

**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 \$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:
7/23/2012**

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>

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SECTION 1
GENERAL INFORMATION

1. File Information:

APPLICATION # G-17572	PERMIT # (IF APPLICABLE) G-17524	PERMIT AMENDMENT # (IF APPLICABLE) T-12042
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Chaylon & Amber Shuffield		PHONE NO. 541-213-0093	ADDITIONAL CONTACT NO.
ADDRESS PO Box 31			
CITY Summer Lake	STATE OR	ZIP 97640	E-MAIL shuffieldranch@outlook.com

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

3/9/2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chaylon Shuffield	3/9/2026	Owner

6. County:

Lake

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL scott@apeands.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
<i>Chaylon Shuffield</i>	Chaylon Shuffield	Owner	07/29/2026
<i>Amber Shuffield</i>	Amber Shuffield	Owner	07/29/2026

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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)
#1	LAKE 2851	159984

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
#1	Crane Creek Basin	Goose Lake

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)
#1	IR	Triticale	Mar 1 – Oct 31	1.72 cfs
Total Quantity of Water Used				1.72 cfs

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

Water is pumped from the authorized well into two bulges or sumps then pumped out of the sump to mainlines with risers and reel lines that flood irrigate the place of use.

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

5. Variations:

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

(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 allowed for two wells. Only one was developed. The permit allowed 430.0 acres. Only 288.4 acres were developed.

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
#1	1.99 cfs	1.78 cfs	1.72 cfs	IR	430.0	288.4

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

#1 HARN 2851

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A. Place of Use

1. Is the right for municipal use?

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NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
40S	20E	WM	15	SE SW	6		IR	26.5	
40S	20E	WM	15	SE SW			IR	13.3	
40S	20E	WM	15	SW SW	7		IR	38.0	
40S	20E	WM	15	SW SW			IR	1.8	
40S	20E	WM	15	NW SW	8		IR	35.0	
40S	20E	WM	15	NW SW			IR	4.5	
40S	20E	WM	16	NE SE	1		IR	22.36	
40S	20E	WM	16	NE SE			IR	17.14	
40S	20E	WM	16	NW SE	2		IR	14.0	
40S	20E	WM	16	NW SE			IR	4.2	
40S	20E	WM	16	NE SW	3		IR	2.1	
40S	20E	WM	16	SE SE			IR	40.0	
40S	20E	WM	22	NE NW			IR	29.5	
40S	20E	WM	22	NW NW			IR	40.0	
Total Acres Irrigated								288.4	

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

4" opening in casing NE side

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						

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)?

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NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowserve	12EML	13068G089971-1	Turbine	24"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	40

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40	20	100'	0'	1.78

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/5/\text{hp} \times \text{hp} = (7.04)/(40) = 1.78 \text{ cfs}$$

$$\text{Total head, ft} = 158.0'$$

$$\text{Total head} = 50.8' + 100' = 158.0'$$

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)
See pump test			

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	3000 LF	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	3355	Reel line/flexhose	Above ground

10. Sprinkler Information:

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

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

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

E. Storage

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

YES

If "YES" is it a:

Storage Tank

NO

Bulge in System / Reservoir

YES

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge A & B	NA-Dugout	0.5 AF

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

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NO

H. Additional notes or comments related to the system:

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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	12/9/2015		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	10/1/2025	9/12/2025	Irrigation system built
COMPLETE APPLICATION OF WATER (C)	10/1/2025	9/12/2025	Water pumped & metered from authorized POA to POU & use & levels reported

* 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

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

YES

b. Were the Progress Reports submitted?

YES

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

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

March

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c. Was the measurement submitted to the Department?

YES

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

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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

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

March

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

YES

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

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

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

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

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

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

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**

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Seametrics	02253344	Not running	UNK Gal X 100	2024

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

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

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

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

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

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

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

WELL ID #	DATE ATTACHED TO WELL
#1	Spring 2026

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e. Other conditions? **OWRD YES**

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

Riparian area was not disturbed

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	LAKE 2851
Site photos	Time/location stamped pics of systems place of use
Pump test	J.W. Kerns, Inc, Klamath Falls, OR test on well

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 well, irrigation system, & place of use were tied to approximate boundaries using a Topcon FC-6000 data collector in Statewide Lambert Projection.

