

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

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1. File Information:

APPLICATION # G-15114	PERMIT # (IF APPLICABLE) G-13926	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Earl & Jo Ann Basso		PHONE No.	ADDITIONAL CONTACT No.	
ADDRESS PO Box 100				
CITY Beatty	STATE OR	ZIP 97621	E-MAIL bassolivestock@yahoo.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 NA		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

5/8/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Earl Basso	5/7/2024	Owner

6. County:

Klamath

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

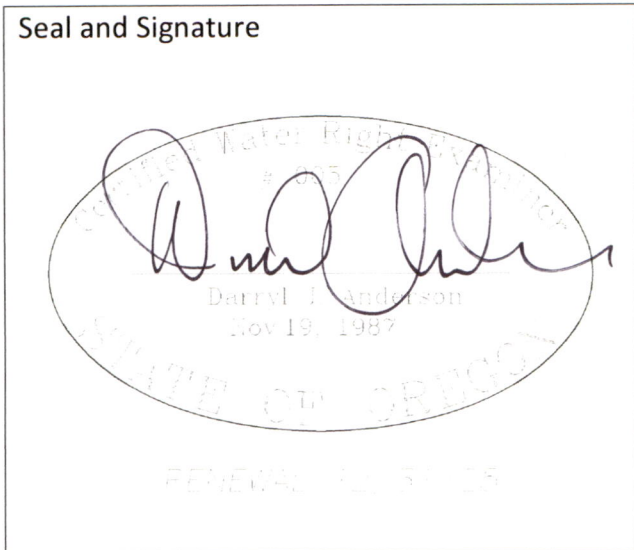
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Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME Darryl Anderson		PHONE NO. 541-947-4407	ADDITIONAL CONTACT No.	
ADDRESS 17681 Highway 395				
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL darryla@andersonengineering.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
	Earl Basso	OWNER	5/12/2024
	JoAnne Basso	OWNER	5/12/2024

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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	KLAM 53127	L-38823

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	Sycan River Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Pasture	Mar 1 – Oct 31	0.5 cfs
Total Quantity of Water Used				0.5 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 pumped from the well into a 6" mainline. The mainline runs along the south to a wheel line. It also runs along the east to the middle of the place of use, and runs to the west. This mainline feeds another wheel line and a series of 3" and 1" handlines.

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**

(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.")

Permit allowed for 40.00 acres of use. 37.91 acres was developed.
The permit called for the well to be located 1000' north and 2660' east of the SW corner of section 29.
The well was drilled 34.24' north and 574.92' east of the south ¼ corner of section

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.50 cfs	0.86 cfs max	NA	Irrigation	40.00	37.91

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

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

Well

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A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
35S	13E	WM	29	NW SE			Irrigation	18.85	
35S	13E	WM	29	SW SE			Irrigation	19.06	
Total Acres Irrigated								37.91	

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:

Water level is measure using a pressure tube and gauge located on the SE corner of the 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
8"	0-19	312	10/19/2001	NA	Ted Story	Doug Dunagan, Oxley Well Drilling

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

Well Log KLAM 53127 attached

C. Groundwater Source Information (Sump)

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

NO

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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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
J-Line	Unknown	Unknown	Turbine	6"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Toshiba	40 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)
40	50 (see note)	200	-28	0.86 cfs

5. Provide pump calculations:

See Attached. Note: pump has a variable speed drive, with controllable operating pressure.

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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)
NA – not running	NA	NA	NA

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
6"	2345'	Steel	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1" handline	300'	aluminum	Above ground
3" handline	850'	aluminum	Above ground
4" wheel line	2124'	aluminum	Above ground

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
See	Attached				

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

13. Pivot Information:

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

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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H. Additional notes or comments related to the system:

The pump at the well has a variable speed drive and can be run at different operating pressures set on the VFD control panel. The pump and sprinkler systems can deliver more water at full capacity than is listed on the permit. Flows are controlled by running only certain sprinklers at any given time and through controlling the operating PSI on the VFD motor controls.

