Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

March 01, 2021

Productive Timberland LLC & NBCC LLC
Attn: Roger Nicholson
PO Box 458
Fort Klamath OR 97626

On February 21, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G- 17942 Permit G-17461

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the $200.00 COBU recording fee

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file G-17942
Daniel B Scalas, CWRE

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

OREGON WATER RESOURCES DEPARTMENT

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

A fee of $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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17942	G-17461	N/A

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Roger Nicholson		541-591-0824	
Address			
P.O. Box 458			
City	State	Zip	E-Mail
Fort Klamath	OR	97626	roger@fortklamath.net

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		
Productive Timberland LLC and NBCC LLC		
Address		
P.O. Box 458		
City	State	Zip
Fort Klamath	OR	97626

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

1/5/2021

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

Name	Date	Association with the Project
Roger Nicholson	1/5/2021	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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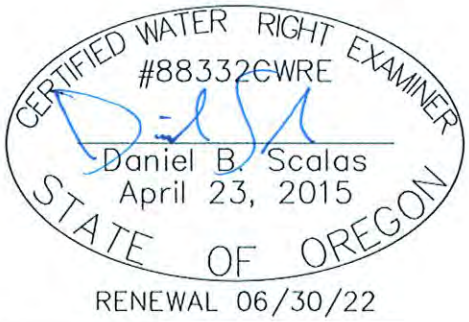
SECTION 2

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		PHONE NO.	ADDITIONAL CONTACT NO.
Daniel B. Scalas		**541-884-4666**	
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
Roger Nicholson	**Roger Nicholson**	**Owner**	2/9/21

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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)
Well 1	**KLAM 57662**	**105253**

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
Well 1	**Crooked Creek 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**	**Grass/pasture**	**205.4 acres: April 1 through October 1** **107.1 acres: July 21 through October 1**	**1.0 CFS**
Total Quantity of Water Used				**1.0 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:

Well 1 is a flowing artesian well that is equipped with a 30 HP centrifugal booster pump. From Well 1, water is diverted to the east approximately 60' through 16" steel pipes. From there, water can be diverted to the west and east of Hackler Road.

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<u>West of Hackler Road</u>
From the end of the 16" steel pipes, water is diverted to the northwest approximately 90' via an irrigation ditch before passing through a 30" aluminum culvert for approximately 55' beneath Nicholson Road. After passing through the culvert, water then travels approximately 80' via an irrigation ditch before passing through another culvert beneath a private road for approximately 50'. Water is then diverted south running parallel to the private road via an irrigation ditch for approximately 55'. Water then travels through a 30" concrete culvert that passes beneath Nicholson Road for approximately 50'. From there, water reaches Diversion-1 (D-1) via Ditch 1. Water then continues south via Ditch 1 for approximately 980' before reaching D-2. From D-2, water continues to travel south via Ditch 1 for approximately 400' before reaching D-3. From D-3, water continues south approximately 1,220' before reaching D-4. The four diversions described above all divert water to the authorized lands via a series of smaller irrigation ditches.

<u>East of Hackler Road</u>
From the end of the 16" steel pipes, water is diverted via Ditch 2 to the south approximately 630' before reaching D-5. From D-5, water is diverted approximately 390' southeast via Ditch 2 to D-6. From D-6, water is diverted approximately 500' northeast via Ditch 2 to D-7. From D-7, water is diverted approximately 1,190' northeast via Ditch 2 to D-8. The four diversions described above all divert water to the authorized lands via a series of smaller irrigation ditches.

