

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	WRD Reviewer <i>Cony M.</i>
Transfer # <i>13355</i>	
Date Received <i>8/18/2021</i>	
CWRE Name <i>Joseph Strahl</i>	

Priority Date: *1986 - 2001*

Fees Required:

YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$230 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL RECD. \$	
1083 TREASURY 4178 MISC CASH ACCT.	
0407 COPIES	\$
0408 OTHER (IDENTIFY)	\$
0243 Inflow Less	0244 Min. Water Right Plan
0245 Cons. Water	
1083 TREASURY 4278 WRD OPERATING ACCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
TC-142 DEPOSIT (LNS IDENTIFY)	\$
0243 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE \$ RECORD FEE \$
0203 GROUND WATER	0202 \$ 0204 \$
0205 TRANSFER	
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTION	EXAM FEE \$ RECORD FEE \$
LANDOWNER'S PERMIT	0219 \$ 0220 \$
0200 OTHER (IDENTIFY)	0201 \$ 0202 \$
0407 TREASURY 0407 HYDROELECTRIC	
0233 POWER LICENSE FEE (FYVWRD)	LIC NUMBER \$
0231 HYDRO LICENSE FEE (FYVWRD)	\$
HYDRO APPLICATION	
SPECIAL INSTRUCTIONS:	

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

Groundwater File Review: *N/A*

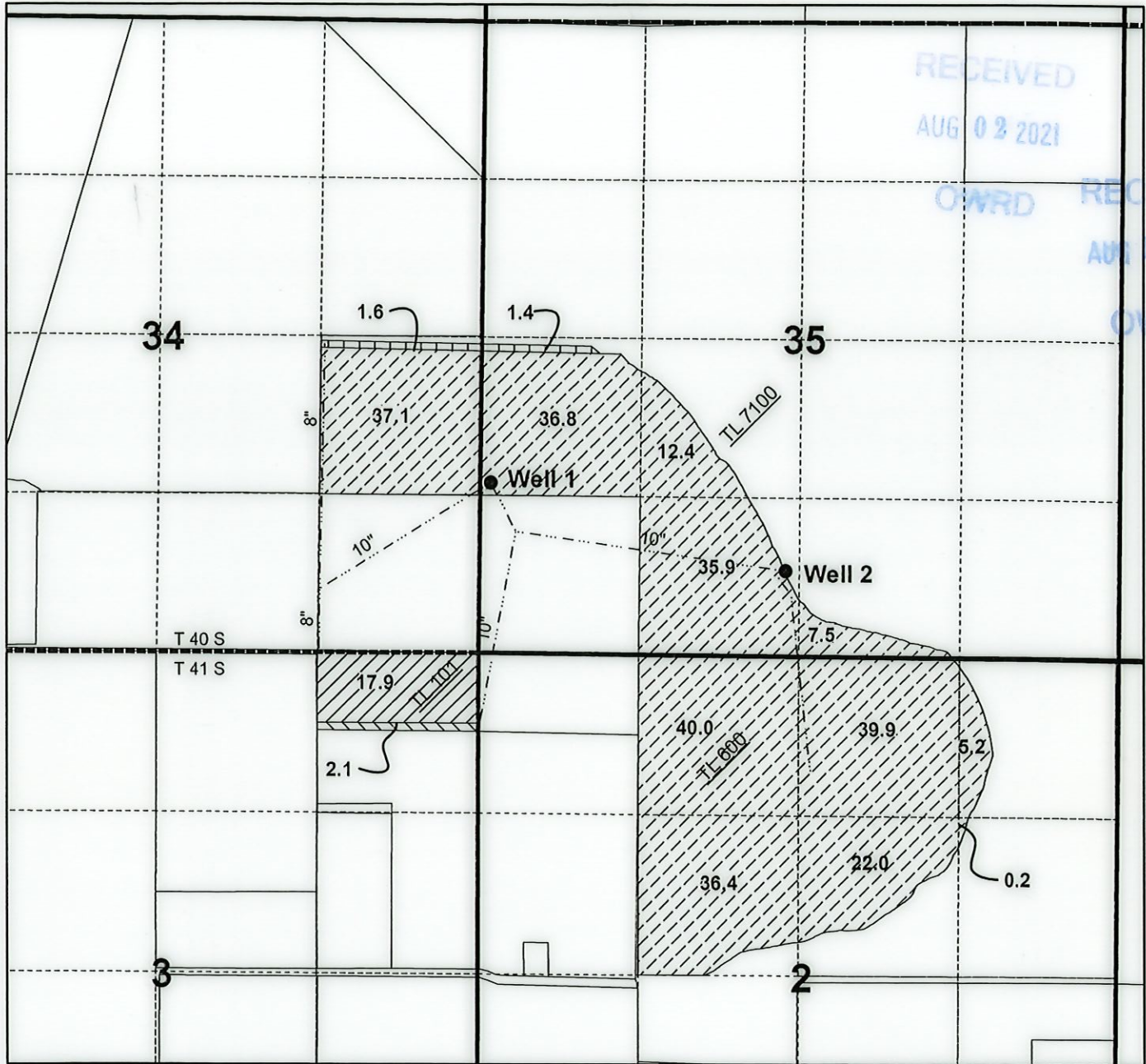
Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