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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	6/8/2001		
BEGIN CONSTRUCTION (A)	6/8/2001	10/18/2001	Well drilling started
COMPLETE CONSTRUCTION (B)	10/1/2005	Before 4/21/2004	System was in place and operational by previous owners at time of sale, exact dates completed unknown
COMPLETE APPLICATION OF WATER (C)	10/1/2005	Before 4/21/2004	System was in place and operational by previous owners at time of sale, exact dates completed unknown

* 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? **NO**

5. Pump Test:

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

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

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

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

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

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

6. Measurement Conditions:

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

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	04-08373	Working	8601 39 acre inches x .01	unknown

7. Recording and reporting conditions:

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Was submittal of a water management and conservation plan required? NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? NO
- Other conditions? NO

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

NA

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Map	Claim of Beneficial Use Map
Photographs	Photographs of Site Visit
Well Log	Well Log
Sprinkler Capacity – Wheel lines	Nozzle flows for wheel lines
Sprinkler Capacity – 3” handlines	Nozzle Flows for 3” handlines
Sprinkler Capacity – 1” handlines	Nozzle Flows for 1” handlines
Worksheet for Pressure Pipe	Pressure Calculations
Theoretical Pump Capacity	Pump Horsepower Calculations
Pump Capacity Calculation Sheet	Pump Horsepower Calculations
Pump Test	Pump Test Results from 12/12/2023
Deed	Deed showing Basso purchase of property, verifying date of completion of system

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

Survey performed with Real Time GPS – Corner tie is a County Surveyor brass cap located at the south ¼ corner of Section 29, T35S 13E, W.M.

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Map Checklist

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

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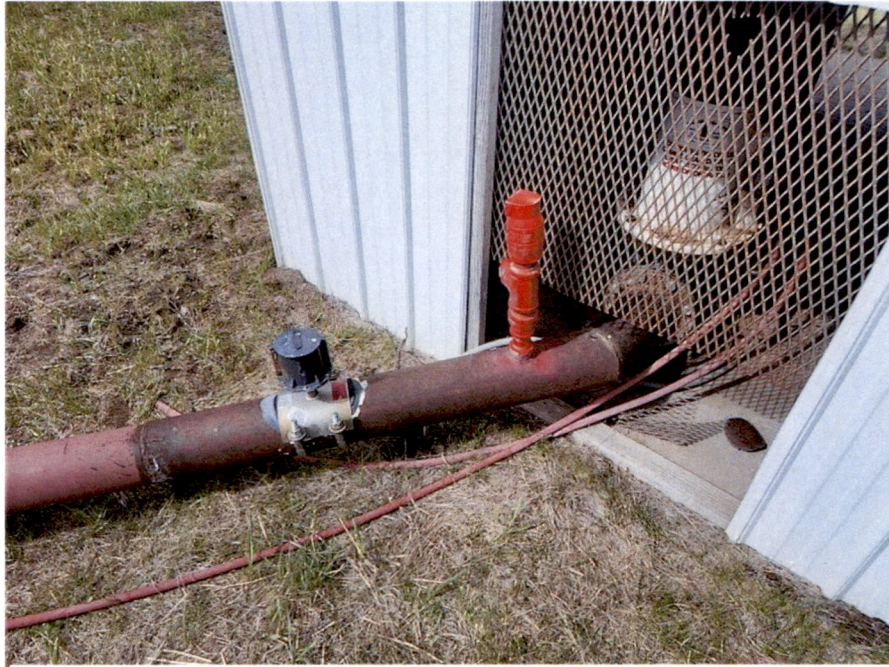
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government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

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CLAIM OF BENEFICIAL USE
Inspection Photographs
Permit G-13926

Job: 2024-047
Date: 5/7/2024

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Well & Flowmeter



Flowmeter

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P.O. Box 28
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Lakeview, Oregon 97630

