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



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

# A fee of \$230 must accompany this form for <u>permits</u> 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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

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# SECTION 1 GENERAL INFORMATION

#### 1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16400	G-18839	T-14033

2. Property Owner (current owner information	າ):	
APPLICANT/BUSINESS NAME	PHONE NO.	Additional Contact No.
MLM Property LLC	541-205-1191	

**ADDRESS** 

**PO Box 195** 

Merrill	OR	97633	mckoen@cot.net
CITY	STATE	ZIP	E-MAIL

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		
Same as above		
ADDRESS		
Сіту	STATE	ZIP

4. Date of Site Inspection:

8	/10/	2023			
	101	2023			

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Mike McKoen	8/10/2023	Owner

6. County:

Klamath		
liamath		

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)):

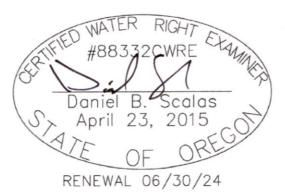
owner of record for that property	(UKS 557.25U(5)):	
OWNER OF RECORD		
ADDRESS		
Сіту	STATE	ZIP

Add additional tables for owners of record as needed

#### **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		PHONE N	
Daniel B. Scalas		541-884-	-4666
ADDRESS			
1435 Esplanade Ave.			
CITY	STATE	ZIP	E-MAIL
Klamath Falls	OR	97601	dscalas@adkinsengineering.com

#### Permit Holder of Record Signature or Acknowledgement

**<u>Each</u>** 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
moun	Mike McKoen	Owner	10/17/2023



#### **CLAIM DESCRIPTION**

Point of appropriation name or number:

Well 3	KLAM 57387	92055
(CORRESPOND TO MAP)	(IF APPLICABLE)	
(POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
POINT OF APPROPRIATION	WELL LOG ID #	WELL TAG #

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	Source	TRIBUTARY
NAME OR NUMBER	BASIN LOCATED WITHIN	
Well 3	Lost River Basin	N/A

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	Supplemental Irrigation		April 1 – October 31	1.81 CFS
<b>Total Quantity of</b>	Water Used	1.81 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 appropriated by Well 3 from a 100 HP submersible pump north through approximately 310' of 10" buried steel mainline. From there, water is diverted north approximately 1,940' through 10" above ground aluminum mainline before turning west and traveling 150' to a 50 HP booster pump. Water is then irrigated on the 55.8 acres of authorized land using wheel lines with 3/16" sprinkler heads.

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.

(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.")

The permit allowed 57.5 acres of supplemental irrigation. The water user only developed 55.8 acres.

6. Claim Summary:

Well 3	0.72 CFS	BASED ON SYSTEM  1.81 CFS	MEASURED N/A	Supplemental		55.8
POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE	AMOUNT OF WATER	USE	# OF ACRES ALLOWED	# OF ACRES

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YES

#### SYSTEM DESCRIPTION

Are there multiple POAs?

NO

#### 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
415	11E	WM	16	NE NE	1		Supplemental Irrigation		7.4
415	11E	WM	16	NE NE	6		Supplemental Irrigation		7.8
415	11E	WM	16	NW NE	2		Supplemental Irrigation		4.6
415	11E	WM	16	NW NE	9		Supplemental Irrigation		1.8
415	11E	WM	16	SW NE	9		Supplemental Irrigation		1.7
415	11E	WM	16	SE NE	10		Supplemental Irrigation		32.1
415	11E	WM	16	NE SE	11		Supplemental Irrigation		0.4
Total A	cres Irrig	ated		•		•	,		55.8

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:

1" access port on the south side of well head 1.89' above ground surface

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

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	<b>D</b> EPTH	DEPTH	DATE OF ORIGINAL WELL	DATES OF ALTERATIONS	WAS DRILLED FOR	

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.

**KLAM 57387** 

#### C. Groundwater Source Information (Sump)

Is the appropriation from a dug well (sump)?

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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 <u>and</u> apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

#### 2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
American Marsh Pumps	480 Vertical Turbine	Unknown	Submersible	8"	8"
Cornell	5WB50-2	16276	Centrifugal	10"	10"

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
American Marsh Pumps	100
General Electric	50

#### 4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100	60	65.9'	1.0'	3.22 CFS
50	60	3.0'	0.0'	2.13 CFS

#### 5. Provide pump calculations:

See Attachment E for Theoretical Pump Capacity Calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(IN CFS)
N/A			

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

7. Is the distribution system piped?

YES

#### 8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10"	310'	Steel	Buried
10"	2090'	Aluminum	Above Ground

#### 9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

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#### 10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	60	7.8 GPM	104	104	1.81 CFS

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)
N/A					

12. Drip Tape Information:

DRIPPER	GPM PER	TOTAL	Махімим	TOTAL TAPE	Additional Information
SPACING IN INCHES	100 FEET	LENGTH OF TAPE	USED USED	OUTPUT (CFS)	
N/A					

#### 13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				001101 (010)

#### E. Storage

<ol> <li>Doe</li> </ol>	s the distribution syst	em include in-system storage (e.g. storage tank,
bulge i	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:

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#### 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	5/26/2023		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	10/1/2024	5/26/2023	Irrigation system was ready, willing, and able to be used.
COMPLETE APPLICATION OF WATER (C)	10/1/2024	5/26/2023	Irrigation system was ready, willing, and able to be used.

<sup>\*</sup> 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)?

NO

- 3. Initial Water Level Measurements:
- a. Was the water user required to submit an initial static water level measurement?

