CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less

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

A fee of $345 must accompany this form for permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:

AUGUST 21, 2015

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).
AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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.

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. For the form and additional information on this program see: https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

Received
JUN 29 2026
OWRD

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18133	**G-17834**	

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
CRATER LAKE NATIONAL PARK	**541.594.3000**	
Address		
BOX 7, SAGER BUILDING		

City	State	Zip	E-Mail
CRATER LAKE	**OR**	**97604**	

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		
Address		
City	State	Zip

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

MAY 14, 2026

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

Name	Date	Association with the Project
JIM HAMMERLEE	**5/14/2026**	**UTILITIES SUPERVISOR**

6. County:

KLAMATH

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

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

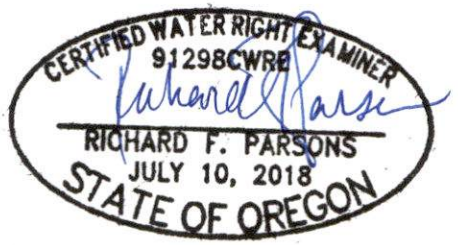
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
RICK PARSONS, PARSONSWATER CONSULTING, LLC		**303.667.5067**	**451.499.0257**
ADDRESS **1619 MINEAR ROAD**			
CITY **MEDFORD**	STATE **OR**	ZIP **97501**	E-MAIL **RICK.PARSONS@PARSONWATER.COM**

Permit Holder's 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
Jim Hammerle	Jim Hammerle	Ast. USO	5-14-26

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SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
PCT WELL (KLAM 58507)	**L110337**	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. 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)
PCT WELL	**COMMERCIAL**		**JAN-DEC**	**150 AF**
Total Quantity of Water Used				**150 AF**

3. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

WELL PUMPS WATER THROUGH RANGE OF 2- AND 4-INCH PIPES TO STORAGE TANKS (185K GALS). WATER RELEASED FROM TANKS VIA RANGE OF 4- AND 6-INCH PIPES AND BOOSTER STATIONS TO MEET COMMERCIAL DEMANDS AT PARK HEADQUARTERS AND RIM VILLAGE AND MAZAMA VILLAGE AREAS.

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

4. 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. **NO**

(e.g. *"The permit allowed three points of diversion. 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."*)

5. Claim Summary:

POD / POA Name or #	Maximum Rate Authorized	Calculated Theoretical Rate Based on System	Amount of Water Measured	Use	# of Acres Allowed	# of Acres Developed
PCT WELL	**0.34 CFS**	**0.18 CFS**	**N/A**	**COMMERCIAL**	**0**	**0**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES**

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:

BREATHER CAP ON TOP OF WELL HEAD REMOVED AND MEASURED WITH SOLINST 3001 LEVELLOGGER

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

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)? **NO**

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

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**

If "NO" items 2 through item 9 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
FRANKLIN FPS 4400	**60FA1054**	**UNKNOWN**	**SUBMERSIBLE**	**2"**	**2"**

3. Motor Information:

Manufacturer	Horsepower
FRANKLIN ELECTRIC	**10**

4. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
10	**150**	**380**	**0**	**0.18**

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

5. Provide pump calculations:

Q = (HP)(EFFICIENCY) / TOTAL DYNAMIC HEAD = (10 * 7.04) / [LIFT (0) + HEAD ((150/0.433) * 1.1] = 0.18 CFS / 83 GPM

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	

7. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)

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

8. Provide pump calculations:

9. 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)

10. Is the distribution system piped? **YES**

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
2" TO WELL HOUSE	**20'**	**GALVANIZED STEEL**	**BURIED**
4" TO STORAGE	**~2500'**	**DUCTILE IRON**	**BURIED**
6" TO END USE	**UNKNOWN**	**UNKNOWN**	**BURIED**

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (gpm)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (gpm)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)