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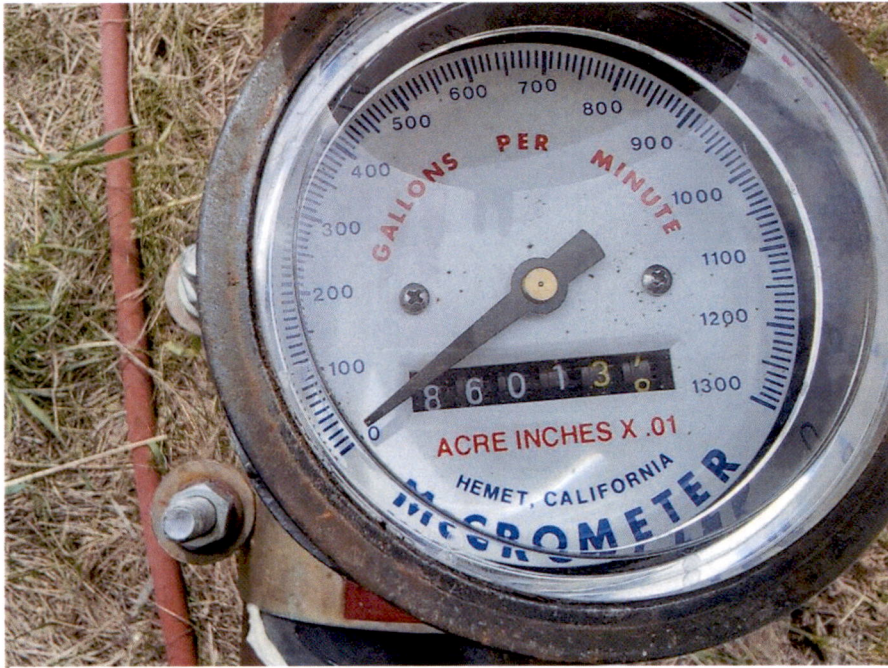
Inspection Photographs

Permit G-13926

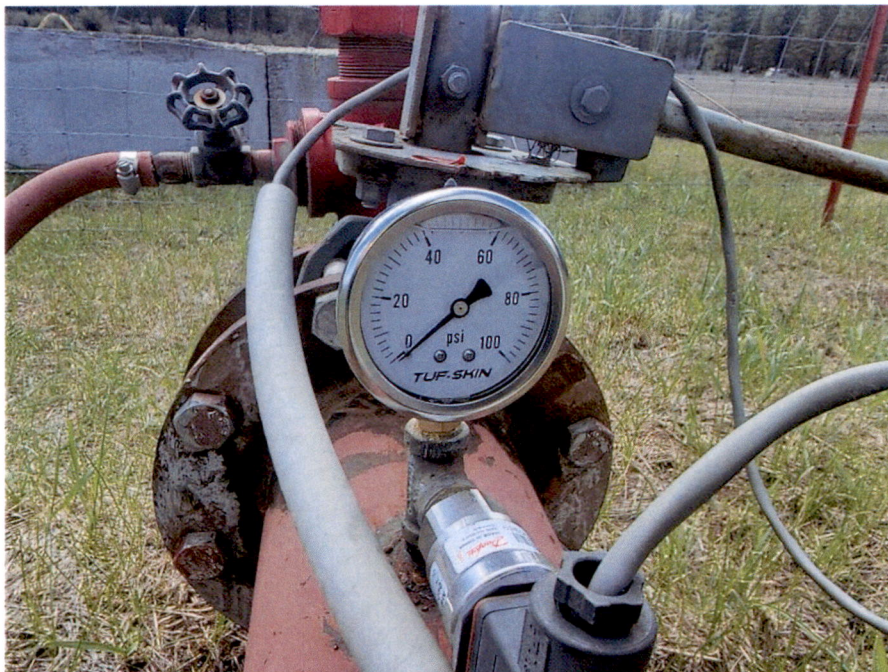
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Flowmeter



Pressure Gauge, connected to Well Pump VFD

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Well Pump

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Well Pump Motor



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Pressure Gauge and Line for Water Level Measurement



