

STATE OF OREGON
WATER SUPPLY WELL REPORT

KLAM 62460

WELL I.D. LABEL# L

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162751

START CARD #

1081591

ORIGINAL LOG #

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

9/6/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company CHEYNE BROS

Address 9049 BUESING RD

City KLAMATH FALLS State OR Zip 97603

(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

☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community

☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 635.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
30	0	230	Cement w/1% Bentonite	0	230	405	S
22	230	320			Calculated	370	
12	320	635			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 5/6/2026 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	24	☒	2	230	0.375	ST	☒			

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	2000	165	200	4

Temperature 67 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 164 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 40.00 S N/S Range 9.00 E E/W WM

Sec 17 NE 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or 42.09447000 DMS or DD

Long _____ " or -121.78711000 DMS or DD

☒ Street address of well ☐ Nearest address

1669 LOWER KLAMATH LAKE RD KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/6/2026			27
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 14.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/6/2026	14	80	6			14
9/6/2026	225	635	3000			27

(11) WELL LOG

Ground Elevation 4089.10 FT

Material	From	To
top soil	0	3
tan clay	3	14
silt	14	28
grey clay with silt layers	28	80
grey clay	80	223
broken basalt	223	305
claystone and sand layers	305	525
broken basalt	525	635

Construction

Begin Date 5/5/2026 Begin Time 06 00 End Date 9/6/2026

(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 1739 Date 9/6/2026

Signed CHARLES FRY (E-filed)

Drilling Company: _____

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.

Comments/Remarks

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

KLAM 62460

9/6/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 42.09447000 Datum: WGS84

Longitude: -121.78711000

Township/Range/Section/Quarter-Quarter Section:

WM40.00S9.00E17NENW

Address of Well:

1669 LOWER KLAMATH LAKE RD KLAMATH FALLS OR 97603

Well Label: 162751

Printed: September 6, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

