

Application for a Permit to Use Ground Water



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME KLAMATH COUNTY SCHOOL DISTRICT		PHONE (HM)	
PHONE (WK) 541-851-8766	CELL	FAX	
ADDRESS 10501 WASHBURN WAY			
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL

Organization Information

NAME LOST RIVER HIGH SCHOOL		PHONE 541-798-5666	FAX
ADDRESS 23330 HIGHWAY 50			CELL
CITY MERRILL	STATE OR	ZIP 97633	E-MAIL

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

AGENT / BUSINESS NAME ADKINS CONSULTING ENGINEERS, INC		PHONE 541-884-4666	FAX 541-884-5335
ADDRESS 2950 SHASTA WAY			CELL
CITY KLAMATH FALLS	STATE OR	ZIP 97603	E-MAIL ADKINS@ADKINSENGINEERING.COM

Note: Attach multiple copies as needed

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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.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- 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 cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

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


Applicant Signature

Ken Hadlock Business Manager 10/3/11
Print Name and title if applicable Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. <u>617497</u>	Permit No. _____	Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

- Yes
 - There are no encumbrances.
 - This land is encumbered by easements, rights of way, roads or other encumbrances.
- No
 - 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 irrigation and/or domestic use only (ORS 274.040).
 - Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

Same as applicant.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Lost River	±2,500'	±20'
2	Lost River	±2,400'	±18'

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Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

Well #1, is an exempt production well that supplies drinking water to the school and associated buildings with a use of less than 15,000gpd. A new well is proposed (well #2), which will become the injection well. This well will be located approximately 600' southwest of well #1. Water will be pumped from well #1 and conveyed southeasterly through a heat exchanger. From the heat exchanger, water will be conveyed to well #2 where the water will be injected into the ground. The heating system will be a closed loop system.

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Basalt

Total maximum rate requested: 400gpm (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. *(If a well log is available, please submit it in addition to completing the table.)* If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

6-17-2011

OWNER'S WELL NAME OR NO	PROPOSED	EXISTING	WELL ID (WELL TAG) NO* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KLAM 57529	<input type="checkbox"/>	10"			202'	66'/2010	Basalt	303'	±245	645
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	TBD	TBD	TBD	unk	±65'	Basalt	±300	±400	645
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									

* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.
 ** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.
 *** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
heat exchange	year round	645

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: n/a Acres Supplemental: Acres

List the Permit or Certificate number of the underlying primary water right(s):

Indicate the maximum total number of acre-feet you expect to use in an irrigation season:

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households:
If the use is **mining**, describe what is being mined and the method(s) of extraction:

SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

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

Pump (give horsepower and type): ±25

Other means (describe):

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Water will be pumped from well #1 into an existing pumphouse. From there water will be conveyed through a heat exchange system to heat the existing school buildings. From the exchanger, water will be conveyed in a southwest direction to proposed well #2 where the water will be injected into the ground. The heating system will be a closed loop system.

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)
n/a

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

The amount of water requested is consistent with the amount required for a heat exchange unit for heating school buildings. The heating system for the school will be a closed loop system in which water will be conveyed through the heat exchange unit then injected into the ground, thus eliminating waste. Since the groundwater will be injected into the ground, there will be no impact on aquatic life or riparian habitat and no impact to public use of affected waters.

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Reservoir name: n/a Acreage inundated by reservoir: _____

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Annual volume (acre-feet): n/a

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: 3/2012

Date construction will be completed: 8/2012

Date beneficial water use will begin: 8/2013

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SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

The existing well will be the production well and a new well is proposed to be drilled approximately 600' south of the existing well which will be the injection well. The heating system for the school will be a closed loop system.

KLAM 57529

KLAM 57529

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

09-16-2010

WELL LABEL # L 100398

START CARD # 1010639

(1) LAND OWNER Owner Well I.D.#2
First Name _____ Last Name _____
Company KLAMATH COUNTY SCHOOL DISTRICT
Address 10501 WASHBURN WAY
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/ Commercial Livestock Dewatering
 Thermal Injection Other MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 303.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Armt	sacks/ lbs
14.75	0	202	Bentonite Chips	0	6	7	S
9.87	202	303	Cement	6	202	115	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	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	2.5	202	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	193	303	.188	<input checked="" 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 Factory Saw
Screens Type _____ Material _____

Perf/S	Casing/Screen	Perf	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	8		240	303	125	3	1.008		

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
245	5	150	24

Temperature 64 °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 41 00 S N/S Range 11 00 E E/W WM
Sec 10 SW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
23330 HIGHWAY 50, MERRILL, OREGON 97633

(10) STATIC WATER LEVEL
Date _____ SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well 07-21-2010 _____ 66
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 92

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-14-2010	92	131	200		92
07-16-2010	172	192	500		92
07-19-2010	211	303	500		66

