CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT
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 $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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 8" 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 503-979-9103.

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15914	**G-18677**	**T-13623**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
James & Janet Haydn-Myer	**209-765-5188**	
Address **10807 Warnerville Road**		

City	State	Zip	E-Mail
Oakdale	**CA**	**95361**	

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

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

Permit Holder of Record		
James & Janet Haydn-Myer		
Address **10807 Warnerville Road**		
City **Oakdale**	State **CA**	Zip **95361**

Additional Permit Holder of Record		
NA		
Address		
City	State	Zip

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4. Date of Site Inspection:

7/06/2023

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

Name	Date	Association with the Project
Rick Martin	**7/06/2023**	**Manager**

6. County:

Klamath

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

Owner of Record		
NA		
Address		
City	State	Zip

Add additional tables for owners of record as needed

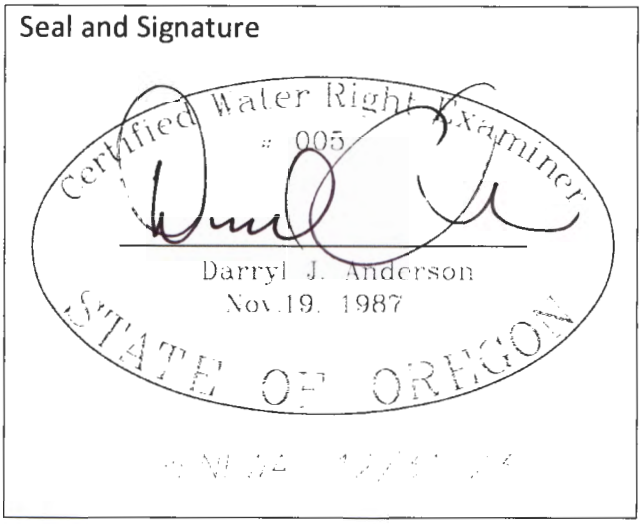
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Darryl Anderson		**541-947-4407**	
ADDRESS **17681 Highway 395**			
CITY **Lakeview**	STATE **OR**	ZIP **97630**	CITY **Lakeview**

Permit Holder of Record Signature or Acknowledgement

Each *permit 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
	James Haydn-Myer	owner	08/09/23
	Janet Haydn-Myer	owner	08/09/23

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SECTION 3

CLAIM DESCRIPTION

1. **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)
Well 3	**KLAM 59869**	**L-126387**

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

2. **Point of appropriation source, if indicated on permit:**

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 3	**Sycan River Basin**	

3. **Developed use(s), period of use, and rate for each use:**

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 3	**Irrigation**	**Pasture**	**Mar 1 – Oct 31**	**1.91 CFS**
Total Quantity of Water Used				**1.91 CFS**

4. **Provide a general narrative description of the distribution works.** This description must trace the water system from **each** point of appropriation to the place of use:

Water is released from the artesian well by the operating of a control valve, which regulates flow volumes, into a series of mainline pipes. Water is flooded out of the pipes to the place of use. Water can also be used out of the mainlines to operate wheel line sprinklers at several permitted place of use locations.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. **Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **NO**

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

NA

6. **Claim Summary:**

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POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 3	1.91	1.91	1.91	Primary irrigation	90.0	90.0
				supplemental irrigation	110.0	110.0

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one): **Well 3**

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
35S	12E	WM	34	NW SW				5.9	
35S	12E	WM	34	SW SW				23.8	
36S	12E	WM	3	NE NW					40.0
36S	12E	WM	3	SE NW					40.0
36S	12E	WM	3	NW SW					15.0
36S	12E	WM	4	NE SE				16.7	1.5
36S	12E	WM	4	SW SE				12.9	6.2
36S	12E	WM	4	SE SE				30.7	7.3
Total Acres Irrigated								90.0	110.0

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

Well IS artesian, water pressure measured by sealed gauge on top of well casing

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
16"	274'	665'	9/28/2017	NA	James & Janet Haydn-Myer	Arthur Fry