South Wheel Line



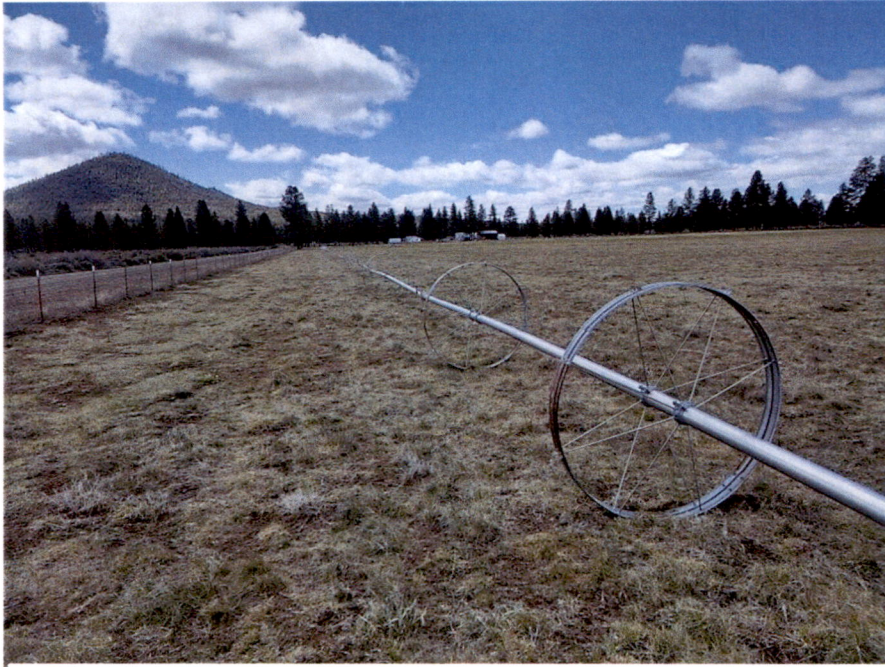
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CLAIM OF BENEFICIAL USE
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North Wheel Line



Typical Wheel Line Sprinkler

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3" Handlines



1" Handline

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Place of Use



Place of Use



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Place of Use



Typical Handline Sprinkler



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STATE OF OREGON
WATER SUPPLY WELL REPORT

(START CARD) # 77078

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number: 38823
Name Ted Story
Address P.O. Box 250
City Beatty State OR Zip 97621

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 312 ft.
Explosives used Yes No Type Amount

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
12 0 19 Bentonite 0 19 12 Sacks
8 19 312

How was seal placed: Method A B C D E
 Other Poured
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 8 +1 19 250
Liner:

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
 Perforations Method Screens Type Material
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
500 312 1 hr.

Temperature of Water 54 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 Longitude
Township 25S N or S Range 13E E or W of WM.
Section 29 SE 1/4 SE 1/4
Tax lot 1100 Lot Block Subdivision
Street Address of Well (or nearest address) 48645 Sycan Rd. Beatty, OR 97621

(10) STATIC WATER LEVEL:
149 ft. below land surface Date 10/19/2001
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 154

From	To	Estimated Flow Rate	SWL
154	248		149
248	301		149
301	312		149

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
brn top soil	0	1	
brn clay	1	14	
drk brn clay	14	65	
drk brn clay congl	65	154	149
sandy congl w/b	154	248	149
cinder congl w/b	248	301	149
frac gray basalt w/b	301	312	149

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WATER RESOURCES DEPT.
SALEM, OREGON

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Date started 10/18/2001 Completed 10/19/2001

(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 my best knowledge and belief.
Signed: [Signature] WWC Number Date 12-12-01

(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: Douglas R. Dunagan WWC Number 1575 Date 12/12/01

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Worksheet for Pressure Pipe - 1

Project Description

Friction Method	Hazen-Williams Formula
Solve For	Pressure at 2

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Input Data

Pressure 1	50 psi
Elevation 1	4,479.00 ft
Elevation 2	4,462.00 ft
Length	1,787.0 ft
Roughness Coefficient	100.000
Diameter	6.0 in
Discharge	0.50 cfs

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Results

Pressure 2	51 psi
Headloss	13.54 ft
Energy Grade 1	4,594.43 ft
Energy Grade 2	4,580.89 ft
Hydraulic Grade 1	4,594.33 ft
Hydraulic Grade 2	4,580.79 ft
Flow Area	0.2 ft ²
Wetted Perimeter	1.6 ft
Velocity	2.55 ft/s
Velocity Head	0.10 ft
Friction Slope	0.008 ft/ft

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Theoretical Pump Capacity

Basso G-13926 Well

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Flow 0.50 CFS
Head 50 PSI see calculations on loss
LIFT 200 Feet
Efficiency 80% Turbine Pump

HP 22.4 OK 40 hp

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Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 40
Efficiency = 7.04
Lift = 200
PSI = 50

Results Calculated

(hp)(efficiency) = 281.6
Head based on psi = 127.0
Total dynamic head = 327.0
(head + lift)

Pump Capacity = 0.86 feet per second

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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Earl and Jo Ann Basso		PHONE No.: 541-219-0171	ADDITIONAL CONTACT No.:
ADDRESS: 48845 Sycan Rd.			
CITY: Beatty	STATE: OR	ZIP: 97621	E-MAIL: bassolivestock@yahoo.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Tony Cazarez	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: 155281 1047999
COMPANY: JW Kerns Inc.	PHONE No.: 541-884-4129	ADDITIONAL CONTACT No.: Chris Graetsch
ADDRESS: 4360 Hwy 39		
CITY: Klamath Falls	STATE: OR	ZIP: 97603
E-MAIL: chrisg@jwkernsinc.com		

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 53127	L-	Earl and JoAnne Basso	312ft	Ted Story	12/12/2001	12/12/2023

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor. sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
25S	13E	29	SE/SE		42.500141°	-121.200824°

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

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-15114	G-13926	T-		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

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

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)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Approximate distance: _____ ft.
Well elevation is above the surface water body. Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Field North of Pumphouse
How far from the pumped well was water discharged? 60 ft.

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

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OWRD20200115



OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Length of air line (if used): 207ft *Verify here: Airline: 30 psi 138 feet. E-Tape: 207 feet.

*Airline measurements must be verified by an E-Tape measurement Pressure transducer (if used): Manufacturer: Serial #: Date Last Calibrated: Units:

Pump Type: Turbine HP: 40 Pump set at: 200 feet. Pump idle time: Last time pumped in June 2023

Discharge Measurement Method: Flowmeter Flowmeter (if used): Manufacturer: Mc Crometer Serial #: 77-6-2060 Date Last Calibrated: Units: GPM

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

Measuring Point (MP): Measuring point distance above land surface 0 feet. Description (e.g., top port of 1 inch port pipe, west side)

Time pump turned on: Date 12/12/2023 Time 10:00am Time pump turned off: Date 12/12/2023 Time 3:06pm Total pumping time: 5 hours 6 minutes.

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

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

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

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

Pump test requirements for OAR 690-217 can be found online at:

https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSEZuMscp4Hfil-1ftsDAAEsMC2_ROSSl-277278532?selectedDivision=3186

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: DATE: 12/13/23

OWNER SIGNATURE: DATE:

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

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PUMP TEST FORM
DATA SHEET

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 53127	L-	Earl and Jo Ann Basso	312ft	Ted Story	12/12/2001	12/12/2023

