

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



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

**A fee of \$230 must accompany this form for 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-16030	PERMIT # (IF APPLICABLE) G-18797	PERMIT AMENDMENT # (IF APPLICABLE) T-13758
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Klamath Basin Improvement District		PHONE NO. (541) 882-6661	ADDITIONAL CONTACT NO. N/A
ADDRESS 6400 KID Lane			
CITY Klamath Falls	STATE OR	ZIP 97603	E-MAIL Cherrese.Wilson@KlamathID.org

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 Klamath Basin Improvement District		
ADDRESS 6400 KID Lane		
CITY Klamath Falls	STATE OR	ZIP 97603

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

4. Date of Site Inspection:**September 22, 2022****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Fritz Frisendahl	2022-09-22	KID Watermaster
Cherrese Wilson	2022-09-22	KBID Secretary

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)):**

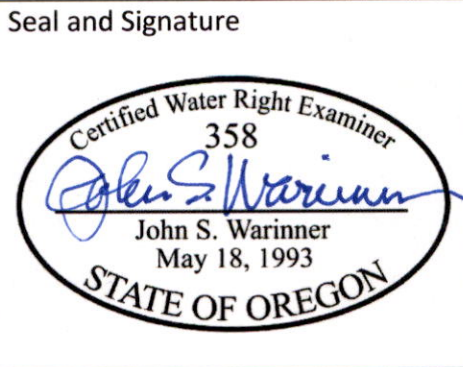
OWNER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

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.





CWRE NAME John Warinner, PE, CWRE		PHONE NO. (541) 815-4103		ADDITIONAL CONTACT NO. N/A	
ADDRESS 23321 Chisholm Trail					
CITY Bend	STATE OR	ZIP 97702	E-MAIL johnw@watersolving.com		

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Ryan Kliewer	KBID Board of Director President	6/30/25
	Cherrese Wilson	Secretary	6/30/2025

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JUL 07 2025
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SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POA 1 (Well 1)	KLAM 53737	L-60101
POA 2 (Well 2)	KLAM 54078	L-64053
POA 3 (Well 3)	KLAM 53755	L-29466
POA 4 (Well 5)	KLAM 53142	L-53872
POA 5 (Well 6)	KLAM 53732	L-32935
POA 6 (Well 7)	KLAM 52825	L-37551
POA 7 (Well 8)	KLAM 57412	L-100395
POA 8 (Well 9)	KLAM 55311	L-81321

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
POA 1 (Well 1)	Nuss Lake Basin	Lost River
POA 2 (Well 2)	Nuss Lake Basin	Lost River
POA 3 (Well 3)	Nuss Lake Basin	Lost River
POA 4 (Well 5)	Nuss Lake Basin	Lost River
POA 5 (Well 6)	Nuss Lake Basin	Lost River
POA 6 (Well 7)	Nuss Lake Basin	Lost River
POA 7 (Well 8)	Nuss Lake Basin	Lost River
POA 8 (Well 9)	Nuss Lake Basin	Lost River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POA 1 (Well 1)	SUPP IRR	Various	MAR – OCT	11.14 CFS
POA 2 (Well 2)	SUPP IRR	Various	MAR – OCT	11.14 CFS
POA 3 (Well 3)	SUPP IRR	Various	MAR – OCT	8.30 CFS
POA 4 (Well 5)	SUPP IRR	Various	MAR – OCT	5.79 CFS*
POA 5 (Well 6)	SUPP IRR	Various	MAR – OCT	5.79 CFS*
POA 6 (Well 7)	SUPP IRR	Various	MAR – OCT	6.24 CFS*
POA 7 (Well 8)	SUPP IRR	Various	MAR – OCT	11.14 CFS
POA 8 (Well 9)	SUPP IRR	Various	MAR – OCT	11.14 CFS
Total Quantity of Water Used				11.14 CFS

* Actual Rate Used provided by KBID (not determined by CWRE during CBU site visit).

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:

POA 1 (Well 1). Water is pumped from Well 1 into a 16-inch steel manifold equipped with a totalizing flowmeter, then flows south through 50 feet of 16-inch steel pipe, then discharges into the F-1 Ditch.

POA 2 (Well 2). Water is pumped from Well 2 into a 18-inch steel manifold equipped with a totalizing flowmeter, then flows south through 810 feet of 24-inch buried PVC pipe, then discharges into the B Canal.

POA 3 (Well 3). Water is pumped from Well 3 into a 14-inch steel manifold equipped with a totalizing flowmeter, then flows west through 10 feet of 12-inch PVC pipe, then discharges into the Pine Grove Main Ditch.

POA 4 (Well 5). Water is pumped from Well 5 into a 16-inch steel manifold that tees and flows in two directions. One pipe flows west through a totalizing flowmeter, then flows west through 320 feet of 14-inch buried pipe, then discharges into the Lost River Diversion Canal. The other pipe flows north through a totalizing flowmeter, then east through 1,870 feet of 16-inch buried pipe, then discharges into the A-3 Canal.

POA 5 (Well 6). Water is pumped from Well 6 into a 16-inch steel manifold equipped with a totalizing flowmeter. Water then flows in two directions: North through 185 feet of 16-inch buried pipe, into the Diversion Canal; and/or East through 1,870 feet of 16-inch buried pipe into the A-3 Canal.

POA 6 (Well 7). Water is pumped from Well 7 into a 14-inch steel manifold equipped with a totalizing flowmeter, then flows in two directions: North through 1,630 feet of 18-inch buried pipe to a discharge into the C-4 Canal; and West through 705 feet of 12-inch buried pipe to a discharge into the C-4-C Canal.

POA 7 (Well 8). Water is pumped from Well 8 into a 14-inch steel manifold that flows north for 80 feet to Well 7. The water pumped from Well 8 and Well 7 flow into the common manifold, flowmeter, and two mainlines and receiving canals described above for Well 7.

POA 8 (Well 9). Water is pumped from Well 9 into a 10-inch steel manifold equipped with a totalizing flowmeter, then flows north through 440 feet of 10-inch above-ground aluminum mainline into the G Canal, and/or south through 870 feet of 10-inch above-ground aluminum mainline into the G-1 Canal.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

☒ YES ☐ NO

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

The permit authorized eight (8) points of appropriation (groundwater wells) and supplemental irrigation of 8,959.82 acres. The water user developed all eight (8) points of appropriation and developed all 8,959.82 acres of the authorized place of use. However, the location(s), boundaries, and acreages of the developed place of use vary from the location(s) and acreages described in the permit.

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
POA 1 (Well 1)	11.14 cfs	141 CFS	7.1 CFS*	Supplemental Irrigation	8,959.82	8,959.82
POA 2 (Well 2)	11.14 cfs	70 CFS	N/A	Supplemental Irrigation	8,959.82	8,959.82
POA 3 (Well 3)	11.14 cfs	8.3 CFS	N/A	Supplemental Irrigation	8,959.82	8,959.82
POA 4 (Well 5)	11.14 cfs	8.8 CFS	5.79 CFS**	Supplemental Irrigation	8,959.82	8,959.82
POA 5 (Well 6)	11.14 cfs	8.8 CFS	5.79 CFS**	Supplemental Irrigation	8,959.82	8,959.82
POA 6 (Well 7)	11.14 cfs	9.5 CFS	6.24 CFS**	Supplemental Irrigation	8,959.82	8,959.82
POA 7 (Well 8)	11.14 cfs	11.4 CFS	N/A	Supplemental Irrigation	8,959.82	8,959.82
POA 8 (Well 9)	11.14 cfs	29 CFS	N/A	Supplemental Irrigation	8,959.82	8,959.82

* Discharge Rate measured during CBU Site Visit (does not represent maximum rate used).