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Map Checklist

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

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

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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WATER WELL REPORT
STATE OF OREGON

RECEIVED

SEP 11 1981

WATER RESOURCES DEPT
SALEM, OREGON

State Well No.

State Permit No.

405/20E-15cc

Received

(1) OWNER:

Name Lyle Garrett AUG 11 2026
Address _____
City Lakeview OWRI State Oregon

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air ☐ Driven ☐ Domestic ☐ Industrial ☐ Municipal ☐
Rotary Mud ☒ Dug ☐ Irrigation ☒ Test Well ☐ Other ☐
Cable ☐ Bored ☐ Thermal: Withdrawal ☐ Reinjection ☐

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☐
2.4" Diam. from +1 ft. to 19 ft. Gauge .250
" Diam. from ft. to ft. Gauge

(6) FINER INSTALLED:

425 .250
1.4" Diam. from -400 ft. to 500 ft. Gauge .250

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No

Type of perforator used Factory
Size of perforations 3/16 in. by 3 in.
17920 perforations from 145 ft. to 425 ft.
2730 perforations from 400 ft. to 500 ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Ag Center
id: 1000 gal./min. with ft. drawdown after hrs.
Air test gal./min. with drill stem at ft. hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☒

Well seal—Material used Neat cement
Well sealed from land surface to 19 ft.
Diameter of well bore to bottom of seal 28 in.
Diameter of well bore below seal 23 in.
Number of sacks of cement used in well seal 30 sacks
How was cement grout placed? Pumped

Was pump installed? NO Type _____ HP _____ Depth _____ ft.

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of Water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 1/4 in.

Gravel placed from 0 ft. to 2 ft.

(10) LOCATION OF WELL:

County Lake Driller's well number _____
SW 1/4 SW 1/4 Section 15 T. 405 R. 20E W.M. _____
Tax Lot # _____ Lot _____ Blk _____ Subdivision _____

Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 73 ft.

Static level 15 ft. below land surface. Date _____

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 23

Depth drilled 500 ft. Depth of completed well 500 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Sand & gravel	0	12	
Brown clay	12	28	
Brwn clay & sand fine	28	60	
Gray clay soft	60	73	
Fine gravel & coarse sand	73	77	
Tan clay soft	77	90	
Gray clay soft & fine			
gravel	90	160	
Gray & brown clay	160	166	
Gravel fine to med	166	172	
Gray clay & gravel fine	172	187	
Gray silt	187	194	
Tan clay	194	225	
Gray sandy silt & fine			
gravel	225	235	
Gray clay soft	235	239	
Gray silt & gravel layers	239	374	
Gray clay	374	396	
Gray silt & gravel fine	396	431	
Gray silt	431	436	
Gray clay	436	500	

Work started 19 Completed 19
Date well drilling machine moved off of well 7-20 & 9-9 19 81

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Saray Wilson Date 9-10, 1981
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1366

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name W. Aqua Irrigation Drilling, Inc.
(Person, firm or corporation) (Type or print)

Address P. O. Box 1310, Lakeview, Or.

[Signed] W. D. Williams
(Water Well Contractor)

Contractor's License No. 665 Date 9-10, 19 81

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690



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

Application for Well ID Number

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Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Chaylon & Amber Shuffield

Mailing Address: P.O. Box 31

City, State, Zip: Summer Lake, Oregon 97640

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 40 S (North / South) Range: 20 E (East / West) Section: 15 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 3300 County Lake

GPS Coordinates: 42.09168600 -120.35106900

Street Address of Well, City: 96195 Old Wells Ln, Lakeview 97630

If the property had a different street address in the past: N/A

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation, Domestic

Date Well Constructed (or property built): 9-9-1981 Total Well Depth: 500 ft Casing Diameter: 24"

Owner at time the well was constructed (if known): Lyle Garrett Well Report # (if known): LAKE 2851

Other Information: Previously assigned well ID # L 138122 (Well Label) is LOST!