(11) WELL LOG Ground Elevation _____

Material	From	To
Soft Sandy Loam	0	21
Redish Claystone	21	25
Tan & Yellow Clayston	25	84
Broken Rubble Ash & Cinders	84	104
Claystone & Shale Layers Mixed Green & Tan	104	172
Weathered Brown Rock	172	176
Black Basalt	176	179
Softer Brown Rock Decomposed	179	192
Hard Black Basalt	192	211
Softer Black Basalt with Brown Ash & Cinders	211	228
Basalt with Rubble & Shale Strips	228	247
Gray & Green Siltstone	247	286
Hard Broken Basalt	286	291
Broken Gray & Brown Basalt	291	303

Date Started 07-13-2010 Completed 07-23-2010

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____
Electronically Filed
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1385 Date 09-16-2010
Electronically Filed
Signed ROBERT BUCKNER (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 ORS 690-005

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WATER RESOURCES DEPT
SALEM, OREGON

G-17497

Land Use Information Form



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Applicant: Klamath County School District
First _____

Last _____

Mailing Address: 10501 Washburn Way

Klamath Falls Or 97603 Daytime Phone: 541-884-8766
City State Zip

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:
41S	11E	10	NE SE		EFU-C	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	EFU-C
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

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

Klamath County	RECEIVED OCT 19 2011
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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
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

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

Estimated quantity of water needed: 400 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 Heat exchange for school

Briefly describe:

A new well will be drilled and used as an injection well for a closed loop heat exchange system to be installed at the Lost River High School.



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

See bottom of Page 3. →

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 uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 54.
- Land uses to be served by the 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:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<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 Water Resources Department regarding this proposed use of water below, or on a separate sheet.

REVIEWED BY PLANNING DEPARTMENT

Date 7/18/11 Initials KT

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WATER RESOURCES DEPT
SALEM, OREGON

Name: Kristinae Toomians, Planner II Title: _____
 Signature: [Handwritten Signature] Phone: (541) 883-5121 x4 Date: 7/18/11
 Government Entity: Klamath County Planning Division

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: _____

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

KLAM
10506

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JUL 14 1992

415/11E/4ab

(START CARD) # 39880

(1) OWNER:
Name LYNN R. POPE Well Number _____ SALEM, OR
Address 21660 POPE RD.
City MERRILL State OR Zip 97633

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 253 ft.
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	Material	To	
16"	0	81	Cement & Bentonite	0	29 sacks
12"	81	168		81	2 sacks
10"	168	253			

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			
				Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded
12"	+1	81	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 81 ft.

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

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
 Pump Bailor Air Flowing Artesian
Yield gal/min _____ Drawdown 116 FT. X Drill stem at _____ Time 1 hr.
1500 _____ 1 hr.

Temperature of Water 65 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: NONE

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 41 S N or S. Range 11 E E or W. WM.
Section 4 NW NE SE SW
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) OFF OF POPE RD.
MERRILL, OR

(10) STATIC WATER LEVEL:
109 ft. below land surface. Date 6-19-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 165 FT.

From	To	Estimated Flow Rate	SWL
<u>165</u>	<u>253</u>	<u>1,500</u>	<u>109</u>

(12) WELL LOG: 4100
Ground elevation _____

Material	From	To	SWL
<u>SANDY TOP SOIL</u>	<u>0</u>	<u>7</u>	<u>2</u>
<u>YELLOW CLAY</u>	<u>7</u>	<u>48</u>	
<u>GRAY ROCK</u>	<u>48</u>	<u>51</u>	
<u>BROWN & RED LAVA ROCK</u>	<u>51</u>	<u>75</u>	
<u>BLACK LAVA ROCK</u>	<u>75</u>	<u>165</u>	
<u>BLACK CINDERS</u>	<u>165</u>	<u>210</u>	<u>109</u>
<u>BROWN ROCK</u>	<u>210</u>	<u>253</u>	<u>109</u>

Date started 6-16-92 Completed 6-19-92

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 408
Signed Nam Dwey Date _____

G-17497

KLAMATH
14090
41/11 - 266

(1) OWNER:
Name KAFTER NINE CATTLE Co
Address ADAMS POINT RD MERRILL, ORE.