15. 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

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**

Bulge in System / Reservoir **NO**

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
STEEL	**185,000**	**ABOVE GROUND**

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)

3. Provide calculations:

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

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

WELL TIED INTO TOP OF EXISTING WATER SUPPLY SYSTEM FROM ANNIE SPRING (KL 602 WATER RIGHT).
VALVE VAULTS AND BOOSTER STATIONS INCLUDED BETWEEN STORAGE TANK AND END USE. WATER FROM BOOSTER STATIONS CONVEYED THROUH 6" PIPE TO COMMERCIAL SUPPLY PIPES, SPIGOTS, FAUCETS, WATER HEATERS, ETC.

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 any 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 extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time limits
Issuance Date	**8/30/2017**		
Begin construction (A)	**8/30/2022**	**11/4/2013**	**EXISTING WELL**
Complete construction (B)	**8/30/2022**	**MID/LATE 2010s**	**WELL PIPING, UPGRADES TP**
Complete application of water (C)	**8/30/2022**	**JULY 2017**	**PUMPING TO STORAGE TO END USE**

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

2. Is there an extension final order(s)? **NO**

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

3. Initial Water Level Measurements:

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

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

b. What month was the initial measurement to be taken in?
33 MEASUREMENTS BETWEEN DEC 2013 – SEPT 2025

c. Was the measurement submitted to the Department? **YES**

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

Date of measurement	Measurement Made By	Method	Measurement

4. Annual Static Water Level Measurements:

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

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

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

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

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

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

Date of Measurement	Measurement Made By	Method	Measurement

5. Pump Test:

a. Is a pump test required? **YES**

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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/exemption been previously submitted to the Department? **YES**

c. Is the pump test/exemption attached to this claim? **NO**

As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)).** ***If "NO", the claim is incomplete and will be returned.

d. Has the pump test been approved by the Department? **YES**

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
KLAM 58507	**SITRANS**	**510914U316**	**WORKING**	**ELECTRICITY OFF**	**2017**

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**

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

b. Have the reports been submitted? **YES**

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

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

a. Were there special well construction standards? **NO**

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

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L110337	**NOV 2013**

d. Other conditions? **YES**

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

PROVIDE THE DEPARTMENT ACCESS TO WELL TO INSTALL AND MAINTAIN A PRESSURE TRANSDUCER AND BAROMETRIC PRESSURE TRANSDUCER FOR WATER LEVEL DATA COLLECTION. TRANSDUCER DATA REGULARLY COLLECTED BY DEPARTMENT'S LOCAL HYDROGEOLOGIST

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
MAP SCALE WAIVER	

SECTION 7

CLAIM OF BENEFICIAL USE MAP

In order to properly examine your claim, the Department must have an accurate map that meets the criteria described in OAR 690-014-0170 and OAR 690-305-0010, which are provided below for your convenience:

OAR 690-014-0170 Minimum Requirements for Maps for Permit or Transfer Final Order Claims of Beneficial Use

(1) Maps submitted by a CWRE as part of the Claim of Beneficial Use shall meet the standards in OAR chapter 690, division 305. In addition, the map shall meet the following criteria:
   (a) Horizontal accuracy is required only to ten feet for the purpose of locating and quantifying water rights. Maps shall be developed from any standard survey method. Traverse closures are not required.
   (b) Maps shall clearly designate the place of use and point of diversion or appropriation for each source and use.
   (c) The map shall indicate by description, in relation to the point of diversion or appropriation, the location of any fish screens, by-pass devices, and measuring devices required by the permit or transfer final order.
   (d) The following statement shall be placed on the map: "This map is not intended to provide legal dimensions or locations of property ownership lines."

(2) A CWRE may make a written request to the Director for a waiver of one or more mapping standards. The Director will determine whether the waiver shall be allowed and will respond to such requests in writing.