SUBMITTED BY (please print): Chaylon Shuffield

PHONE: (541) 213-0093

EMAIL &/or FAX: shuffieldranch@outlook.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

REPLACEMENT

For Official Use Only by the Oregon Water Resources Department:

Received Date:

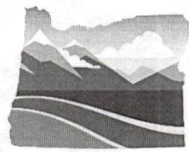
12-1-2025

Well Report Number:

LAKE 2851

Well Identification #:

L-159984



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
CRITERIA

Pump test are intended to provide aquifer & well information for groundwater resource characterization & to help solve well problems.

Forms can be sent to:

WRD_DL_pumptestsupport@water.oregon.gov

This pump test workbook contains 3 sheets (not including this sheet).

Cover Sheet

Methods Sheet

Data Sheet

*clickable shortcuts

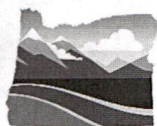
Remember, your pump test may not be approved unless it meets the following criteria*:

- ☒ The discharge rate was held constant for the entire pumping phase.
- ☒ The pump was on during the entire pumping phase (≥ 4 hours).
- ☒ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☒ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☒ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart
- ☒ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours.
(≤ 2 minutes for the first 10 minutes, ≤ 5 mins for 10-30 mins, and ≤ 15 mins for the remainder of the test)
- ☒ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours
or until 90% of the maximum drawdown has recovered.
- ☒ If using an airline, measurements were calibrated with an e-tape & the depth to water was ≥ 300 feet.
- ☒ The pump test cover sheet was completely filled out and signed.
- ☒ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☒ The well was idle for at least 16 hours prior to the test.
- ☒ The pump test was completed by an acceptably qualified person
(Oregon licensed well constructors, Oregon registered professional geologists or engineering geologist, Certified water rights examiners, Oregon registered professional engineers)

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

Pump test requirements for OAR 690-217 can be found online here.

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PUMP TEST FORM
COVER SHEET

Owner / Business :

Name	Phone Number	Owner Street Address
Shuffield Ranch	541-213-0093	PO Box 31
State	City	Zip
Oregon	Summer Lake	97640

If different from owner,

Test Conducted By	Qualifications	License #
Derek Kindt	Pump Installer	CP115 CCB#155281
Company	Phone Number	Company Street Address
J.W. Kerns Inc.	541-884-4129	4360 Hwy 39
Company State & Zip	E-mail	
OR 97603	derekk@jwkerns.com	

Tested Well Information :

Well Log	Well Log #	Well Tag L-#
LAKE	2851	159984
Date Drilled	TWP RNG SEC QQ	Surveyed Location
9/9/1981	40.00S-20.00E-15 SE-SW	Lake County
Latitude	Longitude	
42° 5'29.93"N	120°21'4.11"W	

Water Right(s) Information : include letter in front (ex. G-xxxxx)

Application	Permit	Transfer
G 17572	G 17524	T12042

Certificate

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

Derek Kindt

Operator Initials:

DK

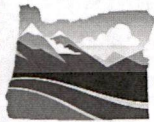
Date:

6/22/2026

Owner Initials:

Date:

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PUMP TEST FORM
METHOD SHEET

1 Are there any wells, other than domestic or stock wells, within 1000' of the tested well?

no

2 If yes, identify the well by OWRD log number. Note the approximate distance to each well from tested well and approximate pumping rate.

Well Log	Distance From Pumped Well	Date & Time Pump On	Pumping Rate
	ft		gpm
	ft		
	ft		
	ft		

3 Is there a lake, stream, or other surface water body within 1/4 mile of the tested well?

unknown

Approx. Distance Approx. Elevation Difference
ft ft

4 Was the test conducted during normal use of the well?

yes

Where pumped water was discharged?

How far from pumped well was water discharged?

In to pond

100 ft

5

Water-Level Measurement Method

Electric Tape

If other, please state:

If airline used, give length (ft)

*Airline mmt must be verified by an e-tape mmt.

