

**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

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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 # G-16400	PERMIT # (IF APPLICABLE) G-18783	PERMIT AMENDMENT # (IF APPLICABLE) T-13775
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Gregory Drew Heaton		PHONE NO. 541.891.9864	ADDITIONAL CONTACT NO. N/A
ADDRESS PO Box 210			
CITY Merrill	STATE OR	ZIP 97633	E-MAIL drewheatonfarming@outlook.com

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 Gregory Drew Heaton		
ADDRESS PO Box 210		
CITY Merrill	STATE OR	ZIP 97633

ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Drew Heaton	2022-09-22	Landowner

6. County:

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 N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

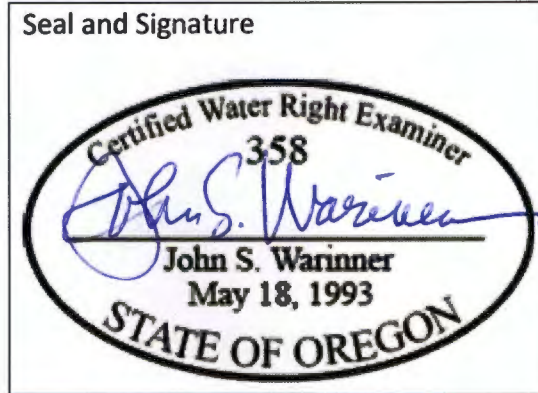
Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME John Warinner		PHONE NO. 541.815.4103	ADDITIONAL CONTACT NO. N/A
ADDRESS 23321 Chisholm Trail			
CITY Bend	STATE OR	ZIP 97702	E-MAIL johnw@watersolving.com

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
	Gregory Drew Heaton	Landowner	4/3/24

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SECTION 3
CLAIM DESCRIPTION

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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 1	KLAM 53043	L-29475
Well 2	KLAM 10518	N/A

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 1	Dodds Hollow Basin	Lost River
Well 2	Lost River Basin	Lost River

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 1	Supp Irr	Alfalfa Hay	Apr 1 – Oct 31	1.49 cfs
Well 2	Supp Irr	Alfalfa Hay	Apr 1 – Oct 31	0.71 cfs
Total Quantity of Water Used				1.49 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:

WELL 1

Water pumped from Well 1 can be delivered to the authorized place of use two different ways:

WELL 1. Pathway 1 (East). Water pumped from Well 1 flows east through a pressurized pipe for about 20 feet into a drain ditch which flows southeast 4,400 feet to the J Canal. The J Canal then flows 12,300 feet to the headgate and then into a centrifugal pump station that pressurizes the water and distributes it to a center pivot and handline/wheelline sprinkler systems throughout the authorized place of use.

WELL 1. Pathway 2 (West). Water pumped from Well 1 flows west through a pressurized pipe for about 830 feet into a drain ditch which flows due south 3,100 feet to the Lost River. Water flows in the Lost River for 3,300 feet where it is diverted into the J Canal. The J Canal then flows 15,300 feet to the headgate and then into a centrifugal pump station that pressurizes the water and distributes it to a center pivot and handline/wheelline sprinkler systems throughout the authorized place of use.

WELL 2

Water pumped from Well 2 flows south through a pressurized pipe for 1,300 feet into a drain ditch which flows east 5,000 feet to the C Canal. Water flows southeast in the C Canal 40,000 feet and discharges into the Lost River just upstream of the diversion into the J Canal. The J Canal then flows 15,300 feet to the headgate and then into a centrifugal pump station that pressurizes the water and distributes it to a center pivot and handline/wheelline sprinkler systems throughout the authorized place of use.

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. YES 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.")

Water use was developed as authorized by the permit.

