

**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](http://www.oregon.gov/OWRD)

**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 # | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------|--------------------------|------------------------------------|
| G-17914       | G-17410                  | T-                                 |

**2. Property Owner (current owner information):**

|  |                    |                     |                        |
|--|--------------------|---------------------|------------------------|
| APPLICANT/BUSINESS NAME<br><b>D Jack &amp; Breda L Flynn</b> |                    | PHONE NO.           | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>28571 Hogback Road</b>                         |                    |                     |                        |
| CITY<br><b>Plush</b>   | STATE<br><b>OR</b> | ZIP<br><b>97637</b> | 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<br><b>D Jack Flynn</b> |                    |                     |  |
| ADDRESS<br><b>P.O. Box 27</b>                  |                    |                     |  |
| CITY<br><b>Plush</b>                           | STATE<br><b>OR</b> | ZIP<br><b>97637</b> |  |

|   |       |     |
|---|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>NA</b> |       |     |
| ADDRESS   |       |     |
| CITY  | STATE | ZIP |

**4. Date of Site Inspection:**

**5/22/2024**

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

| NAME              | DATE             | ASSOCIATION WITH THE PROJECT |
|-------------------|------------------|------------------------------|
| <b>Chad Frank</b> | <b>5/22/2024</b> | <b>operator</b>              |
|                   |                  |                              |

**6. County:**

**Lakeview**

**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<br><b>NA</b> |       |     |  |
| ADDRESS                      |       |     |  |
| CITY                         | STATE | ZIP |  |

Add additional tables for owners of record as needed

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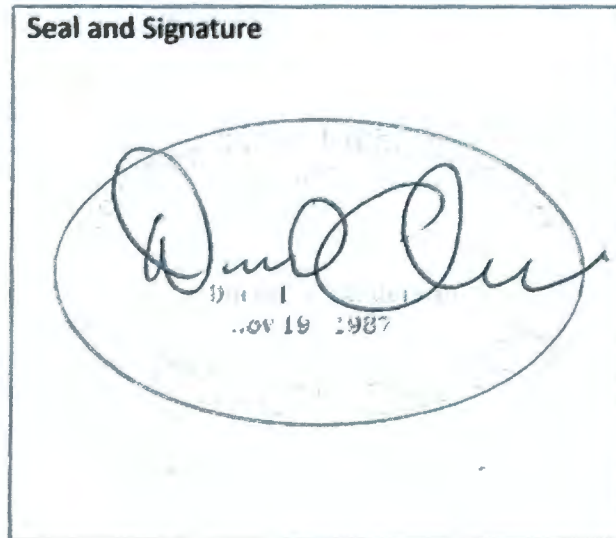
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**SECTION 2**  
**SIGNATURES**

**CWRE Statement, Seal and Signature**

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



|                                     |                    |                                  |  |
|-------------------------------------|--------------------|----------------------------------|--|
| CWRE NAME<br><b>Darryl Anderson</b> |                    | PHONE NO.<br><b>541-947-4407</b> | ADDITIONAL CONTACT NO.                           |
| ADDRESS<br><b>17681 Highway 395</b> |                    |                                  |  |
| CITY<br><b>Lakeview</b>             | STATE<br><b>OR</b> | ZIP<br><b>97630</b>              | E-MAIL<br><b>darryla@andersonengineering.com</b> |

**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.

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| SIGNATURE               | PRINT OR TYPE NAME | TITLE                | DATE    |
|-------------------------|--------------------|----------------------|---------|
| <i>Jackie F. Mathis</i> | Jackie F. Mathis   | President /<br>Owner | 9/24/24 |
|                         |                    |                      |         |
|                         |                    |                      |         |
|                         |                    |                      |         |
|                         |                    |                      |         |

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### SECTION 3 CLAIM DESCRIPTION

**1. Point of appropriation name or number:**

| POINT OF APPROPRIATION<br>(POA) NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID #<br>FOR ALL WORK PERFORMED ON THE WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) |
|---|--|-------------------------------|
| Well 1  | LAKE 52813   | L125769                       |

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<br>NAME OR NUMBER | SOURCE<br>BASIN LOCATED WITHIN | TRIBUTARY |
|-----------------------|--------------------------------|-----------|
| Well 1                | Honey Creek Basin              |           |

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

| POA<br>NAME OR NUMBER        | USES       | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|------------------------------|------------|----------------------------------|--|--|
| Well 1                       | Irrigation | Alfalfa/grass                    | Mar 1 – Oct 31                             | 1.11 cfs   |
| Total Quantity of Water Used |            |                                  |  | 1.11 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 an 8" mainline, which runs to a center pivot irrigation system that applies the water to the 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

(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 calls for a maximum rate of 1.11. The permit also calls for a duty rate of 1/60 of a cubic foot per second per acre, which is 1.355 cfs. The system was designed to 1.355 cfs, and measured operating at 1.38 cfs.**

**6. Claim Summary:**

| POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE        | # OF ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------|----------------------------|---|--------------------------------|------------|-----------------------|-------------------------|
| Well 1           | 1.11                       | 1.38  | 1.379                          | Irrigation | 81.30                 | 81.30                   |

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## SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

Well 1

### A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

| TWP                   | RNG | MER | SEC | QQ    | GLOT | DLC | USE        | IF IRRIGATION,<br># PRIMARY<br>ACRES | IF IRRIGATION, #<br>SUPPLEMENTAL<br>ACRES |
|-----------------------|-----|-----|-----|-------|------|-----|------------|--------------------------------------|---|
| 36S                   | 24E | WM  | 21  | NE SW |      |     | irrigation | 19.60                                |   |
| 36S                   | 24E | WM  | 21  | NW SW |      |     | irrigation | 23.20                                |   |
| 36S                   | 24E | WM  | 21  | SW SW |      |     | irrigation | 21.20                                |   |
| 36S                   | 24E | WM  | 21  | SE SW |      |     | irrigation | 17.30                                |   |
| Total Acres Irrigated |     |     |     |       |      |     |            | 81.30                                |   |

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:

2" threaded port on the southeast portion of the pump body.

