	<b>171 A B #</b>	(11(0	WELL I.D. LABEL# L	Pag	ige 1 of 1
STATE OF OREGON WATER SUPPLY WELL REPORT	KLAM	61160		52547	
(as required by ORS 537.765 & OAR 690-205-0210)	10/4/2	2021	ORIGINAL LOG #	2347	
(1) LAND OWNER Owner Well I.D.				Π.	
First Name Last Name		(9) LOCA	FION OF WELL (legal desc	ription)	
Company CHEYNE BROTHERS LLC Address P.O. BOX		County KLAM	<u>ATH</u> Twp <u>40.00</u> <u>S</u> N/S	Range <u>9.00 E</u> I	E/W WM
City MALIN State OR Zip 97632			<u>NW</u> 1/4 of the <u>NW</u> 1/4		
	onversion	Tax Map Num	ber' or ' or	Lot	
Alteration (complete 2a & 10) Abandonment	t(complete 5a)	Lato	' or	DMS	S or DD
(2a) PRE-ALTERATION		Long	treet address of well Nearest	DMS	S or DD
Casing: To Gauge Stl Plstc Wid Three Casing:		. · · · · · · · · · · · · · · · · · · ·	KLAMATH LAKE RD KLAMATH		
Material From To Amt sacks/lbs	1				
Seal:					
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mu	. 4	(10) <b>SIAI</b>	C WATER LEVEL	SWL(psi) + SWL	(ft)
Reverse Rotary Other	ia		Vell / Pre-Alteration		<u>/(II)</u>
		Completee		63	3
(4) <b>PROPOSED USE</b> Domestic Irrigation Commun	-		-	Dry Hole?	
Industrial/ Commercial Livestock Dewatering		WATER BEAF	RING ZONES Depth water w	vas first found 115.00	
Thermal Injection Other		SWL Date	From To Est Flow	w SWL(psi) + SW	L(ft)
(5) BORE HOLE CONSTRUCTION Special Standard	(Attach copy)	10/1/2021	115 850 1200		63
Depth of Completed Well <u>850.00</u> ft.					
BORE HOLE SEAL Dia From To Material From To	sacks/ Amt lbs				
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	75 S				
20 38 322 Calculated					
16         322         770         Calculated           12         770         850         Calculated		(11) WELL	LOG Crownd Elevation		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $			Ground Elevation	From To	
Notice         Point         Point <t< td=""><td></td><td>topsoil</td><td>Wateria</td><td>0 5</td><td></td></t<>		topsoil	Wateria	0 5	
Backfill placed from ft. to ft. Material		brown sand/gr	avel	5 14	4
Filter pack from ft. to ft. MaterialSiz	ie –	basalt		14 28	
Explosives used: Yes Type Amount		grey clay with	tone with clay layers	<u>28</u> <u>32</u> <u>320</u> <u>43</u>	
(5a) ABANDONMENT USING UNHYDRATED BENTON			with clay layers	435 85	
Proposed Amount Actual Amount					
(6) CASING/LINER					
Casing Liner Dia + From To Gauge Stl Pls	tc Wld Thrd				
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	식뜻 님ㅣ				
$\bigcirc$	₹₩ HI				
	∢Ĥ Η Ι				
Shoe Inside Outside Other Location of shoe(s)					
Temp casing Yes Dia From + To					
(7) PERFORATIONS/SCREENS					
Perforations Method					
Screens         Type         Material           Perf/         Casing/ Screen         Scrn/slot         \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$ \$\$\$\$\$\$	of Tele/	Date Started	<u>16/21/2021</u> Complete	ed <u>10/4/2021</u>	
	ots pipe size	. ,	Vater Well Constructor Certification		
			the work I performed on the constru- of this well is in compliance wi		
			tandards. Materials used and inform		
			knowledge and belief.	1	
		License Numb	Der 1739 Date	10/4/2021	
(8) WELL TESTS: Minimum testing time is 1 hour		Signad			
Pump Bailer Air Flowing	g Artesian	Signed <u>CH</u>	ARLES FRY (E-filed)		
Yield gal/min Drawdown Drill stem/Pump depth Duration	n (hr)	(bonded) Wat	er Well Constructor Certification		
1200 280 3			nsibility for the construction, deeper		
			ed on this well during the construction ring this time is in compliance with		
Temperature 113 °F Lab analysis Yes By			andards. This report is true to the best		
	3 ppm	License Numb	-	0/4/2021	
Water quality concerns? Yes (describe below) TDS amount <u>218</u> From To Description Amount	nt Units	~		0/ 1/20/21	
	<u> </u>	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: