was received from an adjacent neighbor with concerns about the proposed lighting in the parking lot and on the structure, and how the lights may 'severely hamper any nighttime viewing of the stars and planets'. The applicant's response is that the 'building and parking lots will be excavated to a point where the actual elevation would be much lower than the existing ground...which would hide much of the light transfer to the neighbors. Any of the filled areas within the parking lots will be lined with retaining walls which should also serve as a line-of-site cut-off for areas below the site near Foothills Blvd.' Therefore, the applicant plans to install light standards with a "cutoff" luminaire to further mitigate light transfers. These standards are MCL Series, Medium Cutoff Roadway Luminaire, which are designed to prevent glare and light trespass.
2. **Parking:** The property use, Church, requires 1 space per 4 seats or 8' of bench length. The Church is proposing to provide 500 seats requiring 125 parking spaces, 12 classrooms requiring 12 spaces, 25 attendants/teachers requiring 25 spaces, 120 students requiring 1 space per 6 students for a total of 20 spaces, a 2,000 square foot coffee and snack bar requiring 1 space per 100 square feet for a total of 20 spaces and a 3,800 square auditorium/meeting room requiring 1 space per 100 square feet for a total of 38 spaces. In all, the applicant shall provide 240 spaces with 7 identified as ADA. At minimum one ADA spaces shall be van accessible. Section 14.010 (4) Maximum Allowable Number of Automobile Spaces, allows staff to issue an administrative variance up to 10% of the required parking spaces.

   The administrative variance would then permit 264 total parking spaces. The plan indicates 259 parking spaces with 8 ADA spaces, for a total of 267 spaces which exceeds the total number of required parking by 3 spaces. The plans submitted for the parking spaces meet the required number of spaces for the uses proposed. However, landscaping shall be provided where the proposed steps are located at the change in levels throughout the parking lot. This may require removal of two parking spaces at each of the four entrances, for a total of 8 parking spaces to be removed. By removing these additional spaces for landscaping, the site would have 259 spaces available, which is well within the CDO guidelines. See below for Landscaping requirements.

   All pavement markings and disabled spaces shall include: 1) parking stall striping that shall be at least at 4-inches wide, 2) arrows to direct the flow of traffic, 3) the ADA parking spaces shall be marked and signed pursuant to State of Oregon standards. If these signs are post-mounted there shall be a 7 foot clearance from the sign to the ground. Signs mounted on structures shall be visible even when the space is occupied.

3. **Landscaping:** The plans indicate there is 4,005 square feet of proposed landscaping area meeting the CDO requirements of 15 square feet per parking space. One street tree is required for every 50' of street frontage, along the property frontage abutting Foothills Blvd and Church Hill Drive.

These are County roads; therefore, the trees shall be planted within the property lines and not in the rights-of-way. Each parking space shall be within 120' of a landscaped area. In addition, landscaping shall be provided where the proposed steps are located at the change in levels throughout of the parking lot. Each landscaped area shall have a minimum of 1 tree; 50% vegetative coverage at plant maturity; irrigation; and filled with organic mulch (no rock coverage). A landscape plan provided exceeds the required amount of landscaping. The landscaping must also be approved by the City Public Works Department regarding the potential for interference of detention within the proposed ponds.

4. Per CDO, **Section 14,410 (4) Landscaping of Parking Areas**

   (b) Parking lots shall have landscaped islands at the ends of parking rows to facilitate movement of traffic and to break large areas of parking surface. The proposed site plan indicates this requirement is met. In addition, landscaping shall be provided where the proposed steps are located at the change in levels throughout the parking lot.

   (c) A minimum of 3 percent of the space provided for vehicular circulation such as driveways, driveway easements or open parking areas shall be in landscaping which shall be evenly distributed throughout. Long rows of parking spaces shall be interrupted by a landscape break. The minimum dimensions of the landscaped area on any one side shall be three feet in width and the landscaping shall be protected from vehicular damage by some form of wheel guard. The proposed site plan indicates this requirement is met.

5. **Signs:** No signs are proposed at this time. The applicant shall submit for review and approval a sign permit prior to installation of any signs.

6. **Fences/Retaining Walls:** The applicant is proposing a 10-foot retaining wall. Prior to installation a fence permit shall be submitted and approved to the City Planning Division. In addition, the applicant shall obtain a building permit from the County Building Department for any retaining walls 4 feet or higher as measured from the bottom of the footing to the top of the wall.