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

| CASING<br>DIAMETER | CASING<br>DEPTH | TOTAL<br>DEPTH | COMPLETION<br>DATE OF<br>ORIGINAL WELL | COMPLETION<br>DATES OF<br>ALTERATIONS | WHO THE WELL<br>WAS DRILLED FOR | WELL DRILLED BY   |
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|-------------------|
| 16"                | +1-115          | 350'           | 2/5/2018                               | NA                                    | Jack Flynn                      | Robert<br>Buckner |

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 52813 attached

### C. Groundwater Source Information (Sump)

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

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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 |
|-------------------------|-------|---------------|--|-------------|----------------|
| Goulds Water Technology | 11CMC | MG2571        | Turbine                                    | 7.5"        | 8"             |

3. Motor Information:

| MANUFACTURER            | HORSEPOWER |
|-------------------------|------------|
| Nidec Motor Corporation | 75         |

4. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP<br>*If a well, the water level<br>DURING PUMPING | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(in cfs) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 75         | 83            | 175   | 12                                | 1.38                             |

5. Provide pump calculations:

See Attached

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

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME<br>OBSERVED | TOTAL PUMP OUTPUT<br>(in cfs) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| 209 728               | 209 747              | 10 minutes                   | 1.379 cfs                     |

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 |
|---------------|--------|--------------|------------------------|
| 8"            | 1849'  | Steel        | buried                 |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| NA                       |        |              |                        |

10. Sprinkler Information:

| SIZE | OPERATING<br>PSI | SPRINKLER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(cfs) |
|------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| See  | Attached         |                              |                               |                        | 1.38                            |

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

**11. Drip Emitter Information:**

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

**12. Drip Tape Information:**

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

**13. Pivot Information:**

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| Valley       | 1310'                 | 68 psi        | 620                      | 1.38                     |

**E. Storage**

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

NO

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

NO

**G. Gravity Flow Canal or Ditch**

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

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

NO

**H. Additional notes or comments related to the system:**

NA

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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<br>PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY<br>WATER USER TO COMPLY WITH THE TIME<br>LIMITS |
|--------------------------------------|---------------------|--------------------|---|
| ISSUANCE DATE                        | 5/27/2015           |                    |   |
| BEGIN CONSTRUCTION (A)               | 5/27/2015           | 1/23/2018          | Well drilling started   |
| COMPLETE CONSTRUCTION (B)            | 5/27/2020           | 3/2018-4/2018      | 3/2018 – pump installed<br>4/2018 – pivot & flowmeter installed                 |
| COMPLETE APPLICATION OF<br>WATER (C) | 5/27/2020           | 4/2018             | Water used  |

\* 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

*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?

NO

### 4. Annual Static Water Level Measurements:

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

YES

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

March

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

YES

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

YES

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| Measurements        | were submitted      |        |             |

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

**\*\* 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<br>NAME OR # | MANUFACTURER | SERIAL #            | CONDITION<br>(WORKING OR NOT) | CURRENT METER<br>READING   | DATE INSTALLED |
|----------------------|--------------|---------------------|-------------------------------|----------------------------|----------------|
| Well 1               | McCrometer   | 18-<br>02164-<br>08 | Working                       | 209 747 acre-feet<br>x.001 | 2018           |

**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**

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

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

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

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|                  |                              |
|------------------|------------------------------|
| <b>WELL ID #</b> | <b>DATE ATTACHED TO WELL</b> |
| L125769          | 2/2018                       |

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):

NA

## SECTION 6

### ATTACHMENTS

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   |
| Summary of Nozzle Flows         | Nozzle flows for pivot                             |
| Worksheet for Pressure Pipe     | Pressure Calculations                              |
| Theoretical Pump Capacity       | Pump Horsepower Calculations                       |
| Pump Capacity Calculation Sheet | Pump Horsepower Calculations                       |
| Pump Test Exemption             | Exemption from the pump test condition requirement |

## 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 Lake County Surveyor brass cap located at the southeast corner of Section 21, T36S 24E, 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.)

