

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-16804</u>	WRD Reviewer <u>Cony M.</u>
Transfer #	
Date Received <u>12/30/2020</u>	
CWRE Name <u>Daniel Scalas</u>	

Priority Date:

Fees Required:

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE:		RECEIPT #:	
RECEIVED FROM:		APPLICANT FROM:	
CASH CHECK # OTHER (IDENTIFY)		TOTAL RECEIVED	
TWO TREASURY 270 MISC CASH ACCT			
8487 COPIES OTHER (IDENTIFY)			
8213 Incentive Fund 8214 State Water Right Fee 8215 Cont. Water			
8216 WELLDRILL 8217 WELL DRILL CONSTRUCTION			
8407 MISCELLANEOUS COPY & TAPES FEES 8410 RESEARCH FEES 8408 MISC REVENUE (IDENTIFY) 8218 EXPORT LINE (IDENTIFY) 8219 EXTENSION OF TRAP		4611	
WATER RIGHTS 8201 SURFACE WATER 8202 GROUND WATER 8203 TRANSFER		8207 8204	
WELL CONSTRUCTION 8216 WELL DRILL CONSTRUCTION 8217 WELL DRILL CONSTRUCTION 8218 EXPORT LINE (IDENTIFY) 8219 EXTENSION OF TRAP		8216 8218	
8220 OTHER (IDENTIFY)		COBU 200.00	
8221 POWER LICENSE FEE (FORWARD) 8222 HYDRO LICENSE FEE (FORWARD)		8221 8222	
HYDRO APPLICATION			
SPECIAL INSTRUCTIONS:			

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

RETURN TO APPLICANT - LETTER ATTACHED

Groundwater File Review:

Pump Test Required? YES NO Pump Test Submitted? YES NO*

Rec'd 6/7/2020

*If no, include pump test flyer w/acknowledgment letter

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 \$200 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 503-986-0900 and ask for the Certificate Section.

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-16804	PERMIT # (IF APPLICABLE) G-17005	PERMIT AMENDMENT # (IF APPLICABLE) N/A
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Loren Walch and Melinda Cauvin		PHONE NO. 541-821-7841	ADDITIONAL CONTACT NO.
ADDRESS PO Box 519			
CITY Chiloquin	STATE OR	ZIP 97624	E-MAIL Mcw5143@gmail.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

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/23/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Melinda Cauvin	9/23/2020	Owner
Loren Walch	9/23/2020	Owner

6. County:

Klamath

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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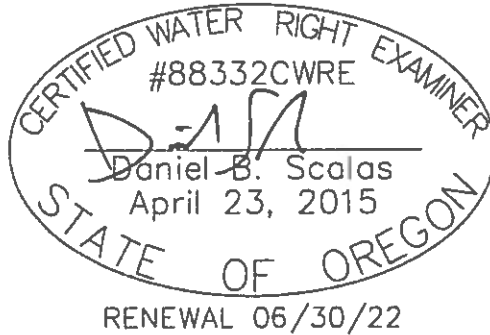
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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Daniel B. Scalas		PHONE NO. 541-884-4666	ADDITIONAL CONTACT NO.	
ADDRESS 1435 Esplanade Ave.				
CITY Klamath Falls	STATE OR	ZIP 97601	E-MAIL dscalas@adkinsengineering.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>Loren Walch</i>	Loren Walch	Owner	11/12/2020
<i>Melinda Cauvin</i>	Melinda Cauvin	Owner	Nov. 12, 2020

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SECTION 3
CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	OWRD WELL TAG # (IF APPLICABLE)
Well 1	KLAM 60524 & KLAM 60707	L129748

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Upper Klamath Lake Basin	N/A

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Supplemental Irrigation	Pasture	Water was ready, willing, and able to be used on 9/23/2020	Water was ready, willing, and able to be used on 9/23/2020
Total Quantity of Water Used				

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 appropriated from Well 1 east through 12" mainline into Ditch 1. Water is then diverted south-southeast through Ditch 1 for approximately 4,390 feet to Pump 1. From Pump 1, water can be diverted west-southwest, and south-southeast.

To the west-southwest, water is pumped into Ditch 2 for approximately 5,690 feet to a series of smaller ditches for flood irrigation. Water is also diverted to 5" aluminum wheel lines for sprinkler irrigation of approximately 111 acres in Government Lots 25, 26, 31, & 32 of Section 5, as well as NW1/4 NE1/4, NE1/4 NE1/4, SW1/4 NE1/4, & SE1/4 NE1/4 of Section 8. Water can also be diverted to a series of smaller ditches to irrigate the acreages in these Government Lots.

To the south-southeast, water is diverted by Ditch 3 for approximately 3,760 feet to a series of smaller ditches for flood irrigation.

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. **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 describes 80.0 Conditional Acres subject to KA Claim 700. The water users are ready, willing, and able to irrigate these acres.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF AGRES ALLOWED	# OF ACRES DEVELOPED
Well 1	4.9 CFS	12.6 CFS	N/A	Supplemental Irrigation	395.2	395.2

SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	OWRD # IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
36S	7E	WM	5	NE NW	3		Supplemental Irrigation		17.9
36S	7E	WM	5	NE NW	6		Supplemental Irrigation		19.7
36S	7E	WM	5	NW NW	4		Supplemental Irrigation		19.2
36S	7E	WM	5	NW NW	5		Supplemental Irrigation		15.9
36S	7E	WM	5	SW NW	12		Supplemental Irrigation		9.2
36S	7E	WM	5	SW NW	13		Supplemental Irrigation		2.7
36S	7E	WM	5	SE NW	11		Supplemental Irrigation		20.0
36S	7E	WM	5	SE NW	14		Supplemental Irrigation		19.9
36S	7E	WM	5	NE SW	19		Supplemental Irrigation		16.0
36S	7E	WM	5	NE SW	22		Supplemental Irrigation		7.4
36S	7E	WM	5	NE SE	17		Supplemental Irrigation		20.0
36S	7E	WM	5	NE SE	24		Supplemental Irrigation		20.0
36S	7E	WM	5	NW SE	18		Supplemental Irrigation		20.0
36S	7E	WM	5	NW SE	23		Supplemental Irrigation		20.0
36S	7E	WM	5	SW SE	26		Supplemental Irrigation		19.7
36S	7E	WM	5	SW SE	31		Supplemental Irrigation		19.7
36S	7E	WM	5	SE SE	25		Supplemental Irrigation		6.4
36S	7E	WM	5	SE SE	32		Supplemental Irrigation		6.8
36S	7E	WM	6	NE NE			Supplemental Irrigation		2.2
36S	7E	WM	8	NE NE			Supplemental Irrigation		15.0

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
36S	7E	WM	8	NW NE			Supplemental Irrigation		35.8
36S	7E	WM	8	SW NE			Supplemental Irrigation		3.0
36S	7E	WM	8	SE NE			Supplemental Irrigation		2.0
36S	7E	WM	9	NW NW	4		Supplemental Irrigation		6.7
36S	7E	WM	9	NW NW	5		Supplemental Irrigation		14.4
36S	7E	WM	9	SW NW	12		Supplemental Irrigation		15.4
36S	7E	WM	9	SW NW	13		Supplemental Irrigation		19.2
36S	7E	WM	9	SE NW	14		Supplemental Irrigation		1.0
Total Acres Irrigated									395.2

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.