OAR 690-305-0010 General Map Criteria

Each map submitted to the Department shall meet the following general criteria in addition to any specific criteria identified in the rules for the relevant water right transaction:

(1) Drawing
   (a) The map shall be drafted on paper or polyester film with ink or otherwise printed in an indelible form with sufficient clarity so as to be easily reproduced or scanned. Maps may be submitted electronically in portable document format (pdf) and must be prepared consistent with, and include the same information as, a paper map.
   (b) The preferred paper size is 8.5 inches by 11 inches and should be no larger than 30 inches by 30 inches. A map greater than 30 inches by 30 inches may be submitted if the Department grants, by mail or electronic means, advance approval of the larger size.
   (c) Beginning April 1, 2029, regardless of whether the map is submitted electronically, on paper, or on polyester film, for any map that OAR chapter 690 requires be prepared by a Certified Water Right Examiner, a digital file containing the coordinate system and geospatial features of the map as specified by the Department shall be submitted in addition to the map, unless

the Department provides a waiver. The digital file shall be submitted as a shapefile or other approved format in a manner required by the Department.

(d) A platted and recorded subdivision map, deed description survey map, or county assessor map may be submitted as the application map if all of the required information included in sections (2) and (3) of this rule is clearly shown.

(e) An aerial image may be provided in addition to the map to aid the Department in understanding the proposal.

(f) The map submitted under subsection (a) shall be the official record of the water right. An aerial image or digital file shall not be the official record of the water right.

(2) Scale

(a) The map shall be drawn to a standard, even-numbered scale and one-inch shall not exceed 1320 feet.

(b) The map scale may exceed 1320 feet per inch if the Department grants, by mail or electronic means, advance approval of the requested scale.

(c) Notwithstanding subsection (a) and (b), for maps identifying the location of a municipal use place of use, one-inch can exceed 1320 feet; provided that the scale is sufficient to identify the quarter-quarters involved in the place of use.

(3) Features: Features shall be clearly identified and labeled. Unless otherwise indicated in rule, the following features must be included in each map submitted to the Department:

(a) Mapping scale.

(b) North directional symbol.

(c) Legend.

(d) General location of main canals, ditches, flumes, pipelines, pumps, or other water delivery features used to transport water from the point(s) of diversion or appropriation to the place use and to include the delivery features at the place of use.

(e) Other topographical features such as rivers, creeks, streams, lakes, reservoirs, ponds, roads, or railroads that may be helpful to clarify and identify the location of points of diversion, wells, dams, and places of use.

(f) Location and flow direction of the water way if the source is surface water. If multiple water ways exist in the area of the proposed diversion and use, the map must identify the location and flow direction of the additional water ways.

(g) Township, range, section, quarter-quarter, and tax lot(s), donation land claims, or government lots where water will be or has been diverted, conveyed, and used. If the map is for municipal use the map:

(A) Must identify but does not need to label the quarter-quarters,

(B) Does not need to identify or label tax lots, donation land claims, or government lots.

(h) Location of each proposed or developed diversion point, well (point of appropriation), or dam by reference to a recognized public land survey corner. For a reservoir without a dam, the center of the reservoir shall be referenced to a recognized public land survey corner.

(A) The locations shall be shown by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall also include latitude and longitude as established by a global positioning system.

(B) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764º). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.

(i) Location of the proposed or developed place of use by township, range, section, and nearest quarter-quarter section.

(A) For irrigation or nursery use, the map shall additionally indicate the place of use in each quarter-quarter of a section by shading or hatchuring and indicate the number of acres in each quarter-quarter section, donation land claim, government lot, or other recognized public land survey lines.

(B) For places of use that are limited to a point, such as a stock watering tank, the location may also be identified by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall include latitude and longitude as established by a global positioning system.

(C) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764º). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.

(D) Where more than one point of diversion or well is included, the map must clearly identify the place(s) of use served by each point of diversion or well.

(j) If for a supplemental irrigation application or claim of beneficial use, the location and water right reference number of the underlying primary right, registration or claim.