- ☒ 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-17410

Job: 2021-179  
Date: 5/22/2023



**Well #1**



**Well #1 Tag, Attached to Casing**

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P.O. Box 28  
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# CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-17410

Job: 2021-179

Date: 5/22/2023



**Well #1 Access Port**



**Well and Flowmeter**

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# CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-17410

Job: 2021-179

Date: 5/22/2023



Flowmeter



Flowmeter

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# CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-17410

Job: 2021-179

Date: 5/22/2023



**Pivot Control Panel**



**Mainline at Pivot Center**

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# CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-17410

Job: 2021-179

Date: 5/22/2023



**Pivot in Field**



**Typical Pivot Nozzle**

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# CLAIM OF BENEFICIAL USE

Inspection Photographs  
Permit G-17410

Job: 2021-179  
Date: 5/22/2023



**End of Pivot**



**Pivot in Field**

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# CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-17410

Job: 2021-179

Date: 5/22/2023



**Place of Use**



**Place of Use**

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## WATER SUPPLY WELL REPORT

(as required by ORS 537.765 &amp; OAR 690-205-0210)

3/22/2018

START CARD #

125769

1037667

ORIGINAL LOG #

## (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name MR. JACK

Last Name FLYNN

Company JACK FLYNN CATTLE COMPANY

Address 28571 HOGBACK ROAD

City PLUSH

State OR

Zip 97637

## (2) TYPE OF WORK

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

## (2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Material From To Amt sacks/lbs

Seal: ☐ ☐ ☐ ☐ ☐ ☐

## (3) DRILL METHOD

☒ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other \_\_\_\_\_

## (4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

## (5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 350.00 ft.

## BORE HOLE

## SEAL

sacks/lbs

| Dia | From | To  | Material        | From | To  | Amt        | lbs   |
|-----|------|-----|-----------------|------|-----|------------|-------|
| 20  | 0    | 116 | Bentonite Chips | 0    | 8   | 23         | S     |
| 15  | 116  | 350 |                 |      |     | Calculated | 8.08  |
|     |      |     | Cement          | 8    | 115 | 102        | S     |
|     |      |     |                 |      |     | Calculated | 63.53 |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other POURED DRY

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

## (6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

|                                     |                          |    |                                     |   |     |      |                                     |                          |                          |                          |
|-------------------------------------|--------------------------|----|-------------------------------------|---|-----|------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16 | <input checked="" type="checkbox"/> | 1 | 115 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> |    | <input type="checkbox"/>            |   |     |      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> |    | <input type="checkbox"/>            |   |     |      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> |    | <input type="checkbox"/>            |   |     |      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> |    | <input type="checkbox"/>            |   |     |      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temp casing ☐ Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

## (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_

Material \_\_\_\_\_

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/ width length slots pipe size

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

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

|      |     |     |   |
|------|-----|-----|---|
| 1000 |     | 340 | 2 |
| 700  | 118 | 151 | 4 |
|      |     |     |   |

Temperature 51 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 174 mg/L

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| 33   | 58 | PHI         | 7.85   |       |
|      |    |             |        |       |

## (9) LOCATION OF WELL (legal description)

County LAKE Twp 36.00 S N/S Range 24.00 E E/W WM

Sec 21 NW 1/4 of the SE 1/4 Tax Lot 5000

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 42.43166930 DMS or DD

Long \_\_\_\_\_ " or -119.89405678 DMS or DD

☐ Street address of well ☒ Nearest address

28571 HOGBACK ROAD\PLUSH, OR 97637

## (10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration \_\_\_\_\_

Completed Well 2/5/2018 \_\_\_\_\_ 32

Flowing Artesian? ☐ Dry Hole? ☐

## WATER BEARING ZONES

Depth water was first found 33.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

|           |     |     |     |  |    |
|-----------|-----|-----|-----|--|----|
| 1/24/2018 | 33  | 58  | 50  |  | 31 |
| 1/30/2018 | 133 | 207 | 300 |  | 31 |
| 1/30/2018 | 207 | 338 | 100 |  | 31 |
| 1/30/2018 | 338 | 350 | 500 |  | 31 |

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material                               | From | To  |
|--|------|-----|
| Sandy Loam                             | 0    | 12  |
| Cobbles & Sand                         | 12   | 22  |
| Brown Clay & Sand                      | 22   | 33  |
| Brown Sand & Gravels                   | 33   | 58  |
| Brown Clay, Gravel & Sand              | 58   | 108 |
| Brown & Black Basalt                   | 108  | 133 |
| Red Cinders & Some Brown Ash           | 133  | 138 |
| Hard Black Basalt                      | 138  | 198 |
| Brown Sandstone & Broken Basalt        | 198  | 207 |
| Hard Black Basalt w/ intermittent Soft | 207  | 335 |
| Red Cinders & Broken Basalt            | 335  | 350 |

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Date Started 1/23/2018

Completed 2/5/2018

## (unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

## (bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1385 Date 3/22/2018

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) \_\_\_\_\_



## continuation page

3/22/2018

START CARD # 1037667

ORIGINAL LOG #

125769

1037667

| Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-----|---|------|----|-------|-----|-------|-----|------|
|-----|---|------|----|-------|-----|-------|-----|------|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
|----------|------|----|-----|-----------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## BORE HOLE

SEAL

sacks/  
lbs

| Dia | From | To |
|-----|------|----|
|-----|------|----|

## Material

| From | To |
|------|----|
|------|----|

Amt lbs

|  |  |  |  |            |  |
|--|--|--|--|------------|--|
|  |  |  |  |            |  |
|  |  |  |  | Calculated |  |
|  |  |  |  | Calculated |  |
|  |  |  |  | Calculated |  |
|  |  |  |  | Calculated |  |
|  |  |  |  | Calculated |  |

## FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
|------|----|----------|------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|

| Perf/  | Casing/ | Screen |      |    | Scrn/slot | Slot   | # of  | Tele/     |
|--------|---------|--------|------|----|-----------|--------|-------|-----------|
| Screen | Liner   | Dia    | From | To | width     | length | slots | pipe size |

[illegible]

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
|---------------|----------|-----------------------|---------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|------|----|-------------|--------|-------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|----------|------|----|----------|----------|-----------|
|----------|------|----|----------|----------|-----------|

[illegible]

| Material | From | To |
|----------|------|----|
|----------|------|----|

[illegible]

## Comments/Remarks

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WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

STATE OF OREGON  
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)986-0900



LOCATION OF WELL

Latitude: 42.4316692999 Datum: WGS84

Longitude: -119.8940567791

Township/Range/Section/Quarter-Quarter Section

WM 36S 24E 21 NWSE

Address of Well:

28571 HOGBACK ROAD

PLUSH, OR 97637

Well Label: 125769

Printed: February 11, 2018

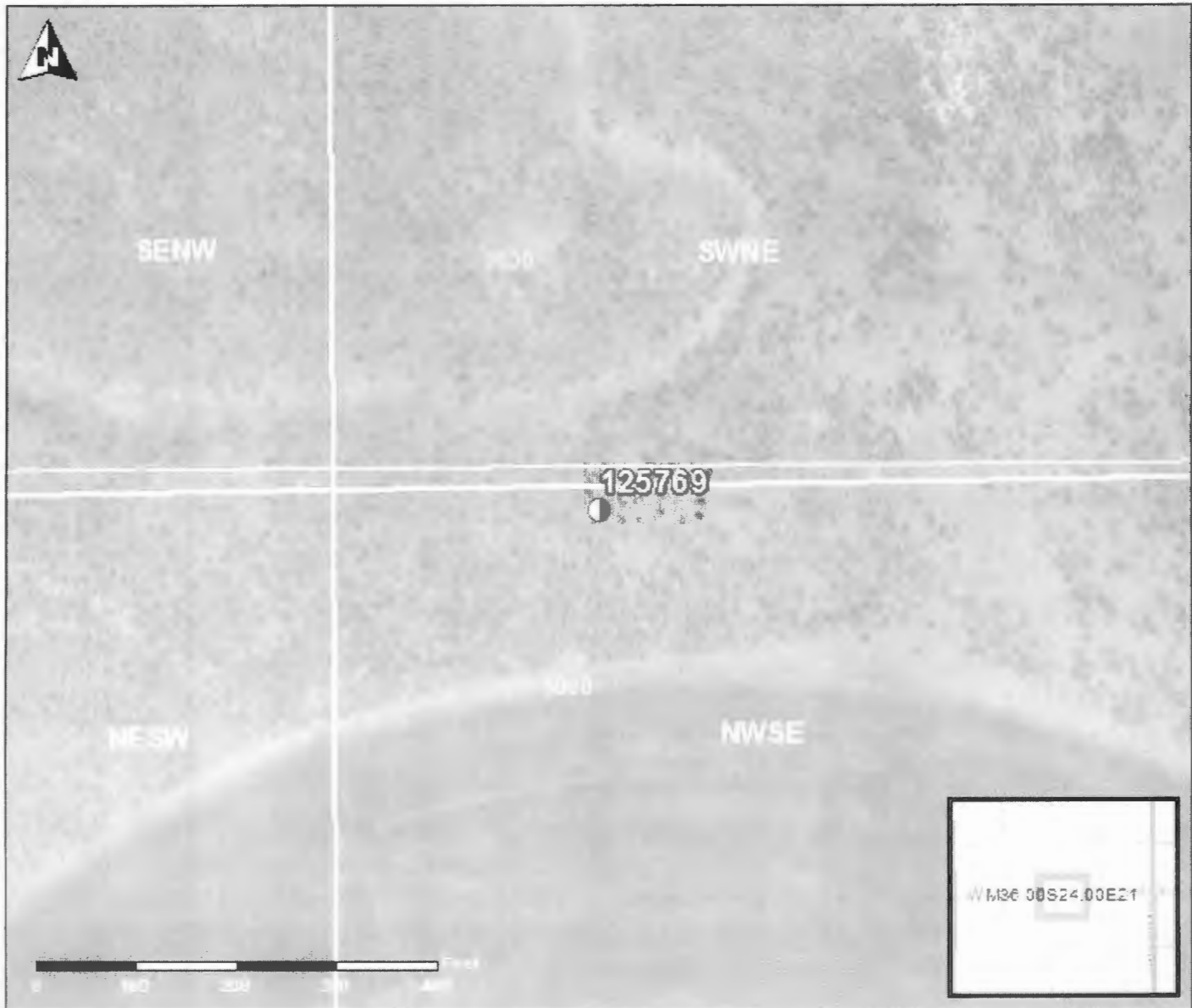
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DISCLAIMER: This map is intended to represent the approximate location of the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor







**WATER SUPPLY WELL REPORT -  
continuation page**

LAKE 52813





























































































WELL I.D. LABEL# L125769

START CARD # 1037667

ORIGINAL LOG #

3/22/2018

### (2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Stl   | Plstc   | Wld   | Thrd  |
|-----|---|------|----|-------|---|---|---|---|
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
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|     |   |      |    |       |  |  |  |  |
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|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
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|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
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|     |   |      |    |       |  |  |  |  |
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|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |
|     |   |      |    |       |  |  |  |  |

Material

From

To

Amt

sacks/lbs

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## (5) BORE HOLE CONSTRUCTION

| BORE HOLE |      |    | SEAL     |      |            | sacks/ |     |
|-----------|------|----|----------|------|------------|--------|-----|
| Dia       | From | To | Material | From | To         | Amt    | lbs |
|           |      |    |          |      |            |        |     |
|           |      |    |          |      | Calculated |        |     |
|           |      |    |          |      |            |        |     |
|           |      |    |          |      | Calculated |        |     |
|           |      |    |          |      |            |        |     |
|           |      |    |          |      | Calculated |        |     |
|           |      |    |          |      |            |        |     |
|           |      |    |          |      | Calculated |        |     |

| FILTER PACK |    |          |      |
|-------------|----|----------|------|
| From        | To | Material | Size |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|

### (7) PERFORATIONS/SCREENS

| Perf/  | Casing/ | Screen |      |    | Scrn/slot | Slot   | # of  | Tele/     |
|--------|---------|--------|------|----|-----------|--------|-------|-----------|
| Screen | Liner   | Dia    | From | To | width     | length | slots | pipe size |

[illegible]

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
|---------------|----------|-----------------------|---------------|

|  |  |  |  |
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## Water Quality Concerns

[illegible]

### (10) STATIC WATER LEVEL

[illegible]

**(11) WELL LOG**

[illegible]

## Comments/Remarks

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WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

# STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)986-0900



## LOCATION OF WELL

Latitude: 42.4316692999 Datum: WGS84

Longitude: -119.8940567791

Township/Range/Section/Quarter-Quarter Section

WM 36S 24E 21 NWSE

Address of Well:

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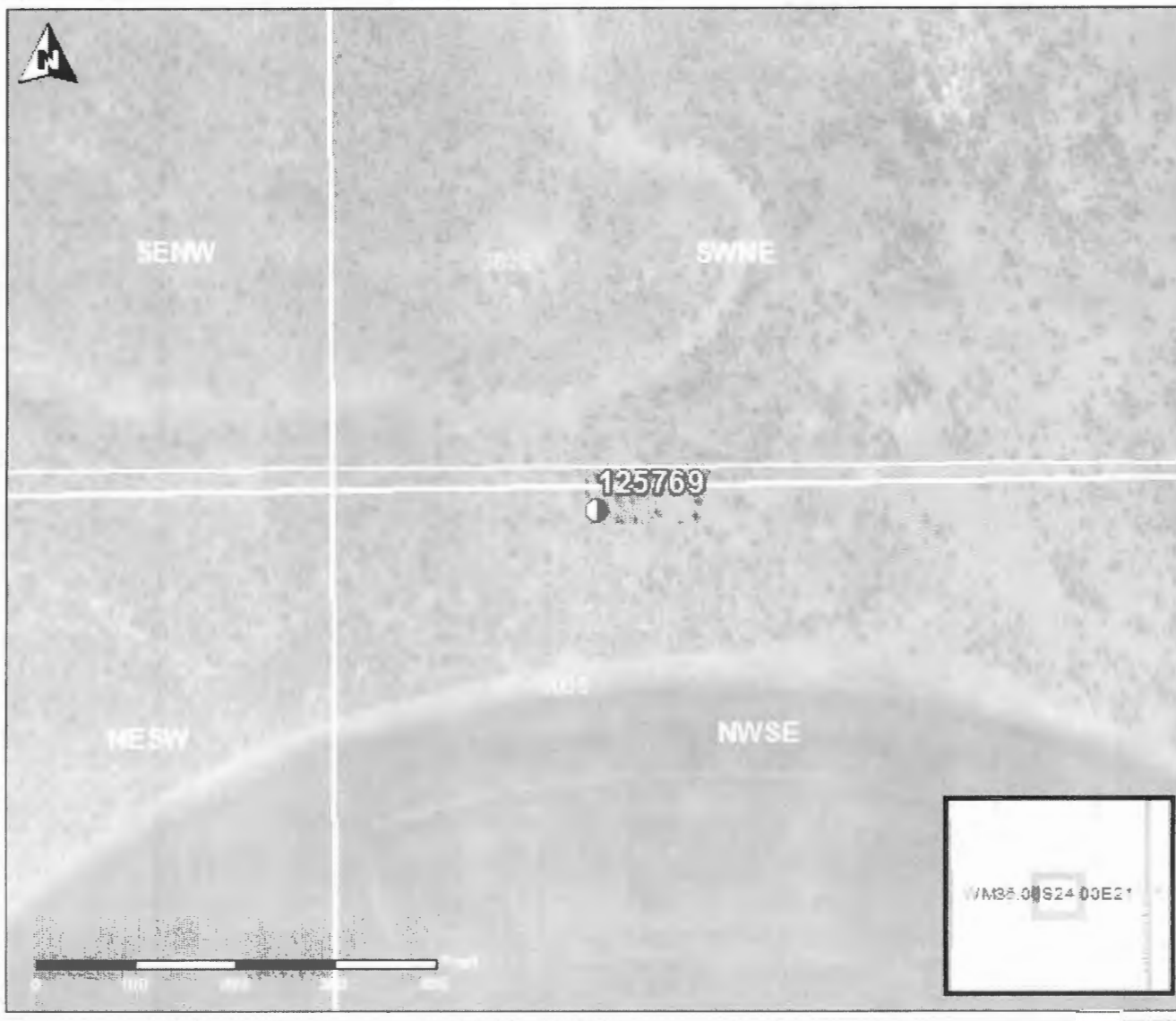
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DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor





# SUMMARY OF NOZZLE FLOWS

Well #1 Pivot Flows

Flynn Permit G-17410 Well #1 Pivot

| #          | NOZZLE SIZE        | DIAMETER | PSI  | FLOW (FT^3/S) | TOTAL (FT^3/SEC) | FLOW (GPM) | TOTAL FLOW (GPM) |
|------------|--------------------|----------|------|---------------|------------------|------------|------------------|
| 3          | 10                 | 0.07813  | 19.5 | 0.002         | 0.005            | 0.80       | 2.41             |
| 1          | 11                 | 0.08594  | 19.5 | 0.002         | 0.002            | 0.97       | 0.97             |
| 1          | 12                 | 0.09375  | 19.5 | 0.003         | 0.003            | 1.16       | 1.16             |
| 1          | 13                 | 0.10156  | 19.5 | 0.003         | 0.003            | 1.36       | 1.36             |
| 1          | 14                 | 0.10938  | 19.5 | 0.004         | 0.004            | 1.58       | 1.58             |
| 1          | 15                 | 0.11719  | 19.5 | 0.004         | 0.004            | 1.81       | 1.81             |
| 2          | 16                 | 0.12500  | 19.5 | 0.005         | 0.009            | 2.06       | 4.12             |
| 1          | 17                 | 0.13281  | 19.5 | 0.005         | 0.005            | 2.32       | 2.32             |
| 1          | 18                 | 0.14063  | 19.5 | 0.006         | 0.006            | 2.61       | 2.61             |
| 2          | 19                 | 0.14844  | 19.5 | 0.006         | 0.013            | 2.90       | 5.81             |
| 1          | 20                 | 0.15625  | 19.5 | 0.007         | 0.007            | 3.22       | 3.22             |
| 1          | 21                 | 0.16406  | 19.5 | 0.008         | 0.008            | 3.55       | 3.55             |
| 3          | 22                 | 0.17188  | 19.5 | 0.009         | 0.026            | 3.89       | 11.68            |
| 0          | 23                 | 0.17969  | 19.5 | 0.009         | 0.000            | 4.25       | 0.00             |
| 2          | 24                 | 0.18750  | 19.5 | 0.010         | 0.021            | 4.63       | 9.27             |
| 2          | 25                 | 0.19531  | 19.5 | 0.011         | 0.022            | 5.03       | 10.05            |
| 1          | 26                 | 0.20313  | 19.5 | 0.012         | 0.012            | 5.44       | 5.44             |
| 2          | 27                 | 0.21094  | 19.5 | 0.013         | 0.026            | 5.86       | 11.73            |
| 3          | 28                 | 0.21875  | 19.5 | 0.014         | 0.042            | 6.31       | 18.92            |
| 8          | 29                 | 0.22656  | 19.5 | 0.015         | 0.121            | 6.76       | 54.11            |
| 11         | 30                 | 0.23438  | 19.5 | 0.016         | 0.177            | 7.24       | 79.62            |
| 7          | 31                 | 0.24219  | 19.5 | 0.017         | 0.121            | 7.73       | 54.10            |
| 10         | 32                 | 0.25000  | 19.5 | 0.018         | 0.184            | 8.24       | 82.36            |
| 5          | 33                 | 0.25781  | 19.5 | 0.020         | 0.098            | 8.76       | 43.79            |
| 4          | 34                 | 0.26563  | 19.5 | 0.021         | 0.083            | 9.30       | 37.19            |
| 2          | 35                 | 0.27344  | 19.5 | 0.022         | 0.044            | 9.85       | 19.71            |
| 3          | 36                 | 0.28125  | 19.5 | 0.023         | 0.070            | 10.42      | 31.27            |
| 1          | 37                 | 0.28906  | 19.5 | 0.025         | 0.025            | 11.01      | 11.01            |
| 4          | 38                 | 0.29688  | 19.5 | 0.026         | 0.104            | 11.61      | 46.46            |
| 3          | 39                 | 0.30469  | 19.5 | 0.027         | 0.082            | 12.23      | 36.70            |
| 2          | 40                 | 0.31250  | 19.5 | 0.029         | 0.057            | 12.87      | 25.74            |
| 0          | 41                 | 0.32031  | 19.5 | 0.030         | 0.000            | 13.52      | 0.00             |
| 0          | 42                 | 0.32813  | 19.5 | 0.032         | 0.000            | 14.19      | 0.00             |
| 0          | 43                 | 0.33594  | 19.5 | 0.033         | 0.000            | 14.87      | 0.00             |
| 0          | 44                 | 0.34375  | 19.5 | 0.035         | 0.000            | 15.57      | 0.00             |
| 0          | 45                 | 0.35156  | 19.5 | 0.036         | 0.000            | 16.29      | 0.00             |
| 0          | 46                 | 0.35938  | 19.5 | 0.038         | 0.000            | 17.02      | 0.00             |
| 89         | TOTAL FLOW NOZZLES |          |      |               | 1.382            |            | 620.05           |
| #          | END GUN (IN)       | DIAMETER | PSI  | FLOW (FT^3/S) | FLOW (GAL/MIN)   |            | TOTAL FLOW       |
| 0          | 0.75               | 0.75     | 60   | 0.232         | 0.000            | 104.02     | 0.000            |
| 0          | 0                  | 0        | 40   | 0.000         | 0.000            | 0.00       | 0.000            |
| 0          | 0                  | 0        | 32.5 | 0.000         | 0.000            | 0.00       | 0.000            |
| 0          |                    |          |      | FT^3/S        |                  |            | GAL/MIN          |
| FLOW TOTAL |                    |          |      |               | 1.38             |            | 620.05           |

ANDERSON ENGINEERING & SURVEYING, INC.