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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:

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2" plug located on the north side of the well

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

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

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.

KLAM 60524 & KLAM 60707

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	14RJHC	Unknown	Turbine	16"	12"
Johnston	16881	Unknown	Turbine	12"	12"
Crisafulli	L16-C	16800	Turbine	12"	12"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	125
US Motors	15
John Deere	55.9

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	0	70.0'	0.0'	12.6 CFS
15	0	5.0'	0.0'	21.1 CFS
55.9	0	10.0'	0.0'	39.4 CFS

5. Provide pump calculations:

See Attachment E.

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			

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
12" Steel	100'	Steel	Above Ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Lateral	2,620'	5" Aluminum	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	60	7.8 GPM	108	108	1.88 CFS

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

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11. Drip Emitter Information:

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

13. Pivot Information:

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

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

YES

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)
Bare Earth	53.0'	43.0'	5.1'	0.03	2.7'	4,390'	0.1%	791.9 CFS
Bare Earth	23.7'	4.0'	3.3'	0.03	1.2'	5,690'	0.02%	49.5 CFS
Bare Earth	34.7'	17.0'	2.9'	0.03	2.7'	3,760'	0.1%	163.4 CFS

3. Provide calculations:

See Attachment E.

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			

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	2/7/2013		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	10/1/2020	9/18/2020	Water users were ready, willing, and able to irrigate.
COMPLETE APPLICATION OF WATER (C)	10/1/2020	9/18/2020	Water users were ready, willing, and able to irrigate.

* 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? NO

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?
- 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
N/A			

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:
- 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
N/A			

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? **YES**

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

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

e. Has a pump test exemption been approved by the Department? **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**

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	20-05874	Working	3,873,000 gallons	9/18/2020

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
KLAM 60707	8/11/2020

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e. Other conditions? **NO**

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

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	Copy of Permit G-17005
Attachment B	Extension of Time Final Order
Attachment C	Claim of Beneficial Use Map (on mylar)
Attachment D	Claim of Beneficial Use Map (paper copy)
Attachment E	Theoretical Pump Capacity, Gravity Flow Ditch, and Sprinkler Calculations
Attachment F	Well Logs KLAM 60524 & 60707
Attachment G	Klamath County Tax Maps 36-7-5, 36-7-8, & 36-7-9

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 Map was prepared from field measurements, NAIP 2020 aerial photography, Klamath County tax maps, and Oregon GLO maps.

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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
- N/A 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
- N/A 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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ATTACHMENT A
Copy of Permit G-17005

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STATE OF OREGON

COUNTY OF KLAMATH

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

LOREN WALCH AND MELINDA CAUVIN
PO BOX 519
CHILOQUIN, OR 97624

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-16804

SOURCE OF WATER: ALTERNATE WELL SITE IN UPPER KLAMATH LAKE BASIN

PURPOSE OR USE: SUPPLEMENTAL IRRIGATION OF 395.2 ACRES

MAXIMUM RATE: 4.9 CUBIC FEET PER SECOND

PERIOD OF USE: APRIL 1 THROUGH OCTOBER 31

DATE OF PRIORITY: FEBRUARY 23, 2007

WELL LOCATION: NE $\frac{1}{4}$ NW $\frac{1}{4}$, SECTION 5, T36S, R7E, W.M.; 80 FEET SOUTH AND
100 FEET WEST FROM N1/4 CORNER, SECTION 5

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE $\frac{1}{4}$ NW $\frac{1}{4}$ 37.6 ACRES
NW $\frac{1}{4}$ NW $\frac{1}{4}$ 35.1 ACRES
SW $\frac{1}{4}$ NW $\frac{1}{4}$ 11.9 ACRES
SE $\frac{1}{4}$ NW $\frac{1}{4}$ 39.9 ACRES
NE $\frac{1}{4}$ SW $\frac{1}{4}$ 23.4 ACRES
NE $\frac{1}{4}$ SE $\frac{1}{4}$ 40.0 ACRES
NW $\frac{1}{4}$ SE $\frac{1}{4}$ 40.0 ACRES
SW $\frac{1}{4}$ SE $\frac{1}{4}$ 39.4 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 13.2 ACRES
SECTION 5

NE $\frac{1}{4}$ NE $\frac{1}{4}$ 2.2 ACRES
SECTION 6

Application G-16804 Water Resources Department

PERMIT G-17005

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NE ¼ NE ¼ 15.0 ACRES
NW ¼ NE ¼ 35.8 ACRES
SW ¼ NE ¼ 3.0 ACRES
SE ¼ NE ¼ 2.0 ACRES
SECTION 8

NW ¼ NW ¼ 21.1 ACRES
SW ¼ NW ¼ 34.6 ACRES
SE ¼ NW ¼ 1.0 ACRES
SECTION 9

TOWNSHIP 36 SOUTH, RANGE 7 EAST, W.M.

Condition pertaining to the 80 acres in the NW ¼ SE ¼ AND NE ¼ SE ¼ of Section 5, Township 36 South, Range 7 East, W.M. ("Conditional Acres"):

The Conditional Acres are subject to Claim 700 in the Klamath Basin Adjudication. Once a final order is issued for Claim 700, and if no exceptions are filed to the final order for Claim 700, the place of use, rate and duty recognized in the final order for Claim 700 shall be applied to the Conditional Acres; however, the rate and duty applied to the Conditional Acres may in no event exceed 1/80th cfs and 3 acre-feet per acre. If exceptions are filed to the final order for Claim 700, the place of use, rate and duty recognized in the decree for Claim 700, after any challenges to the decree are resolved, shall be applied to the Conditional Acres; however, the rate and duty applied to the Conditional Acres may in no event exceed 1/80th cfs and 3 acre-feet per acre.