(k) Any other information the Department requests and considers necessary to evaluate the water right transaction.

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

KLAM 58507

11/29/2013

WELL I.D. LABEL# L 110337
START CARD # 1021341
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company SPF WATER ENGINEERING/ NATIONAL PARK SERVICE
Address 300 E. MALLARD DRIVE , SUITE 350
City BOISE State ID Zip 83706

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [X] Other TEST WELL

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 505.00 ft.

BORE HOLE

Dia	From	To
12	0	93
8	93	505

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	48	45	S
Bentonite Chips	48	65	26	S
Cement	65	95	10	S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other BENTONITE POURED D
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		8	[X]	3	93	.250	●		[X]	
	●	6	[ ]	9	505	.188		●	[X]	
			[ ]							
			[ ]							
			[ ]							

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 93
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method HOLT DOWNHOLE
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	400	420	.188	3	400	
Perf	Liner	6	440	500	.188	3	1200	

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

(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	12.5	422	24

Temperature 44 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 31.00 S N/S Range 5.00 E E/W WM
Sec 13 NW 1/4 of the SW 1/4 Tax Lot 0000
Tax Map Number Lot
Lat ° ' " or 42.87097260 DMS or DD
Long ° ' " or -122.18025600 DMS or DD
( ) Street address of well (●) Nearest address
HIGHWAY 62 & PACIFIC CREST TRAIL

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	11/4/2013			325

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 400.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/21/2013	400	505	100			325

(11) WELL LOG

Ground Elevation

Material	From	To
SOIL	0	1
RED & BROWN PUMICE	1	12
RED PUMICE	12	20
GREY PUMICE	20	34
GREY & BROWN BASALT	34	45
HARD GREY BASALT	45	62
LOST CIRC.	62	82
BROKEN GREY BASALT	82	88
HARD GREY BASALT	88	128
GREY BASALT & RED CINDER	128	138
BROWN,GREY,RED BASALT	138	179
GREY BASALT	179	194
BROWN CINDER	194	222
GREY BASALT & RED CINDER	222	400
RED CINDER	400	423
GREY BASALT	423	495
RED CINDER	495	504
GREY BASALT	504	505

Received
JUN 29 2026
OWRD

Date Started 10/9/2013 Complete 11/4/2013

(unbonded) Water Well Constructor Certification

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

License Number Date

Signed

(bonded) Water Well Constructor Certification

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

License Number 1844 Date 11/29/2013

Signed COLTER CHANCELLOR (E-filed)

Contact Info (optional) CHANCELLOR DRILLING & PUMP

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Rick Parsons <rick.parsons@parsonswater.com>

RE: COBU Map waiver

1 message

SKAUG Jonnine L * WRD <Jonnine.L.SKAUG@water.oregon.gov> Wed, May 13, 2026 at 10:10 AM
To: Rick Parsons <rick.parsons@parsonswater.com>

Your request for waiver of map scale is approved.

Jonnine Skaug

Certificate Specialist

Water Rights Services Division

Oregon Water Resources Dept

725 Summer Street NE, Suite A

Salem OR 97301

Phone: 503-979-3943

Fax: 503-986-0901

www.oregon.gov/OWRD

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Teleworking Monday – Thursday 7am to 5:30pm (in office every other Thursday)

From: Rick Parsons <rick.parsons@parsonswater.com>
Sent: Wednesday, May 13, 2026 10:05 AM
To: SKAUG Jonnine L * WRD <Jonnine.L.SKAUG@water.oregon.gov>
Subject: COBU Map waiver

Good morning, Jonnine.

I request a waiver for the G-17834 Claim Map scale requirement to allow use of a scale of 1" = 2640 ft.

A draft of the Claim Map is attached for your review.

Rick Parsons

ParsonsWater Consulting LLC
http://parsonswater.com
rick.parsons@parsonswater.com

541.499.0257 303.667.5067 (mobile)