6. Claim Summary:

PQA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	1.49 cfs	2.7 cfs	N/A	Supp Irr	119.4 ac	119.4 ac
Well 2	0.71 cfs	2.4 cfs	N/A	Supp Irr	56.65 ac	56.65 ac

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES 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 1 (KLAM 53043)

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
41 S	11 E	WM	15	NE NW	2	N/A	Supp Irr	0.0	0.6
41 S	11 E	WM	15	NE NW	6	N/A	Supp Irr	0.0	12.8
41 S	11 E	WM	15	NW NW	3	N/A	Supp Irr	0.0	3.9
41 S	11 E	WM	15	NW NW	7	N/A	Supp Irr	0.0	9.4
41 S	11 E	WM	15	SW NW	8	N/A	Supp Irr	0.0	37.2
41 S	11 E	WM	15	SE NW	9	N/A	Supp Irr	0.0	37.7
41 S	11 E	WM	15	NE SW	14	N/A	Supp Irr	0.0	7.9
41 S	11 E	WM	15	NW SW	15	N/A	Supp Irr	0.0	9.9
Total Acres Irrigated								0.0	119.4

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 NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

2-inch steel pipe extending from south side of well

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
See Well Log KLAM 53043						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
N/A	E175	1086	Turbine	N/A	12-inch
Cornell	5RB75-4	59763	Centrifugal	5-inch	8-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electric Motors	100 hp
Marathon	75 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100 hp	20 psi	100 feet	0 feet	4.8 cfs
75 hp	50 psi	0 feet	5 feet	4.1 cfs

5. Provide pump calculations:

WELL 1 PUMP (100 HP TURBINE)

$$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$$

$$CFS = 100\ HP \times 3960 \times 0.8 \div [(20\ PSI)(2.31\ FT/PSI) + 100\ FT] \div 448.8$$

$$CFS = \underline{4.8\ CFS}$$

FIELD PUMP (75 HP CENTRIFUGAL)

$$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$$

$$CFS = 75\ HP \times 3960 \times 0.75 \div [(50\ PSI)(2.31\ FT/PSI) + 5\ FT] \div 448.8$$

$$CFS = \underline{4.1\ CFS}$$

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

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

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

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7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
12-inch	830 feet	PVC	Buried
10-inch	2,400 feet	PVC	Buried
6-inch	750 feet	Aluminum	Above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4-inch	935 feet	Aluminum (wheel line)	Above
3-inch	N/A	Aluminum (hand line)	Above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32-inch	50 psi	5.0 gpm	31	31	0.35 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)
System does not include drip emitters.					

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
System does not include drip tape.					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1,319	50 psi	1,200 gpm	2.7 cfs

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
12-inch	PVC	140	3	842 feet	0.0036	2.9 cfs

3. Provide calculations:

Used online flow calculator using the preceding values.

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A	N/A	N/A	N/A

Attach measurement notes.

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
Drain: Grassy	4 feet	2 feet	3 feet	0.050	20 feet	5100 ft	0.0039	~ 22 cfs
J Canal: soil	75 feet	50 feet	8 feet	0.018	10 feet	12k ft	0.0008	~ 3730 cfs
Lost R: soil	230 feet	230 feet	8 feet	0.050	10 feet	3100 ft	0.0032	~ 12110 cfs

3. Provide calculations:

Used online calculator with each of the parameters listed above

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A	N/A	N/A	N/A

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES 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 2 (KLAM 10518)

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
41 S	11 E	WM	15	NE NW	2	N/A	Supp Irr	0.0	0.6
41 S	11 E	WM	15	NE NW	6	N/A	Supp Irr	0.0	12.8
41 S	11 E	WM	15	NW NW	3	N/A	Supp Irr	0.0	3.9
41 S	11 E	WM	15	NW NW	7	N/A	Supp Irr	0.0	9.4
41 S	11 E	WM	15	SW NW	8	N/A	Supp Irr	0.0	37.2
41 S	11 E	WM	15	SE NW	9	N/A	Supp Irr	0.0	37.7
41 S	11 E	WM	15	NE SW	14	N/A	Supp Irr	0.0	7.9
41 S	11 E	WM	15	NW SW	15	N/A	Supp Irr	0.0	9.9
Total Acres Irrigated								0.0	119.4

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 NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

2-inch capped steel pipe extending from south side of well

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
See Well Log KLAM 10518						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	DWT	142196	Turbine	N/A	12-inch
Berkeley	B6JP	51765	Centrifugal	5-inch	8-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	60 hp
General Electric	75 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60 hp	20 psi	100 feet	0 feet	2.9 cfs
75 hp	20 psi	0 feet	0 feet	10.7 cfs