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."*)

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
Well 1	1.0 CFS	26.8 CFS	N/A	Grass/pasture	582.3	312.5

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	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
33S	7.5E	WM	19	NE NW			Supplemental Irrigation		12.1
33S	7.5E	WM	19	SE NW			Supplemental Irrigation		29.9
33S	7.5E	WM	19	NE SW			Supplemental Irrigation		38.8
33S	7.5E	WM	19	NW SW	Lot 3		Supplemental Irrigation		3.5
33S	7.5E	WM	19	SW SW	Lot 4		Supplemental Irrigation		1.9
33S	7.5E	WM	19	SE SW			Supplemental Irrigation		39.3
33S	7.5E	WM	19	NW SE			Supplemental Irrigation		27.8
33S	7.5E	WM	19	SW SE			Supplemental Irrigation		39.3
33S	7.5E	WM	19	SE SE			Supplemental Irrigation		40.0
33S	7.5E	WM	30	NE NE			Supplemental Irrigation		40.0
33S	7.5E	WM	30	NW NE			Supplemental Irrigation		39.9
Total Acres Irrigated									312.5

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:

1" access port on west side of well head

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

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

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

KLAM 57662

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
Pioneer Pump	SC1212S17L72-HO	PP23965	Centrifugal	16"	16"

3. Motor Information:

Manufacturer	Horsepower
Teco Westinghouse Motor Company	30 HP

4. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
30 HP	0	6.6'	0.0'	30.1 CFS

5. Provide pump calculations:

See Attachment D for Theoretical Pump Capacity Calculations.

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.

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7. Is the distribution system piped? YES

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
16"	60'	Steel	Above Ground

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
N/A					

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
N/A					

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? YES

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in CFS)
30"	Aluminum	130	0.3'	55'	0.5%	37.5 CFS
30"	Aluminum	130	0.4'	50'	0.8%	46.1 CFS
30"	Concrete	110	0.2'	50'	0.4%	26.8 CFS

3. Provide calculations:

See Attachment D for Gravity Flow Pipe Calculations.

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

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in CFS)
N/A			

Attach measurement notes.

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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)
Earth – Ditch 1	9.0'	3.3'	2.5'	0.03	14.0'	2,600'	0.5%	70.4 CFS
Earth – Ditch 2	18.7'	3.3'	2.4'	0.03	3.9'	2,710'	0.1%	60.9 CFS

3. Provide calculations:

See Attachment D for Gravity Flow Ditch Calculations.

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

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

Attach measurement notes.

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	7/21/2015		
Begin construction (A)	N/A	N/A	N/A
Complete construction (B)	7/21/2020	7/21/2015	KLAM 57662 completed.
Complete application of water (C)	7/21/2020	7/21/2015	The well was constructed, a totalizing flow meter installed, pump installed, and water user was ready, willing, and able to apply water to the authorized lands.

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

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

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

c. Was the measurement submitted to the Department? YES

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

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:

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
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

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? **YES**

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	13-05839-16	Working	7,367.81 AF	September 2013

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**

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? **NO**

Well ID #	Date Attached To Well

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e. Other conditions? YES

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

Groundwater production shall occur from the predominantly basalt unit below the predominantly basin-fill unit by casing and sealing through the basin-fill unit into the basalt unit.
- KLAM 57662 is cased and sealed through the basin-fill unit, and groundwater production occurs from the predominately basalt unit.

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-17461
Attachment B	Claim of Beneficial Use Map (on mylar)
Attachment C	Claim of Beneficial Use Map (paper copy)
Attachment D	Theoretical Pump Capacity, Gravity Flow Ditch, and Gravity Flow Pipe Calculations
Attachment E	Copy of Well Log KLAM 57662
Attachment F	Copy of Klamath County Tax Maps 33-6 & 33-7.5

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.

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.)

