

STATE OF OREGON
WATER SUPPLY WELL REPORT

KLAM 62292

WELL I.D. LABEL# L 143516
START CARD # 1079277
ORIGINAL LOG #

10/20/2025

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. 6724

First Name _____ Last Name _____
Company BLY WATER & SANITARY DISTRICT
Address 61138 HWY. 140
City BLY State OR Zip 97622

(2) TYPE OF WORK☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: _____

(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 _____

(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 494.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	50	Cement	0	50	34	S
12	50	494			Calculated	25.4	
					Calculated		

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other: _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/9/2025 Begin Time 12:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+ From To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	12	<input checked="" type="checkbox"/> 2 50	0.375	ST	<input checked="" type="checkbox"/>			
L	10	<input type="checkbox"/> 4 494	.365	ST	<input checked="" type="checkbox"/>			

Temp casing ☒ Yes Dia 16 From + ☐ 0 To 38**(7) PERFORATIONS/SCREENS**

Perforations Method Plasma Cutter

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	10	240	494	.25	18	1008	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	555.5	0.4	294	24

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 79 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 36.00 S N/S Range 14.00 E E/W WM

Sec 33 SE 1/4 of the SE 1/4 Tax Lot 5401

Tax Map Number _____ Lot _____

Lat _____ " or 42.39832000 DMS or DD

Long _____ " or -121.05702100 DMS or DD

☐ Street address of well ☒ Nearest address

TAX LOT 5401

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	10/14/2025			190
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 255.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/14/2025	255	494	555.5			190

(11) WELL LOG

Ground Elevation 4521.68 FT

Material	From	To
Soil & cobbles	0	3
Red cinders	3	15
Brown & black basalt broken	15	17
Black & brown broken	17	20
Brown & black basalt broken	20	25
Black & brown basalt broken	25	31
Brown basalt broken	31	37
Black basalt	37	52
Black w/some brown basalt	52	112
Red cinders	112	155
Black w/some brown basalt	155	216
Red cinders	216	227
Black w/some brown basalt	227	283
Red cinders w/some scoria	283	290
Black w/some brown basalt	290	332
Red cinders	332	337
Grey sandy volcanics	337	340
Brown cinders	340	345
Black w/some brown basalt	345	360

Construction

Begin Date 8/26/2025 Begin Time 11:49 End Date 10/14/2025

(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 _____

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 1684 Date 10/20/2025

Signed BRET JONES (E-filed)

Drilling Company: JONES DRILLING CO., INC.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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10/20/2025

Map of Hole