PO BOX 28

LAKEVIEW, OREGON 97630

(541) 947-4470 FAX 947-2321

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## Worksheet for Pressure Pipe - 1

|                       |                        |
|-----------------------|------------------------|
| Project Description   |                        |
| Friction Method       | Hazen-Williams Formula |
| Solve For             | Pressure at 1          |
| Input Data            |                        |
| Pressure 2            | 68 psi                 |
| Elevation 1           | 4,515.00 ft            |
| Elevation 2           | 4,528.00 ft            |
| Length                | 1,849.0 ft             |
| Roughness Coefficient | 100.000                |
| Diameter              | 8.0 in                 |
| Discharge             | 1.38 cfs               |
| Results               |                        |
| Pressure 1            | 83 psi                 |
| Headloss              | 22.62 ft               |
| Energy Grade 1        | 4,707.71 ft            |
| Energy Grade 2        | 4,685.09 ft            |
| Hydraulic Grade 1     | 4,707.47 ft            |
| Hydraulic Grade 2     | 4,684.85 ft            |
| Flow Area             | 0.3 ft <sup>2</sup>    |
| Wetted Perimeter      | 2.1 ft                 |
| Velocity              | 3.95 ft/s              |
| Velocity Head         | 0.24 ft                |
| Friction Slope        | 0.012 ft/ft            |

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Theoretical Pump Capacity

Flynn Permit G-17410 Well #1 Pivot

|            |                                 |
|------------|---------------------------------|
| Flow       | 1.38 CFS                        |
| Head       | 83 PSI see calculations on loss |
| LIFT       | 175 Feet                        |
| Efficiency | 80% Turbine Pump                |

|           |                      |
|-----------|----------------------|
| <b>HP</b> | <b>71.8</b> OK 75 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 = 75  
Efficiency = 7.04  
Lift = 175  
PSI = 83

### Results Calculated

(hp)(efficiency) = 528  
Head based on psi = 210.9  
Total dynamic head = 385.9  
(head + lift)

**Pump Capacity = 1.37 feet per second**

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PUMP TEST MULTIPLE WELL  
EXEMPTION REQUEST FORM

|   |  |             |              |                        |  |
|---|--|-------------|--------------|------------------------|--|
| OWNER NAME/BUSINESS NAME<br>Jack Flynn Cattle Company/ D Jack & Breds Flynn |  | PHONE NO.   |              | ADDITIONAL CONTACT NO. |  |
| ADDRESS<br>18571 Hogback Road   |  |             |              |                        |  |
| CITY<br>Plush   |  | STATE<br>OR | ZIP<br>97637 | E-MAIL                 |  |

**NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):**

1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);
2. One of the wells has been tested and the test has been approved by OWRD; and
3. The wells are within 5 miles of the tested well.

1. List the tested well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

| WELL LOG #<br>(EX: MARI 99999) | WELL TAG #<br>(EX: L-999999) | OWNER WELL<br>NAME OR # | TEST DATE | APPLICATION | PERMIT  | TRANSFER | CERTIFICATE |
|--------------------------------|------------------------------|-------------------------|-----------|-------------|---------|----------|-------------|
| LAKE 4095                      | L-                           | Well                    | 2/17/2022 | G- 16380    | G-15953 | T-       |             |

(CONTINUED)

| TWP<br>(EX: 25S) | RNG<br>(EX: 31E) | SEC<br>(EX: 12) | QQ<br>(EX: SE/4) | SURVEYED LOCATION<br>(EX: 100 ft N & 735 ft E fr SE cor, sec 5) | LATITUDE<br>(EX: 44.94473889) | LONGITUDE<br>(EX: -123.02787000) |
|------------------|------------------|-----------------|------------------|---|-------------------------------|----------------------------------|
| 36S              | 24E              | 34              | NW SW            | 55.19' south & 25.35' east of the west 1/4 corner section 34    | 42.40222778                   | -119.88540278                    |

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does not include the tested well. If a well is listed on more than one water right, be sure to include them all here:

|   | WELL LOG #<br>(EX: MARI 99999) | WELL TAG #<br>(EX: L-999999) | WELL NAME OR # | APPLICATION | PERMIT  | TRANSFER |
|---|--------------------------------|------------------------------|----------------|-------------|---------|----------|
| a | LAKE 52813                     | L-125769                     | Well 1         | G-17914     | G-17410 | T-       |
| b |                                | L-                           |                | G-          | G-      | T-       |
| c |                                | L-                           |                | G-          | G-      | T-       |
| d |                                | L-                           |                | G-          | G-      | T-       |

(CONTINUED)

|   | TWP<br>(EX: 25S) | RNG<br>(EX: 31E) | SEC<br>(EX: 12) | QQ<br>(EX: SE/4) | SURVEYED LOCATION<br>(EX: 100 ft N & 735 ft E fr SE cor, sec 5) | LATITUDE<br>(EX: 44.94473889) | LONGITUDE<br>(EX: -123.02787000) |
|---|------------------|------------------|-----------------|------------------|---|-------------------------------|----------------------------------|
| a | T36S             | R24E             | 21              | NW SE            | 2567.74' north & 2240.28' west of the SE corner section 21      | 42.4318611111                 | -119.893758333                   |
| b |                  |                  |                 |                  |   |                               |                                  |
| c |                  |                  |                 |                  |   |                               |                                  |
| d |                  |                  |                 |                  |   |                               |                                  |

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE:

*[Signature]*

DATE:

6/11/24

LICENSE #:

05

PRINTED NAME:

Darryl Anderson

(CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE WWC, PUMP INSTALLER

PHONE:

541-947-4407

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*[Signature]* darryl.a.anderson@engineering.com

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ANDERSON

ENGINEERING & SURVEYING, INC.