RETURN TO APPLICANT – LETTER ATTACHED

Rodney & Marie Lyon Claim Of Beneficial Use Map T-13355

T 40 S, R 12 E,
Section 34 & 35
T 41 S, R 12 E,
Sections 2 & 3



Legend

- T-13355 (67582) Primary 3.0 Ac Use Well 1 & 2
- T-13355 (67582) Supp 2.1 Ac Use Well 1 & 2
- T-13355 (67582) add POA Well 1 only 273.4 ac
- T-13355 (91653) Supp 17.9

● Wells



1 inch = 1,320 feet

Note: This map is not intended to provide legal dimensions or locations of property ownership lines.

Well 1 located North 1420 ft & East 100 ft
Fm the Southwest Cor. Sec 35
Within NWSW, Sec 35, T40S, R12E, WM

Well 2 located North 750 ft & East 2550 ft
Fm the Southwest Cor. Sec 35
Within SESW, Sec 35, T40S, R12E, WM





Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

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August 11, 2021

Rodney R & Marie M Lyon
2302 Paygr Rd
Malin OR 97632

RE: Transfer T-13355

Dear Permit Holder of Record,

On July 26, 2021, the Oregon Water Resources Department received a Claim of Beneficial Use (Claim) that you submitted for the above referenced file.

At this time, the Department cannot accept the Claim due to a change in the fee required to submit a Claim. The Governor signed House Bill 2142 on July 19, 2021, increasing the fees for several water-related transactions. The bill increased the fee required to submit a Claim to \$230.00. The bill includes a provision that all fee increases are retroactive to July 1st of this year.

Please re-submit the Claim materials and a check reflecting the new fee of \$230.00. Enclosed you will find the Claim materials and your check for \$200.00.

If you have any additional questions, please feel free to contact me at 503-986-0810.

Sincerely,

Judy Ferrell

Judy Ferrell

Water Rights Customer Service

cc: file T-133555

Joseph L Strahl, Agent

enclosures

Check #

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water and
Groundwater**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of **\$200** must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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SECTION 1

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

- | | |
|--|--|
| 1. <input type="checkbox"/> Change in POD(s) or Additional POD(s) | 4. <input type="checkbox"/> Change in Character of Use |
| 2. <input checked="" type="checkbox"/> Change in POA(s) or Additional POA(s) | 5. <input type="checkbox"/> Change in Character of Use – Reservoir |
| 3. <input checked="" type="checkbox"/> Change in Place of Use | |

A separate section will be completed for each type of change authorized in the transfer final order.

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1. File Information

APPLICATION # T-13355

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Rodney R. & Marie M. Lyon		PHONE NO. 541-723-5691	ADDITIONAL CONTACT No.	
ADDRESS 20302 PAYGR RD.				
CITY MALIN	STATE OR	ZIP 97632	E-MAIL	

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. **Each** transfer holder of record must sign this form.

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD Rodney R. & Marie M. Lyon				
ADDRESS 20302 PAYGR RD.				
CITY Malin	STATE OR	ZIP 97632	E-MAIL	

4. Date of Site Inspection:

June 15, 2021

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Rodney Lyon	June 15, 2021	Owner

6. County:

Klamath

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD				
ADDRESS				
CITY	STATE	ZIP		

Add additional tables for owners of record as needed

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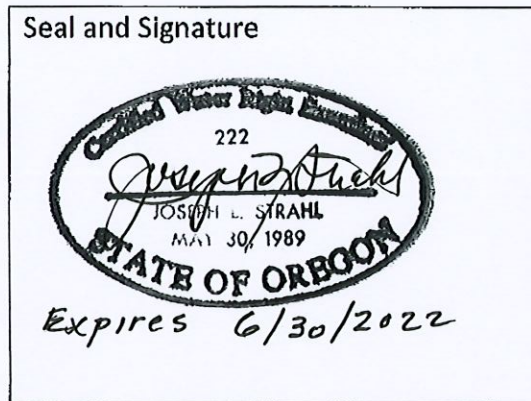
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SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Joseph L. Strahl		PHONE NO. 541-301-2946	ADDITIONAL CONTACT NO.
ADDRESS 9300 John Day Dr.			
CITY Gold Hill	STATE OR	ZIP 97525	E-MAIL joe4548@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Rodney Lyon</i>	Rodney Lyon	Owner	7/28/21
<i>Marie Lyon</i>	Marie Lyon	Owner	7/28/21

SECTION 3

Changes Made

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Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion? NO

If "NO", this Section can be deleted.