Verify Airline here:

psi ft
E-tape ft

If Pressure Transducer used,

Manufacturer:

Serial #:

Date Last Calibrated:

Units:

Pump Type	Pump HP	Pump Set
Turbine	40	150 ft
If other, what pump type?	Idle Time	unit
	16 hours	

Discharge Method

Flowmeter

If Flowmeter used,

Manufacturer:

Serial #:

Date Last Calibrated:

Units:

Seametrics

2253344

2025

(gpm) gallons per minute

Measuring Point (MP)

0.50 ft above land surface

Description of MP

4" port thru side of well casing

Time Pump Turned On

Date

6/18/2026

Time

11:52

Time Pump Turned Off

Date

6/18/2026

Time

16:02

Total Pumping Time

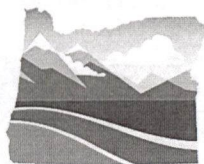
Hours

4

Minutes

10

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PUMP TEST FORM
DATA SHEET

Excel Tips:

1. **Duplicate** cells by dragging bottom right corner of 2 highlighted cells of the same data
2. Quick **time format** cells by highlighting the cells with the time difference needed and dragging bottom right corner of highlighted cells (ex. 10:00 & 10:02 (highlight cells) > 10:04 (next cell))
3. Rows are can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to **printing**

*Measurements in decimal foot

Date	Time	Depth to Water Below MP	Discharge Rate	Units	Pump ON / OFF	Airline (psi)	Flowmeter	Units	Comments
6/18/2026	11:00	10.00			off				Pre Test Static
6/18/2026	11:20	10.00			off				
6/18/2026	11:45	10.00			off				
6/18/2026	11:52	64.00	770	(gpm) gallons per minute	on		76	gallon	Flowmeter Units = Totalizer, gallons x 100
6/18/2026	11:54	64.16			on				
6/18/2026	11:56	64.50			on				
6/18/2026	11:58	65.16			on				
6/18/2026	12:00	65.50			on				
6/18/2026	12:02	65.66	770	(gpm) gallons per minute	on		149	gallon	
6/18/2026	12:12	67.92			on				
6/18/2026	12:17	68.75			on				
6/18/2026	12:22	69.92			on				
6/18/2026	12:27	70.33			on				
6/18/2026	12:32	71.75	780	(gpm) gallons per minute	on		382	gallon	
6/18/2026	12:47	71.00			on				
6/18/2026	13:00	71.75			on				
6/18/2026	13:15	72.42	752	(gpm) gallons per minute	on		713	gallon	
6/18/2026	13:30	73.16			on				
6/18/2026	13:45	73.92			on				
6/18/2026	14:00	74.25	740	(gpm) gallons per minute	on		1050	gallon	
6/18/2026	14:15	75.00			on				
6/18/2026	14:30	75.08			on				
6/18/2026	14:45	75.50	737	(gpm) gallons per minute	on		1382	gallon	
6/18/2026	15:00	75.83			on				
6/18/2026	15:15	76.00			on				
6/18/2026	15:30	76.66	728	(gpm) gallons per minute	on		1715	gallon	
6/18/2026	15:45	77.16			on				
6/18/2026	16:00	77.83	750	(gpm) gallons per minute	on		1929	gallon	747gpm average during test
6/18/2026	16:02	60.58			off				
6/18/2026	16:04	52.42			off				
6/18/2026	16:06	44.08			off				
6/18/2026	16:08	35.66			off				
6/18/2026	16:10	29.16			off				
6/18/2026	16:15	26.83			off				
6/18/2026	16:20	25.83			off				
6/18/2026	16:25	24.50			off				
6/18/2026	16:30	23.42			off				

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Figure 1. Triticale Round Bales, looking west.



Figure 2. Hauling Round Bales off of field, looking west.

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Figure 3. Triticale Stand, exceptional growth, looking south.

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40 HP TUR-
BINE WITH
BOWLS SET
AT 150 FT.
60 HP
BOOSTER

3355 FT 8"
ALUMINUM
MAINLINE

TWO 1/4
MILE HARD
HOSE

Figure 4. 40 HP Turbine Pump and Electric Panels. Looking south.



Figure 5. 3,600 feet of 8" mainline, looking southwest.

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Figure 6. Mixed grain crop, looking southeast towards shop.



Figure 7. Mixed grain crop, looking west.

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Figure 8. Mixed grain crop, looking north.



Figure 9. Square triticale bales, looking west.

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Figure 10. Square triticale bales, looking west.

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Figure 11. Baling hay, looking southeast.

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Figure 12, Baling hay.

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Figure 13. Swathing triticale.

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Figure 14. Swathing triticale.

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Figure 15. Swathing triticale.

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Figure 16. Swathing triticale, looking south.