S

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

Well Log KLAM 59869, attached

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? **NO**

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

7. Is the distribution system piped? **YES**

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
6"	2125	Pvc & Aluminum	Above ground
10"	9730	Steel	buried

9. Lateral or Handline Information:

NA			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
3/16	20	5.99	54	54	0.52

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum Length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? **NO**

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe? **NO**

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

H. Additional notes or comments related to the system:

Well is aretesian. Flooding out of mainlines is done under well pressure. The well pressure can also run wheel line sprinkler lines.

SECTION 5

CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	**Oct 20, 2003**		
Begin construction (A)	**Oct 20, 2003**	**9/2017**	**Well drilled (distribution infrastructure already installed from other water rights**
Complete construction (B)	**Oct 1, 2023**	**4/2021**	**Initial water measurement taken, connection to distribution piping**
Complete application of water (C)	**Oct 1, 2023**	**4/2021**	**Water use started**

* must be within period between permit, or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? **YES**

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

a. Did the Extension Final Order require the submittal of Progress Reports? **NO**

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

Date of Measurement	Measurement Made By	Method	Measurement
NA			

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

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

b. Provide the month, or months, the static water level measurement(s) were to be made:
March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO**

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

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

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 diversion or 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 3	**McCrometer**	**17-07936-10**	**Working**	**995 317 ac-ft x .001 900 gpm**	**2017**

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

Well ID #	Date Attached To Well
Well 3	**2017**

e. 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):

Well Tag attached to discharge flange of well casing.

SECTION 6

ATTACHMENTS

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

Attachment Name	Description
COBU Map	**Claim map**
Photos	**Site photos**
Well Log	**Well log for Well 3**
Pump Test	**Results from the well pump test**
Sprinkler Capacity	**Calculations for sprinkler flows**

SECTION 7

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 poly 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.

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.

Survey performed with Real Time GPS – Corner tie is a County Surveyor brass cap located at the northwest corner of Section 3, T35S 12E, W.M.

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.)

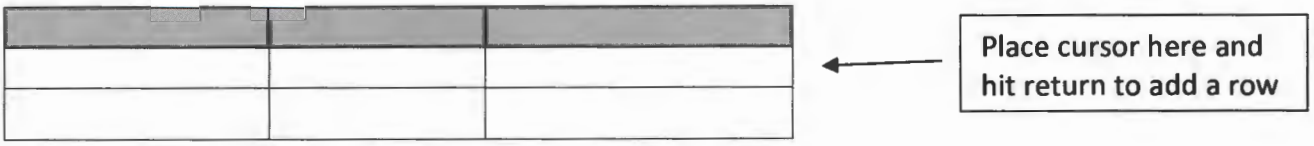
- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☒ 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
- ☒ 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

SECTION 8
REFERENCE INFORMATION FOR CWRE USE
(Please DO NOT submit these pages.)

Additional information is available at:
https://www.oregon.gov/OWRD/programs/WaterRights/COBU/Pages/default.aspx
Go to Page "Resources of Certified Water Right Examiners"

MS Word Hints

To add rows to a table, click outside the table on the far right and hit enter.



To resolve page numbering issues, go to print preview. Page through the entire document (while in print preview), then print from print preview.

Common Calculations

The Department typically uses the following calculations to determine system capacities; many of which are available to download from the Department's Web Site.

Pumps:

Q Pump = $\frac{\text{(horsepower)(pump efficiency)}}{\text{(total head in feet)}}$ = Q in cfs

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61
Pump efficiency factor for turbine pump (80%) = 7.04

Centrifugal Pump, 75% eff. $\frac{\text{(550 ft lb/sec/Hp)(.75)}}{\text{(62.4 lb/cu ft)}}$ = 6.61 ft^4/sec/Hp

Turbine & Submersible Pumps, 80% eff. $\frac{\text{(550 ft lb/sec/Hp)(.80)}}{\text{(62.4 lb/cu ft)}}$ = 7.04 ft^4/sec/Hp

Total head is the sum of suction lift, pressure head, and discharge lift.