NO

- 4. Annual Static Water Level Measurements:
- a. Was the water user required to submit annual static water level measurements?
- b. Provide the month, or months, the static water level measurement(s) were to be made:

Between March 15 and April 15

c. Were the static water level measurements taken in the month(s) required? was issued after the required time period for 2023.

\*N/A - The permit

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

N/A

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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#### 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

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

#### 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

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	10-02860	Working	593.651 AF	2010

#### 7. Recording and reporting conditions:

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

YES

b. Have the reports been submitted?

YES

#### 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

YES

to the well?

WELL ID#	DATE ATTACHED TO WELL
L-92055	5/6/2010

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):

N/A

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<sup>\*\*</sup> Claims will not be reviewed until a pump test or exemption has been approved by the Department

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION		
Attachment A	Copy of Permit G-18839		
Attachment B	Final Order Approving Permit Amendment		
Attachment C	Claim of Beneficial Use Map (on mylar)		
Attachment D	Claim of Beneficial Use Map (paper copy)		
Attachment E	Theoretical Pump Capacity and Sprinkler Capacity Calculations		
Attachment F	Well Log KLAM 57387		
Attachment G	Pump Test for KLAM 57387		
Attachment H	Klamath County Tax Map 41-11-16		

#### **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.

This Claim of Beneficial Use Map was prepared from field measurements, NAIP 2023 aerial photography, Klamath County tax maps, and Oregon GLO maps.

#### **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.)

$\boxtimes$	Map on polyester film
	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
$\boxtimes$	Township, Range, Section, Donation Land Claims, and Government Lots
$\boxtimes$	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
$\boxtimes$	Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)
$\boxtimes$	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")
$\boxtimes$	Application and permit number or transfer number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

# ATTACHMENT A Copy of Permit G-18839

#### STATE OF OREGON

#### COUNTY OF KLAMATH

#### PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

MLM PROPERTY, LLC PO BOX 195 MERRILL, OR 97633

This permit is issued to describe an extension of time for complete application of water approved July 26, 2019; a Split a Permit, approved on April 7, 2021; and a Permit Amendment approved by Special Order Volume 128, Page 420, entered on MAY 26 2023. This permit supersedes Permit G-18390.

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-16400

SOURCE OF WATER: WELL 3 (KLAM 57387) IN LOST RIVER BASIN

PURPOSE OR USE: SUPPLEMENTAL IRRIGATION USE ON 57.5 ACRES

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MAXIMUM RATE: 0.72 CUBIC FOOT PER SECOND (CFS); BEING 0.72 CFS FOR SUPPLEMENTAL IRRIGATION ON 57.5 ACRES AND 0.71 CFS FOR SUPPLEMENTAL IRRIGATION ON 56.65 ACRES

PERIOD OF USE: APRIL 1 THROUGH OCTOBER 31

DATE OF PRIORITY: MARCH 1, 2005

#### WELL LOCATION:

Twp	Rng	Mer	Sec	Q-Q	-,	Measured Distances
415	11 E	WM	16	NÊ SE		240 FEET NORTH AND 30 FEET M THE SE CORNER OF SECTION 16

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

#### THE PLACE OF USE IS LOCATED AS FOLLOWS:

			-					
SUPPLEMENTAL IRRIGATION								
Twp.	Rng -	Mer	Sec	Q-Q	GLot	Acres		
41 S	11 E	WM	16	NE NE	1	7.4		
41 S	11 E	WM	-16	NENE	6	7.8		
415	11 E	WM	16	NW NE	. 2	`4.6		
415	11 E	WM	16	NW NE	9	1.8		
41 S	11 E	WM	16	SW NE	. 9	1.7		
415	11 E	WM	16	SE NE	10	32.7		
415	11 E	WM	16	NE SE	11	1.5		
					Total	57.5		



#### OWRD

#### Permit Amendment T-14033 Conditions:

The quantity of water diverted at the new point of appropriation (Well 3) shall not exceed the quantity of water lawfully available at the original points of appropriation (Well 1 and Well 2).

Water use measurement conditions:

- a. Before water use may begin under this order, the water user shall install a totalizing flow meter, or, with prior approval of the Director, another suitable measuring device, at each point of appropriation.
- b. The water user shall maintain the meters or measuring devices in good working order.
- c. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.

Water shall be acquired from the same aquifer as the original points of appropriation.

#### **Extension of Time Conditions:**

#### **Checkpoint Condition**

The permit holder must submit a completed Progress Report Form to the Department by October 1, 2023.

(a) At each checkpoint, the permit holder shall submit and the Department shall review evidence of the permit holder's diligence towards completion of the project and compliance with terms and conditions of the permit and extension. If, after this review, the Department determines the permit holder has not been diligent in developing and perfecting the water use permit, or complied with all terms and conditions, the Department shall modify or further condition the permit or extension to ensure future compliance, or begin cancellation proceedings on the undeveloped portion of the permit pursuant to ORS 537.260 or 537.410, or require submission of a final proof survey pursuant to ORS 537.250; (b) The Department shall provide notice of receipt of progress reports in its weekly notice and shall allow a 30 day comment period for each report. The Department shall provide notice of its determination to anyone who submitted comments.

#### **Original Permit Conditions:**

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

#### Limited Water Level Decline/Interference Condition

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to make and report annual static water level measurements. The static water levels shall be measured between March 15 and April 15. Reports shall be submitted to the Department within 30 days of measurement. The reference levels against which future annual measurements will be compared have been established by measurements made in April 2004. These reference levels are 47.57 feet below land surface datum for Well 1 and 55.32 feet below land surface datum for Well 2.