# TRANSMITTAL LETTER



PO Box 28  
17681 Hwy 395  
Lakeview, Oregon 97630  
(541) 947-4407  
(541) 947-2321 FAX



Oregon Water Resources Department

725 Summer Street NE, Suite A

Salem, OR 97301-1266

|                                 |                  |
|---------------------------------|------------------|
| DATE: 10/23/2024                | JOB NO: 2021-179 |
| ATTENTION:                      |                  |
| RE: Flynn Beneficial Use Permit |                  |
|                                 |                  |
|                                 |                  |

WE ARE SENDING YOU ATTACHED:

☒ PRINTS ☐ PLANS

☒ OTHER \_\_\_\_\_

| COPIES | DATE       | DESCRIPTION   |
|--------|------------|---|
| 1      | 10/23/2024 | Claim of Beneficial Use for Groundwater Permits App |
| 1      | 10/23/2024 | Request for Assignment by Proof of Ownership        |
| 1      | 10/23/2024 | Copy of Certificate                                 |
| 1      | 10/23/2024 | Copy of Letters Testamentary                        |
| 1      | 10/23/2024 | Attachments   |
| 1      | 10/23/2024 | Claim of Beneficial Use Map                         |
| 1      | 10/23/2024 | Check for Water Resources                           |

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒ FOR APPROVAL ☐ FOR REVIEW AND COMMENT

☐ AS REQUESTED ☐ FOR SIGNATURE

☐ OTHER \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
Thank You,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COPY TO \_\_\_\_\_ SIGNED Brilene Ortwein

*If enclosures are not as noted, please notify us at once*

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# Oregon

Tina Kotek, Governor

## Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

[www.oregon.gov/owrd](http://www.oregon.gov/owrd)

October 14, 2024

D. Jack Flynn  
PO Box 27  
Plush, OR 97637

RE: Application G-17914; Permit G-17410

Dear Water User,

The Department has received the Claim of Beneficial Use (CBU) for the above referenced file. With this letter, I am returning your CBU and requesting the following item:

The CBU you recently submitted to the Department is being returned because it was not signed by the permit holder(s) of record as required by OAR 690-014-0100(15). In order for the Department to accept the CBU, you will need to take the following action:

Either assign the permit by having the permit holder(s) of record sign the Assignment form, or provide satisfactory proof of ownership of the land, so that the permit may be assigned to you. Enclosed are the forms necessary to complete the Assignment process.

If you have any questions concerning the Assignment application or any of the documents that may be required to complete the process, please contact Mary Bjork at 503-979-9895.

Please find enclosed the CBU materials that you recently submitted along with your check in the amount of \$230.00. The Department has not retained a copy of your CBU.

**\*Additionally, we will need a new map. The one provided has degraded and is difficult to read.**

If you have any additional questions, please feel free to contact me at 503-979-9103.

Sincerely,

Corie Lovrien  
Customer Service Representative  
Water Right Services Division

cc: file G-17914  
Darryl Anderson, CWRE  
Enclosures: Claim and check.  
Check (38484)

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# Request for Assignment



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

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

I, \_\_\_\_\_  
(Name of Current Holder of Record)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip) (Phone #)

- ☐ hereby assign all my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (example, sold all the land authorized under the right)
- ☐ hereby assign all my interest in and to a portion of application/permit/transfer order/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)
- ☐ hereby assign a portion of my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (example, adding an additional person)

Application # \_\_\_\_\_; Permit # \_\_\_\_\_; Transfer Order # \_\_\_\_\_;

Limited License # \_\_\_\_\_; Groundwater Statement # \_\_\_\_\_;

as filed in the office of the Water Resources Director, to:

\_\_\_\_\_  
(Name of New Owner)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip) (Phone #)

**Note:** If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below.

\_\_\_\_\_ I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Day) (Month) (Year)

Signature of Current Holder of Record \_\_\_\_\_

**Failure to provide any of the required information will result in the return of your application.**

**DO NOT WRITE IN THIS BOX**



The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of **\$120**.

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# Request for Assignment By Proof of Ownership (If Water Right Holder is Not Available)



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

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

I, \_\_\_\_\_  
(Name of Party Requesting Assignment)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip) (Phone #)

- ☐ hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement;
- ☐ hereby request assignment of a portion of application/permit/transfer order/limited license/groundwater statement;  
(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)

Application # \_\_\_\_\_; Permit # \_\_\_\_\_; Transfer Order # \_\_\_\_\_;

Limited License # \_\_\_\_\_; Groundwater Statement # \_\_\_\_\_;

\_\_\_\_\_  
(Name of Current Holder of Record)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip) (Phone #)

**Note:** Write the initials (first letters) of your first and last names at the spots indicated below \_\_\_\_\_.

- 1) \_\_\_\_\_ I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- 2) \_\_\_\_\_ I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) \_\_\_\_\_ I have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)
- 4) \_\_\_\_\_ I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day) (Month) (Year)

Signature of Party Requesting Assignment \_\_\_\_\_

**Failure to provide any of the required information will result in the return of your application.**

**DO NOT WRITE IN THIS BOX**



The completed "Request for Assignment"  
form *must* be submitted to the Department  
along with the recording fee of **\$120**.

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