If the operating pressure is not measured, varying the assumed operational pressure in the above formulas until the calculated outputs are equal, or nearly so, will generally give the most correct theoretical capacity of the system.

Efficiencies have been assumed to be 75% for centrifugal pump installations and 80% for turbine or submersible pumps. See the list below of converted psi's to feet of head. These figures account for minor friction losses. If the system involves unusually long pipelines friction losses should be accounted for by using standard charts and formulas.

Refer to the conversion table below to compute PSI to head for pump pressure in feet.

[(psi/.433)(1.1) = head (in feet/psi) = 2.54 feet head/psi]

PSI	HEAD	PSI	HEAD
25	63.5	55	139.7
30	76.2	60	152.4
35	88.9	65	165.1
40	101.6	70	177.8
45	114.3	75	190.5
50	127.0	80	203.2

Ditches/Canals:

Manning's Formula: $$v = \frac{1.486}{n} r^{2/3} s^{1/2}$$

v = mean velocity of flow in feet per second
r = hydraulic radius in feet
s = slope of the energy gradient
n = coefficient of roughness

Type of Conduit and Description	Coefficient of Roughness	
Pipe	**Minimum**	**Maximum**
Cast Iron, Coated	0.01	0.014
Cast Iron, Uncoated	0.011	0.015
Wrought Iron, Galvanized	0.013	0.017
Wrought Iron, Black	0.012	0.015
Steel, Riveted and Spiral	0.013	0.017
Corrugated	0.021	0.0255
Wood Stave	0.01	0.014
Neat Cement Surface	0.01	0.013
Concrete	0.01	0.017
Vitrified Sewer Pipe	0.01	0.017
Clay, Common Drainage Tile	0.011	0.017
Lined Channels		
Metal, Smooth Semicircular	0.011	0.015
Metal, Corrugated	0.0228	0.0244
Wood, Planed	0.01	0.015
Wood, Unplaned	0.011	0.015
Neat Cement-Lined	0.01	0.013
Concrete	0.012	0.018
Cement Rubble	0.017	0.03
Vegetated, Small Channels, Shallow Depths		
Bermuda Grass; Long - 13", Green	0.042	
Bermuda Grass; Long - 13", Dormant	0.035	
Bermuda Grass; Short - 3", Green	0.034	
Bermuda Grass; Short - 3", Dormant	0.034	
Unlined Channels		
Earth; Straight and Uniform	0.017	0.025
Dredged	0.025	0.033
Winding and Sluggish	0.0225	0.03
Stoney Bed, Weeds on Bank	0.025	0.04
Earth Bottom, Rubble Sides	0.028	0.035
Rock Cuts; Smooth and Uniform	0.025	0.035
Rock Cuts; Jagged and Irregular	0.035	0.045

Gravity flow pipe systems

Hazen-William's Formula:

$$v = 1.31(c)(r^{0.63})(s^{0.54})$$

v = mean velocity of flow in feet per second
c = coefficient of roughness
r = hydraulic radius in feet
s = slope of energy gradient

Material	Coefficient of Roughness
Asbestos Cement	140
Brass	135
Brick sewer	100
Cast-Iron - new unlined (CIP)	130
Cast-Iron 10 years old	110
Cast-Iron 20 years old	95
Cast-Iron 30 years old	82
Cast-Iron 40 years old	74
Concrete	130
Copper	135
Ductile Iron Pipe (DIP)	140
Galvanized iron	120
Glass	140
Lead	135
Plastic	145
PVC, CPVC	150
Smooth Pipes	140
Steel new unlined	145
Steel	130
Steel riveted	110
Tin	130
Wood Stave	120

SPRINKLER CAPACITIES BY NOZZLE SIZE IN GALLONS PER MINUTE

This chart is comprised of information gathered from a number of sources and may differ slightly from the manufacturer's specifications.