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☒ 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-17461

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STATE OF OREGON

COUNTY OF KLAMATH

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

PRODUCTIVE TIMBERLAND LLC AND NBCC LLC
PO BOX 458
FORT KLAMATH, OR 97626

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

APPLICATION FILE NUMBER: G-17942

SOURCE OF WATER: WELL 1 (KLAM 57662/L105253) IN CROOKED CREEK BASIN

PURPOSE OR USE: SUPPLEMENTAL IRRIGATION OF 582.3 ACRES

MAXIMUM RATE: 1.0 CUBIC FOOT PER SECOND

DATE OF PRIORITY: OCTOBER 15, 2014

WELL LOCATION: NW ¼ NE ¼, SECTION 19, T33S, R7.5E, W.M.; 20 FEET SOUTH AND 200 FEET EAST OF N1/4 CORNER, SECTION 19

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 a total of 240.0 acre-feet during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

QQ	ACRES	PERIOD OF USE
NE ¼ NE ¼	19.6 ACRES	APRIL 1 THROUGH OCTOBER 1
SE ¼ NE ¼	20.0 ACRES	APRIL 1 THROUGH OCTOBER 1
NE ¼ SE ¼	20.0 ACRES	APRIL 1 THROUGH OCTOBER 1
SE ¼ SE ¼	20.0 ACRES	APRIL 1 THROUGH OCTOBER 1
SECTION 24		
TOWNSHIP 33 SOUTH, RANGE 6 EAST, W.M.		
NE ¼ NW ¼	38.1 ACRES	APRIL 1 THROUGH OCTOBER 1
NW ¼ NW ¼	40.0 ACRES	APRIL 1 THROUGH OCTOBER 1
SW ¼ NW ¼	40.0 ACRES	APRIL 1 THROUGH OCTOBER 1
SE ¼ NW ¼	39.3 ACRES	APRIL 1 THROUGH OCTOBER 1
NE ¼ SW ¼	39.3 ACRES	APRIL 1 THROUGH OCTOBER 1
NW ¼ SW ¼	39.9 ACRES	APRIL 1 THROUGH OCTOBER 1
SW ¼ SW ¼	39.8 ACRES	APRIL 1 THROUGH OCTOBER 1
SE ¼ SW ¼	39.3 ACRES	APRIL 1 THROUGH OCTOBER 1
NW ¼ SE ¼	27.8 ACRES	JULY 21 THROUGH OCTOBER 1
SW ¼ SE ¼	39.3 ACRES	JULY 21 THROUGH OCTOBER 1
SE ¼ SE ¼	40.0 ACRES	JULY 21 THROUGH OCTOBER 1
SECTION 19		

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NE ¼ NE ¼	40.0 ACRES	APRIL 1 THROUGH OCTOBER 1
NW ¼ NE ¼	39.9 ACRES	APRIL 1 THROUGH OCTOBER 1

SECTION 30
TOWNSHIP 33 SOUTH, RANGE 7.5 EAST, W.M.

Measurement devices, and recording/reporting of annual water use conditions:

A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.

B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.

C. The permittee shall keep a complete record of the volume of water diverted each month, and shall submit a report which includes 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.

D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

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.

Static Water Level Conditions

The Department requires the water user to obtain, from a qualified individual (see below), 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 report 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 obtain and report

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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 reported to the Department.

The Department may require the discontinuance of groundwater use, 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
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. Dedicated Measuring Tube: Wells with pumps shall be equipped with a minimum 3/4-inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of the measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

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Groundwater production shall occur from the predominantly basalt unit below the predominantly basin-fill unit by casing and sealing through the basin-fill unit into the basalt unit.

The annual maximum volume allowed shall be 240.0 acre-feet (total volume).

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

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 be subject to cancellation, unless the Department authorizes the change in writing.

If substantial interference with surface water or 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 and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet state or federal water quality standards due to reduced flows.

