

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

01-11-2011

WELL LABEL # L ~~104227~~ Repl: L 150717

START CARD # 1010621

(1) LAND OWNER Owner Well I.D. _____

First Name HENLEY HIGH SCHOOL Last Name _____
Company KLAMATH COUNTY SCHOOL DISTRICT
Address 10501 WASHBURN WAY
City KLAMATH FALLS State OR Zip 97603

(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 [] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [X] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

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

How was seal placed: Method [] A [] B [] C [X] D [] E
[X] Other Bent. poured dry
Backfill placed from 34 ft. to 58 ft. Material 3/4 Bent. on 12" Case
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. Includes shoe location and casing temp info.

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

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

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

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 10.00 E E/W WM
Sec 30 NW 1/4 of the SE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [X] Nearest address

8205 HWY. 39 KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for 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 and rock layers from Top Soil to Red Cinders.

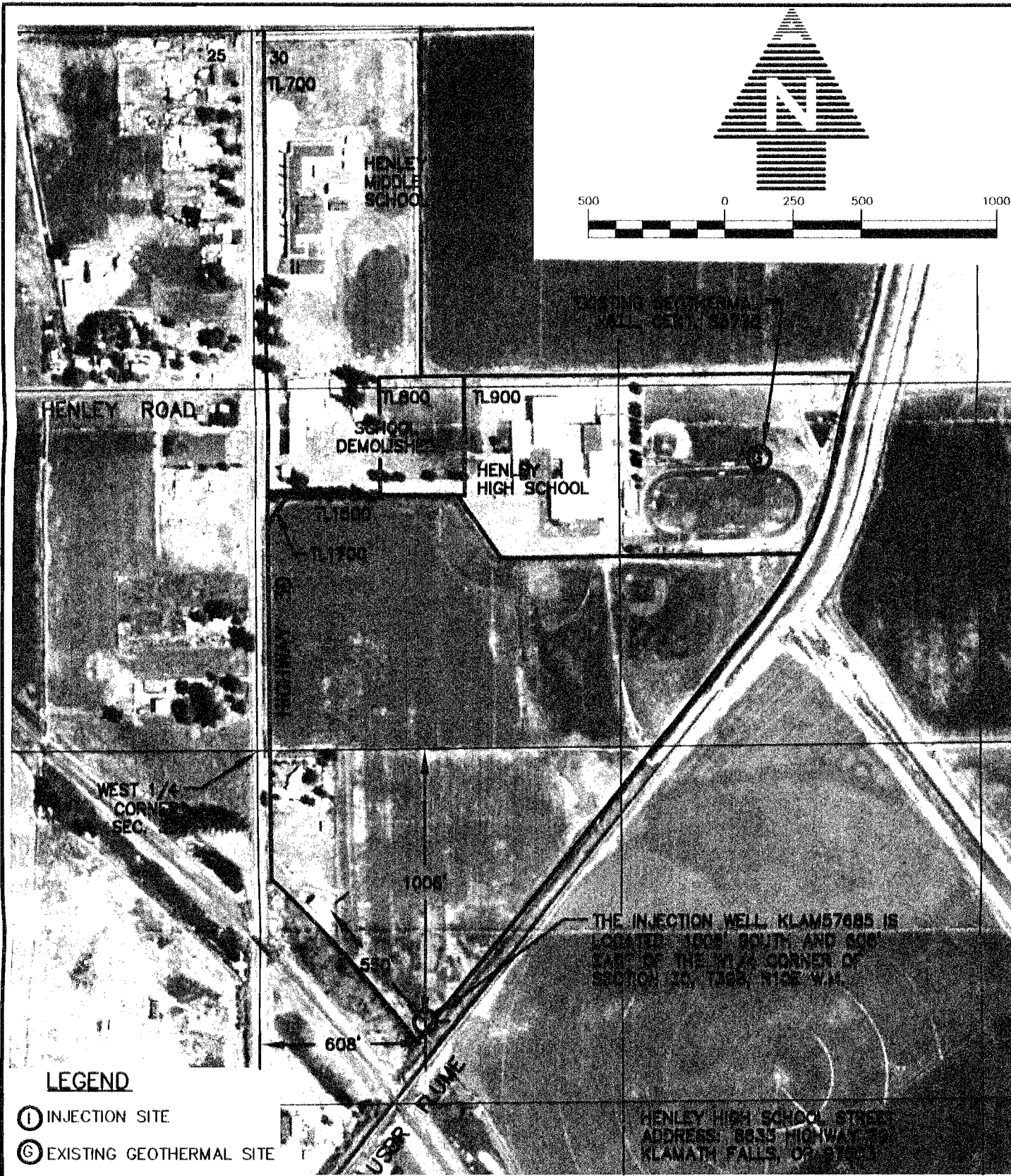
Date Started 07-21-2010 Completed 12-31-2010

(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 1560 Date 01-11-2011
Electronically Filed
Signed JAMES B PINKARD (E-filed)

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

License Number 777 Date 01-11-2011
Electronically Filed
Signed STEPHEN R HUGHES (E-filed)
Contact Info (optional)



THE INJECTION WELL, KLAM57685 IS LOCATED 1000' SOUTH AND 600' EAST OF THE WEST CORNER OF SECTION 20, T22S, R12E, W.M.

HENLEY HIGH SCHOOL STREET ADDRESS: 8835 HIGHWAY 10 KLAMATH FALLS, OR 97603

LEGEND

- ① INJECTION SITE
- Ⓒ EXISTING GEOTHERMAL SITE

ADKINS

CONSULTING ENGINEERS, INC. Engineers ▲ Planners ▲ Surveyors

2950 Shasta Way - Klamath Falls, Oregon 97603 - (541) 884-4666 - FAX (541) 884-5335
Klamath Falls, OR - Medford, OR - Alturas, CA

12/28/11

Base.dwg

1122-19

INJECTION WELL LOCATION MAP
for
KLAMATH COUNTY SCHOOL DISTRICT

T 39S R 10E, Sec 30
Klamath County, Oregon

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

Application for Well ID Number

RECEIVED

JAN 20 2023

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

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Klamath County School District

Mailing Address: 2845 Greensprings Dr.

City, State, Zip: Klamath Falls, OR 97601

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 39S (North / South) Range: 10E (East / West) Section: 30 NW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1600 County Klamath

GPS Coordinates: Latitude: 42.14537607; Longitude: -121.69599085

Street Address of Well, City: 8227 OR-39, 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 Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Geo-thermal (Heating & Cooling)

Date Well Constructed (or property built): 12-31-2010 Total Well Depth: 1300' Casing Diameter: 12"

Owner at time the well was constructed (if known): Klamath County School District Well Report # (if known): KLAM 57685

Other Information: Injection Well. Well ID # L 104227 LOST! Replacement needed.

SUBMITTED BY (please print): Dennis Zullo - Maintenance Supervisor/Project Manager

PHONE: 541-851-8778 EMAIL &/or FAX: zullod@kcsd.k12.or.us

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

Replacement

For Official Use Only by the Oregon Water Resources Department:

Received Date:
1-20-23

Well Report Number:
KLAM 57685

Well Identification #:
L-150717