

**RECEIVED**

STATE OF OREGON  
WATER SUPPLY WELL REPORT 2001  
(as required by ORS 537.765)

WELL I.D. # L 29452 126124  
START CARD # 107317

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

(1) OWNER: SALEM, OREGON DEPT WATER RESOURCES  
Name SCOTT BALIN Well Number #1

Address 6062 O'CONNOR RD  
City KLAMATH FALLS State OR Zip 97603

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 187 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>22</u>	<u>0</u>	<u>25</u>	<u>CONCRETE</u>	<u>0</u>	<u>25</u>	<u>40 SKS</u>
<u>16</u>	<u>25</u>	<u>167</u>				
<u>12 1/4</u>	<u>167</u>	<u>187</u>				

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
<u>16</u>	<u>+1</u>	<u>25</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) 25 FEET

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Case	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
<u>2500</u>			<u>5 HRS</u>

Temperature of water 71° F Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Too little

Salty  Muddy  Odor  Colored  Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County KLAMATH Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 40 S N or S Range 9 E E or W. WM.  
Section 13 SE 1/4 SW 1/4  
Tax Lot R409 Lot 01300 Block 00700 Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 6062 O'CONNOR RD  
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:  
39 ft. below land surface. Date 6/19/01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 48 FF

From	To	Estimated Flow Rate	SWL
<u>48</u>	<u>187</u>	<u>2000</u>	<u>39</u>

**RECEIVED**

(12) WELL LOG: JUL 12 2001

Ground Elevation \_\_\_\_\_

WATER RESOURCES DEPT SALEM, OREGON

Material	From	To	SWL
TOPSOIL	0	1	
YELLOW CHALK	1	6	
DECOMPOSED LAVA	6	12	
HARD BLACK BASALT	12	15	
BROWN SHALE	15	17	
BROWN LAVA	17	30	
HARD GREY BASALT	30	43	
BROWN BASALT	43	56	
HARD GREY BASALT	56	61	
BROWN BASALT	61	70	
HARD GREY BASALT	70	76	
BLACK BASALT	76	84	
HARD GREY BASALT	84	90	
BLACK BASALT	90	119	
HARD GREY BASALT	119	129	
BLACK BASALT	129	150	
HARD GREY BASALT	150	152	
BLACK BASALT	152	160	
HARD GREY BASALT	160	166	
BLACK BASALT	166	187	

Date started JUNE 6, 01 Completed JUNE 19, 01  
(bonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
WVC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 601  
Signed \_\_\_\_\_ Date 7/7/01



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

Application for Replacement Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Great Western Farm and Ranches LLC
Mailing Address: 6062 O'Connor Rd.
City, State, Zip: Klamath Falls, OR 97603
Mail Well ID Tag to: [X] SAME AS ABOVE [ ] In Care Of (C/O)
Name & Address:
City, State, Zip: SALEM, OR MAY 05 2017

RECEIVED BY OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 40 (North / South) Range: 9 (East / West) Section: 13 SE 1/4 of the SW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 4009-1300-00900 County Klamath
GPS Coordinates:
Street Address of Well, City: 6062 O'Connor Rd Klamath Falls, OR 97603
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 6-19-2001 Total Well Depth: 187' Casing Diameter: 16"
Owner at time the well was constructed (if known): Scott Balin Well Log # (if known): KLAM 52797
Other Information: Replacement tag for L29452 (MISSING)

SUBMITTED BY (please print): Hollie Cannon, Water Right Solutions LLC
PHONE: 541-821-5848 EMAIL &/or FAX: hcannon@water-right-solutions.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

REPLACEMENT TAG

For Official Use Only by the Oregon Water Resources Department:

Received Date: 5-5-17 Well Log Number: KLAM 52797 Well Identification #: L-126124