### After Use of Water has Begun Seven Consecutive Annual Measurements

Following the first year of water use, the user shall submit seven consecutive annual reports of static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require that the user obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

A. Identify each well with its associated measurement; and

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- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method used to obtain each well measurement; and
- D. Certify the accuracy of all measurements and calculations submitted to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water level measurements reveal an average water level decline of three or more feet per year for five consecutive years; or
- B. Annual water level measurements reveal a water level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water level measurements reveal a water level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

#### STANDARD CONDITIONS

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may not be valid, unless the Department authorizes the change in writing.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water

user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide landuse goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

Completion of construction and complete application of the water to the use was to be made on or October 1, 2011. By Extension of Time Final Order dated July 26, 2019, the completion of construction and complete application of the water to the use was extended to on for before October 1, 2024. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued MAY 2 6 2023

Lisa J. Jaramillo Fransfer and Conservation Section Manager, for

DOUGLAS E. WOODCOCK, ACTING DIRECTOR

**Oregon Water Resources Department** 

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# ATTACHMENT B Final Order Approving Permit Amendment



Water Resources Department

North Mall Office Building 725 Summer St NE, Suite A Salem, OR 97301 Phone 503 986-0900 Fax 503 986-0904

May 30, 2023

MLM PROPERTY LLC PO BOX 195 MERRILL, OR 97633

REFERENCE: Permit Amendment Application T-14033

Enclosed is a copy of the order approving your Permit Amendment application.

Also enclosed is a superseding permit that incorporates the amendments approved by the final order contained herein. Please read this document and abide by the requirements.

If you have any questions related to the approval of this permit amendment, you may contact your caseworker, Stacy Phillips by telephone at (503) 979-3511 or by e-mail at Stacy.H.Phillips@water.oregon.gov.

Sincerely

Flor Pena

Water Rights Services Support Transfers and Conservation Section

cc:

Danette M. Watson, Watermaster Dist. # 17 (via email) Adkins Engineering And Surveying, Agent

Klamath Falls

Enclosure

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# BEFORE THE WATER RESOURCES DEPARTMENT OF THE STATE OF OREGON

In the Matter of Permit Amendment	)	FINAL ORDER APPROVING A CHANGE IN
T-14033, Klamath County	)	POINT OF APPROPRIATION

#### Authority

Oregon Revised Statute (ORS) 537.211 establishes the process in which a water right permit holder may submit a request to change the point of appropriation and/or place of use authorized under an existing water right permit.

#### **Applicant**

MLM PROPERTY LLC PO BOX 195 MERRILL, OR 97633 RECEIVED OCT 31 2023

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#### **Findings of Fact**

- On June 15, 2022, MLM PROPERTY LLC filed an application to change a point of appropriation under Permit G-18390. The Department assigned the application number T-14033.
- 2. On July 26, 2019, the Department approved an extension of time for complete application of water to October 1, 2024.
- 3. On April 7, 2021, the Department approved an assignment of a water right permit and issuance of replacement water right permits under Split a Permit Application T-13375.
- 4. On May 26, 2021, the Department approved an emergency use drought temporary change in points of appropriation under transfer T-13681.
- 5. On August 16, 2022, the Department approved an emergency use drought temporary change in points of appropriation under transfer T-13988.
- 6. Notice of the application for the permit amendment was published in the Department's weekly notice on June 28, 2022, and in the Klamath Herald and News newspaper on May 3 and 10, 2023, pursuant to ORS 540.520(5).

This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

7. Permit Amendment Application T-14033 proposes to move the authorized points of appropriation with approximate distances from the existing points as follows:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances	Distance from Authorized POA
	44.5		16	NECE	1240 FEET NORTH AND 30 FEET WEST	Well 1 – 2.7 Miles
41 S	11 E	WM	16	NE SE	FROM SE CORNER OF SECTION 16	Well 2 – 9.1 Miles

#### Permit Amendment Review Criteria

8. The change would not result in injury to other water rights.

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9. The change does not enlarge the permit.

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10. The change does not alter any other terms of the permit.

#### Conclusions of Law

The change in point of appropriation proposed by Permit Amendment Application T-14033 is consistent with the requirements of ORS 537.211.

#### Now, therefore, it is ORDERED:

- 1. The change in point of appropriation proposed by Permit Amendment Application T-14033 is approved.
- Permit G-18839, in the name of MLM PROPERTY LLC, is issued to replace Permit G-18390, and incorporates the amendments approved by this order, assignments, and the extension of time. Permit G-18390, in the name of MLM PROPERTY LLC, is no longer of any force or effect.
- 3. The quantity of water diverted at the new point of appropriation (Well 3) shall not exceed the quantity of water lawfully available at the original points of appropriation (Well 1 and Well 2).
- 4. Water use measurement conditions:
  - a. Before water use may begin under this order, the water user shall install a totalizing flow meter, or, with prior approval of the Director, another suitable measuring device, at each point of appropriation.
  - b. The water user shall maintain the meters or measuring devices in good working order.
  - c. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.
- 5. Water shall be acquired from the same aquifer as the original points of appropriation.