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter or other suitable measuring device as approved by the Director at each point of appropriation. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

Application G-16804 Water Resources Department PERMIT G-17005

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Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

The Department requires the water user to measure and report annual static water levels for each well on the permit. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall submit an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to measure and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations submitted to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or

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- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

STANDARD CONDITIONS

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may not be valid, unless the Department authorizes the change in writing.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The well(s) shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Application G-16804 Water Resources Department

PERMIT G-17005

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Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

Completion of construction and application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after making beneficial use of water, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued February 7, 2013

E. Timothy Wall

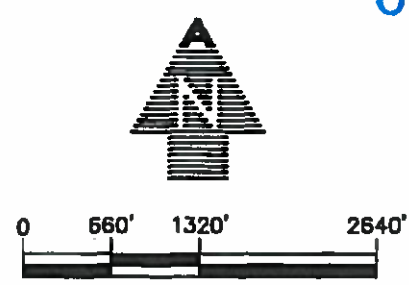
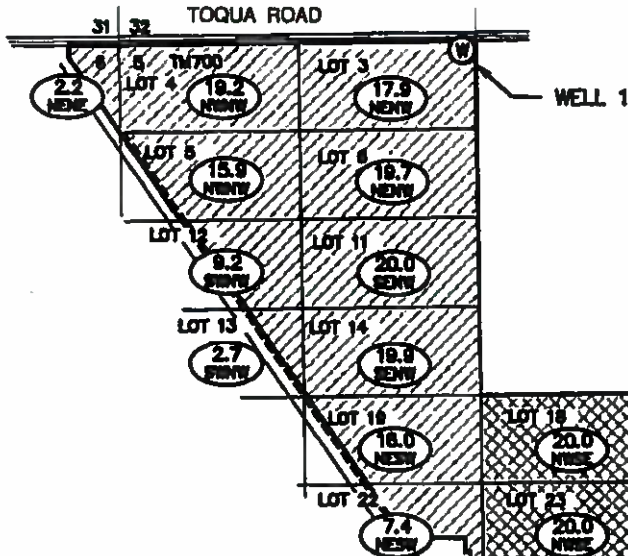
for Phillip C. Ward, Director
Water Resources Department

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APPLICATION MAP

FOR
**MELINDA CAUVIN AND
 LOREN WALCH**
 T36S, R7E, Sec.'s 5, 6, 8 & 9, W.M.
 KLAMATH COUNTY, OREGON
 APPLICATION No. G-16804

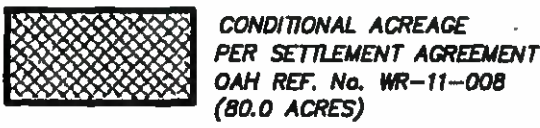
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NOTES:

1. THE PURPOSE OF THIS MAP IS TO IDENTIFY THE LOCATION OF THE WATER RIGHT ONLY, AND IS NOT INTENDED TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY LINES.
2. DATE OF PRIORITY FOR THIS APPLICATION IS FEBRUARY 23, 2007.

LEGEND



TM300 TAX MAP NUMBER
 LOT 3 GOVERNMENT LOT NUMBER

TAX LOT BOUNDARY
 1/4 1/4 LINE
 ROADS
 DITCH/CANAL
 (W) PROPOSED WELL

WELL TIE:
 80' SOUTH AND 100' WEST FROM
 THE NORTH 1/4 CORNER, SECTION
 5 LOCATED IN THE NE1/4 NW1/4
 SEC. 5

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 WATER RESOURCES DEPT
 SALEM, OREGON

ADKINS
 SINCE 1983
 CONSULTING ENGINEERS, INC.
 Engineers ▲ Planners ▲ Surveyors
 2950 Sheeta Way · Klamath Falls, Oregon 97603 · (541) 884-4886 · FAX (541) 884-5335
 Oregon · California
 4/2/12 2888-0101

Application Map
 for
MELINDA CAUVIN & LOREN WALCH
 T36S, R7E, Sec.'s 5, 6, 8 & 9 W.M.
 Klamath County, Oregon

ATTACHMENT B
Extension of Time Final Order

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At time of issuance of the Proposed Final Order the Department concluded that, based on the factors demonstrated by the applicant, any comments received, and information within the file, the permit may be extended subject to the following conditions:

LIMITATIONS AND CONDITIONS

1. Last Extension Condition

This may be the last extension of time granted for Permit G-17005. Any future extensions of time request may be denied, unless the permit holder can provide the Department with evidence that construction of the Well has been completed and the condition requiring installation of a totalizing flow meter has been satisfied. In addition, all normal extension standards and rules will be evaluated. ORS 539.010(5); OAR 690-315-0040.

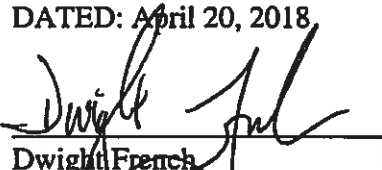
CONCLUSION OF LAW

The applicant has demonstrated good cause for the permit extension pursuant to ORS 537.630, 539.010(5) and OAR 690-315-0040(2).

ORDER

The extension of time for Application G-16804, Permit G-17005, therefore, is approved subject to conditions contained herein. The deadline for completing construction is extended from February 7, 2018, to October 1, 2020. The deadline for applying water to full beneficial use within the terms and conditions of the permit is extended from February 7, 2018, to October 1, 2020.

DATED: April 20, 2018


Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

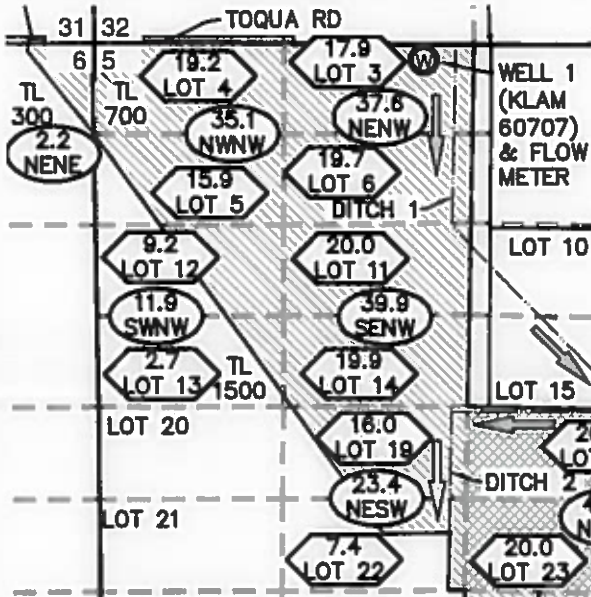
-
- If you have any questions about statements contained in this document, please contact the Permit Extension Specialist at (503) 986-0802.
 - If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at (503) 986-0900
-

ATTACHMENT C
Claim of Beneficial Use Map (on mylar)

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NOTES:

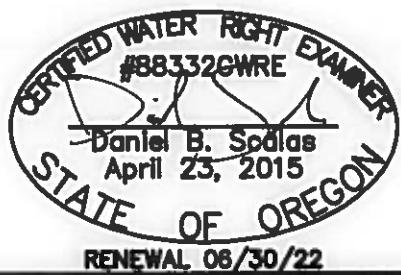
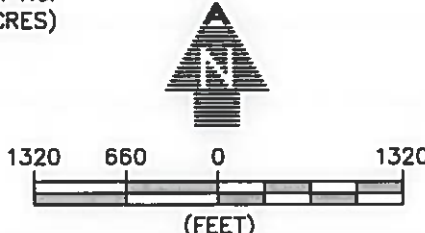
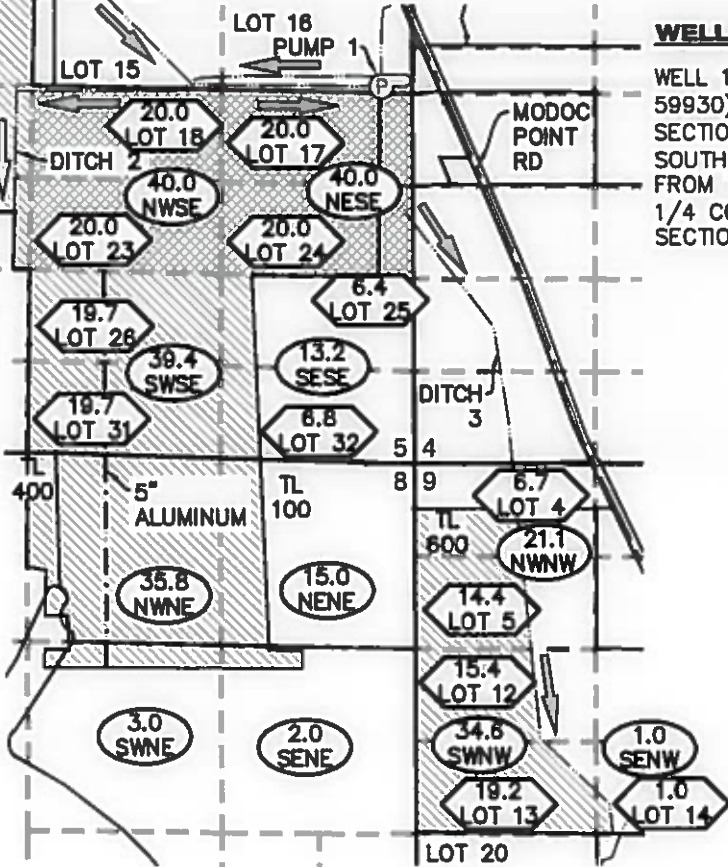
1. THIS MAP WAS PREPARED FROM FIELD MEASUREMENTS, NAIP 2020 AERIAL PHOTOGRAPHY, KLAMATH COUNTY TAX MAPS, AND OREGON GLO MAPS.
2. THE PURPOSE OF THIS MAP IS TO IDENTIFY THE LOCATION OF THE WATER RIGHT ONLY, AND IS NOT INTENDED TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY LINES.
3. DATE OF PRIORITY FOR THIS CERTIFICATE IS FEBRUARY 23, 2007.

WELL LOCATION:

WELL 1 (KLAM 59930): T36S, R7E, SECTION 5 W.M.; 80' SOUTH & 100' WEST FROM THE NORTH 1/4 CORNER OF SECTION 5.

LEGEND

- SECTION LINE
- - - GOVERNMENT LOT LINE
- TAX LOT LINE
- - - CANAL/CREEK
- - - ABOVE GROUND PIPE
- ROAD
- WATER PUMP
- FLOW DIRECTION
- $\frac{22}{22} | \frac{22}{22}$ SECTION CORNER
- TL 0000 TAX LOT NUMBER
- LOT 1 GOVERNMENT LOT NUMBER
- POA (WELL)
- SUPPLEMENTAL IRRIGATION UNDER PERMIT G-17005
- CONDITIONAL ACREAGE PER SETTLEMENT AGREEMENT OAH REF. No. WR-11-008 (80.0 ACRES)
- IRRIGATED ACRES
- 1/4 1/4 SECTION IRRIGATED ACRES
- GOVERNMENT LOT NUMBER



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AL ADKINS
ENGINEERING & SURVEYING
o / 541.884.4666
w / AdkinsEngineering.com
1435 ESPLANADE AVENUE, KLAMATH FALLS, OR 97601
SERVING S. OREGON & N. CALIFORNIA