** Discharge Rate provided by Permit Holder as Actual Rate Used (not measured during CBU site visit).

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JUL 07 2025

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

☒ YES ☐ NO

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

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

POA 1 (Well 1) = KBID Well

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES ☐ NO

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

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

1.5-inch capped pipe on west side of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log KLAM 53737						

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

N/A

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JUL 07 2025
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C. Groundwater Source Information (Sump)

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

YES ☐ NO ☒

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES ☒ NO ☐

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
J-Line	N/A	N/A	Turbine	N/A	14-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	100 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
100 hp	0 psi	0 feet (artesian)	5 feet	141 cfs

5. Provide pump calculations:

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

$$\text{CFS} = 100 \text{ HP} \times 3960 \times 0.8 \div [(0 \text{ PSI})(2.31 \text{ FT/PSI}) + 5 \text{ FT}] \div 448.8$$

$$\text{CFS} = \underline{141 \text{ CFS}}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
3,200 GPM (7.1 CFS)	3,200 GPM (7.1 CFS)	5 minutes	7.1 CFS

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

7. Is the distribution system piped?

YES ☒ NO ☐

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16-inch	50 feet	Steel	Above and Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☐ NO ☒

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☐ NO ☒

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES ☐ NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
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Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

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JUL 07 2025
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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 2 (Well 2) = Baron Knoll Well

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

2-inch port on west side of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See Well Log KLAM 54078

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

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

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

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JUL 07 2025
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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

NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
General Electric	N/A	WVG22752A	Turbine	N/A	14-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	300 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)
300 HP	10 PSI	7 feet	0 feet	70 cfs

5. Provide pump calculations:

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

$$\text{CFS} = 300 \text{ HP} \times 3960 \times 0.8 \div [(10 \text{ PSI})(2.31 \text{ FT/PSI}) + 7 \text{ FT}] \div 448.8$$

$$\text{CFS} = \underline{70 \text{ CFS}}$$

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

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

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

7. Is the distribution system piped?

YES

NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
24-inch	810 feet	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☒ NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES NO

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

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JUL 07 2025
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2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
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Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 3 (Well 3) = Pine Grove Well

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

2-inch capped pipe at base of wellhead

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
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See Well Log KLAM 53755

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

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	N/A	N/A	Turbine	N/A	14-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	150 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)
150 HP	10 PSI	58 feet	0 feet	8.3 CFS

5. Provide pump calculations:

$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$
 $CFS = 150\ HP \times 3960 \times 0.8 \div [(30\ PSI)(2.31\ FT/PSI) + 58\ FT] \div 448.8$
 $CFS = 8.3\ CFS$

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

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

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

7. Is the distribution system piped?

☒ YES ☐ NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
12-inch	10 feet	PVC	Buried

9. Lateral or Handline Information:

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

Received
JUL 07 2025
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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☐ NO ☒

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☐ NO ☒

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES ☐ NO

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

Received
JUL 07 2025

OWRD

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
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Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

Received
JUL 07 2025
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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 4 (Well 5) = Sukraw North Well

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES NO

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

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

1-inch capped pipe on south side of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See Well Log KLAM 53142

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

N/A

C. Groundwater Source Information (Sump)

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

YES ☒ NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
N/A	N/A	N/A	Turbine	N/A	14-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	75 HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75 HP	10 PSI	37 feet	0 feet	8.8 CFS

5. Provide pump calculations:

$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$
 $CFS = 75\ HP \times 3960 \times 0.8 \div [(10\ PSI)(2.31\ FT/PSI) + 37\ FT] \div 448.8$
 $CFS = 8.8\ CFS$

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

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

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16-inch	1,870 feet	PVC	Buried
14-inch	320 feet	PVC	Buried

9. Lateral or Handline Information:

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

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JUL 07 2025
OWRD

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☒ NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
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Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

Actual Rate Used of 5.79 CFS provided by Permit Holder. Not measured by CWRE during CBU site visit.

SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 5 (Well 6) = Sukraw South Well

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

2-inch pipe on south side of casing

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See Well Log KLAM 53732

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

N/A

C. Groundwater Source Information (Sump)

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

YES ☒ NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
N/A	N/A	N/A	Turbine	N/A	14-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	75 HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75 HP	10 PSI	37 feet	0 feet	8.8 CFS

5. Provide pump calculations:

$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$
 $CFS = 75\ HP \times 3960 \times 0.8 \div [(10\ PSI)(2.31\ FT/PSI) + 37\ FT] \div 448.8$
 $CFS = 8.8\ CFS$

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

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

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

7. Is the distribution system piped?

☒ YES ☐ NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
16-inch	1,870 feet	PVC	Buried
16-inch	185 feet	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☒ NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
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Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

Actual Rate Used of 5.79 CFS provided by Permit Holder. Not measured by CWRE during CBU site visit.

Received
JUL 07 2025
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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 6 (Well 7) = Balin North Well

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES NO

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

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

1.5-inch pipe on east side of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See Well Log KLAM 52825

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

N/A

C. Groundwater Source Information (Sump)

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

YES ☒ NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
WDM	CBDV804	N/A	Turbine	N/A	12-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	125 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)
125 HP	10 PSI	70 feet	0 feet	9.5 CFS

5. Provide pump calculations:

$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$
 $CFS = 125\ HP \times 3960 \times 0.8 \div [(10\ PSI)(2.31\ FT/PSI) + 70\ FT] \div 448.8$
 $CFS = 9.5\ CFS$

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

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

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

7. Is the distribution system piped?

☒ YES ☐ NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
18-inch	1,630 feet	PVC	Buried
12-inch	705 feet	PVC	Buried

9. Lateral or Handline Information:

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

Received

JUL 07 2025

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☒ NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES NO

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

Received
JUL 07 2025
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2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
--------------------------------------	-----------------------------------	---	-------	---------------	-------------------	----------------------------------	-------	------------------------------

Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

Actual Rate Used of 6.24 CFS provided by Permit Holder. Not measured by CWRE during CBU site visit.

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 7 (Well 8) = Balin South Well

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES NO

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

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

2-inch pipe south of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
--------------------	-----------------	----------------	--	---------------------------------------	---------------------------------	-----------------

See Well Log KLAM 57412

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.