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
			134'	0	Pre-test	30		
			134'	0	Pre-test	30		
			134'	0	Pre-test	30		
12/12/23	10:00am	10:10am	149'	450	Pumping <input type="checkbox"/>	25		Clear water
		10:12am	149'	450	Pumping <input type="checkbox"/>	25		
		10:14am	149'	450	Pumping <input type="checkbox"/>	25		
		10:16am	149'	450	Pumping <input type="checkbox"/>	25		
		10:18am	147'	450	Pumping <input type="checkbox"/>	26	013463	60degF
		10:20am	149'	450	Pumping <input type="checkbox"/>	25		
		10:25am	147'	450	Pumping <input type="checkbox"/>	26		
		10:30am	147'	450	Pumping <input type="checkbox"/>	26		
		10:35am	147'	450	Pumping <input type="checkbox"/>	26		
		10:40am	149'	450	Pumping <input type="checkbox"/>	25		
		10:45am	149'	450	Pumping <input type="checkbox"/>	25		
		10:50am	149'	450	Pumping <input type="checkbox"/>	25	013607	62degF
		11:05am	149'	450	Pumping <input type="checkbox"/>	25		
		11:20am	149'	450	Pumping <input type="checkbox"/>	25		
		11:35am	149'	450	Pumping <input type="checkbox"/>	25		
		11:50am	149'	450	Pumping <input type="checkbox"/>	25	013908	
		12:05pm	149'	450	Pumping <input type="checkbox"/>	25		
		12:20pm	149'	450	Pumping <input type="checkbox"/>	25		
		12:35pm	149'	450	Pumping <input type="checkbox"/>	25		
		12:50pm	149'	450	Pumping <input type="checkbox"/>	25	014175	
		1:05pm	149'	450	Pumping <input type="checkbox"/>	25		
		1:20pm	149'	450	Pumping <input type="checkbox"/>	25		
		1:35pm	149'	450	Pumping <input type="checkbox"/>	25		
		1:50pm	149'	450	Pumping <input type="checkbox"/>	25		
		2:05pm	149'	450	Pumping <input type="checkbox"/>	25		
		2:20pm	149'	450	Pumping <input type="checkbox"/>	25		
		2:35pm	149'	450	Pumping <input type="checkbox"/>	25		
		2:50pm	149'	450	Pumping <input type="checkbox"/>	25	014771	
		2:55pm		430	Pumping <input type="checkbox"/>			25psi at discharge
		3:00pm		400	Pumping <input type="checkbox"/>			26psi at discharge
		3:05pm		380	Pumping <input type="checkbox"/>			26psi at discharge
		3:06pm			Recovery <input type="checkbox"/>			
		3:08pm	134'		Recovery <input type="checkbox"/>			2 minute recovery

04 APR 23 AM 10:54



NJC-64829SM

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THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
EARL P. BASSO
P.O. Box 100
Beatty, OR 97621

State of Oregon, County of Klamath
Recorded 04/23/2004 10:54 a m
Vol M04 Pg 24349
Linda Smith, County Clerk
Fee \$ 2100 # of Pgs 1

Until a change is requested all tax statements shall be sent to The following address:

EARL P. BASSO
P.O. Box 100
Beatty, OR 97621

Escrow No. MT64829-SM

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MAY 16 2024

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STATUTORY WARRANTY DEED

TEDDY R. STORY and MELINDA J. STORY, as tenants by the entirety, Grantor(s) hereby convey and warrant to EARL P. BASSO and JO ANN BASSO, as tenants by the entirety, Grantee(s) the following described real property in the County of KLAMATH and State of Oregon, free of encumbrances except as specifically set forth herein:

That portion of the SE1/4 of Section 29, Township 35 South, Range 13 East of the Willamette Meridian, Klamath County, Oregon lying Westerly of Indian Service Road #8-61.

Tax Account No: 3513-02900-01100-000

Key No: 295870

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is \$220,000.00.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated this 21st day of April, 2004.

TEDDY R. STORY
TEDDY R. STORY

Melinda J. Story
MELINDA J. STORY

State of Oregon
County of KLAMATH

This instrument was acknowledged before me on April 21, 2004 by TEDDY R. STORY and MELINDA J. STORY.



Suzie Mollett
(Notary Public for Oregon)

My commission expires 11/14/2006

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2/00 Am



Oregon

Tina Kotek, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

June 4, 2024

Earl & Joann Basso
PO Box 100
Beatty, OR 97621

Re: G-15114

Dear Earl & Joann:

The claim of beneficial use you submitted on 5/16/2024 is being returned to you because your check was returned for insufficient funds. I've tried to reach out to you by phone to request a new check but was unable to reach anyone. You may resubmit your claim at any time with a new check.

Sincerely,

Corie Lovrien
Water Rights Customer Service Representative
Oregon Water Resources Department

Enclosures: Claim of beneficial use.

*It's very sorry, I won't
try to tell you what happened
I do not know.*

*Here we go again
Hope my Bank is
OK this time*

*Sincerely,
John*

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