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

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such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data 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 July 21 2015

E. Timothy Wallin

E. Timothy Wallin, Water Rights Program Manager
for Thomas M. Byler, Director

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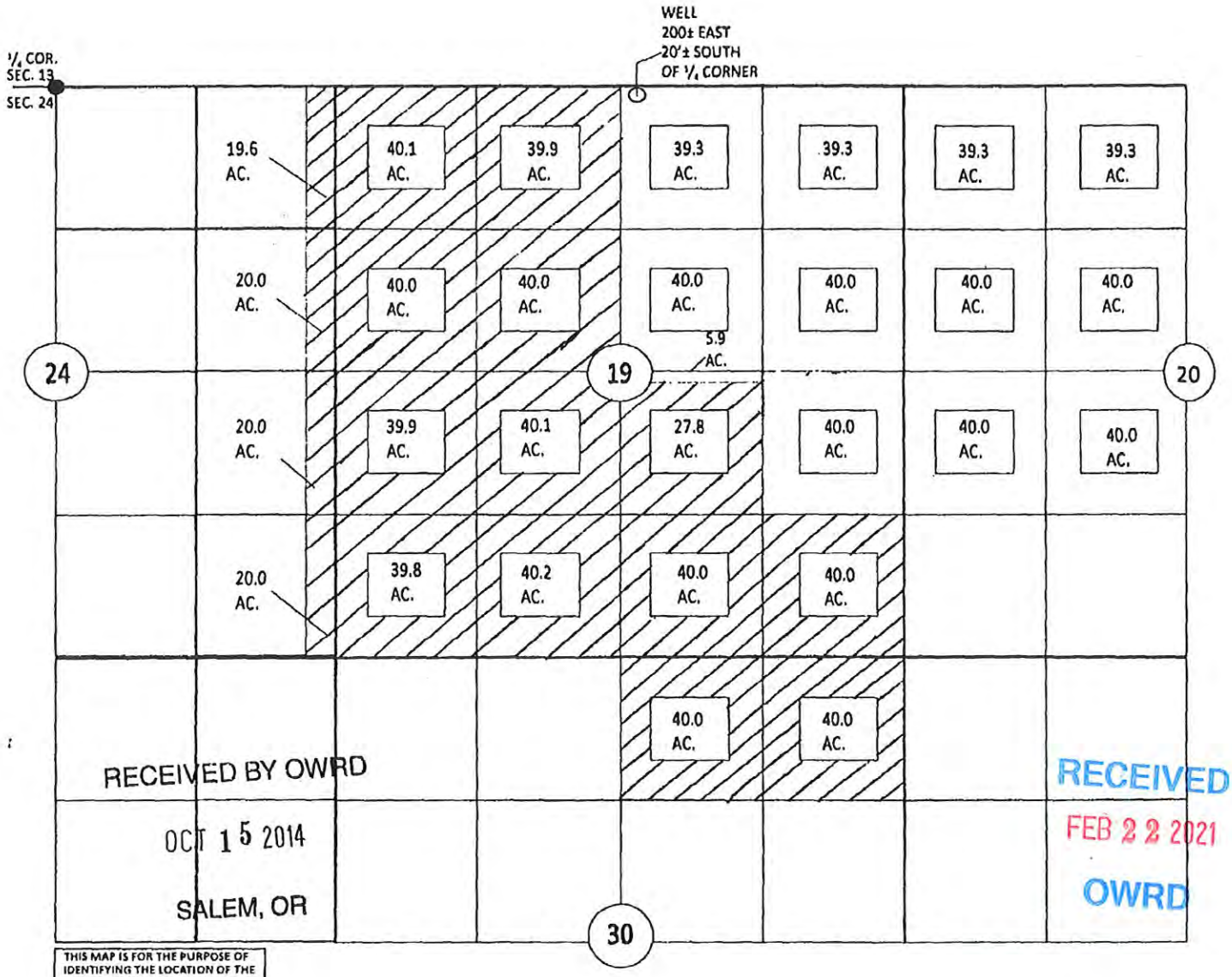
APPLICATION FOR ADDITIONAL SUPPLEMENTAL WATER RIGHT

LOCATED IN A PORTION OF THE $E^1/_2$ $E^1/_2$ S 24, T 33S, R 06E,
LOCATED IN A PORTION OF THE $NW^1/_4$ $SE^1/_4$ & THE $S^1/_2$ $SE^1/_4$ & THE $W^1/_2$ S 19, T 33S, R $07^1/_2$E,
AND IN THE $N^1/_2$ $NE^1/_4$ S 30, T 33S, R $07^1/_2$E, W.M.
KLAMATH COUNTY, OREGON



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OCT 15 2014
SALEM, OR

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THIS MAP IS FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF THE WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY LINES.