6. All other terms and conditions of Permit G-18839 remain the same.

# ATTACHMENT C Claim of Beneficial Use Map (on mylar)

# ATTACHMENT D Claim of Beneficial Use Map (paper copy)

### ATTACHMENT E Theoretical Pump Capacity and Sprinkler Capacity Calculations

#### **Pump Capacity Calculation Sheet**

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61 Turbine = 7.04

#### Data Entry (fill in underlined blanks)

$$\begin{array}{ccc} & \text{HP} = & & 100 \\ \text{Efficiency} = & & 7.04 \\ \text{Lift} = & & 65.9 \\ \text{PSI} = & & 60 \\ \end{array} \text{(submersible)}$$

#### **Results Calculated**

(hp)(efficiency) = 704 Head based on psi = 152.4 Total dynamic head = 218.3 (head + lift)

Pump Capacity =

3.22

cubic feet per second

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Date: 8/11/2023

#### **Pump Capacity Calculation Sheet**

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

#### Data Entry (fill in underlined blanks)

$$\begin{array}{c} \text{HP} = & 50 \\ \text{Efficiency} = & 6.61 \\ \text{Lift} = & 3 \\ \text{PSI} = & 60 \end{array}$$

#### **Results Calculated**

(hp)(efficiency) = 330.5 Head based on psi = 152.4 Total dynamic head = 155.4 (head + lift)

Pump Capacity = 2.13 cubic feet per second

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Date: 8/11/2023

#### **Sprinkler Capacity Calculator**

Date: 8/11/2023

Data Entry (fill in underlined blanks)

Sprinkler group 1

Nozzle size = 3/16 inch

Pressure = 60 PSI

Number of heads = 104

Results calculated

Sprinkler group 1 capacity =

811.2 gpm, or 1.81 cfs

Total sprinkler capacity =

811.2 gpm, or 1.81 cfs

# ATTACHMENT F Well Log KLAM 57387

#### KLAM 57387

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

05-12-2010

Page 1 of 2 WELL LABEL # L 92055

(a) required by one of more oracles of the	START CARD # [1009942	
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)	
First Name LEE Last Name MCKOEN	County Klamath Twp 41.00 S N/S Range 11.00 E E/W	ww
Company THREE M MINTLING.	Sec 16 NE 1/4 of the SE 1/4 Tax Lot 100	17 171
Address P.O. BOX 195	Tax Map Number Lot	
City MERRILL State OR Zip 97633	Lat ° 0 ' " or DMS or l	DD
(2) TYPE OF WORK New Well Deepening Conversion	Long o "or DMS or I	DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address	
	HIGHWAY 39 AND STATE LINE RD.	
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)	
Reverse Rolary Other		
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	_
Industrial Commercial Livestock Dewatering	Completed Well 05-06-2010 46	
Thermal Injection Other	Flowing Artesian? Dry Hole?	
	WATER BEARING ZONES Depth water was first found 184	
(5) BORE HOLE CONSTRUCTION Special Standard Attach co	The state of the s	7
Depth of Completed Well 1,224.00 ft.  BORE HOLE SEAL sac	04-26-2010 184 186 20 28	-
BORE HOLE SEAL sac Dia From To Material From To Amt Ib		+
	S	1
		1
9.88 1.170 1.224		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material From To	_
Other BEN. POURED DRY	Sand 0 3	
Backfill placed from ft. to ft. Material	Yellow Clay 3 9	
Filter pack from fl. to fl. Material Size	Brown and Grey Sand 9 12	
Explosives used: Yes Type Amount	Yellow Clay 12 20	-
	Blue Clay   20   25	-
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plste Wld Th	And the second s	+
	Blue Clay   27   31	$\dashv$
0 12 1 205 250 0 0	Sticky Blue Clay 34 37	1
RAHHHHH RAH	Brown Clay 37 41	
	Sticky Grey Clay 41 102	
	Grey Clay with Brown Claystone 102 105	
	Grey Claystone 105 110	
Shoe Inside Outside Other Location of shoe(s)	Blue and Grey Pumice with Blue Clay 110 113	-
Temp casing Yes Dia From To	White and Grey Clay White clay, Grey Clay, Shells 127 129	-
(7) PERFORATIONS/SCREENS		-
Perforations Method	Light Blue Clay   129   157	-
Screens Type Material	Grey and Light Blue Clay 159 170	7
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe si:	Date Started as as assa	_
	(unbonded) Water Well Constructor Certification	- 11
	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	e to
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date RECEIVED	_
Pump Bailer Air Flowing Artesian	Electronically Filed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed DCT 31 2023	_
1,000 180 1	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or abandons	ment
	work performed on this well during the construction dates reported above. All v	
Temperature 74 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply	
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and beli-	CI.
From To Description Amount Units	License Number 1844 Date 05-12-2010	_
	Electronically Filed	
	Signed COLTER CHANCELLOR (E-filed)	_
	Contact Info (optional)	