Q Sprinklers = (number of heads)(rate in gallons per minute) = Q in cfs
(448.8 gpm per cfs)

NOZZLE SIZE	P.S.I. ("*" designates computed capacity)																	
	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
3/32				1.1	1.3	1.4	1.5	1.6	1.7	1.8								
7/64				1.5	1.7	1.9	2	2.2										
1/8				1.9	2.2	2.4	2.7	2.9	3	3.2								
9/64				2.3	2.6	2.9	3.1	3.4	3.7	4								
5/32				3	3.4	3.8	4.1	4.4	4.7	5								
11/64	1.9	2.7	3.3	3.7	4.2	4.6	5	5.4	5.7	6	6.3	6.6						
3/16	2.2	3.2	3.9	4.3	5	5.5	6	6.4	6.8	7.2	7.5	7.8						
13/64	2.9	3.6	4.5	5.1	5.9	6.5	7.1	7.6	8.1	8.5	8.9	9.2						
7/32		4.1	5.1	5.8	6.8	7.6	8.3	8.9	9.4	9.9	10.3	10.6						
15/64							8.8		10		11.2		12.4					
1/4		5.2	6.4	7.4	8.9	9.8	10.6	11.4	12.1	12.8	13.4	13.9	14.8*	15.3*	15.9*	16.4*	16.9*	17.4*
17/64								12.5		14		15.6		17.1				
9/32					11.2	12.3	13.3	14.3	15.2	16	16.8	17.5	18.1	18.9	19.7	20.7*	21.4*	22*
19/64									16.6		18.3		19.9		21.4			
5/16					13.1	15.2	16.5	17.7	18.9	20	21	22	23	23.9	24.8	25.7	26.4*	27.1*
21/64										20.8		22.7		24.6		26.4		
11/32					16.5	18	19.7	21.1	22.5	23.8	25	26.2	27.4	28.5	29.6	30.6	31.9*	32.8*
23/64										24.5		26.8		29.1		31.4		
3/8					19	21	22.8	24.4	26	27.5	29.1	30.6	32	33.2	34.5	35.7	38*	39*
13/32								29*	30.9*	32.7*	34.5*	36.2*	37.4*	38.9*	40.4*	41.9*	43.3*	44.7*
7/16								33.5*	35.6*	37.7*	39.7*	41.7*	43.6*	45.3*	46.9*	48.4*	50.1*	51.6*
1/2								42.5*	45.2*	47.7*	50.2*	52.5*	54.7*	56.8*	58.6*	60.6*	63.6*	66.7*

NOTE: Use the maximum number heads operating at any one time.
Rate per head in gpm comes from either manufacturer's specifications using orifice size and operating pressure or from OWRD chart.

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

KLAM 59869

9/28/2017

WELL I.D. LABEL# L 126387
START CARD # 1036120
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JAMES & JANET Last Name HAYDN-MYER
Company
Address 10807 WARNERVILLE RD.
City OAKDALE State CA Zip 95361

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 665.00 ft.

BORE HOLE

Dia	From	To
22	0	274
12	274	665

SEAL

Material	From	To	Amt	sacks/lbs
Cement w/3% Bentonit	0	274	232	S
		Calculated	225	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	16	☒	2	234	.250	◉	○	☒	☐
◉	○	16	☐	234	274	.375	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
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

◯ Pump ◯ Bailer ◯ Air ◉ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1000	0	0	6

Temperature 43 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 55 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 36.00 S N/S Range 12.00 E E/W WM
Sec 4 SW 1/4 of the SE 1/4 Tax Lot 1400
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ◯ Nearest address
40610 DREWS RD.
BEATTY, OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	9/28/2017	14	☒	32.3

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 205.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/28/2017	205	665	1000	14	☒	32.3