- SECTION CORNER
- WELL LOCATION
- AC. — AREA OF CURRENT SUPPLEMENTAL IRRIGATION
- AC. — AREA OF PROPOSED SUPPLEMENTAL IRRIGATION

N

SCALE: 1" = 1320'

TAX LOT NUMBERS
R-3307-V0000-03900-000
R-3307-V0000-04100-000
R-3306-00000-00300-000

Rabe Consulting

G-17942

ATTACHMENT B
Claim of Beneficial Use Map (on mylar)

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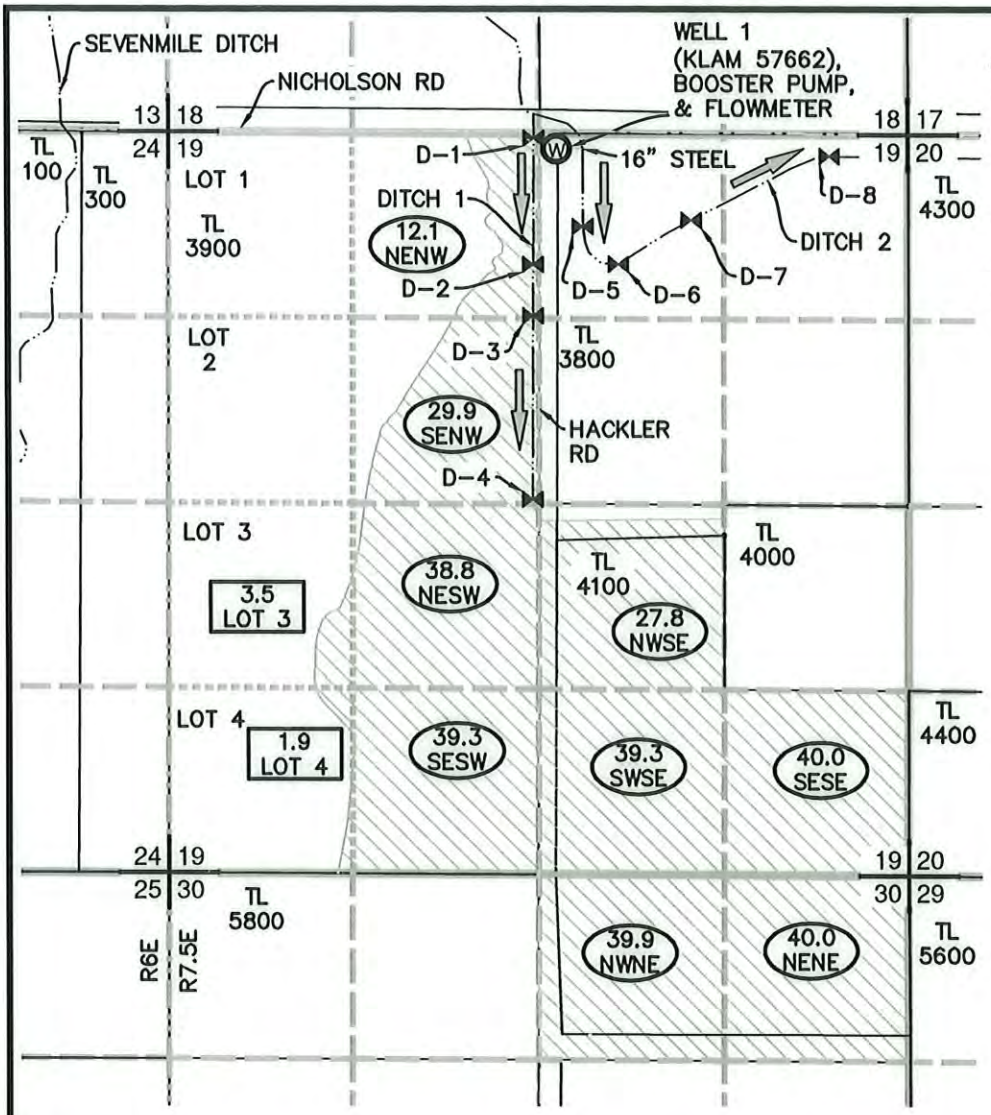