#### **KLAM 57387**

WATER SUPPLY WELL REPORT continuation page

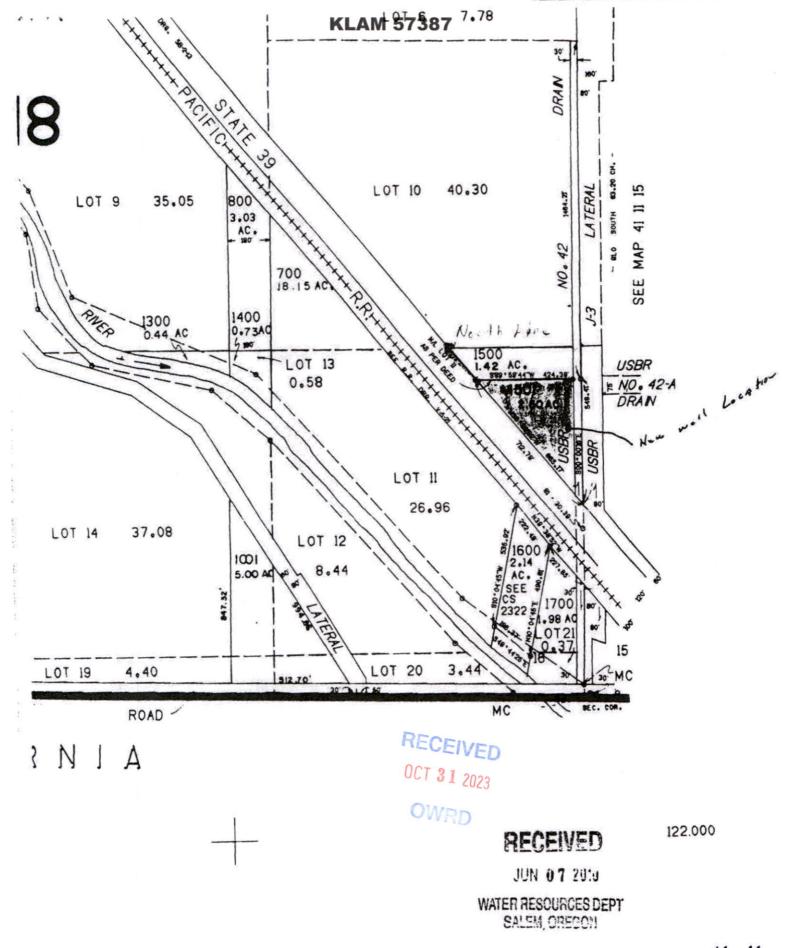
KLAM 57387

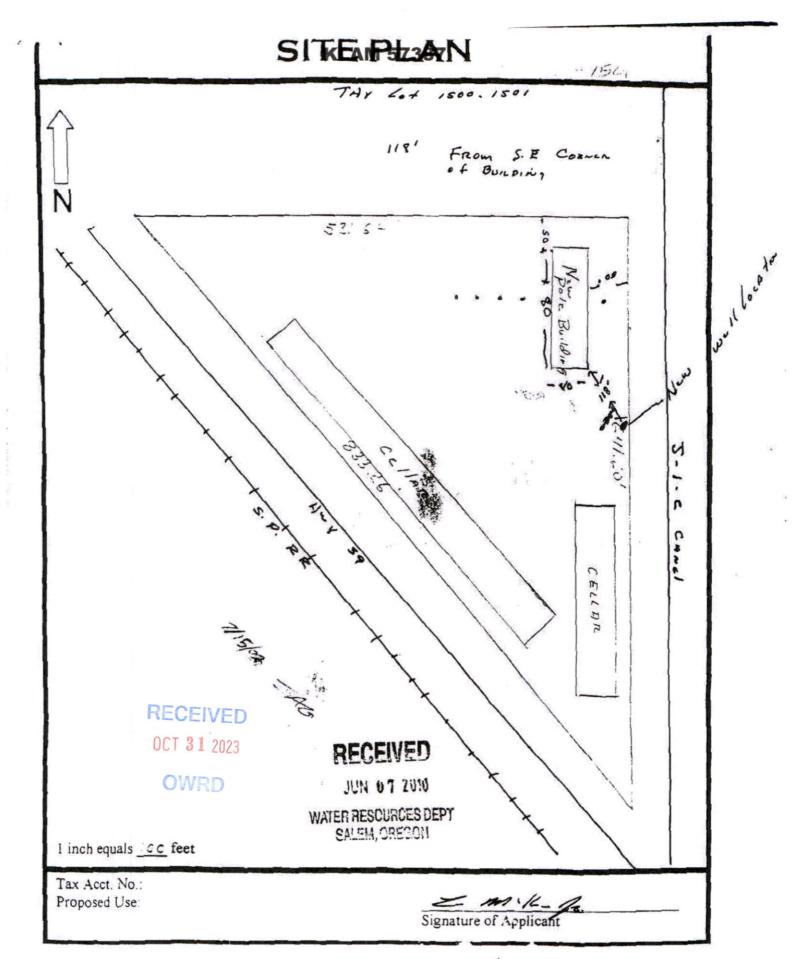
WELL I.D. # L 92055 Page 2 of 2

05 12 2010

START CARD # 1009942

SWL Date From To Let Flow SWL(phi) + SWL Fill.TER PACK From To Material Size  (11) WELL LOG  Material From To Gauge Stl Plate Wid Thrd  Material From To Material Size  (12) Material From To Hall Hall Size  (13) Well Log Material From To Hall Hall Size  (14) WELL LOG  Material From To Hall Hall Size  (15) Material From To Hall Hall Size  (16) Material From To Hall Hall Size  (17) Well Log Material From To Hall Hall Size  (18) Material From To Hall Hall Size  (19) Material From To Hall Hall Hall Size  (19) Material From To Hall Hall Hall Hall Hall Size  (19) Material From To Hall Hall Hall Hall Hall Hall Hall Hal								05-	2-2010			100324	•	-	
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FILTER PACK From To Material Size    CASING/LINER   Saing Liner Dia	)III FIO	10		Material	Fro	m	To Ar	nt lbs	SWI Date	E	т-	Pat Plan	enn (i)	+	CNA (A)
CASING/LINER  asing Liner Dia + From To Gauge Stl Plate Wld Thrd  Grey Clay   170   18   184   1	-								SWL Date	From	10	Est Flow	5 WL(psi)	$\Box$	2 MT(II
CASING/LINER  asing Liner Dia + From To Gauge Stl Plate Wld Thrd  Grey Clay   170   18   184   1				_								_		H	
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CASING/LINER  asing Liner Dia + From To Gauge Stl Plate Wld Thrd  Grey Clay   170   18   184   1	1-1-													H	
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CASING/LINER    Material   From   To   Gauge   Stl   Piste   Wild   Thrd   Grey Clay   170   18   18   18   18   18   18   18   1	From	To	Materia	1 Size	3						-			П	
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CASING/LINER    Material   From   To   Gauge   Stl   Piste   Wild   Thrd   Grey Clay   170   18   18   18   18   18   18   18   1					-										
Series To Description Amount Units    Series Clay			_				-	-	(11) WELL I	LOG					
Amount Units    Size Clay   170   18   184	CASIN	G/LINE	R							Material			From		To
Light Brown Clay   181   184	seine I in	r Die		From To	Course	Stl T	Olete Wil	d Thed	Grev Clay						-
White Claystone with Pumice    184	Total City	Dia	+	110111 10	Gauge	- C	A C	7	Light Brown Cla	y			7 8000000000000000000000000000000000000	-	184
Light Blue Clay Grey Clay	20		1			10	VI-	1 1	White Claystone	with Pumic	e		The second secon		
Grey Clay Grey Clay with Hard Brown Claystone Grey Clay Grey Clay with Hard Brown Claystone Grey Clay Grey Clay and White Pumice Grey Clay Grey Cl	20				1	Q	QL		Light Blue Clay						190
Grey Clay with Hard Brown Claystone Grey Clay Hard Brown Claystone Grey Clay Grey Clay Grey Clay Hard Brown Claystone Hard Brown Clayston Hard Brown Clayst	20					O	QL		Grey Clay			C. 10-0			SELT TO APPROXIC
Grey Clay and White Pumice 305 442 105 Grey Clay with Grey Sandstone Layers 1,195 1,170 1,18 Grey Basalt with Grey Clay Layers 1,170 1,18 Grey Basalt with partial Lost Circ. at times 1,180 1,12 Grey Basalt with partial Lost Circ. at times 1,196 1,22  WELL TESTS: Minimum testing time is 1 hour old gal/min Drawdown Drill stem/Pump depth Duration (hr)  Well Test Sandstone Comments/Remarks  Comments/Remarks  RECEIVE  Vater Quality Concerns From To Description Amount Units	$\mathcal{O}$	1				O	QL		Grey Clay with I	lard Brown	Claystone				301