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

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

CASING INSTALLED: Threaded Welded
" Diam. from _____ ft. to _____ ft. Gage _____
8.50 " Diam. from 4.1 ft. to 6.2 ft. Gage 2.50
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.
Static level 81 ft. below land surface Date 5/28/69
Artesian pressure _____ lbs. per square inch Date _____

(9) 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.
AIR LIFT " " " " " "
410 " @ 217 " " 2 " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 63 Was a chemical analysis made? Yes No

(10) CONSTRUCTION:
Well seal—Material used BENTONITE
Depth of seal 6.2 ft.
Diameter of well bore to bottom of seal 12 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
_____ placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:
County KLAMATH Driller's well number _____
NW 1/4 NW 1/4 Section 2 T. 41S R. _____ W.M. 1
Bearing and distance from section or subdivision corner 11E

(12) WELL LOG: Diameter of well below casing 8
Depth drilled 217 ft. Depth of completed well 217 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
TOP SOIL	0	3	
YELLOW CHALK ROCK	3	49	
BROWN SHALE	49	58	
BROWN LAVA	58	65	
GRAY BASALT	65	68	
BLACK BASALT	68	96	
BROWN LAVA	96	107	
BLACK BASALT	107	110	
BLACK LAVA	110	139	
BROWN LAVA	139	146	
BLACK LAVA	146	159	
BLACK BASALT	159	165	
BLACK LAVA	165	173	
BROWN LAVA	173	181	
BLACK LAVA	181	202	
BROWN LAVA	202	217	

Work started 5/23/69 19 Completed 5/28/69 19
Date well drilling machine moved off of well 5/28/69 19

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] E. E. Storey Date 6/9/69 19
(Drilling Machine Operator)
Drilling Machine Operator's License No. 115

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME E. E. Storey (Type or print)
Address 3831 Hope Falls, ORE.
[Signed] E. E. Storey (Water Well Contractor)
Contractor's License No. 74 Date 6/9/69 19

G1-17497

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

06-25-2010

WELL LABEL # L 100693
START CARD # 1010191

(1) LAND OWNER Owner Well I.D.
First Name DEL YLE Last Name DIAZ
Company
Address P.O. BOX 676
City MERRILL State OR Zip 97633

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 328.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other Bent. Poured Dry
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 113
Temp casing [X] Yes Dia 20 From 0 To 12

(7) PERFORATIONS/SCREENS
Table with columns: Perf/S, Casing/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 [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table for water quality concerns with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County Klamath Twp 41.00 S N/S Range 11.00 E E/W WM
Sec 4 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [X] Nearest address
NEAR 21660 POPE RD. MERRILL, OR 97633

(10) STATIC WATER LEVEL
Table with columns: Date, SWL(psi), SWL(ft). Includes Existing Well / Predeepening and Completed Well.

WATER BEARING ZONES
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG
Table with columns: Material, From, To. Lists soil types like Top Soil, Sandy Brown Clay, etc.

Date Started 05-26-2010 Completed 06-23-2010

(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 Date
Electronically Filed
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 777 Date 06-25-2010
Electronically Filed
Signed STEPHEN R HUGHES (E-filed)
Contact Info (optional)

G-17497

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

05-12-2010

WELL LABEL # L 92055

START CARD # 1009942

(1) LAND OWNER Owner Well I.D.
First Name LEE Last Name MCKOEN
Company THREE M MINT, INC.
Address P.O. BOX 195
City MERRILL State OR Zip 97633

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

(3) DRILL METHOD
[] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] 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 1,224.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Rows include Bentonite and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other BEN. POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Sil, Plac, Wld, Thr. Includes shoe location info.

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

(7) PERFORATIONS/SCREENS Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/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)

Table for well tests with columns: Temperature, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County Klamath Twp 41.00 S N/S Range 11.00 E E/W WM
Sec 16 NE 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number Lot
Lat 0 0 or DMS or DD
Long 0 0 or DMS or DD
[] Street address of well [X] Nearest address

HIGHWAY 39 AND STATE LINE RD.

(10) STATIC WATER LEVEL Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft).

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG Table with columns: Material, Ground Elevation, From, To. Lists various soil types and their depths.

Date Started 04-23-2010 Completed 05-06-2010

(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 Date
Electronically Filed
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1844 Date 05-12-2010
Electronically Filed
Signed COLTER CHANCELLOR (E-filed)
Contact Info (optional)

G-17497

KLAM 57387

WATER SUPPLY WELL REPORT -
continuation page

KLAM 57387

WELL I.D. # L 92055

05-12-2010

START CARD # 1009942

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

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

(11) WELL LOG

Material	From	To
Grey Clay	170	181
Light Brown Clay	181	184
White Claystone with Pumice	184	186
Light Blue Clay	186	190
Grey Clay	190	282
Grey Clay with Hard Brown Claystone	282	301
Grey Clay	301	305
Grey Clay and White Pumice	305	442
Grey Clay	442	1,095
Grey Clay with Grey Sandstone Layers	1,095	1,161
Black Sandstone	1,161	1,170
Grey Basalt	1,170	1,180
Grey Basalt with Grey Clay Layers	1,180	1,196
Grey Basalt with partial Lost Circ.at times	1,196	1,224