7. **Trash Enclosures:** The applicant is proposing (1) trash enclosure to the southeast side of the church. All exterior trash containers shall be screened to a height of 6 feet by a sight-obscuring fence.

8. **Bike Rack:** CDO, Section 14.046 (1) One bicycle parking space shall be provided for every (12) twelve required off street parking spaces, with a minimum of one bicycle parking space. A total of 264 parking spaces are required, therefore 22 bicycle parking spaces shall be provided. Required bicycle parking facilities shall be located no further than fifty feet (50') from a public entrance. The plan indicates bicycle parking located at the southwest corner of the church, which does not meet the CDO requirement as the nearest entrance is over 80 feet away.

Engineering –

1. A Site Construction Permit (SCP) will be required for this project. Fees will be determined prior to plan approval.

2. Any public improvements, grading/erosion control and on-site storm water shall be shown on a set of engineering design/construction plans that meet the requirements of the City of Klamath Falls Public Works Engineering Standards (CKFPWES) current edition. We will need 5 sets of plans for review.

   - This project will require a large site erosion and sediment control plan. Since over one acre of land will be disturbed, a DEQ 1200-C permit will be required as well. A copy of this permit must be submitted to City Engineering prior to issuance of a SCP.

   - Along with the on-site storm water plan, submit a report showing how the size of storm pipe to replace the eroding channel was determined. This pipe must stay completely outside of the City's waterline easement. Inlet and outlet protection will be required. Submit 2 copies of these reports.

3. The applicant will need to submit two copies of their plumbing fixture plans and seating, along with a completed Sewer System Development Charge Calculation Information Sheet (attached). The sewer System Development Charge (SDC) will be calculated by the City for the applicant to pay prior to receiving their Development Permit.

4. The plans will need to identify the proposed water services, fire service and irrigation back-flow devices. Any water SDC that needs to be paid prior to issuance of the Development Permit will be determined by the City, which is based on the size and number of meters.

   - The conceptual plans we received show domestic, fire protection, and irrigation meters. Irrigation meter sizes and specifications are not shown.

- Water for this site will originate at the 12 inch stub. However, the City will require a 12 inch tee immediately downstream from the existing gate valve. This tee will point easterly and shall have a gate valve with a plug installed on it. The fire line shall have a gate valve installed within the City's property, at the property line. Any domestic or irrigation meters, along with back flow devices, shall be installed just upstream of this valve. The fire vault, with double check detector, shall be a maximum distance of 100 feet from this valve.

5. Attached is a System Development Charge & Utility Service packet to be reviewed and completed by the applicant.

6. Foothills Blvd. is a Klamath County right-of-way. A copy of their approval of the access from Foothills Blvd. will need to be submitted to City Engineering prior to the issuance of a SCP.

7. A traffic study is required for this proposed development. See section 8-2 of the CKFPWES, along with any traffic requirements of Klamath County Public Works. Submit 3 copies of this report to City Engineering. However, since our review of the application, Klamath County Public Works is waiving the need for a traffic study.

8. Supply a full size copy of Land Partition 5-96 along with these plans.

Klamath County Public Works: -

"This is in regard to the Klamath Christian Center project which will be accessing Foothills Blvd. via Church Hill Road. Given that this will primarily be an off-peak usage, Klamath County will not require a traffic study."

Fire District # 1 –

1. "Will be working with Klamath County Building Department on plan review. On-site hydrants will be required and as well as a Knox Box or access system for the gate that will be closed nightly.
2. Note: Klamath County Fire District No. 1 (KCFD #1) met prior with Mr. Eberlien and have worked out requirements from KCFD# 1)."

Building Department –

1. "The building permit submittal shall include a comprehensive code evaluation, drawings, calculations, and specifications for the project. All design documents shall be prepared and stamped by an Architect or Engineer licensed by the State of Oregon to practice as such.
2. Building Permit application shall include site plan approvals from City of Klamath Falls Planning and Engineering Departments. Any variations to the site plan require re-approval by the City of Klamath Falls prior to issuance of building permit(s).
3. No work shall commence prior to plan review and issuance of the appropriate building and trade permits.
4. Phased construction and / or deferred submittals require approval of the Building Division and submittals for such work shall follow established policy for plan review. No work shall commence prior to review and approval of the particular project phase."

Basin Transit Service -

No comment.

ODOT –

No comment.