Grey Clay and White Pumice Grey Clay and White Pumice Grey Clay with Grey Sandstone Layers 1,095 1,161 1,170 1,180 1,151 Grey Basalt with Grey Clay Layers 1,180 1,150 1,20  PERFORATIONS/SCREENS S Casing/ Screen Liner Dia From To width length slots pipe size Liner Dia From To width length slots pipe size  WELL TESTS: Minimum testing time is 1 hour Drawdown Drill stem/Pump depth Durstion (hr)  Water Quality Concerns To Description Amount Units  Water Quality Concerns To Description Amount Units	$\circ$					0	QL		Grey Clay				Control of the second		305
Grey Clay Grey Clay with Grey Sandstone Layers 1,161 1,170 1,163 Grey Basalt 1,170 1,165 Grey Basalt with partial Lost Circ. at times 1,180 1,156 1,22  WELL TESTS: Minimum testing time is 1 hour eld gal/min Drawdown Drill stem/Pump depth Duration.(hr)  Water Quality Concerns From To Description Amount Units  Water Quality Concerns From To Description Amount Units						10	QL		Grey Clay and W	Vhite Pumic	c	-	11 12 12 12 12 12 12 12 12 12 12 12 12 1		442
Grey Clay with Grey Sandstone Layers 1,095 1,16 1,17 Grey Basalt with Grey Clay Layers 1,190 1,15 Grey Basalt with Grey Clay Layers 1,190 1,15 Grey Basalt with partial Lost Circ. at times 1,196 1,27  WELL TESTS: Minimum testing time is 1 hour eld gal/min Drawdown Prill stem/Pump depth Duration (hr)  Water Quality Concerns From To Description Amount Units  Water Quality Concerns To Description Amount Units	$\circ$			T. Salary J. Tanana		0	QL		Grey Clay	and the second second					1.09
Black Sandstone Grey Basalt Grey Basalt with Grey Clay Layers 1,170 1,18 Grey Basalt with partial Lost Circ. at times 1,196 1,22  PERFORATIONS/SCREENS S Casing/ Screen Liner Dia From To width length slots pipe size  WELL TESTS: Minimum testing time is 1 hour eld gal/min Drawdown Drill stem/Pump depth Duration (hr)  Water Quality Concerns From To Description Amount Units	$\circ$				7 300	0	Q L				one Layers		THE CAPTURE TAX		1.16
PERFORATIONS/SCREENS S Casing/ Screen Liner Dia From To width length slots pipe size  WELL TESTS: Minimum testing time is 1 hour  eld gal/min Drawdown Drill stem/Pump depth Duration (hr)  Water Quality Concerns  from To Description Amount Units	$\circ$						$Q \perp$						STATE OF THE PARTY		1.170
PERFORATIONS/SCREENS S Casing/Screen Liner Dia From To width length slots pipe size Liner Dia From To width length slots pipe size WELL TESTS: Minimum testing time is 1 hour eld gal/min Drawdown Drill stem/Pump depth Duration (hr)  Water Quality Concerns From To Description Amount Units  Grey Basalt with partial Lost Circ. at times 1, 196 1, 22  Comments/Remarks  RECEIVE	-	4	100				21000		Grey Basalt		2	D	1,170	-/-	1,180
PERFORATIONS/SCREENS S Casing/ Screen S Casing/ Screen Liner Dia From To width length slots pipe size Liner Dia From To width length slots pipe size  WELL TESTS: Minimum testing time is 1 hour  feld gal/min Drawdown Prill stem/Pump depth Duration (hr)  Water Quality Concerns From To Description Amount Units  RECEIVE									Grey Basalt with	Grey Clay	Layers		1,180		1,196
Comments/Remarks  RECEIVE  Water Quality Concerns From To Description Amount Units		Screen													
Comments/Remarks  RECEIVE  Water Quality Concerns From To Description Amount Units															
Comments/Remarks  RECEIVE  Water Quality Concerns From To Description Amount Units															
Vater Quality Concerns From To Description Amount Units								(hr)	Comments/I	Remarks					
Water Quality Concerns From To Description Amount Units													REC	E	VE
From To Description Amount Units															
OWRD	Water Q From		ncerns	Description	on	Amo	ount U	nits					001	9 4	E-0 fin
													Ol	NI	RD