C. Groundwater Source Information (Sump)

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

YES ☒ NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
N/A	N/A	N/A	Turbine	N/A	N/A

3. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	150 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)
150 HP	10 PSI	70 feet	0 feet	11.4 CFS

5. Provide pump calculations:

$CFS = GPM \div 448.8 = HP \times 3960 \times PUMP\ EFF \div TDH\ (ft) \div 448.8$
 $CFS = 150\ HP \times 3960 \times 0.8 \div [(10\ PSI)(2.31\ FT/PSI) + 70\ FT] \div 448.8$
 $CFS = \underline{11.4\ CFS}$

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

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

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

7. Is the distribution system piped?

☒ YES ☐ NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
18-inch	1,630 feet	PVC	Buried
14-inch	80 feet	Steel	Above Ground
12-inch	705 feet	PVC	Buried

9. Lateral or Handline Information:

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

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☐ NO ☒

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☐ NO ☒

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES ☐ NO

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

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2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
--------------------------------------	-----------------------------------	---	-------	---------------	-------------------	----------------------------------	-------	------------------------------

Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

POA 8 (Well 9) = Stuedli Well

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
See Table 1 attached									
Total Acres Irrigated								N/A	8,959.82

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES NO

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

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

1.5-inch threaded port on north side of well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
--------------------	-----------------	----------------	--	---------------------------------------	---------------------------------	-----------------

See Well Log KLAM 55311

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

N/A

C. Groundwater Source Information (Sump)

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

YES ☒ NO

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	12RJHC	MC3890	Turbine	N/A	10-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Johnson Gear Company	200 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)
200 HP	10 PSI	25 feet	0 feet	29 CFS

5. Provide pump calculations:

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

$$\text{CFS} = 200 \text{ HP} \times 3960 \times 0.8 \div [(10 \text{ PSI})(2.31 \text{ FT/PSI}) + 25 \text{ FT}] \div 448.8$$

$$\text{CFS} = \underline{29 \text{ CFS}}$$

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

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

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

7. Is the distribution system piped?

☒ YES ☐ NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10-inch	440 feet	Aluminum	Above Ground
10-inch	870 feet	Aluminum	Above Ground

9. Lateral or Handline Information:

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

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

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

E. Storage

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

YES ☒ NO

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

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

G. Gravity Flow Canal or Ditch

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

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

☒ YES NO

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

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2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
--------------------------------------	-----------------------------------	---	-------	---------------	-------------------	----------------------------------	-------	------------------------------

Not computed. See additional notes or comments in Section H below.

3. Provide calculations:

Not computed. See additional notes or comments in Section H below.

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

The water supply system pumps water from the well into the KBID canal/ditch system. The canal/ditch system is designed to convey a much greater flow than this supplemental water right permit. Also the flow of water can be controlled with check structures to flow in either direction, so the standard computations for gravity flow canals/ditches is not relevant in this case.

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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	2007-07-19	<-- Permit G-16209	
BEGIN CONSTRUCTION (A)	N/A	2010-04-20	Started drilling POA 7 (Well 8)
COMPLETE CONSTRUCTION (B)	2025-10-01	2022	Installed flowmeter POA 8 (Well 9)
COMPLETE APPLICATION OF WATER (C)	2025-10-01	2022-09-01	Completed prior to CBU site visit

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

☒ YES ☐ NO

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

a. Did the Extension Final Order require the submittal of Progress Reports?

☒ YES ☐ NO

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

b. Were the Progress Reports submitted?

YES ☒ NO*

*NOTES: Claim of Beneficial Use started before due date for Progress Report (2024-10-01).
Permit Holder did not receive reminder from OWRD re: Progress Report.

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

3. Initial Water Level Measurements:

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

☒ YES ☐ NO

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

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

March

c. Was the measurement submitted to the Department?

☒ YES ☐ NO

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

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

4. Annual Static Water Level Measurements:

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

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

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

March

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

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

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

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

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

- b. Has the pump test been previously submitted to the Department? ☒ YES ☐ NO

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

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

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

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

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? ☒ YES ☐ NO

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

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

- b. Has a meter been installed? ☒ YES ☐ NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 1 (Well 1)	McCrometer	18-04255-16	Working	4,206.17 AF	2018
POA 2 (Well 2)	McCrometer	N/A (cap missing)	Not Working	3,445.00 AF	2004
POA 3 (Well 3)	McCrometer	03-04187A-14	Working	962.094 AF	2014
POA 4 (Well 5)	McCrometer	03-05767-16	Working	2,490.99 AF	2003
POA 5 (Well 6)	McCrometer	03-05451-16	Working	8,736.07 AF	2003
POA 6 (Well 7)	McCrometer	14-12514-12	Working	226.982 AF	2014
POA 7 (Well 8)	McCrometer	14-12514-12	Working	226.982 AF	2014
POA 8 (Well 9)	SeaMetrics	103977-10	Working	38.453460 AF	2022

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES ☐ NO ☒

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

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

a. Were there special well construction standards? YES ☐ NO ☒

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

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

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

POA No / WELL NO	WELL TAG ID #	DATE ATTACHED TO WELL
POA 1 (Well 1)	L-60101	N/A
POA 2 (Well 2)	L-64053	N/A
POA 3 (Well 3)	L-29466	N/A
POA 4 (Well 5)	L-53872	N/A
POA 5 (Well 6)	L-32935	N/A
POA 6 (Well 7)	L-37551	N/A
POA 7 (Well 8)	L-100395	N/A
POA 8 (Well 9)	L-81321	N/A

e. Other conditions? YES ☐ NO ☒

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

Condition 8(d). Well Tags attached to all wells as indicated in table.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
CBU Map(s)	Claim of Beneficial Use Maps (119)
Place of Use Tables	Table 1. Place of Use by Quarter-Quarter Section (and/or Gov't Lot) Table 2. Place of Use by Taxlot (within each Q-Q Section or Gov't Lot)
Well Logs	Well Logs for eight (8) groundwater wells
Progress Report	Progress Report

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.

The Claim of Beneficial Use Maps were prepared using ESRI ArcGIS Pro mapping software, including the use of aerial imagery available through ESRI (not dated), as well as GIS data available from the Klamath Basin Improvement District (KBID), United States Bureau of Reclamation (USBR), and Oregon Water Resources Department. Well locations were ground-truthed using GPS during the CBU site visit.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- ☐ Map on polyester film
 - *** See attached WAIVER of this requirement by Gerry Clark ***
- ☒ 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
 - *** not applicable to this Claim ***
- ☒ 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
 - *** not applicable to this Claim ***
- ☒ 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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Watersolving^{LLC}

23321 Chisholm Trail, Bend, OR 97702 | 541.815.4103 | johnw@watersolving.com

MAPS

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John Warinner <johnw@watersolving.com>

Permit G-18797 CBU | KBID | CBU Maps (poly film)

CLARK Gerald E * WRD <gerald.e.clark@state.or.us>
To: John Warinner <johnw@watersolving.com>
Cc: Cherrese Wilson <Cherrese.Wilson@klamathid.org>

Thu, Jun 26, 2025 at 1:28 PM

John,

Due to the sheer number of maps, your request to submit paper copies of the Claim maps rather than maps on polyester film is approved.

All other map requirements are still in place.

Please attach a copy of this message to your Claim.

Have a great day!