The following agencies did not respond to this proposal:
Avista
PP & L
Qwest

DECISION

After consideration of all staff, agency and citizen comments, and reviewing various data, the application is **approved** as presented subject to the following conditions:

CONDITIONS

1) **Prior to the issuance of the Development Permit**:

A. The applicant shall submit two copies of their plumbing fixture plans and seating, along with a completed Sewer System Development Charge Calculation Information Sheet (attached). The sewer

System Development Charge (SDC) will be calculated by the City for the applicant to pay prior to receiving their Development Permit.

B. The applicant shall identify the proposed water services, fire service and irrigation back-flow devices. Any water SDC that needs to be paid prior to issuance of the Development Permit will be determined by the City, which is based on the size and number of meters.

- The conceptual plans we received show domestic, fire protection, and irrigation meters. Irrigation meter sizes and specifications are not shown.

- Water for this site will originate at the 12 inch stub. However, the City will require a 12-inch tee immediately downstream from the existing gate valve. This tee will point easterly and shall have a gate valve with a plug installed on it. The fire line shall have a gate valve installed within the City's property, at the property line. Any domestic or irrigation meters, along with back flow devices, shall be installed just upstream of this valve. The fire vault, with double check detector, shall be a maximum distance of 100 feet from this valve.

C. The applicant shall supply a full size copy of Land Partition 5-96 along with any revisions to the originally submitted site plans.

D. The applicant shall submit a detailed landscape plan identifying species, size, location and number of plant material as well as irrigation method. This shall include street trees to be planted on the property, along Foothills Blvd. and Church Hill Drive and landscaping at the sides of the stairways leading to different levels within the parking lot.

2) **Prior to issuance of the Site Construction Permit**

A. The applicant shall provide, for review and approval, 5 sets of plans for public improvements, grading/erosion control and on-site storm water on a set of engineering design/construction plans that meet the requirements of the City of Klamath Falls Public Works Engineering Standards (CKFPWES) current edition.

- This project will require a large site erosion and sediment control plan. Since over one acre of land will be disturbed, a DEQ 1200-C permit will be required as well. A copy of this permit must be submitted to City Engineering prior to issuance of a SCP.

- Along with the on-site storm water plan, submit a report showing how the size of storm pipe to replace the eroding channel was determined. This pipe must stay completely outside of the City's waterline easement. Inlet and outlet protection will be required. Submit 2 copies of these reports.

B. The applicant shall provide City Engineering with approval from Klamath County to access their site from Foothills Blvd. prior to the issuance of a SCP.

3) **Prior to Occupancy:**

A. All landscaping shall be installed prior to any portion of the building being occupied.

B. The applicant shall stripe the required parking stalls and directional arrows.

C.. All improvements approved by the City (e.g. paving) shall be in place.

D.. The applicant shall install a Knox Box or access system for the gate that will be closed nightly.

E. The applicant shall revise the site plans moving the bicycle parking to within 50 feet of the entrance of the church.

4) **General Conditions:**

A. Any contractors or subcontractors who work on the site shall have a valid City Business License prior to conducting any work related to this proposal. All new businesses within the development are required to acquire/hold a valid City Business License.

B. There shall be a minimum of 3-foot clearance around any fire hydrants and Fire Department connection.

C. The applicant shall obtain a sign and/or a fence permit prior to installation of either.

D. All areas used for parking or maneuvering of vehicles shall be paved with asphalt (AC) or concrete (PCC).

E. The applicant shall take the necessary precautions to avoid direct lighting onto neighboring properties by installing non-glaring light standards.

F. The applicant has one year to make substantial site excavation or construction. If site excavation or construction has not begun then the approval shall be void.

This **Design Review** has met the condition and scope of the City of Klamath Falls Comprehensive Plan, acknowledged by the Oregon State Land and Conservation Development Commission on May 31, 1984. In doing so, this Design Review does address the appropriate policies encompassed in the Comprehensive Plan.

APPLICANTS ARE ADVISED THAT THIS DECISION BECOMES FINAL TWELVE DAYS FROM THE DATE OF MAILING THIS DECISION, UNLESS WRITTEN APPEAL AND A $200 APPEAL FEE IS FILED WITH THE CITY PLANNING DEPARTMENT.

DATED THIS 16 MAY 2006.

JOYCE BUNKOSKE, ASSOCIATE PLANNER

c: Tom Del Santo, City Development Coordinator
Rick Bowman, City Code Enforcement Officer