TAX Lot 1500-1501

LAND OWNER SUBMITTED MAP

# ATTACHMENT G Pump Test for KLAM 57387

OCT 31 2023



#### PUMP TEST FORM **COVER SHEET**

Owner	Inf	orm	ati	on	,
Owner	ш	OHI	au	OII	١.

OWNER NAME/BUSINESS NAME: MLM Property, LLC			PHONE No.: ADDITIONAL CONTACT No.: 541-205-1191		
ADDRESS: P.O. Box 195					
CITY: Merrill	STATE: OR	<b>ZIP</b> : 97633	E-MAIL: mc	E-Mail: mckoen@cot.net	

#### Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Daniel B. Scalas		QUALIFICATION (SELECT)	: PE, CWRE	<b>LICENSE #:</b> 88332		
COMPANY: Adkins Engineering & Surveying, Inc	PHONE No.: 541-884-4666		ADDITIONAL CONTACT No.:			
ADDRESS: 1435 Esplanade Ave.		•	, d			
CITY: Klamath Falls	STATE: OR	<b>Z</b> IP: 97601	E-MAIL: dscala	E-MAIL: dscalas@adkinsengineering.com		

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

<b>WELL LOG #</b> (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 57387	L- 92055	Well 3	1224'	Lee McKoen	5/6/2010	8/10/2023

#### (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)	<b>LATITUDE</b> (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
418	11E	16	NE SE	1240' North & 30' West from the Southeast Corner of Section 16	42.001697	-121.522026

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?
<b>G-</b> 16400	<b>G-</b> 18839	T- 14033		Yes No (Need MWE Form)
G-	G-	T-		O Yes O 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)
			007	9 1 2022
			UUI	0 1 ZUZ3

	1. 01111 011	FUMP OFF	(CITINI) ILLER ILLER
		0.01	9 1 2022
		UUT	<b>3 1</b> 2023
			0.000
Yes Is there a lake, stream or other surface water body with	nin ¼ mile of the tested we	ıll?	WKD

Yes is there a lake, stream or other surface water body within %	4 mile of the tested well?	
If yes, give approximate distance from the well and	d approximate elevation difference between the surface	е
water and the well head.	Approximate distance: 950	ft
Well elevation is above the surface water body.	Approximate elevation difference: 8	ff

No	Was the	test cond	ucted du	iring no	ormal u	ise of t	he well?
II OVII	VVUS LITE	tost coma	ucica at	41 11 19 1 IV	official c	130 01 1	TIC VVCII:

Please indicate where pumped water was discharged:	Irrigation ditch east of well		
How far from the pumped well was water discharged?	160		



# PUMP TEST FORM COVER SHEET

Water-Level Measurement Nature Length of air line (if used):	Method: Electric Tap	e *Verify here.	Airline:	psi	feet.
Length of air line (if used):*Airline measurements must	be verified by an E.T.		L E-Tape: 300		feet.
Pressure transducer (if used):	be verified by all E-1	ape measurement			
Manufacturer:	Serial #:		Pump Type: S	ubmersible Pump set at:	
Manufacturer: Date Last Calibrated:		Units:	HP:	Pump set at:	feet.
Discharge Measurement Me			Pump idle ti	me:	
Flowmeter (if used):			Nets, Well must	t ha idle for at least 46 h	
Manufacturer: McCromete				t be idle for at least 16 horms can be obtained fro	
Date Last Calibrated: Unkr	nown	Units: AF / GPM_	htps://www.	oregon.gov/OWRD/Forms/Page	s/default.aspx
Measuring Point (MP): Meas	suring point distance	eabove land surface	1.89 feet.		
Description (e.g., top port	of 1 inch port pipe, v	west side) 1" access port	on the south side of	well head 1.89' above g	round surface
Time pump turned on: Date	8/10/2023	Time 8:58 AM			
Time pump turned off: Date	8/10/2023	Time 12:59 PM			
Time pump turned on: Date Time pump turned off: Date Total pumping time: 4		hours 1	minutes.		
Remember, your pump test				riteria*:	
✓ The discharge rate v	was held constant for	or the entire pumping	phase.		
✓ The pump was on department of the pump was on department.					
✓ The discharge was r				hour during the test	t.
✓ Water levels were m					-6
✓ Pre-test static water than 20 minutes apa		red at least three time	s in the nour bet	ore pumping began	at no less
✓ Water levels were m		cified intervals during	the numping pha	ase of the test for at	least four
		5 min for 10 – 30 minu			
✓ Water levels were m					
		m drawdown has reco		, ,	
✓ If using an airline, m				th to water was ≥ 30	00 feet.
The pump test cover					
✓ The pumping rate w	as as close as reas	onably possible to the	(anticipated) pu	mping rate during r	ormal use of
the well.	r at lagat 16 haura r	riar to the test			
✓ The well was idle for ✓ The pump test was of ✓	completed by an ac	onor to the test.	on (Oregon lice	nsed water well con	etructore:
Oregon registered pr	rofessional geologis	sts or certified enginee	ring geologists:	certified water rights	s examiners:
		rs; and individuals who			
significant part, pum	p installation, service	e, or testing).			
*This checklist is intende reserves all authority per				test approval. The D	epartment
Pump tests are intended to pr solve well problems (OAR 69		vell information for grou	und water resour	rce characterization	and to help
Pump test requirements for OA	` ''	ound online at:			
https://secure.sos.state.or.us/ scp4Hfil-1ftsDAAEsMC2 RO	oard/displayDivisionF	Rules.action; JSESSIONII	D OARD=1BdwLy	nsYAPNSQtW330Zj	3FZuM
					RECEIVE
Submit forms to:		ection, Oregon Water I t NE Suite A, Salem, Ol		tment	OCT 31 2023
Forms may additionally be sen	t to WRD_DL_pump	testsupport@oregon.g	jov		015
I hereby certify that this tes	t has been conduc	cted in accordance w	ith OAR 690-21	7:	OWRD
OPERATOR SIGNATURE:	1/1		DATE:	1/23	
OWNER SIGNATURE:			DATE:		