Gerry

Gerry Clark**Oregon Water Resources Department***Program Analyst, Certificate Section, Water Right Services Division**725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103*

[Quoted text hidden]

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Watersolving LLC

23321 Chisholm Trail, Bend, OR 97702 | 541.815.4103 | johnw@watersolving.com

WELL LOGS

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RECEIVED KLAM 53737
KLAM
53737

PERMIT G-18797 CBU
POA 1 and WELL 1

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAR 19 2003

WELL I.D. # L 60101
START CARD # 152251

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name Klamath Basin Irrigation Dist.
Address 6640 Kip Lane
City Klamath Falls State OR Zip 97603

(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 450 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0	172	Cement	0	172	141 Sacks	
14"	172	325					
8"	325	450					

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

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

(6) CASING/LINER:
Casing: Diameter 6" From 0 To 172 Gauge 250 Steel ☒ Plastic ☐ Welded ☒ Threaded ☐
Liner: None

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

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

From	To	Size	Material	Casing	Liner
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☒ Flowing Artesian
Yield gal/min 4000+ Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 70° Depth Artesian Flow Found 180'
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 39S N or S Range 10E E or W. WM.
Section 27 SW 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9089 Hill Rd Klamath Falls 97603

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 8 lb. per square inch Date 3-5-03

(11) WATER BEARING ZONES:
Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
180'	220'	1800 gal/min	+8"
276'	318'	1000 gal/min	+8"
412'	450'	1200 gal/min	+8"

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	6	
Grey Clay	6	165	
Basalt	165	180	
Frac Basalt	180	220	+8"
Basalt	220	276	
Frac Basalt	276	318	+8"
Basalt	318	416	
Frac Basalt	416	450	+8"

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WATER RESOURCES DEPT.
SALEM, OREGON

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JUL 07 2025

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Date started 2-19-03 Completed 3-5-03

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

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1803
Signed [Signature] Date 3-5-03

KLAM 54078

Amend *

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 53776)

WELL ID # L64053

(START CARD) # 156043

PERMIT G-18797 CBU
 POA 2 and WELL 2

(1) OWNER 03 08
 KNOLL RANCH
 5429 REEDER RD
 KLAMATH FALLS OR 97603

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Completed Well 1551 ft.

Explosives used NO Type Amount

HOLE		SEAL		AMOUNT	
Diameter	From To	Material	From To	Sacks	
24"	0 336	CEMENT &	0 336	151	
12"	336 1551	BENTONITE			

How was seal Placed C

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of Gravel

(6) CASING / LINER:

Dia.	From To	Gage	Material
CASING 20"	+2 336	375	STEEL / WELDED

Final location of shoe (s)

(7) PERFORATIONS / SCREENS:

METHOD	TYPE	MATERIAL
--------	------	----------

From To Slot size Number Dia. Tele / pipe size

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

TESTING METHOD	PUMP
Yield GPM	Drawdown Drill stem at Time
6300	113' 24 HOUR

Temperature of Water 76 F Depth Artesian Flow Found

Was a water analysis done? NO By whom

Did any strata contain water not suitable for intended use? No

(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude Longitude

Township 39 S Range 10 E

Section 17 NE 1/4 SE 1/4

Tax Lot 2900 Lot Block Subdivision

Street Address of Well (or nearest address)

5429 REEDER RD KLAMATH FALLS OR 97603

(10) STATIC WATER LEVEL:

6' 8" ft. below land surface Date June 26, 2003

Artesian pressure Date

(11) WATER BEARING ZONES:

Depth at which water was first found 1375

From	To	Estimated Flow Rate	SWL
1374	1551	5000GPM	6' 8"

(12) WELL LOG:

	Ground Elevation	FROM	TO	SWL
TOP SOIL		0	3	
BROWN CLAY		3	13	
BLUE CLAY		13	17	
BROWN CLAY		17	18	
BLUE CLAY		18	27	
SANDY BLUE CLAY		27	73	
BLUE SAND		73	79	
SANDY BLUE CLAY		79	99	
BLUE CLAY		99	223	
COURSE SAND		223	231	
BLUE CLAY		231	248	
BLUE CLAY		248	314	
SANDY BLUE CLAY		314	327	
BLUE CLAYSTONE		327	1330	
GREY CLAYSTONE		1330	1374	
FRACTURED GREY BASALT		1374	1551	6' 8"

Date started March 31, 2003

Completed August 8, 2003

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

(Bonded) Water Well Constructor Certification: I accept responsibility for the construction alteration or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

DATE 9-3-03 WWC # 1758

DATE 9-3-03 WWC # 693

Received

JUL 07 2005

OWRD

KLAM 54078

STATE OF OREGON **RECEIVED**
WATER WELL REPORT
 (as required by ORS 537765) **SEP 05 2003**

WELL ID # L46053

(START CARD) # 156043

PERMIT G-18797 CBU
POA 2 and WELL 2

(1) OWNER WATER RESOURCES DEPT. 03 08
 SALEM, OREGON
 KNOLL RANCH
 5429 REEDER RD
 KLAMATH FALLS OR 97603

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY MUD

(4) PROPOSED USE: Irrigation

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Completed Well 1551 ft.

Explosives used NO Type: Amount

HOLE		SEAL		AMOUNT	
Diameter	From To	Material	From To	Sacks	
24"	0 336	CEMENT &	0 336	151	
12"	336 1551	BENTONITE			

How was seal Placed C

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of Gravel

(6) CASING / LINER:

Dia.	From To	Gage	Material
CASING 20"	+2 336	375	STEEL / WELDED

Final location of shoe (s)

(7) PERFORATIONS / SCREENS:

METHOD	TYPE	MATERIAL
--------	------	----------

From To Slot size Number Dia. Tele / pipe size

(8) WELL TESTS: Minim jm testing time is 1 hour

TESTING METHOD	PUMP	Drill stem at	Time
Yield GPM	Drawdown		
6300	113'		24 HOUR

Temperature of Water 76 F Depth Artesian Flow Found

Was a water analysis done? NO By whom

Did any strata contain water not suitable for intended use? No

(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude Longitude

Township 39 S Range 10 E

Section 17 NE 1/4 SE 1/4

Tax Lot 2900 Lot Block Subdivision

Street Address of Well (or nearest address)

5429 REEDER RD. KLAMATH FALLS OR. 97603

(10) STATIC WATER LEVEL:

6' 8" ft. below land surface Date June 26, 2003

Artesian pressure Date

(11) WATER BEARING ZONES:

Depth at which water was first found 1375

From	To	Estimated Flow Rate	SWL
1374	1551	5000GPM	6' 8"

(12) WELL LOG:

Ground Elevation

	FROM	TO	SWL
TOP SOIL	0	3	
BROWN CLAY	3	13	
BLUE CLAY	13	17	
BROWN CLAY	17	18	
BLUE CLAY	18	27	
SANDY BLUE CLAY	27	73	
BLUE SAND	73	79	
SANDY BLUE CLAY	79	99	
BLUE CLAY	99	223	
COURSE SAND	223	231	
BLUE CLAY	231	248	
BLUE CLAY	248	314	
SANDY BLUE CLAY	314	327	
BLUE CLAYSTONE	327	1330	
GREY CLAYSTONE	1330	1374	
FRACTURED GREY BASALT	1374	1551	6' 8"

Date started March 31, 2003

Completed August 8, 2003

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

[Signature] DATE 9-3-03 WWC # 1758
 (Bonded) Water Well Constructor Certification: I accept responsibility for the construction alteration or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