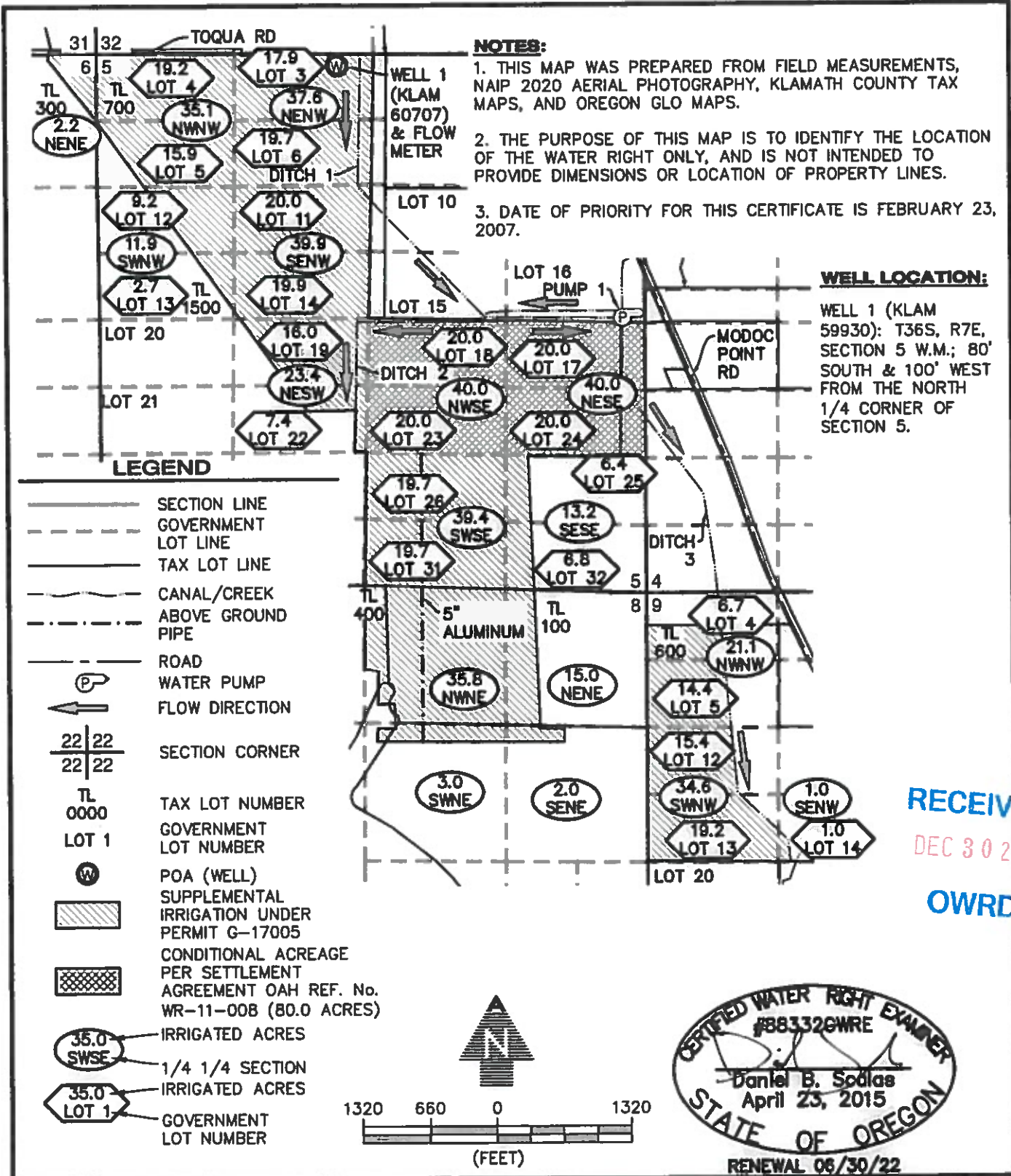
CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP
FOR
LOREN WALCH AND MELINDA CAUVIN
T36S, R7E, SECS. 5, 6, 8, & 9, WM
KLAMATH COUNTY, OREGON
PERMIT G-17005
APPLICATION G-16804

ATTACHMENT D
Claim of Beneficial Use Map (paper copy)

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NOTES:

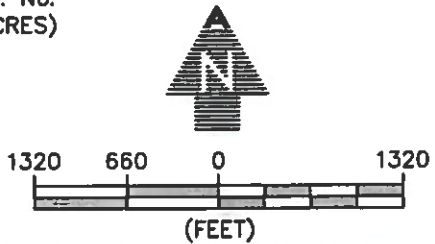
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WELL LOCATION:

WELL 1 (KLAM 59930): T36S, R7E, SECTION 5 W.M.; 80' SOUTH & 100' WEST FROM THE NORTH 1/4 CORNER OF SECTION 5.

LEGEND

- SECTION LINE
- - - GOVERNMENT LOT LINE
- TAX LOT LINE
- - - CANAL/CREEK
- - - ABOVE GROUND PIPE
- ROAD
- ⊕ WATER PUMP
- ← FLOW DIRECTION
- 22 | 22
22 | 22 SECTION CORNER
- TL TAX LOT NUMBER
- 0000 GOVERNMENT LOT NUMBER
- LOT 1 GOVERNMENT LOT NUMBER
- ⊙ POA (WELL)
- ▨ SUPPLEMENTAL IRRIGATION UNDER PERMIT G-17005
- ▩ CONDITIONAL ACREAGE PER SETTLEMENT AGREEMENT OAH REF. No. WR-11-00B (80.0 ACRES)
- 35.0 SWSE IRRIGATED ACRES
- 35.0 LOT 1 1/4 1/4 SECTION IRRIGATED ACRES
- 35.0 LOT 1 GOVERNMENT LOT NUMBER



CERTIFIED WATER RIGHT EXAMINER
#88332GWRE
Daniel B. Scdlas
April 23, 2015
STATE OF OREGON
RENEWAL 06/30/22

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SERVING S. OREGON & N. CALIFORNIA

CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP
FOR
LOREN WALCH AND MELINDA CAUVIN
T36S, R7E, SECS. 5, 6, 8, & 9, WM
KLAMATH COUNTY, OREGON
PERMIT G-17005
APPLICATION G-16804

ATTACHMENT E
**Theoretical Pump Capacity, Gravity Flow
Ditch, and Sprinkler Calculations**

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Ditch Capacity Calculator
using Manning's Formula

Data Entry (fill in underlined blanks)

Top Width = 53 feet
Bottom Width = 43 feet
Depth = 5.1 feet
Fall = 2.7 feet per 4390 feet of distance
Grade = 0.00061503 , or 0.1%
n Factor = 0.03

Results calculated

Area of cross-section = 244.8 square feet
Wetted Perimeter = 57.2843 feet
Hydraulic Radius = 4.27343
Velocity = 3.235 feet per second

Calculated Ditch Capacity = 791.9 cubic feet per second

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Ditch Capacity Calculator

using Manning's Formula

Data Entry (fill in underlined blanks)

Top Width = 23.7 feet
Bottom Width = 4 feet
Depth = 3.3 feet
Fall = 1.2 feet per 5690 feet of distance
Grade = 0.0002109 , or 0.02%
n Factor = 0.03

Results calculated

Area of cross-section = 45.705 square feet
Wetted Perimeter = 24.7762 feet
Hydraulic Radius = 1.84471
Velocity = 1.082 feet per second

Calculated Ditch Capacity = 49.5 cubic feet per second

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Ditch Capacity Calculator

using Manning's Formula

Data Entry (fill in underlined blanks)

Top Width = 34.7 feet
Bottom Width = 17 feet
Depth = 2.9 feet
Fall = 2.7 feet per 3760 feet of distance
Grade = 0.00071809 , or 0.1%
n Factor = 0.03

Results calculated

Area of cross-section = 74.965 square feet
Wetted Perimeter = 35.6261 feet
Hydraulic Radius = 2.10422
Velocity = 2.180 feet per second

Calculated Ditch Capacity = 163.4 cubic feet per second

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Pump Capacity Calculation Sheet
using Department designed formula:

Date: 10/5/2020
Well 1

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

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 125
Efficiency = 7.04
Lift = 70
PSI = 0

Results Calculated

(hp)(efficiency) = 880
Head based on psi = 0.0
Total dynamic head = 70.0
(head + lift)

Pump Capacity = 12.57 cubic feet per second

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Pump Capacity Calculation Sheet
using Department designed formula:

Date: 10/5/2020
Tractor Pump

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

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 55.9
Efficiency = 7.04
Lift = 10
PSI = 0