LEGEND

- RANGE LINE
- SECTION LINE
- 1/4 1/4 LINE
- GOVERNMENT LOT LINE
- TAX LOT LINE
- IRRIGATION DITCH
- ABOVEGROUND PIPE
- ℄ ROAD
- DIVERSION STRUCTURE
- FLOW DIRECTION
- 22 | 22 / 22 | 22 — SECTION CORNER
- TL 0000 — TAX LOT NUMBER
- LOT 1 — GOVERNMENT LOT NUMBER
- (W) — WELL
- IRRIGATED UNDER PERMIT G-17461
- 35.0 SWSE — IRRIGATED ACRES, 1/4 1/4 SECTION
- 35.0 LOT 1 — IRRIGATED ACRES, GOVERNMENT LOT NUMBER

N

1320 660 0 1320

(FEET)

NOTES:

1. THIS MAP WAS PREPARED FROM FIELD MEASUREMENTS, NAIP 2020 AERIAL PHOTOGRAPH, 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 WATER RIGHT IS OCTOBER 15, 2014.

WELL LOCATION:

WELL 1 (KLAM 57662): NW1/4 NE1/4, SECTION 19, T33S, R7.5E, W.M.; 20' SOUTH & 200' EAST OF THE N1/4 CORNER OF SECTION 19.

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

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

2/16/2021

1266-11

CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP

FOR

PRODUCTIVE TIMBERLAND LLC AND NBCC LLC
T33S, R6E, SEC. 24, W.M.
T33S, R7.5E, SECS. 19 & 30, W.M.
KLAMATH COUNTY, OREGON
PERMIT G-17461
APPLICATION G-17942

ATTACHMENT C
Claim of Beneficial Use Map (paper copy)