[Signature] DATE 9-3-03 WWC # 693

KLAM 54078



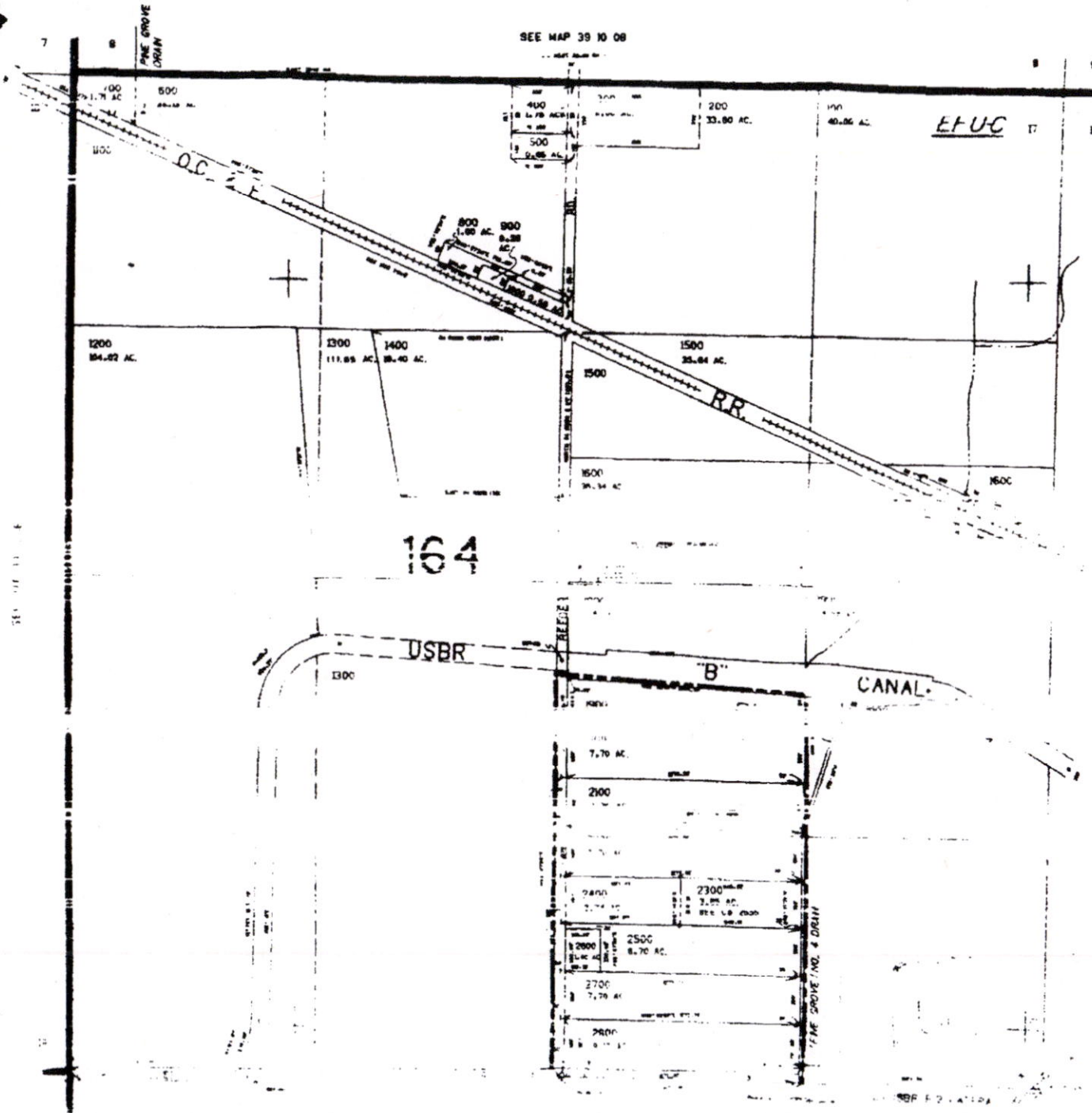
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.

SECTION 17 T.39S. R.10E. W.M.
KLAMATH COUNTY

1"=400'

39 10 17

SEE MAP 39 10 08



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PERMIT G-18797 CBU
POA 3 and WELL 3

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

WELL I.D. # L 229466
START CARD # 107281

(1) OWNER: _____ Well Number #1
Name PINE GROVE IRRIGATION DISTRICT
Address 3939 S. SIXTH ST BOX # 315
City KIMBATH FALLS State OREGON Zip 97163

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

(3) DRILL METHOD:

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger

(4) PROPOSED USE:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Community	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Irrigation
<input type="checkbox"/> Thermal	<input type="checkbox"/> Injection	<input type="checkbox"/> Livestock	<input type="checkbox"/> Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 376 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22	0	174	CEMENT	0	50	65 Sks
			M	150	174	25 Sks
15	174	274				
12 1/4	274	374				

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

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 1/2	1	17 1/2	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 174 E.

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Ten./pipe size	Casing	Lines
						<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"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
3200	Q-53 ft		1 hr.

Temperature of water 74°F Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Kalamazoo Latitude _____ Longitude _____
Township 39 S N or S Range 12 E E or W. WM.
Section 7 SE 1/4 NE 1/4
Tax Lot R3909 Lot 61C Block 500 Subdivision R592
Street Address of Well (or nearest address) 9390 Highway 14

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 3/25/03
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 185 Ft.

From	To	Estimated Flow Rate	SWL
1BS	376	3200 GPM	

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
SEE ATTACHED			
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WATER RESOURCES DEPT.			
SALEM, OREGON			
/ /		/ /	

Date started 3/4/03 Completed 3/25/03

(unbonded) Water Well Constructor Certification:

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

WWC Number

Signed

Date _____

(bonded) Water Well Constructor Certification:

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

Wave Number 1001

Siene

Date 4/13/23

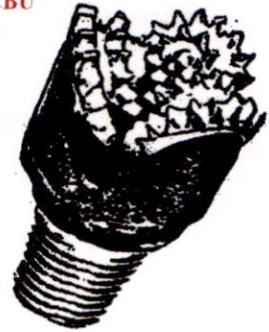
KLAM 53755
KLAM
53755

PERMIT G-18797 CBU
POA 3 and WELL 3

STOREY DRILLING SERVICES

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(541) 884-3990 • (800) 245-8122
Fax #: (530) 528-2562

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CONTRACTOR'S LICENSES:
OR #601 • CA #583153 • NV #38199



Pine Grove Irrigation District
3939 South Sixth Street Box # 325
Klamath Falls, Oregon 97603

START: March 4, 2003
FINISH: March 25, 2003

WELL LOCATION: Bernie Symonson Property - south side of Hwy 140E - 1 mile east of Hwy 39 & 140 Junction
SE¼ NE¼ S7 T39S R10E

LOG

0 - 3	Sandy topsoil
3 - 24	Yellow shale
24 - 168	Green clay with hard gray shale
168 - 211	Black lava
211 - 257	Hard broken gray basalt
257 - 288	Hard broken black basalt
288 - 293	Hard gray basalt
293 - 331	Broken black basalt
331 - 335	Hard gray basalt
335 - 376	Hard broken gray basalt

175 feet of 16 inch O.D. x .250 wall steel casing set and cemented at 174 feet.
22 inch diameter hole from 0 feet to 174 feet; 15 inch diameter hole from 174 feet to 274 feet;
12 inch diameter hole from 274 feet to 376 feet.
Static water level at 35 feet. Temperature 74° Fahrenheit.
Test pumped 3200 GPM at 58 feet.

Received
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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(As required by ORS 517.165)
Indicate the sampling the report are on the last page of this form.