(11) WELL LOG

Ground Elevation

Material	From	To
soft brown claystone	0	20
hard grey clay	20	155
black sandstone	155	175
hard grey clay	175	205
white pumice	205	260
soft green clay	260	305
hard grey clay / pumice seams/sand/lava	305	665

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Date Started 9/6/2017 Completed 9/28/2017

(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 1739 Date 9/28/2017
Signed CHARLES M FRY (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. 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 1355 Date 9/28/2017
Signed ARTHUR L FRY (E-filed)
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:

Sprinkler Capacity Calcualtor

Data Entry (fill in underlined blanks)

Sprinkler group 1	Nozzle size =	3/16 inch	(type an apostrophe before the size)
	Pressure =	20 PSI	
	Number of heads =	32	
Sprinkler group 2 (if applicable)	Nozzle size =	3/16 inch	(type an apostrophe before the size)
	Pressure =	20 PSI	
	Number of heads =	22	
Sprinkler group 3 (if applicable)	Nozzle size =	0 inch	(type an apostrophe before the size)
	Pressure =	0 PSI	
	Number of heads =	0	

Results calculated

Sprinkler group 1 capacity =	137.6 gpm, or	0.31 cfs
Sprinkler group 2 capacity =	94.6 gpm, or	0.21 cfs
Sprinkler group 3 capacity =	0 gpm, or	0 cfs
Total sprinkler capacity =	232.2 gpm, or	0.52 cfs

Note: If entered values return a result of "#N/A" gpm, then the sprinkler capacity chart does not contain a rate for that nozzle size and PSI.

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PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
Janet Haydn-Myer			
ADDRESS: 1807 Warnerville Road			
CITY: Oakdale	STATE: CA	ZIP: 95361	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME:		QUALIFICATION:	LICENSE #:
Nicole Braudy		(SELECT) RG	G-2739
COMPANY: Anderson Engineering & Surveying, Inc.		PHONE NO.: 541-947-4407	ADDITIONAL CONTACT NO.:
ADDRESS: 17681 HWY 395			
CITY: Lakeview	STATE: OR	ZIP: 97630	E-MAIL: nicoleb@andersonengineering.com

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 59869	L- 126387	Well #3	665	nes & Janet Haydn-M	9/28/2017	7/11/2023

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
36S	12E	4	SW/SE		42.47208000	-121.29672000

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-15914	G-15503	T-		(•) Yes ( ) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

No ▾ Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Ye ▾ Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: 610 ft.
Approximate elevation difference: 37 ft.

Ye ▾ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Irrigation System approximately
How far from the pumped well was water discharged? 4000 due east from the well ft.

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Pressure Transducer *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* _____ feet.
Length of air line (if used): _____
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: BII *Serial #:* _____
Date Last Calibrated: Spring 2022 *Units:* PSI

Pump Type: _____
HP: _____ Pump set at: _____ feet.
Pump idle time: _____

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCrometer *Serial #:* 17-07936-10
Date Last Calibrated: Unknown *Units:* GPM & Acre

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance above land surface 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) Pressure Gauge on top of the wellhead

Time pump turned on: Date 7/11/23 Time 10:06
Time pump turned off: Date 7/11/23 Time 14:06
Total pumping time: 4 hours 0 minutes.

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Remember, your pump test may not be approved unless it meets the following criteria*:

- [x] The discharge rate was held constant for the entire pumping phase.
- [x] The pump was on during the entire pumping phase (≥ 4 hours).
- [x] The discharge was measured at the start of pumping and at least once every hour during the test.
- [x] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [x] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [x] Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- [x] Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- [ ] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [x] The pump test cover sheet was completely filled out and signed.
- [x] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [x] The well was idle for at least 16 hours prior to the test.
- [x] The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: _____ DATE: 7/12/23

OWNER SIGNATURE: _____ DATE: _____

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 59869	L- 126387	Well #3	665	James & Janet Hydn-Myer	9/28/2017	7/11/2023