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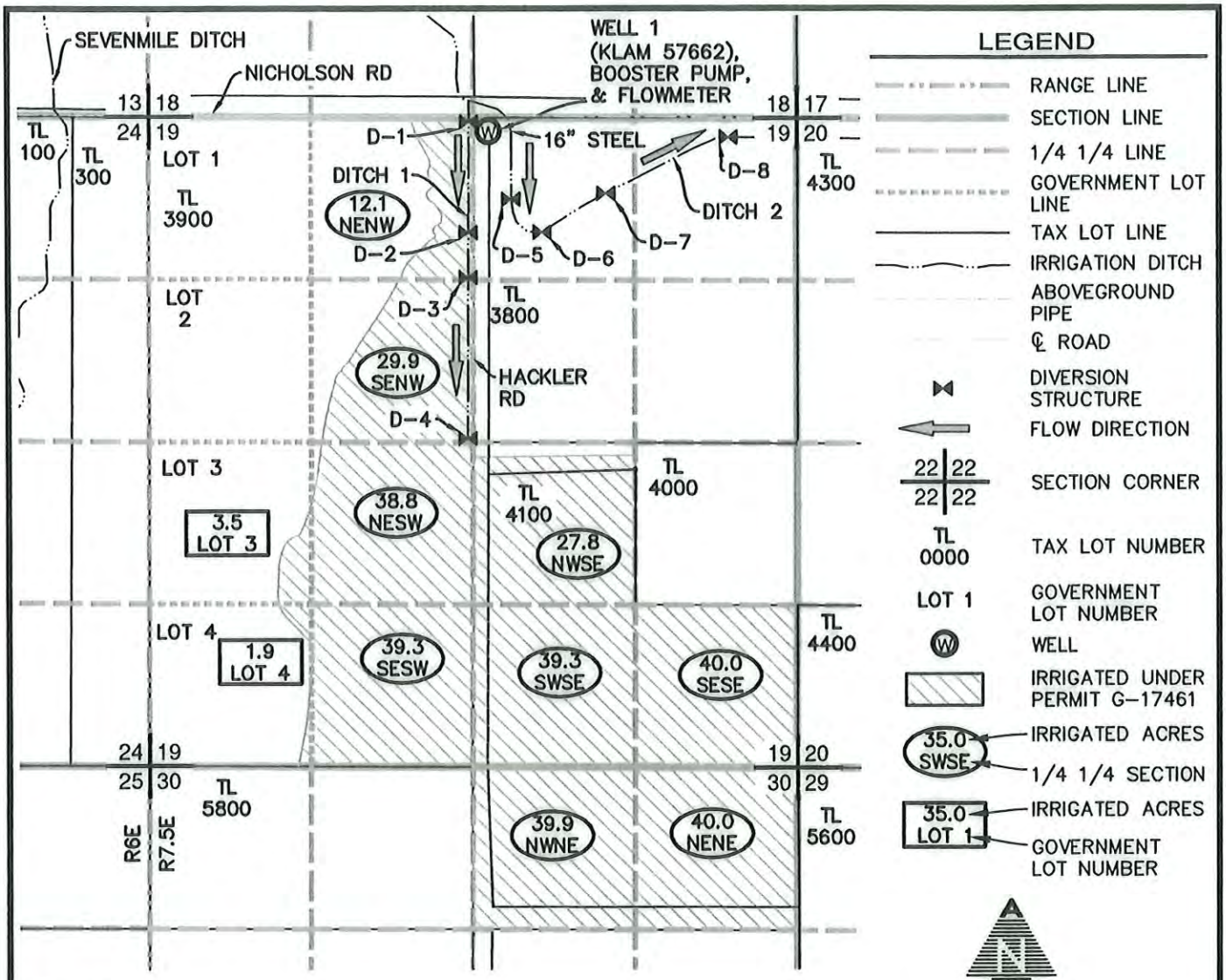

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CERTIFIED WATER RIGHT EXAMINER
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T33S, R6E, SEC. 24, W.M.
T33S, R7.5E, SECS. 19 & 30, W.M.
KLAMATH COUNTY, OREGON
PERMIT G-17461
APPLICATION G-17942

ATTACHMENT D
Theoretical Pump Capacity, Gravity Flow Ditch, and Gravity Flow Pipe Calculations

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Ditch Capacity Calculator

Date: 1/5/2021

using Manning's Formula

Ditch 1

Data Entry (fill in underlined blanks)

Top Width = 9 feet

Bottom Width = 3.3 feet

Depth = 2.5 feet

Fall = 14 feet per 2600 feet of distance

Grade = 0.00538462 , or 0.5%

n Factor = 0.03

Results calculated

Area of cross-section = 15.375 square feet

Wetted Perimeter = 10.8822 feet

Hydraulic Radius = 1.41286

Velocity = 4.577 feet per second

Calculated Ditch Capacity = 70.4 cubic feet per second

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Ditch Capacity Calculator

Date: 1/5/2021

using Manning's Formula

Ditch 2

Data Entry (fill in underlined blanks)