(1) OWNER:

Name: Mike & Karen Donah
Address: 12090 Homedale Rd.
City: LaGrange, OR 97043

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval ☐ Yes ☒ No Depth of Completed Well: 15'

NOTE

Explosives used ☐ Yes ☒ No Type: _____

Seal: _____

From	To	Material	Feet	To	Feet	Placed	Washed	Throated
20	21	1/2 30#	0.30	37	38			
14	15	Gravel	30	38	39			
12	13	Gravel	20	39	40			

Backfill placed from: _____
Gravel placed from: _____
Material: _____
Size of gravel: _____

(6) CASING/LINER:

Casing: 14" 14' 14" 76# 250'

(7) PERFORATIONS/SCREENS:

Final location of screen(s): 25'

From	To	Material	Feet	To	Feet	Placed	Washed	Throated
14	15	Gravel	30	38	39			
12	13	Gravel	20	39	40			

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

Flow rate and pressure: _____

Method: _____
Flow rate and pressure: _____

Temperature of water: 47.0
Depth of water: 47.0
Did any static water level rise? ☒ Yes ☐ No
By whom: _____
Depth of static water: 45-52
Other: _____

Original - WATER RESOURCES DEPARTMENT
FIRST COPY - CONSTRUCTOR
SECOND COPY - CUSTOMER

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JUL 07 2025
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PERMIT G-18797 CBU
POA 6 and WELL 7
WELL ID # L 30551
START CARD # 139003

Kam
5825

(9) LOCATION OF WELL by legal description:

County: Clatsop
Township: 10N
Range: 3E
Section: 2
Block: 1100
Lot: 30
Street Address of Well (or nearest address): 12090 Homedale Rd.

(10) STATIC WATER LEVEL:

Static water level: 2.700
Date: 7/12/01

(11) WATER BEARING ZONES:

Artesian pressure: _____
lb. per square inch. Date: 7/12/01

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Gravel	0	14	35
Gravel & sand	14	20	35
Gravel	20	25	35
Gravel	25	30	35
Gravel	30	35	35
Gravel	35	40	35
Gravel	40	45	35
Gravel	45	50	35
Gravel	50	55	35
Gravel	55	60	35
Gravel	60	65	35
Gravel	65	70	35
Gravel	70	75	35
Gravel	75	80	35
Gravel	80	85	35
Gravel	85	90	35
Gravel	90	95	35
Gravel	95	100	35
Gravel	100	105	35
Gravel	105	110	35
Gravel	110	115	35
Gravel	115	120	35
Gravel	120	125	35
Gravel	125	130	35
Gravel	130	135	35
Gravel	135	140	35
Gravel	140	145	35
Gravel	145	150	35
Gravel	150	155	35
Gravel	155	160	35
Gravel	160	165	35
Gravel	165	170	35
Gravel	170	175	35
Gravel	175	180	35
Gravel	180	185	35
Gravel	185	190	35
Gravel	190	195	35
Gravel	195	200	35
Gravel	200	205	35
Gravel	205	210	35
Gravel	210	215	35
Gravel	215	220	35
Gravel	220	225	35
Gravel	225	230	35
Gravel	230	235	35
Gravel	235	240	35
Gravel	240	245	35
Gravel	245	250	35
Gravel	250	255	35
Gravel	255	260	35
Gravel	260	265	35
Gravel	265	270	35
Gravel	270	275	35
Gravel	275	280	35
Gravel	280	285	35
Gravel	285	290	35
Gravel	290	295	35
Gravel	295	300	35
Gravel	300	305	35
Gravel	305	310	35
Gravel	310	315	35
Gravel	315	320	35
Gravel	320	325	35
Gravel	325	330	35
Gravel	330	335	35
Gravel	335	340	35
Gravel	340	345	35
Gravel	345	350	35
Gravel	350	355	35
Gravel	355	360	35
Gravel	360	365	35
Gravel	365	370	35
Gravel	370	375	35
Gravel	375	380	35
Gravel	380	385	35
Gravel	385	390	35
Gravel	390	395	35
Gravel	395	400	35
Gravel	400	405	35
Gravel	405	410	35
Gravel	410	415	35
Gravel	415	420	35
Gravel	420	425	35
Gravel	425	430	35
Gravel	430	435	35
Gravel	435	440	35
Gravel	440	445	35
Gravel	445	450	35
Gravel	450	455	35
Gravel	455	460	35
Gravel	460	465	35
Gravel	465	470	35
Gravel	470	475	35
Gravel	475	480	35
Gravel	480	485	35
Gravel	485	490	35
Gravel	490	495	35
Gravel	495	500	35
Gravel	500	505	35
Gravel	505	510	35
Gravel	510	515	35
Gravel	515	520	35
Gravel	520	525	35
Gravel	525	530	35
Gravel	530	535	35
Gravel	535	540	35
Gravel	540	545	35
Gravel	545	550	35
Gravel	550	555	35
Gravel	555	560	35
Gravel	560	565	35
Gravel	565	570	35
Gravel	570	575	35
Gravel	575	580	35
Gravel	580	585	35
Gravel	585	590	35
Gravel	590	595	35
Gravel	595	600	35
Gravel	600	605	35
Gravel	605	610	35
Gravel	610	615	35
Gravel	615	620	35
Gravel	620	625	35
Gravel	625	630	35
Gravel	630	635	35
Gravel	635	640	35
Gravel	640	645	35
Gravel	645	650	35
Gravel	650	655	35
Gravel	655	660	35
Gravel	660	665	35
Gravel	665	670	35
Gravel	670	675	35
Gravel	675	680	35
Gravel	680	685	35
Gravel	685	690	35
Gravel	690	695	35
Gravel	695	700	35
Gravel	700	705	35
Gravel	705	710	35
Gravel	710	715	35
Gravel	715	720	35
Gravel	720	725	35
Gravel	725	730	35
Gravel	730	735	35
Gravel	735	740	35
Gravel	740	745	35
Gravel	745	750	35
Gravel	750	755	35
Gravel	755	760	35
Gravel	760	765	35
Gravel	765	770	35
Gravel	770	775	35
Gravel	775	780	35
Gravel	780	785	35
Gravel	785	790	35
Gravel	790	795	35
Gravel	795	800	35
Gravel	800	805	35
Gravel	805	810	35
Gravel	810	815	35
Gravel	815	820	35
Gravel	820	825	35
Gravel	825	830	35
Gravel	830	835	35
Gravel	835	840	35
Gravel	840	845	35
Gravel	845	850	35
Gravel	850	855	35
Gravel	855	860	35
Gravel	860	865	35
Gravel	865	870	35
Gravel	870	875	35
Gravel	875	880	35
Gravel	880	885	35
Gravel	885	890	35
Gravel	890	895	35
Gravel	895	900	35
Gravel	900	905	35
Gravel	905	910	35
Gravel	910	915	35
Gravel	915	920	35
Gravel	920	925	35
Gravel	925	930	35
Gravel	930	935	35
Gravel	935	940	35
Gravel	940	945	35
Gravel	945	950	35
Gravel	950	955	35
Gravel	955	960	35
Gravel	960	965	35
Gravel	965	970	35
Gravel	970	975	35
Gravel	975	980	35
Gravel	980	985	35
Gravel	985	990	35
Gravel	990	995	35
Gravel	995	1000	35