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Figure 17. Swathing triticale, looking north.

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Figure 18. Swathing triticale, looking south.

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Figure 19. Swathing triticale, looking west.

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Figure 20. Swathing triticale, looking east.

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Figure 21. Loading square triticale bales, looking west.

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Figure 22. Pumping water from buldge while cows graze in the background, looking southwest.

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Figure 23. Pumping water from the buldge while cows graze in the background looking southwest.

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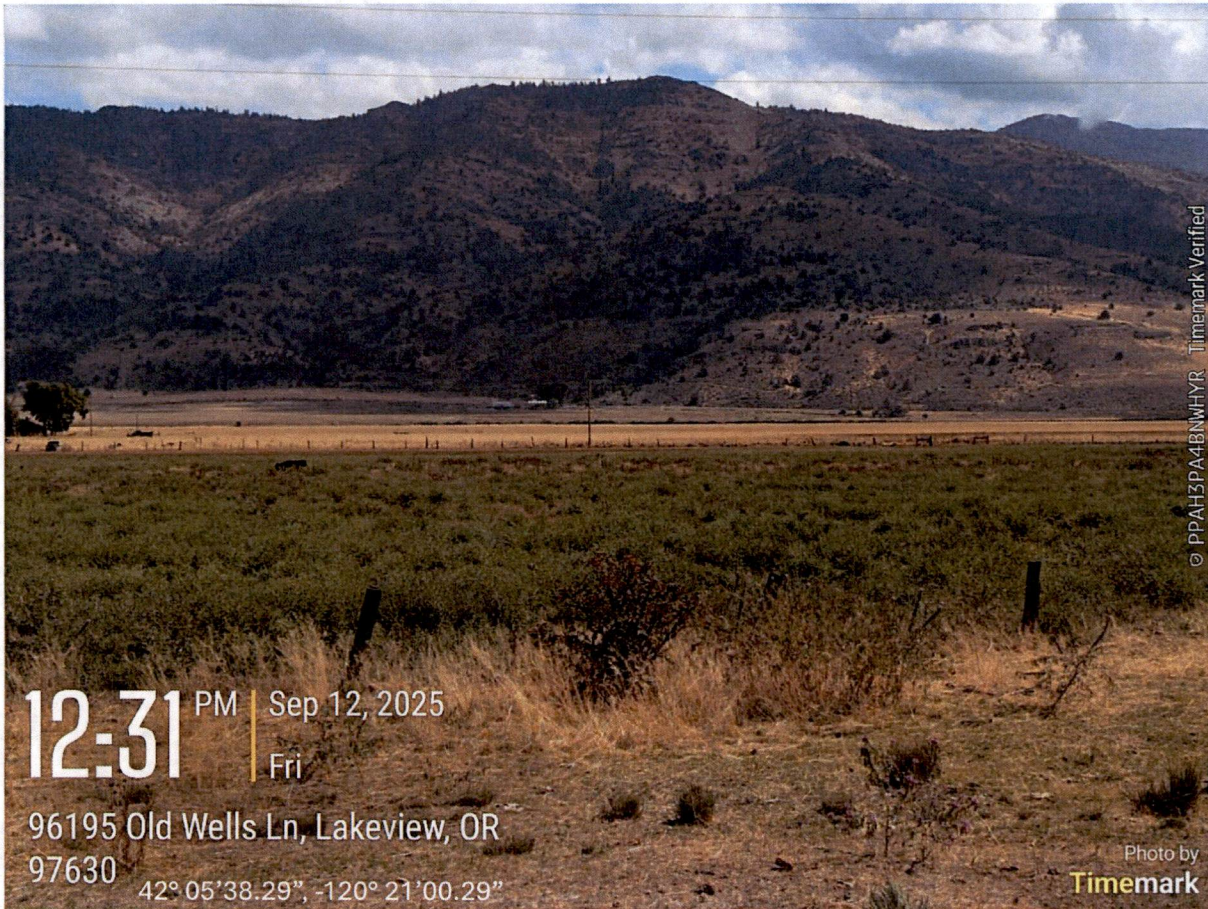


Figure 24. Cattle grazing in meadow, looking east.