Comments/Remarks

2-7334 A-17494 97958 Vol. 362 Page 107

WARRANTY DEED TO CREATE ESTATE BY THE ENTIRETY

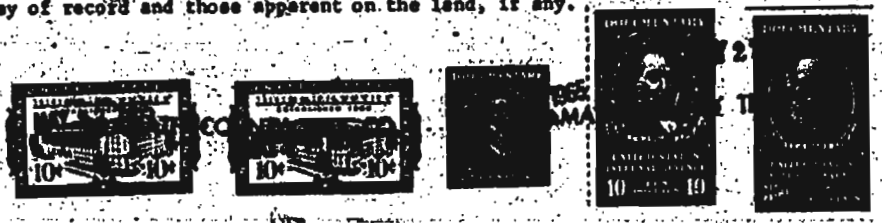
This Indenture Witnesseth, THAT ANTON M. SUTY, Jr. and CAROL N. SUTY, husband

and wife, hereinafter known as grantors, for and in consideration of the sum of Ten and 00/100 Dollars,

to them paid, have bargained and sold and by these presents do grant, bargain, sell and convey unto NORMAN A. UNIS and BEVERLY UNIS, husband and wife, the following described premises, situated in Klamath County, Oregon, to-wit:

Beginning at the Northeast corner of the NE 1/4 of Section 10, Township 41 South, Range 11 E. W. M.; thence South 18 rods; thence West 126 feet; thence North 18 rods; thence East 126 feet to the place of beginning, being a part of the NE 1/4 of Section 10, Township 41 South, Range 11 E. W. M., and containing .86 of an acre, more or less.

Subject to: Contract and/or lien for irrigation and/or drainage; easements and rights of way of record and those apparent on the land, if any.



TO HAVE AND TO HOLD the said premises with their appurtenances unto the said grantees as an estate by the entirety. And the said grantors do hereby covenant, to and with the said grantees, and their assigns, that they are the owners in fee simple of said premises; that they are free from all incumbrances, except those above set forth,

and that they will warrant and defend the same from all lawful claims whatsoever, except those above set forth.

IN WITNESS WHEREOF, They have hereunto set their hands and seals this 26th day of May, 1965.

STATE OF OREGON, County of Klamath ss. Anton M. Suty, Jr. (SEAL) Carol N. Suty (SEAL)

BE IT REMEMBERED, That on this 26th day of May A. D. 1965, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Anton M. Suty, Jr. and Carol N. Suty, husband and wife,

who are known to me to be the identical persons described in and who executed the within instrument, and acknowledged to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

From Office of GANONG, GANONG & GORDON First Federal Building Klamath Falls, Oregon Notary Public for Oregon My Commission Expires 10-2-67

STATE OF OREGON, COUNTY OF KLAMATH, ss. Filed for record at request of Klamath County Title Co this 28 day of May A. D. 1965 at 4:36 P.M., and duly recorded in Vol. 362 of Deeds on Page 107 DOROTHY ROGERS, County Clerk

Fee 1.50

Return to Klamath Falls, Oregon

WATER RESOURCES DEPT SALEM, OREGON

RECEIVED JUN 1 9 2011

G-17497



[Property Information](#)
 [Tax Summary](#)
 [Assessment History](#)
 [Improvement Information](#)
 [New Search](#)
 [Search Results](#)
 [Log Off](#)
 [Printable Summary](#)

Search Results for R742432

Owner Name KLAMATH COUNTY SCHOOL DIST	Property ID Number R742432
Owner Address 10501 WASHBURN WAY KLAMATH FALLS, OR 97603	Situs Address 23330 HWY 50 MERRILL, OR 97633
Alternate Account Number	Neighborhood 1F50 - OUTSIDE MERRILL

Map Tax Lot R-4111-01000-01500-000	<u>Previous</u>	<u>Next</u>	Levy Code Area 017	Tax Rate 9.6729
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Property Description

Property Class 920F (EXEMPT SCHOOL VACANT)	Zoning EFU-C
Property Code	Miscellaneous Code
Related Accounts by Map Tax Lot	Linked Accounts

Mortgage Agent-Lender	Mortgage Account Number
Exemption (EX) EXEMPT PROPERTY	Expiration Date

Tax Roll Description
TWP 41 RNGE 11, BLOCK SEC 10, TRACT POR SE4, ACRES 21.50, MH X# 94-73

Year Built	Acreage 21.50
Split/Sub Account	Split/Sub Account Message

Special Account Information - Last Certified Year (2011)

Sales Information

#	Buyer (Name & Address)	Seller (Name & Address)	Sales Info	Deed Info
1	KLAMATH COUNTY SCHOOL DIST 10501 WASHBURN WAY KLAMATH FALLS, OR 97603	Missing Owner Information	\$0	362-107

2012 Land Information (Unedited and Uncertified)

ID	Type	Acres	Sq Ft	Market Value
L1	01 - SITE VALUE	21.50		\$11,180



G-17497