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
7/11/23	9:26	0	N/A	0	Pre-test	20	564.6	
7/11/23	9:46	0	N/A	0	Pre-test	20	564.6	
7/11/23	10:06	0	N/A	0	Pre-test	20	564.6	
7/11/23	10:08	2	N/A	1000	Pumping	20	566.1	RECEIVED
7/11/23	10:10	4	N/A	800	Pumping	20	566.8	
7/11/23	10:12	6	N/A	1000	Pumping	20	567.5	AUG 14 2023
7/11/23	10:14	8	N/A	900	Pumping	20	568.0	
7/11/23	10:16	10	N/A	900	Pumping	20	569.6	OWRD
7/11/23	10:21	15	N/A	950	Pumping	20	571.0	
7/11/23	10:26	20	N/A	1000	Pumping	20	572.5	
7/11/23	10:31	25	N/A	1000	Pumping	20	574.1	
7/11/23	10:36	30	N/A	900	Pumping	20	578.4	
7/11/23	10:51	45	N/A	950	Pumping	20	582.8	
7/11/23	11:06	60	N/A	900	Pumping	20	587.1	
7/11/23	11:21	75	N/A	1000	Pumping	20	597.5	
7/11/23	11:36	90	N/A	3000	Pumping	18	611.6	Pumping Rate Increased
7/11/23	11:51	105	N/A	3000	Pumping	17.5	626.0	so drawdown could be
7/11/23	12:06	120	N/A	3000	Pumping	17	640.2	witnessed to better assess
7/11/23	12:21	135	N/A	3000	Pumping	16.5	654.6	the well's capabilities.
7/11/23	12:36	150	N/A	3000	Pumping	16.5	668.6	
7/11/23	12:51	165	N/A	3000	Pumping	16	682.7	
7/11/23	13:06	180	N/A	3000	Pumping	16	696.9	
7/11/23	13:21	195	N/A	3000	Pumping	16	711.1	
7/11/23	13:36	210	N/A	3000	Pumping	16	725.2	
7/11/23	13:51	225	N/A	3000	Pumping	15.5	739.3	
7/11/23	14:06	240	N/A	3000	Pumping	15.5	739.3	
7/11/23	14:08	242	N/A	0	Recovery	16.5	739.3	
7/11/23	14:10	246	N/A	0	Recovery	17.5	739.3	
7/11/23	14:12	248	N/A	0	Recovery	18	739.3	
7/11/23	14:14	250	N/A	0	Recovery	18.5	739.3	
7/11/23	14:16	252	N/A	0	Recovery	19	739.3	
7/11/23	14:21	257	N/A	0	Recovery	19	739.3	
7/11/23	14:26	262	N/A	0	Recovery	19	739.3	
7/11/23	14:31	267	N/A	0	Recovery	19	739.3	
7/11/23	14:36	272	N/A	0	Recovery	19.5	739.3	
7/11/23	14:51	287	N/A	0	Recovery	19.5	739.3	
7/11/23	15:06	302	N/A	0	Recovery	19.5	739.3	
7/11/23	15:21	317	N/A	0		20	739.3	

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-					

Date	Time	Time Since Pumping Started (min)	**Depth to Water Below MP**	**Discharge Rate (gpm, cfs, ________)**	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments

CLAIM OF BENEFICIAL USE
Inspection Photographs
Permit G-18677 Transfer T-13623

Job: 2022-098
Date: 07/06/2023

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Well #3, Pressure Gauge, Control Valve & Flowmeter

Well Tag

Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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Inspection Photographs
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Flowmeter

Flowmeter

Anderson Engineering & Surveying, Inc.
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6" Mainline for Flooding

6" Mainline for Flooding

Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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Inspection Photographs
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Mainline for Flooding

Riser & Hose for Flooding

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Place of Use

Place of Use

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Inspection Photographs

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Place of Use

Place of Use

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Wheel Line in Place of Use

Wheel Line in Place of Use

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