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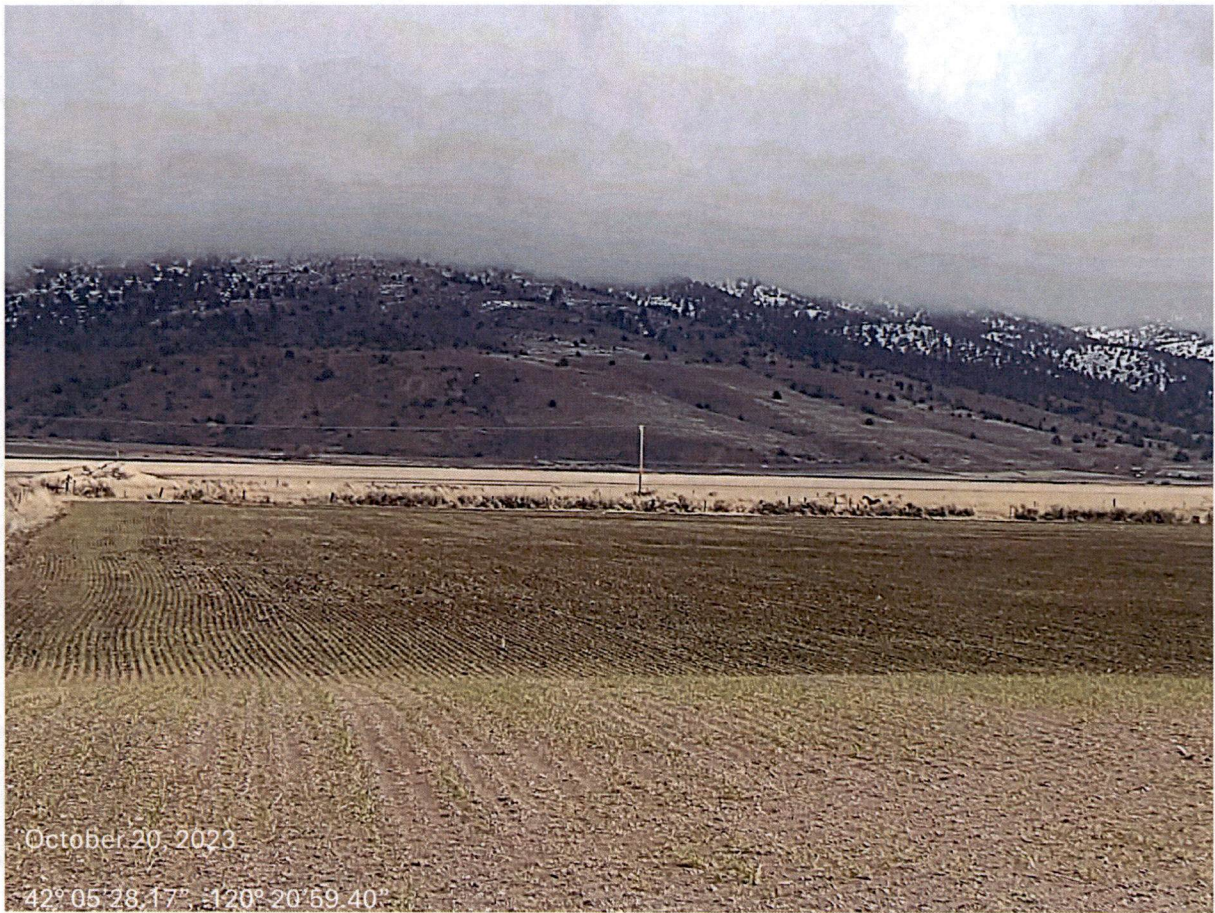


Figure 25. Newly planted triticale, looking east.

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Figure 26. Newly planted triticale germinating, looking southwest.

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Figure 27. Irrigation Reel Nozzle.

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Figure 28. Irrigation Reel Specs.

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Figure 29. Irrigation Reel #2 Specs.