Change #2

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? YES

If "NO", this Section can be deleted.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #1	KLAM 50168		A Well in the Lost River Basin

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

[Empty text box for describing variations]

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #1	3.48 CFS	28.88 CFS	Hay down, could not turn on pump

System Description

Are there multiple new or additional Points of Appropriation (POA)? **NO**

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well #1 (KLAM 50168)

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
American Turbine	No tag		Turbine		10"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electrical Motors	200 hp

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3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
200	70	300	57 feet	28.88

4. Provide pump calculations:

See attached "Pump Capacity Calculation Sheet"

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
535.394	Not running		

Reminder: For pump calculations use the reference information at the end of this document.

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B. Groundwater Source Information (Well and Sump)

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NO

1. Is the appropriation from a dug well (sump)?

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C. Additional notes or comments related to the system:

Change #3

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
278.5 (Cert 67582)	278.5
17.9 (Cert 91653)	17.9

If the new use(s) was not irrigation or nursery:

NEW USE(s)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
NA	YES

2. Variations:

Was the use developed differently from what was authorized by the transfer final order?

NO

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

**SECTION 4
CONDITIONS**

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All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	2/02/2021	
COMPLETENESS DATE FROM ORDER (C)	10/01/2021	Work was complete before FO

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? **NO**
If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? **YES**

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	McCrometer	Missing	Working	535.394	2005?

If a meter has been installed, items d through f relating to this section may be deleted.

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

If "NO", item b relating to this section may be deleted.

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5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? NO

If "NO", items b through e relating to this section may be deleted.

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? NO

If "NO", items b and c relating to this section may be deleted.

Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

7. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Other conditions? NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
COBU Map	
Pump Capacity Calculation Sheet	

SECTION 6
CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

We use ArcView 10.8.1 mapping. The Klamath County tax lot GIS layer is used for property lines. The Oregon Geospatial Library data is used for the PLSS section and quarter quarter GIS data. Measurements were made on the ESRI aerial World Imagery layer dated 7/20/2020. Accuracy of the aerial imagery was verified using the OnX Hunt GPS function on a smart phone.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency: 7.04

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 200
Efficiency = 80
Lift = 300
PSI = 100

Results Calculated

(hp)(efficiency) = 16000
Head based on psi = 254.0
Total dynamic head = 554.0
(head + lift)

Pump Capacity = 28.88 feet per second

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well #1

KLAM50168

DEC 11 1995

STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. (START CARD) # 70983

Instructions for completing this report are on the last page of this form. SALEM, OREGON

(1) OWNER: Well Number # 2 Name ROD LYONS Address 20302 PAYGR RD. City MALIN State OREGON Zip 97632

(9) LOCATION OF WELL by legal description: County KLAMATH Latitude Longitude Township 40S N or S Range 12E E or W. WM. Section 35 SW 1/4 SW 1/4 Tax Lot R4012 Lot 00000 Block 07100 Subdivision 000 Street Address of Well (or nearest address) 32057 TRANSFORMER RD MALIN OREGON

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment (3) DRILL METHOD: [] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Other

(10) STATIC WATER LEVEL: 174 ft. below land surface. Date 11/16/95 Artesian pressure lb. per square inch. Date

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 368 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 330, 368, 1800 GPM, RECEIVED AUG 02 2021

HOLE SEAL table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows: 22-181, 16-181-256, 12 1/4-256-368. Method: [] A [] B [X] C [] D [] E

(12) WELL LOG: Ground Elevation OWRD OWRD

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 16, +1 1/2, 181, 250. Liner: empty.

WELL LOG table with columns: Material, From, To, SWL. Rows: PACKED SAND, SANDY YELLOW CLAY, WHITE CLAY, BROWN SANDY CLAY, BROWN CLAY WITH SAND, WHITE PUMICE, SANDY BROWN CLAY, WHITE CLAY, BROWN SANDSTONE, TAN CLAY, BROWN SANDSTONE, BROWN CLAY, BLUE CLAY, BLACK SANDSTONE, BROWN SANDY CLAY, BROWN BROWN LIGNITE, HARD GREY BASALT, BROWN BROWN LIGNITE, BLACK BASALT, BROWN BROWN LIGNITE.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner.

Date started 11/10/95 Completed 11/16/95

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min 1800 Drawdown 205 Drill stem at Time 4 hr.

(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 the best of my knowledge and belief. Signed _____ Date _____ WWC Number _____

Temperature of water 78°F 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: _____

(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 _____ Date 12/5/95 WWC Number 601/95