Gravel	0	14	35
Gravel & coarse sand	14	20	35
Gravel	20	25	35
Gravel	25	30	35
Gravel	30	35	35
Gravel	35	40	35
Gravel	40	45	35
Gravel	45	50	35
Gravel	50	55	35
Gravel	55	60	35
Gravel	60	65	35
Gravel	65	70	35
Gravel	70	75	35
Gravel	75	80	35
Gravel	80	85	35
Gravel	85	90	35
Gravel	90	95	35
Gravel	95	100	35
Gravel	100	105	35
Gravel	105	110	35
Gravel	110	115	35
Gravel	115	120	35
Gravel	120	125	35
Gravel	125	130	35
Gravel	130	135	35
Gravel	135	140	35
Gravel	140	145	35
Gravel	145	150	35
Gravel	150	155	35
Gravel	155	160	35
Gravel	160	165	35
Gravel	165	170	35
Gravel	170	175	35
Gravel	175	180	35
Gravel	180	185	35
Gravel	185	190	35
Gravel	190	195	35
Gravel	195	200	35
Gravel	200	205	35
Gravel	205	210	35
Gravel	210	215	35
Gravel	215	220	35
Gravel	220	225	35
Gravel	225	230	35
Gravel	230	235	35
Gravel	235	240	35
Gravel	240	245	35
Gravel	245	250	35
Gravel	250	255	35
Gravel	255	260	35
Gravel	260	265	35
Gravel	265	270	35
Gravel	270	275	35
Gravel	275	280	35
Gravel	280	285	35
Gravel	285	290	35
Gravel	290	295	35
Gravel	295	300	35
Gravel	300	305	35
Gravel	305	310	35
Gravel	310	315	35
Gravel	315	320	35
Gravel	320	325	35
Gravel	325	330	35
Gravel	330	335	35
Gravel	335	340	35
Gravel	340	345	35
Gravel	345	350	35
Gravel	350	355	35
Gravel	355	360	35
Gravel	360	365	35
Gravel	365	370	35
Gravel	370	375	35
Gravel	375	380	35
Gravel	380	385	35
Gravel	385	390	35
Gravel	390	395	35
Gravel	395	400	35
Gravel	400	405	35
Gravel	405	410	35
Gravel	410	415	35
Gravel	415	420	35
Gravel	420	425	35
Gravel	425	430	35
Gravel	430	435	35
Gravel	435	440	35
Gravel	440	445	35
Gravel	445	450	35
Gravel	450	455	35
Gravel	455	460	35
Gravel	460	465	35
Gravel	465	470	35
Gravel	470	475	35
Gravel	475	480	35
Gravel	480	485	35
Gravel	485	490	35
Gravel	490	495	35
Gravel	495	500	35
Gravel	500	505	35
Gravel	505	510	35
Gravel	510	515	35
Gravel	515	520	35
Gravel	520	525	35
Gravel	525	530	35
Gravel	530	535	35
Gravel	535	540	35
Gravel	540	545	35
Gravel	545	550	35
Gravel	550	555	35
Gravel	555	560	35
Gravel	560	565	35
Gravel	565	570	35
Gravel	570	575	35
Gravel	575	580	35
Gravel	580	585	35
Gravel	585	590	35
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Gravel	595	600	35
Gravel	600	605	35
Gravel	605	610	35
Gravel	610	615	35
Gravel	615	620	35
Gravel	620	625	35
Gravel	625	630	35
Gravel	630	635	35
Gravel	635	640	35
Gravel	640	645	35
Gravel	645	650	35
Gravel	650	655	35
Gravel	655	660	35
Gravel	660	665	35
Gravel	665	670	35
Gravel	670	675	35
Gravel	675	680	35
Gravel	680	685	35
Gravel	685	690	35
Gravel	690	695	35
Gravel	695	700	35
Gravel	700	705	35
Gravel	705	710	35
Gravel	710	715	35
Gravel	715	720	35
Gravel	720	725	35
Gravel	725	730	35
Gravel	730	735	35
Gravel	735	740	35
Gravel	740	745	35
Gravel	745	750	35
Gravel	750	755	35
Gravel	755	760	35
Gravel	760	765	35
Gravel	765	770	35
Gravel	770	775	35
Gravel	775	780	35
Gravel	780	785	35
Gravel	785	790	35
Gravel	790	795	35
Gravel	795	800	35
Gravel	800	805	35
Gravel	805	810	35
Gravel	810	815	35
Gravel	815	820	35
Gravel	820	825	35
Gravel	825	830	35
Gravel	830	835	35
Gravel	835	840	35
Gravel	840	845	35
Gravel	845	850	35
Gravel	850	855	35
Gravel	855	860	35
Gravel	860	865	35
Gravel	865	870	35
Gravel	870	875	35
Gravel	875	880	35
Gravel	880	885	35
Gravel	885	890	35
Gravel	890	895	35
Gravel	895	900	35
Gravel	900	905	35
Gravel	905	910	35
Gravel	910	915	35
Gravel	915	920	35
Gravel	920	925	35
Gravel	925	930	35
Gravel	930	935	35
Gravel	935	940	35
Gravel	940	945	35
Gravel	945	950	35
Gravel	950	955	35
Gravel	955	960	35
Gravel	960	965	35
Gravel	965	970	35
Gravel	970	975	35
Gravel	975	980	35
Gravel	980	985	35
Gravel	985	990	35
Gravel	990	995	35
Gravel	995	1000	35

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

KLAM 57412

06-13-2010

PERMIT G-18797 CBU
POA 7 and WELL 8

Page 1 of 1

WELL LABEL # L 100395

START CARD # 1009908

(1) LAND OWNER

Owner Well I.D. Home#2

First Name MIKE & KAREN Last Name NOONAN
Company NOONAN FARMS
Address 12080 HOMEDALE ROAD
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 645.00 ft.

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
24	0	104	Bentonite Chips	0	5	12	S
19	104	580	Cement	5	102	132	S
12.25	580	645					

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/>	1	97	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	97	102	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
5,500		625	6

Temperature 86 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
36	55	Odor		

(9) LOCATION OF WELL (legal description)

County Klamath Twp 40.00 S N/S Range 9.00 E E/W WM

Sec 2 NE 1/4 of the SE 1/4 Tax Lot 1100

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

☒ Street address of well ☐ Nearest address

SAME AS ABOVE

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	05-18-2010		55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 36

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-20-2010	36	55	15		19
05-05-2010	575	645	6,000		55

(11) WELL LOG

Ground Elevation

Material	From	To
Sandy Clayey Top Soil	0	3
Hard Claystone	3	6
Brown Sandy Clay	6	15
Black & Brown Sand	15	36
Brown Sand WB	36	55
Blue Clay	55	70
Gray Clay	70	80
Gray & Brown Claystone	80	180
Brown Sandstone	180	215
Gray & Green Claystone	215	314
Gray Claystone	314	571
Gray Broken Basalt WB	571	618
Red Cinders & Gray Basalt WB	618	626
Hard Broken Basalt WB	626	645

Date Started 04-20-2010 Completed 05-14-2010

(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

Electronically Filed

Signed

Received

JUL 07 2025

(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 06-13-2010

Electronically Filed

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95

KLAM 55311

PERMIT G-18797 CBU
POA 8 and WELL 9

Klam

55311

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 81321

START CARD # 149163

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER

Name EDWARD R. STUEDLI Well Number _____
Address 8441 DEHLINGER LN.
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK

☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Construction: ☐ Yes ☒ No
Depth of Completed Well 405 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18	BENTONITE	0	18	17
6 1/2"	18	78 1/2				
5 1/2"	78 1/2	405				

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

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: 6"	+1 1/2	78 1/2	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 78 1/2

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Type _____ Material _____

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

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40		400'	1 hr.