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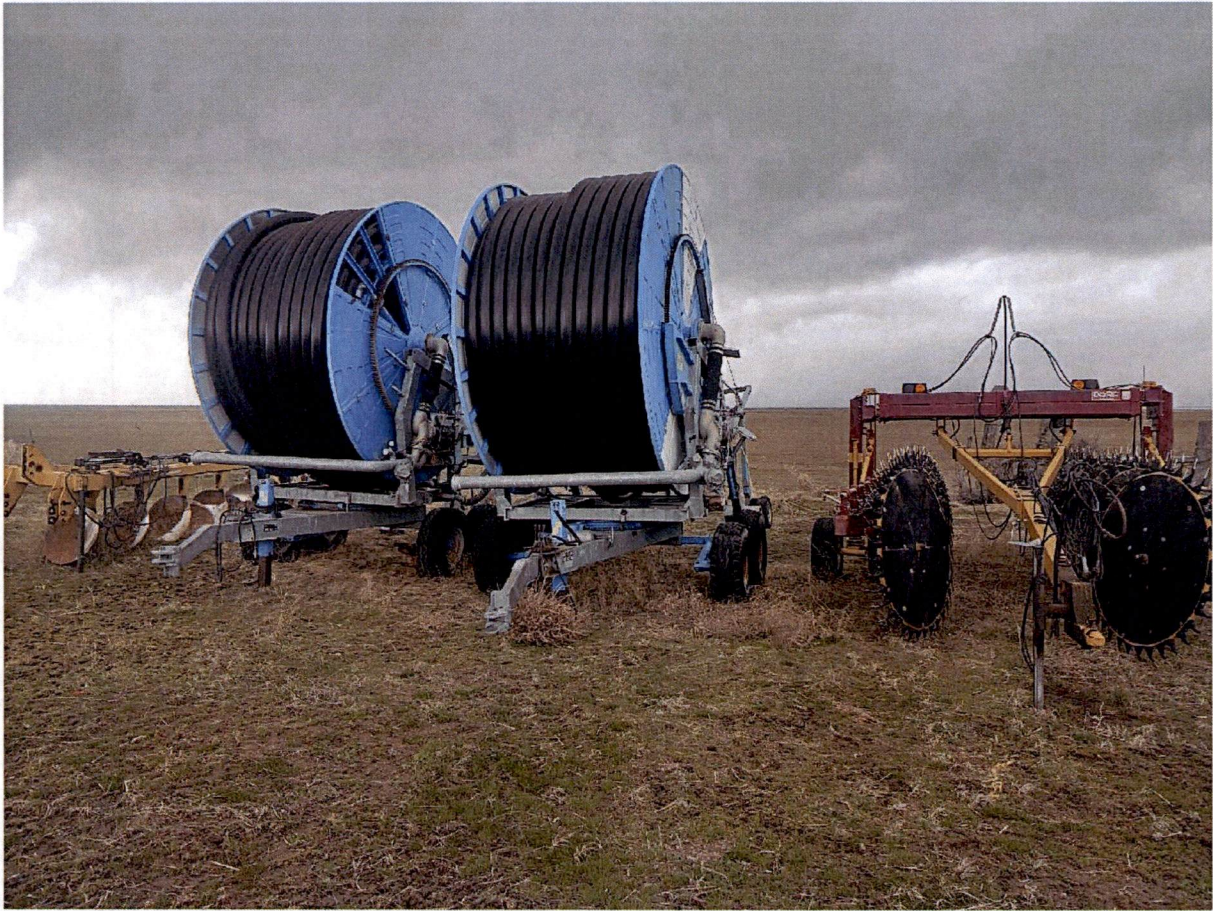


Figure 30. Irrigation Reels.

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Figure 31. 100 kw Generator next to Turbine Pump and Well, looking west.



Figure 32. Flood irrigation through 8" mainline. Valves are opened to release water. Cattle grazing in the background, looking west.

