

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

KLAM 53049  
*Amended*  
 Klam 53049

WELL ID # L **38828**  
 (START CARD) # **77081**

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

(1) OWNER: Well Number: \_\_\_\_\_  
 Name **Kennedy Land Co. LLC**  
 Address **25400 N Poe valley 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 **613** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
24	0	178	bentonite	0	30	60 sacks
14	178	565	slurry	30	178	154 sacks
8	565	613				

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	20	+1	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min **2000+** Drawdown \_\_\_\_\_ Drill stem at **570** Time **1 hr.**

Temperature of Water **60** 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 **37S** N or S. Range **9E** E or W. of W.M. \_\_\_\_\_  
 Section **25** **N/E** 1/4 **S/E** 1/4  
 Tax lot **8100** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **six mile marker swan lake rd.**

(10) STATIC WATER LEVEL:  
**90** ft. below land surface. Date **9/17/2001**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **190**

From	To	Estimated Flow Rate	SWL
190	260		90
400	420		90
470	570		90

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
brn topsoil	0	1	
gray basalt	1	4	
tan clay	4	26	
green clay	26	85	
brn claystone	85	140	90
brn clay	140	165	
gray basalt	165	190	
cinder congl w/b	190	260	
gray claystone	260	400	
cinders w/b	400	420	
gray claystone	420	449	
gray clay	449	470	
blacksand w/b	470	570	
gray basalt	570	613	

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WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started **8/15/2001** Completed **9/17/2001**

(unbonded) Water Well Constructor Certification:  
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed *Paul D. Helder* WWC Number \_\_\_\_\_ 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.  
 Signed *Douglas R. Dunagan* WWC Number **1575** Date **10/17/01**

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STATE OF OREGON  
**WATER SUPPLY WELL REPORT** WATER RESOURCES DEPT.  
 (as required by ORS 537.785) SALEM, OREGON

WELL ID # L **38828**  
 (START CARD) # **77081**

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name **Bill Kennedy**  
 Address **24500 N. Poe valley rd.**  
 City **Klamath Falls** State **OR** Zip **97603**

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 Signed *David Oxley - Helper* WWC Number \_\_\_\_\_ Date **10-17-01**

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 Signed *Cap McQueen* WWC Number **1575** Date **10/17/01**