Results Calculated

(hp)(efficiency) = 393.536
Head based on psi = 0.0
Total dynamic head = 10.0
(head + lift)

Pump Capacity = 39.35 cubic feet per second

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Pump Capacity Calculation Sheet
using Department designed formula:

Date: 10/5/2020
Diversion Pump

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

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 15
Efficiency = 7.04
Lift = 5
PSI = 0

Results Calculated

(hp)(efficiency) = 105.6
Head based on psi = 0.0
Total dynamic head = 5.0
(head + lift)

Pump Capacity = 21.12 cubic feet per second

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ATTACHMENT F
Well Logs KLAM 60524 & 60707

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

WELL I.D. LABEL# L 129748
 START CARD # 216487
 ORIGINAL LOG # Klamath 60524

(1) LAND OWNER
 Owner Well I.D. _____
 First Name Loren / Melinda Last Name Walch / Cauvin
 Company _____
 Address _____ PO Box 519
 City Chiloquin State OR Zip 97624

(2) TYPE OF WORK
 New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: 22 + 1.5 375 .375
 Material From To Amt sacks/lbs
 Seal: Bentonite & Cement 0 78.5 148 sacks

(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 2047 ft.
 BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
21	1120	1630	Neat Cement	0	1700	1372	SKS
19	1630	1700			Calculated	1295	SKS
15	1700	2047			Calculated		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	+	3	776	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		776	1700	.500	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			added:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	22	+	2	+1.5	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 1700
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ 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)
2200	68		24

 Temperature 82 °F Lab analysis Yes By _____ Owner _____
 Water quality concerns? Yes (describe below) TDS amount ~100

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Klamath Twp 36 S N/S Range 7 E E/W WM
 Sec 5 NE 1/4 of the NW 1/4 Tax Lot 700
 Tax Map Number 36 07A 05 Lot _____
 Lat _____ " or 42.4859 DMS or DD
 Long _____ " or -121.9071 DMS or DD
 Street address of well Nearest address
 2700 Toqua Road, Chiloquin, OR 97624

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	4/22/20		5
	8/6/20		3

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
8/6/20	1709	2047	2200+		3

(11) WELL LOG
 Ground Elevation _____

Material	From	To
Previously constructed well - KLAM 60524	0	1137
Clay, grey & brown, silty	1137	1151
Clay, grey, medium (occasional softer/harder), silty	1151	1641
Sand, black, med-fine, cemented w/some clay, green, hard	1641	1666
Basalt, black w/red, med. w/some claystone, green-grey, med.	1666	1686
Basalt, dark grey, hard	1686	1709
Basalt, black, medium, some vesicular	1709	1715
Basalt, blk, med-soft, fractured, vesicular w/some claystone, blue	1715	1795
Basalt, red & brown, med-soft, vesicular, frac. w/claystone, blue	1795	1805
Basalt, blk, med-soft, vesicular, fractured w/some claystone, blue	1805	1835
Basalt, brown & red, med-soft, visicular, fract. w/claystone, blue	1835	1839
Basalt, blk, med-soft, vesicular, fractured w/some claystone, blue	1839	2034
Basalt, black, medium, fractured, w/some clay, brown	2034	2038
Basalt, black, med, fractured w/some clay, brown & grey	2038	2047
Many clay formations squeezed. Bore diameters are nominal.		
Some basalt formations sloughed during drilling.		
WWC recommended well be lined. Owner opted otherwise.		
Steel plate ring welded between 22" & 18" casings at top of 16"		

 Date Started 4/22/20 Completed 8/11/20

(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 2034 Date 8/28/20
 Signed *Wally G. Galt*

(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 649 Date 8/28/20
 Signed *Stephen Schmidt*
 Contact Info (optional) _____

KLAM 60707

WELL I.D. LABEL# **128748**
 START CARD # **216487**
 ORIGINAL LOG # **Klamath 80524**

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Loren / Melinda Last Name Walch / Cauvin
 Company _____
 Address PO Box 519
 City Chiloquin State OR Zip 97624

(2) **TYPE OF WORK** New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) **PRE-ALTERATION**
 Dia + From To Gauge Sd Plstc Wid Thrd
 Casing: 22 + 1.5 .375 .375
 Material From To Amt sacks/lbs
 Seal: Bentonite & Cement 0 78.5 148 sacks

(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 2047 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
21	1120	1830	Neat Cement	0	1700	1372	SKS
19	1830	1700				Calculated	1285 SKS
15	1700	2047				Calculated	

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

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	Sd	Plstc	Wid	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	+	.3	776	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		776	1700	.500	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			added:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	+	2	+1.5	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 1700
 Temp casing Yes Dia _____ From _____ To _____

(7) **PERFORATIONS/SCREENS**
 Perforations Method _____
 Screens Type **RECEIVED** Material _____

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

AUG 31 2020
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(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2200	68	120	24

Temperature 82 °F Lab analysis Yes By Owner
 Water quality concerns? Yes (describe below) TDS amount -100

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County Klamath Twp 38 S N/S Range 7 E E/W WM
 Sec 5 NE 1/4 of the NW 1/4 Tax Lot 700
 Tax Map Number 36 07A 05 Lot _____
 Lat _____ or 42.4859 DMS or DD
 Long _____ or -121.9071 DMS or DD
 Street address of well Nearest address
2700 Toqua Road, Chiloquin, OR 97624

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	+ SWL (ft)
	<u>4/22/20</u>		<u>3</u>
	<u>8/6/20</u>		<u>3</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>8/6/20</u>	<u>1709</u>	<u>2047</u>	<u>2200+</u>		<u>3</u>

(11) **WELL LOG** Ground Elevation _____

Material	From	To
Previously constructed well - KLAM 80524	0	1137
Clay, grey & brown, silty	1137	1161
Clay, grey, medium (occasional softer/harder), silty	1161	1841
Sand, black, med-fine, cemented w/some clay, green, hard	1841	1888
Basalt, black wired, med. w/some claystone, green-grey, med.	1888	1888
Basalt, dark grey, hard	1686	1708
Basalt, black, medium, some vesicular	1709	1715
Basalt, blk, med-soft, fractured, vesicular w/some claystone, blue	1715	1785
Basalt, red & brown, med-soft, vesicular, frac. w/claystone, blue	1785	1805
Basalt, blk, med-soft, vesicular, fractured w/some claystone, blue	1805	1835
Basalt, brown & red, med-soft, vesicular, fract. w/claystone, blue	1835	1839
Basalt, blk, med-soft, vesicular, fractured w/some claystone, blue	1839	2034
Basalt, black, medium, fractured, w/some clay, brown	2034	2047
Basalt, black, med, fractured w/some clay, brown & grey	2038	2047
Many clay formations squeezed. Bore diameters are nominal.		
Some basalt formations sloughed during drilling.		
WWC recommended well be lined. Owner opted otherwise.		
Steel plate ring welded between 22" & 18" casings at top of 16".		