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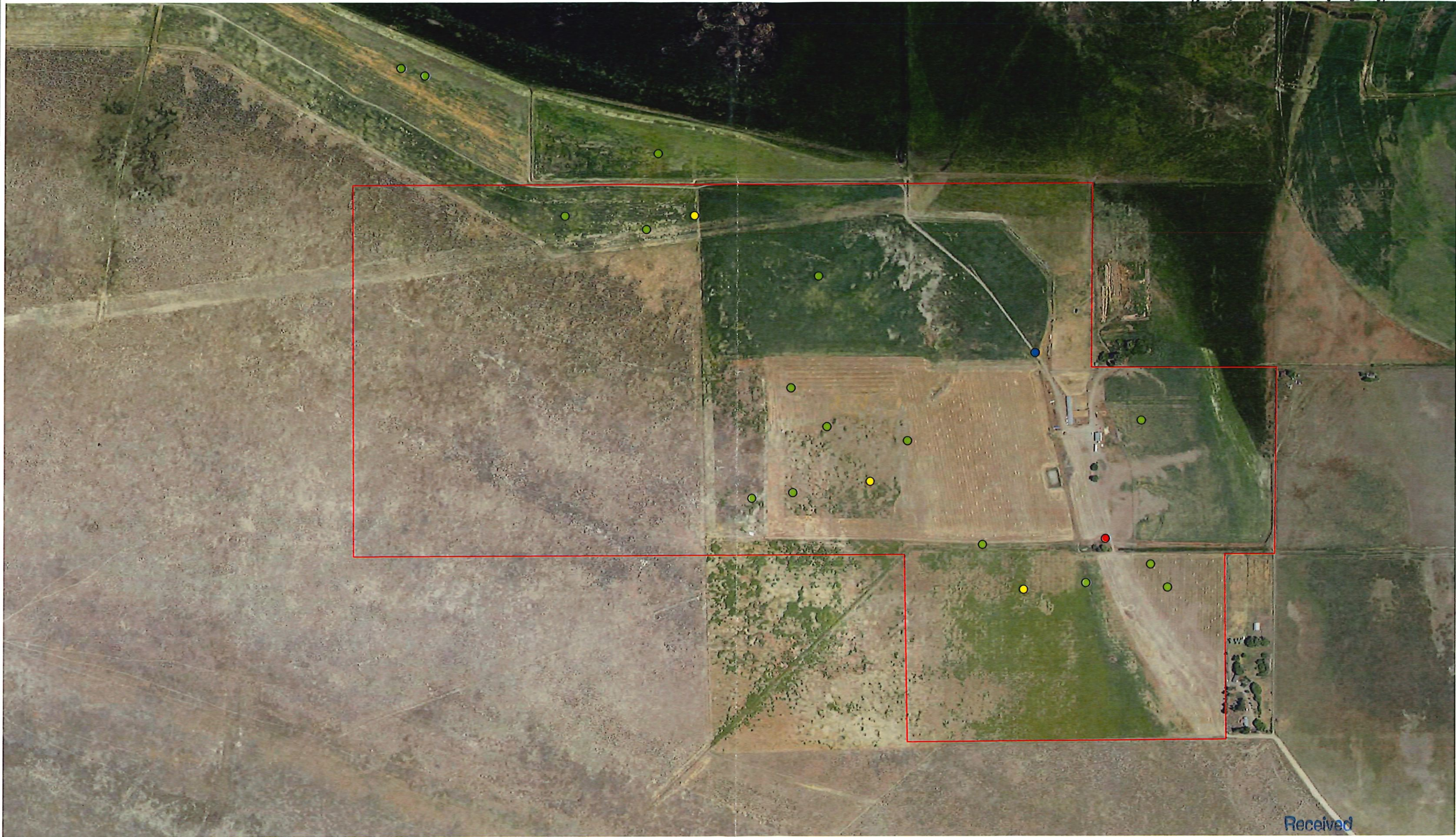
2026-03-09 15:45:49

Lat: 42°05'29.49900", Lon: -120°21'05.18988"

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2026-03-09 15:44:24
North: 138.0960, East: -394.8528

yellow dots pre 2020
blue dot = large green dots → 2023
red dot well



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ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 8/6/2026
Attention: Certificates
RE: COBU's for G-17524

[X] Prints ☐ Plans ☐ Plat ☐ Specifications.

Attached is a COBU's G-17524 for Chaylon & Amber Shuffeld.

If you have any questions please don't hesitate to call 541-548-5833 or email me at scott@apeands.com.

Copies	No.	Description
1	1	COBU G-17524 (11 pages letter bond)
1	2	COBU Map (1 page bond)
1	3	Well log (2 pages letter bond)
1	4	Pump Test (6 pages letter bond)
1	5	Site photos (29 pages letter bond)
1	6	Aerial imagery (1 page bond)
1	7	Check# for \$345.00

Signed: _____

Deuse Montoya

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