Temperature of water 60° Depth Artesian Flow Found _____

Was a water analysis performed by whom _____

Did any strata contain water not suitable for intended use? ☐ Too little☐ Salty ☐ Murky ☐ Odorous ☐ Other _____

Depth of strata: _____

WATER RESOURCES DEPT

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT

WATER RESOURCES DEPT

SALEM, OREGON

FIRST COPY - CONSTRUCTOR

(9) LOCATION OF WELL (legal description)

County KLAMATH
Tax Lot 500 Lot _____
Township 40 N of S Range 10 E or W WM
Section 06 NE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)

Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 8441 DEHLINGER

(10) STATIC WATER LEVEL

6 1/2 ft. below land surface. Date 2-07-06

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 6 1/2'

From	To	Estimated Flow Rate	SWL
6 1/2	55	10 gpm	6 1/2
105	405		6 1/2

(12) WELL LOG

Ground Elevation 4130

Material	From	To	SWL
BROWN SAND/CLAY	0	55	6 1/2
GRAY CLAY	55	105	6 1/2
SECT BROWN SANDSTONE	105	374	6 1/2
SOFT GREEN CLAYSTONE	374	405	6 1/2

Received

JUL 07 2025

OWRD

Date Started 2-01-06 Completed 2-06-06

(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.

WWC Number 1719 Date 2-09-06Signed Chris O'Neil

(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.

WWC Number 1355 Date 2-09-06Signed Arthur L. Jorg

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT

SALEM, OREGON

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

Watersolving LLC

23321 Chisholm Trail, Bend, OR 97702 | 541.815.4103 | johnw@watersolving.com

PROGRESS REPORT

Received
JUL 07 2025
OWRD



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Extension of Time
Progress Report Form
For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: Klamath Basin Improvement District
G-16209

Application G-16030

Permit

Progress Report for 2024

Report Due no later than October 1, 2024

DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-16209.

DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between April 13, 2020 and October 1, 2024	FINANCIAL INVESTMENT
	SEE EXHIBIT A	

Use back of form if needed

2. Describe actions to achieve compliance with conditions of the permit and/or previous extension.
(Examples: installed a meter, submitted water usage reports, submitted static water level measurements, installed a fish screen, obtained approval for fish screen from ODFW etc.)

3. Total number of acres irrigated to date: Supplemental 691.76 FY2022
Total acres irrigated per well,

KLAM 53737 8959.82

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, to date.

Maximum rate used to date = 6.0 cfs FY2022

Maximum Rate per well:

KLAM 53737 6.0

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly, or annual water volume totals.

INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.
FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE
EXTENSION BEING DENIED.

Signature Cherrise Wilson Date 6/27/2025

Printed Name/Title Secretary, Klamath Basin Improvement District

Received

JUL 07 2025

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Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____

For OWRD use only

Reviewed by _____

Date: _____

EXHIBIT A

DATES	WORK ACCOMPLISHED BETWEEN 4/13/2020-10/1/2024	FINANCIAL INVESTMENT
4/13/2020-8/10/2022	Could not find a CWRE got a recommendation from Hollie Cannon Water Right Solutions LLC as he retired.	
8/11/2022	Signed General Service Agreement with John Warinner, Watersolving LLC to complete Claim of Beneficial Use on Permit G-16209.	
8/29/2022	Emailed John Warinner, Watersolving LLC on update. Response email received 9/8/2022 that he has started the COBU maps.	
9/22/2022	John W. met with Fritz Frisendahl @ 10am for tour well locations, specifications and how they are connected to the canal system.	
9/29/2022	Emailed pictures of well	
11/15/2022	Received email from Watersolving LLC on COBU progress update	
2/10/2023	Sent email to Watersolving LLC for an update. Received response 2/16/2023 that he would send update by next week. (Never Received Update)	
3/22/2023	Sent email & Meeting Link to Watersolving LLC to attend meeting on 4/11/2023.	
4/11/2023	John W. stated COBU should be done in couple of weeks	
6/9/2023	Sent email to Watersolving LLC asking if COBU is completed yet. No Response received.	
6/19/2023	Sent email to Watersolving LLC for an update on COBU. Received response that preliminary products for review will be sent by end of week. No preliminary products were received.	
6/20/2023-7/10/2023	No correspondence received from Watersolving LLC	
7/11/2023	Watersolving LLC attended 7/11/2023 meeting for an update, there were a lot of discrepancies between number of acres on any given parcel.	
7/12/2023-11/2/2023	No correspondence received from Watersolving LLC	
11/3/2023	Sent email to Watersolving LLC for an update and invitation to 11/21/2023 meeting. No response received.	
11/14/2023	Sent email to Watersolving LLC for an update.	
11/15/2023	I received email that there should be an update before week is out.	Received JUL 07 2025
11/21/2023	Received email with first set of maps for review & corrections as acres did not match original COBU	OWRD
11/22/2023-1/23/2024	No correspondence as I was reviewing and making corrections to maps.	
1/24/2024	Received invoice from Watersolving LLC	\$10,175.00
1/26/2024	Sent email to Watersolving LLC with mapping corrections for COBU	

1/27/2024- 6/13/2024	No Correspondence from Watersolving LLC	
6/14/2024	Called Watersolving LLC and left a message.	
6/17/2024	Received and email from Watersolving LLC to meet 6/21/2024 @ 10am	
6/21/2024	Emailed Shape File of KA1000 & KBID Lands overlay on our ArcGIS to Watersolving LLC	
6/25/2024	Received email from Watersolving LLC with questions about adding additional T38S, R09E. Responded with yes.	
8/13/2024	Received email from Watersolving LLC with a brief update on COBU. He is still working on the mapping using our GIS Shape File and will have another set of maps to review by 8/24/2024. He will not be able to attend KBID quarterly meeting.	
8/26/2024	Received email from Watersolving LLC to meet Wednesday 8/28/2024 to drop off maps.	
8/28/2024	Received email from Watersolving LLC with mapping corrections for review	
8/28/2024	Sent email to Watersolving LLC requesting more corrections after reviewing new maps.	
9/27/2024	Received email from Watersolving LLC that he will be sending a new revised set of maps.	
9/30/2024	Sent email to Watersolving LLC with another correction to maps. He responded with received.	
10/01/2024	Sent email to Watersolving LLC that I had completed going through all the maps and made 4 more corrections.	

Received

JUL 07 2025

OWRD

INVOICE

Watersolving LLC
23321 Chisholm Trail
Bend, OR 97702

johnw@watersolving.com
+1 (541) 815-4103

Bill to

Klamath Basin Improvement District
6640 KID Lane
Klamath Falls, OR 97603 USA

Ship to

Klamath Basin Improvement District
6640 KID Lane
Klamath Falls, OR 97603 USA

Invoice details

Invoice no.: 1040
Terms: Net 30
Invoice date: 12/22/2023
Due date: 01/21/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Water Right Services	Claim of Beneficial Use Permit G-18797	55	\$185.00	\$10,175.00

Ways to pay



Total **\$10,175.00**

Payment -\$10,175.00

Balance due **\$0.00**

Paid in Full

Received
JUL 07 2025
OWRD