5. Provide pump calculations:

<p>WELL 1 PUMP (60 HP TURBINE) $CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$ $CFS = 60\ HP \times 3960 \times 0.8 \div [(20\ PSI)(2.31\ FT/PSI) + 100\ FT] \div 448.8$ $CFS = \underline{2.9\ CFS}$</p> <p>FIELD PUMP (75 HP CENTRIFUGAL) $CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$ $CFS = 75\ HP \times 3960 \times 0.75 \div [(20\ PSI)(2.31\ FT/PSI) + 0\ FT] \div 448.8$ $CFS = \underline{10.7\ CFS}$</p>
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6. Measured Pump Capacity (using meter if meter was present and system was operating):

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

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

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E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
10-inch	PVC	140	8 feet	1300 feet	0.0062	2.4 cfs

3. Provide calculations:

Used online flow calculator using the preceding values.

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A	N/A	N/A	N/A

Attach measurement notes.

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?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
Drain: Grassy	4 feet	2 feet	3 feet	0.050	20 feet	5100 ft	0.0039	~ 22 cfs
C Canal: soil	25 feet	20 feet	6 feet	0.027	3 feet	7300 ft	0.0004	~ 390 cfs
J Canal: soil	75 feet	50 feet	8 feet	0.018	10 feet	12k ft	0.0008	~ 3730 cfs
Lost R: soil	230 feet	230 feet	8 feet	0.050	10 feet	3100 ft	0.0032	~ 12110 cfs

3. Provide calculations:

Used online calculator with each of the parameters listed above

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A	N/A	N/A	N/A

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

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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	NOV 23, 2022	Issued as Permits G-16156 (2/15/2007) -> G-18391 (4/7/2021)	
BEGIN CONSTRUCTION (A)	N/A	1992	Well 2 constructed in 1992.
COMPLETE CONSTRUCTION (B)	OCT 1, 2011	pre-2022	Constructed all irrigation elements.
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2011	2022	Applied water to entire place of use.

* 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 NO

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? YES NO

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

b. Were the Progress Reports submitted? **Due 10/1/2023. CBU initiated in 2022.** YES NO

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES NO

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 15 – April 15

c. Was the measurement submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A	N/A	N/A	N/A

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES NO

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 15 – April 15

c. Were the static water level measurements taken in the month(s) required? YES NO

d. If "YES", were those measurements submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A	N/A	N/A	N/A

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

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? YES NO

c. Is the pump test attached to this claim? YES NO

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

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

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	02-02561-12	Working	489.755 AF	2002
Well 2	McCrometer	03-01994-10	Working	484.644 AF	2003

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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? YES NO

b. Was submittal of a ground water monitoring plan required? YES NO

c. Was submittal of a water management and conservation plan required? YES NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
Well 1	2001
Well 2	N/A

e. Other conditions? YES 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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
CBU Map (water supply)	Claim of Beneficial Use Map (water supply system)
Well Logs	Well Logs KLAM 53041 and KLAM 10518

Received
MAY 08 2024

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.

CBU Map was produced with Esri ArcGIS based on GIS data publicly available via several government agencies, aerial imagery (available via Esri ArcGIS), and ground-truthed with an in-person site visit.

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

Received
MAY 08 2024

OWRD

OMAR

NYA 11 3 305

11000000

1100

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RECEIVED

WELL 1

KLAM 53043

STATE OF OREGON WATER SUPPLY WELL REPORT

NOV 05 2001

WELL I.D. # 107258

START CARD # 29475

Instructions for completing this report are on the back page of this form. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Dan CHIN Well Number Address 17817 CHEYNE RD City Klamath Falls State ORE Zip 97603

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Other

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 1186 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Includes handwritten entries for 22 inch diameter and 75 sacks of cement.

Hole Seal Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entry for 16 inch casing.

Final location of shoe(s) 54 Feet

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

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump Yield 2600 gal/min [] Bailer Drawdown 103 [] Air Drill stem at [] Flowing Artesian Time 8 hrs

Temperature of water 60°F Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Klamath Latitude Longitude Township 41S N or S Range 11E E or W. WM. Section 7 SW 1/4 NE 1/4 Tax Lot R106030 of Block Subdivision Street Address of Well (or nearest address) 22770 MALDEN RD MENUU ORE 97633

(10) STATIC WATER LEVEL: 55 ft. below land surface. Date 10/12/01 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 805 Ft.

Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry for 805 to 1165 feet with 2600 flow rate.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes handwritten note 'SEE ATTACHED SHEET'.

Date started SEP 13 01 Completed OCT 12 01

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. Signed WWC Number Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Signed WWC Number 601 Date 10/31/01

STOREY DRILLING SERVICES

P.O. Box 98 • MIDLAND, OREGON 97634
(541) 884-3990 • (800) 245-8122
Fax #: (530) 528-2562

22560 ADOBE ROAD • RED BLUFF, CALIFORNIA 96080
CONTRACTOR'S LICENSES:
OR #601 • CA #583153 • NV #38199

Mr. Dan Chin
17817 Cheyne Road
Klamath Falls, Oregon 97603



RECEIVED

NOV 05 2001

WATER RESOURCES DEPT.
SALEM, OREGON

START: September 17, 2001
FINISH: October 12, 2001

WELL LOCATION: Corner of Malone Road & Hwy 39; ¼ mile due east of Merrill, Oregon
SW¼ NE¼ S7 T41S R11E

LOG

0 - 12	Brown sand with streaks yellow clay
12 - 22	Yellow clay
22 - 60	Green clay
60 - 734	Gray clay
734 - 749	Black lava
749 - 752	Black basalt
752 - 760	Hard gray basalt
760 - 774	Black basalt
774 - 830	Hard gray basalt
830 - 831	Brown basalt
831 - 852	Broken black basalt
852 - 853	Hard gray basalt
853 - 860	Black basalt
860 - 863	Brown basalt
863 - 872	Black basalt
872 - 882	Hard gray basalt
882 - 940	Broken black basalt
940 - 980	Black basalt
980 - 990	Hard gray basalt
990 - 1004	Broken black basalt
1004 - 1012	Black basalt
1012 - 1049	Hard gray basalt
1049 - 1072	Black basalt
1072 - 1091	Hard gray basalt
1091 - 1109	Black basalt
1109 - 1140	Hard gray basalt
1140 - 1168	Brown lava
1168 - 1186	Hard broken gray basalt

55 feet 2 inches of 16 inch O.D. steel casing set & cemented at 54 feet.
15 inch diameter hole from 54 feet to 200 feet; 9 7/8 inch diameter hole from 200 to 987 feet;
8 3/4 inch diameter hole from 987 feet to 1186 feet
Static water level at 55 feet; Temperature 66° Fahrenheit
Airlifted approximately 1000 GPM at 231 feet.
Test pumped 2600 GPM at 103 feet.

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MAY 08 2024
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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

**KLAM
10518**

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JUL 22 1992

WELL 2
KLAM 10518

40S/10E/296
39904

(START CARD) #

(1) OWNER: Name SAM WAGG & SON Well Number 39
Address 17600 HIGHWAY
City KLAMATH FALLS State ORE Zip 97603

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 913 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
22	0 162	CONCRETE	0 162	150	SKS
12 1/4	162 770				
7 1/2	770 913				

How was seal placed: Method A B C D E
 Other

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	16" OD	+1.4	162	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 162 FEET

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	57		1 hr. 4 HAS

Temperature of Water 69°F Depth Artesian Flow Found _____

Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 40S N. or S. Range 10E E or W. WM. _____
Section 29 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17817 CHEWIE RD. K. FALLS, ORE.

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 7/12/92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 97 FT

From	To	Estimated Flow Rate	SWL
97	121	UNK	
869	913	1800 GPM	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown SANDY TOPSOIL	0	2	
YELLOW CHALK WITH STRONG SAND	2	52	
Brown SAND STONE	52	87	
BLACK SAND (COARSE)	87	97	
BLACK SAND of FINE GRAIN	97	121	
GLAY STICKY CLAY	121	669	
HARD BROWN BLACK BASALT	669	805	
RED LAVA	805	809	
HARD BLACK BASALT	809	854	
HARD BROWN GLAY BASALT	854	857	
HARD BROWN BASALT	857	869	
BLACK BASALT/BROWN LAVA of ASH	869	879	
BROWN LAVA of ASH CLAY	879	886	
BLACK BASALT	886	913	

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Date started 6/29/92 Completed 7/10/92
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 601
Date 7/14/92