Date Started 4/22/20 Completed 8/11/20
 (unbanded) 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 2034 Date 8/28/20
 Signed [Signature]

(banded) 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 649 Date 8/28/20
 Signed [Signature]
 Contact Info (optional) _____

ATTACHMENT G
Klamath County Tax Maps 36-7-5, 36-7-8, &
36-7-9

RECEIVED

DEC 30 2020

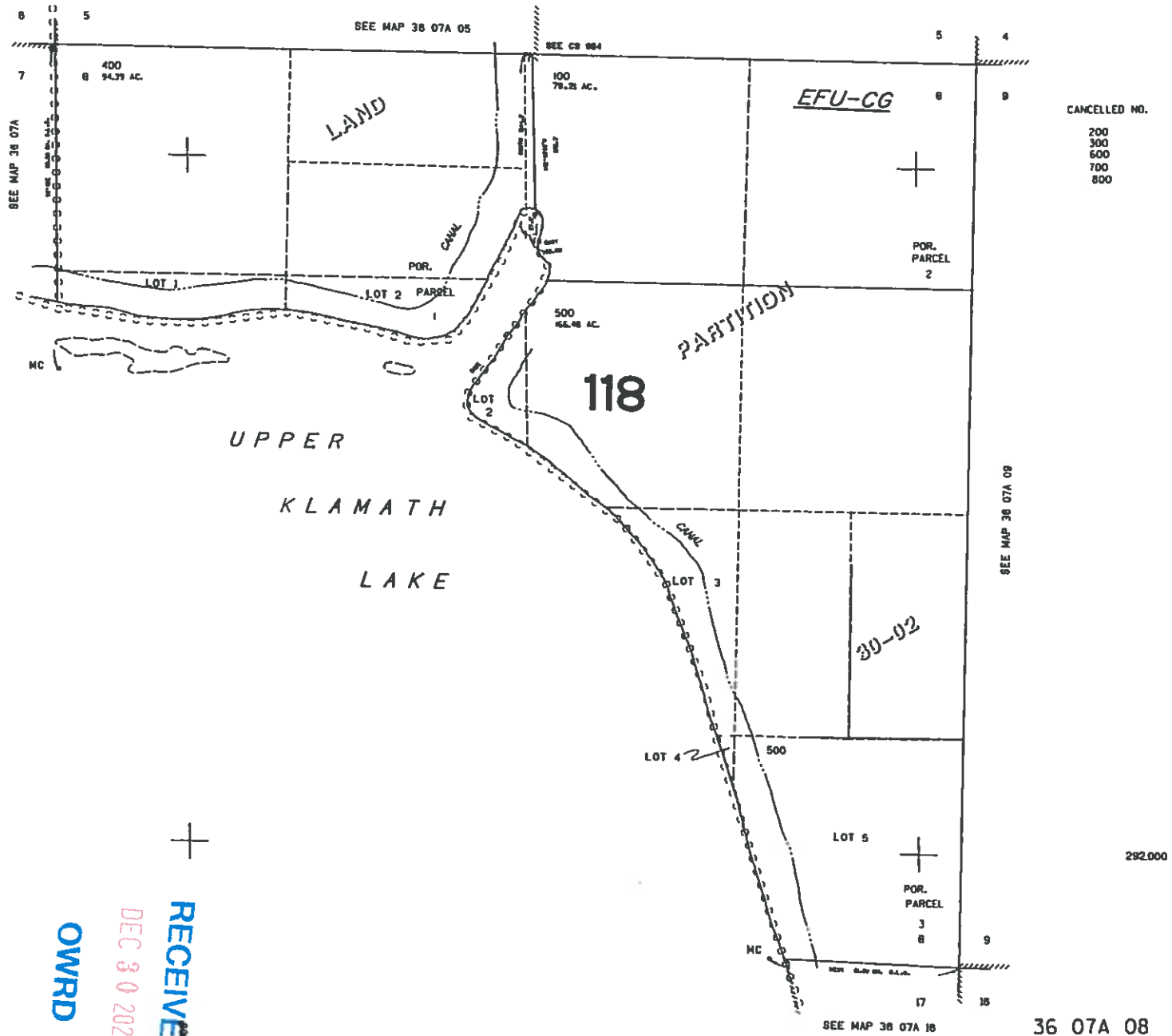
OWRD

SECTION 08 T.36S. R.07E. W.M.
(EAST OF LAKE)
KLAMATH COUNTY

36 07A 08

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

1" = 400'



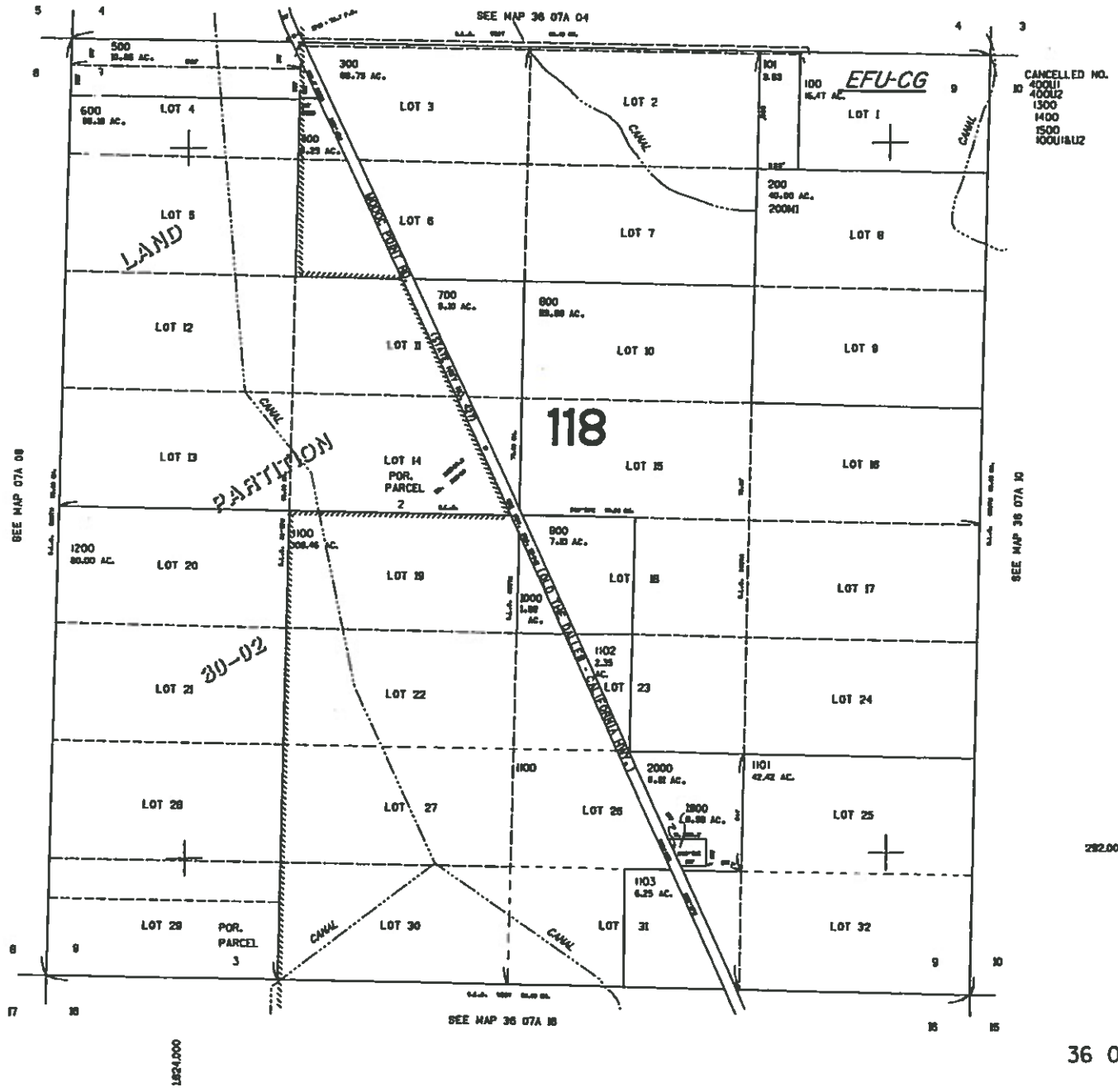
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DEC 30 2020
OWRD