# PUMP TEST FORM DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 57387	L- 92055	Well 3	1224'	Lee McKoen	5/6/2010	8/10/2023

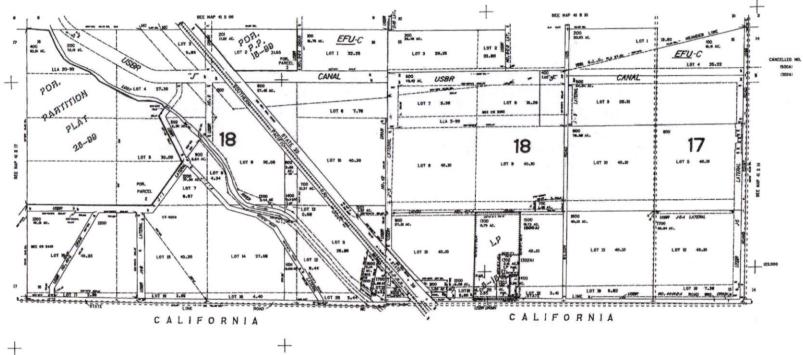
Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs,	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
8/10/2023	8:18 AM	0	63.51'	0	Pre-test			
8/10/2023	8:38 AM	0	63.51'	0	Pre-test			
8/10/2023	8:58 AM	0	63.51'	0	Pre-test			Pump Turned On
8/10/2023	9:00 AM	2	71.06'	600 GPM	Pumping			
8/10/2023	9:02 AM	4	63.64'		Pumping			
8/10/2023	9:04 AM	6	64.46'		Pumping			
8/10/2023	9:06 AM	8	64.22'	d of	Pumping	- 8		
8/10/2023	9:08 AM	10	64.12'	1000 GPM	Pumping	Tu	592.993 AF	Flow Rate Turned Up to 1000 GPM
8/10/2023	9:13 AM	15	66.43'		Pumping		19	
8/10/2023	9:18 AM	20	66.38'		Pumping			
8/10/2023	9:23 AM	25	66.25'		Pumping			
8/10/2023	9:28 AM	30	66.16'		Pumping			
8/10/2023	9:43 AM	45	66.08'		Pumping			
8/10/2023	9:58 AM	60	66.03'	1000 GPM	Pumping		593.136 AF	
8/10/2023	10:13 AM	75	65.95'		Pumping			
8/10/2023	10:28 AM	90	65.99'		Pumping			
8/10/2023	10:43 AM	105	65.94'		Pumping			
8/10/2023	10:58 AM	120	65.94'	1000 GPM	Pumping		593.309 AF	
8/10/2023	11:13 AM	135	65.93'		Pumping			
8/10/2023	11:28 AM	150	65.93'		Pumping			
8/10/2023	11:43 AM	165	65.88'		Pumping			
8/10/2023	11:58 AM	180	65.86'	1000 GPM	Pumping		593.478 AF	
8/10/2023	12:13 PM	195	65.89'		Pumping			
8/10/2023	12:28 PM	210	65.89'		Pumping			
8/10/2023	12:43 PM	225	65.85'	1000 GPM	Pumping		593.608 AF	
8/10/2023	12:58 PM	240	65.86'		Pumping			Pump Off at 12:59 PM
8/10/2023	1:01 PM	242	63.66'		Recovery			90% of Max. Drawdown Recovered
							REC	EIVED
							OCT	<b>3 1</b> 2023
							0	WRD

# ATTACHMENT H Klamath County Tax Map 41-11-16

RECEIVED OCT 31 2023 OWRD

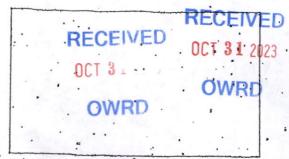
SECTION 15 T.41S. R.IIE. W.M. KLAMATH COUNTY

41 11 15



41 11 15





Date Received (Date Stamp Here)

# **OWRD Over-the-Counter Submission Receipt**

Applicant Namela & Address: 1 Malety CLC
10 pox 195 mersill ON 97633
Transaction Type: Obv
Fees Received: \$ 73000
Cash Check: Check No. 155
Name(s) on Check: MLM Property LLC
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.
Sincerely,
OWRD Customer Service Staff
Submission received by: Non Reece
(Name of OWRD staff)

### Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place
  the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission learning to the Submission Receipt with su