36 07A 08

REVISED 10-15-13
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 09 T.36S. R.07E. W.M.
(EAST OF LAKE)
KLAMATH COUNTY
1" = 400'

36 07A 09



CANCELLED NO.
10 40011
11 40012
12 1300
13 1400
14 1500
15 1001812

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DEC 30 2020
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36 07A 09

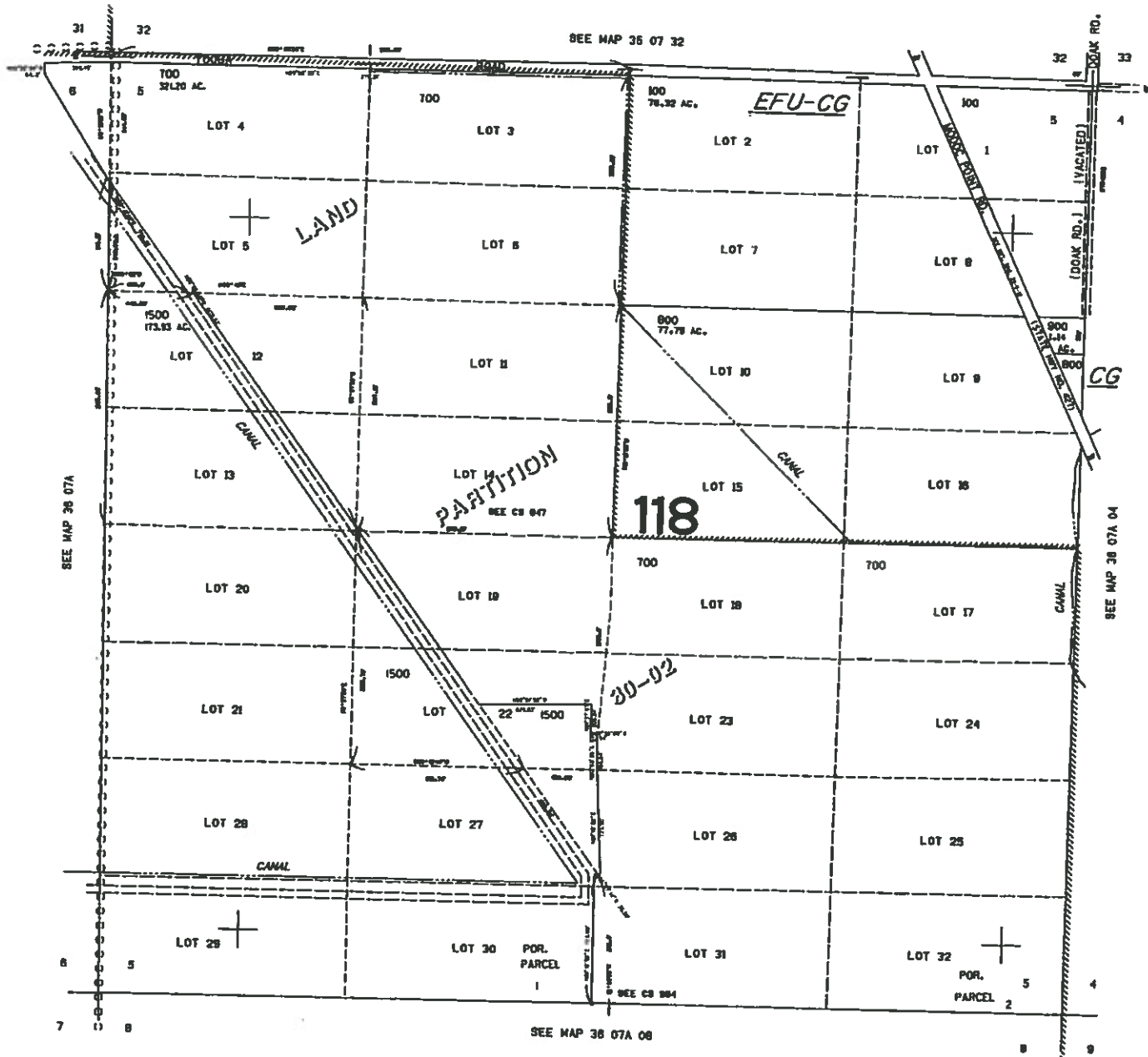
REVISED 10-15-13

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 05 T.36S. R.07E. W.M.
(EAST OF LAKE)
KLAMATH COUNTY

36 07A 05

1" = 400'



- CANCELLED NO.
- 200
 - 300
 - 400
 - 500
 - 600
 - 1000
 - 1100
 - 1200
 - 1300
 - 1400
 - 1500
 - 1600
 - 1700

287,000

RECEIVED
 DEC 30 2020
 OWRD

000/00

36 07A 05