Top Width = 18.7 feet

Bottom Width = 3.3 feet

Depth = 2.4 feet

Fall = 3.9 feet per 2710 feet of distance

Grade = 0.00143911 , or 0.1%

n Factor = 0.03

Results calculated

Area of cross-section = 26.4 square feet

Wetted Perimeter = 19.4307 feet

Hydraulic Radius = 1.35867

Velocity = 2.305 feet per second

Calculated Ditch Capacity = 60.9 cubic feet per second

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Pipe Capacity Calculator

Date:1/15/2021

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 30 inches, or 2.5 feet

Roughness Coefficient (C) = 130

Fall = 0.3 feet per 55 feet of distance

Grade = 0.00545455 , or 0.5%

Results calculated

Area of cross-section = 4.90874 square feet

Wetted Perimeter = 7.85398 feet

Hydraulic Radius = 0.625

Velocity = 7.64034 feet per second

Pipe Capacity = 37.504 cubic feet per second

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Pipe Capacity Calculator

Date:1/15/2021

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 30 inches, or 2.5 feet

Roughness Coefficient (C) = 130

Fall = 0.4 feet per 50 feet of distance

Grade = 0.008 , or 0.8%

Results calculated

Area of cross-section = 4.90874 square feet

Wetted Perimeter = 7.85398 feet

Hydraulic Radius = 0.625

Velocity = 9.39576 feet per second

Pipe Capacity = 46.121 cubic feet per second

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Pipe Capacity Calculator

Date:1/15/2021

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 30 inches, or 2.5 feet

Roughness Coefficient (C) = 110

Fall = 0.2 feet per 50 feet of distance

Grade = 0.004 , or 0.4%

Results calculated

Area of cross-section = 4.90874 square feet

Wetted Perimeter = 7.85398 feet

Hydraulic Radius = 0.625

Velocity = 5.46795 feet per second

Pipe Capacity = 26.841 cubic feet per second

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Pump Capacity Calculation Sheet

Date: 1/5/2021

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	30
Efficiency =	6.61
Lift =	6.6
PSI =	0

Results Calculated

(hp)(efficiency) =	198.3
Head based on psi =	0.0
Total dynamic head = (head + lift)	6.6

Pump Capacity = 30.05 cubic feet per second

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ATTACHMENT E
Copy of Well Log KLAM 57662

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KLAM 57662

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

12-06-2010

WELL LABEL # L 105253

START CARD # 1010831

(1) LAND OWNER

Owner Well I.D. _____

First Name MR. ROGER Last Name NICHOLSON

Company _____

Address P.O. BOX 458

City FORT KLAMATH State OR Zip 97626

(2) TYPE OF WORK

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

(3) DRILL METHOD

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

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy)

Depth of Completed Well 534.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
24	0	38	Cement	0	518	616	S
20	38	518					
15	518	534					

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	20	☒	1.5	38.5	.250	●	○	☒	☐
●	○	18	☒	1.5	118.5	.375	●	○	☒	☐
●	○	16	☐	118.5	219	.250	●	○	☒	☐
●	○	16	☐	219	518	.375	●	○	☒	☐
○	○		☐				○	○	☐	☐

Shoe ☒ Inside ☒ Outside ☐ Other Location of shoe(s) 518

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/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)
860			24

Temperature 39 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Klamath Twp 33.00 S N/S Range 7.50 E E/W WM

Sec 19 NW 1/4 of the NE 1/4 Tax Lot 3800

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

○ Street address of well ◉ Nearest address

Corner of Hackler and Nicholson Rd., FORT KLAMATH, OREGON 97626

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	11-17-2010	1.5	☒	3.5

Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 2

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-29-2010	3	38	50		☐	3
08-03-2010	38	430	2,000		☐	3
08-04-2010	430	534	5,000		☒	3.5
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sandy Loam & Cobbles	0	2
Silty Black Sand	2	24
Sticky Silty Sand	24	90
Very Fine Black Sand	90	260
Black Sand & Gray Clay	260	290
Course Black Sand	290	380
Fine Black Sand	380	430
Black Sand & Burnt Wood (Charcoal)	430	508
Fractured Gray Basalt	508	534

Date Started 07-27-2010 Completed 11-17-2010

(unbonded) Water Well Constructor Certification

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

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1385 Date 12-06-2010

Electronically Filed

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) _____

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ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

ATTACHMENT F
Copy of Klamath County Tax Maps 33-6 & 33-7.5

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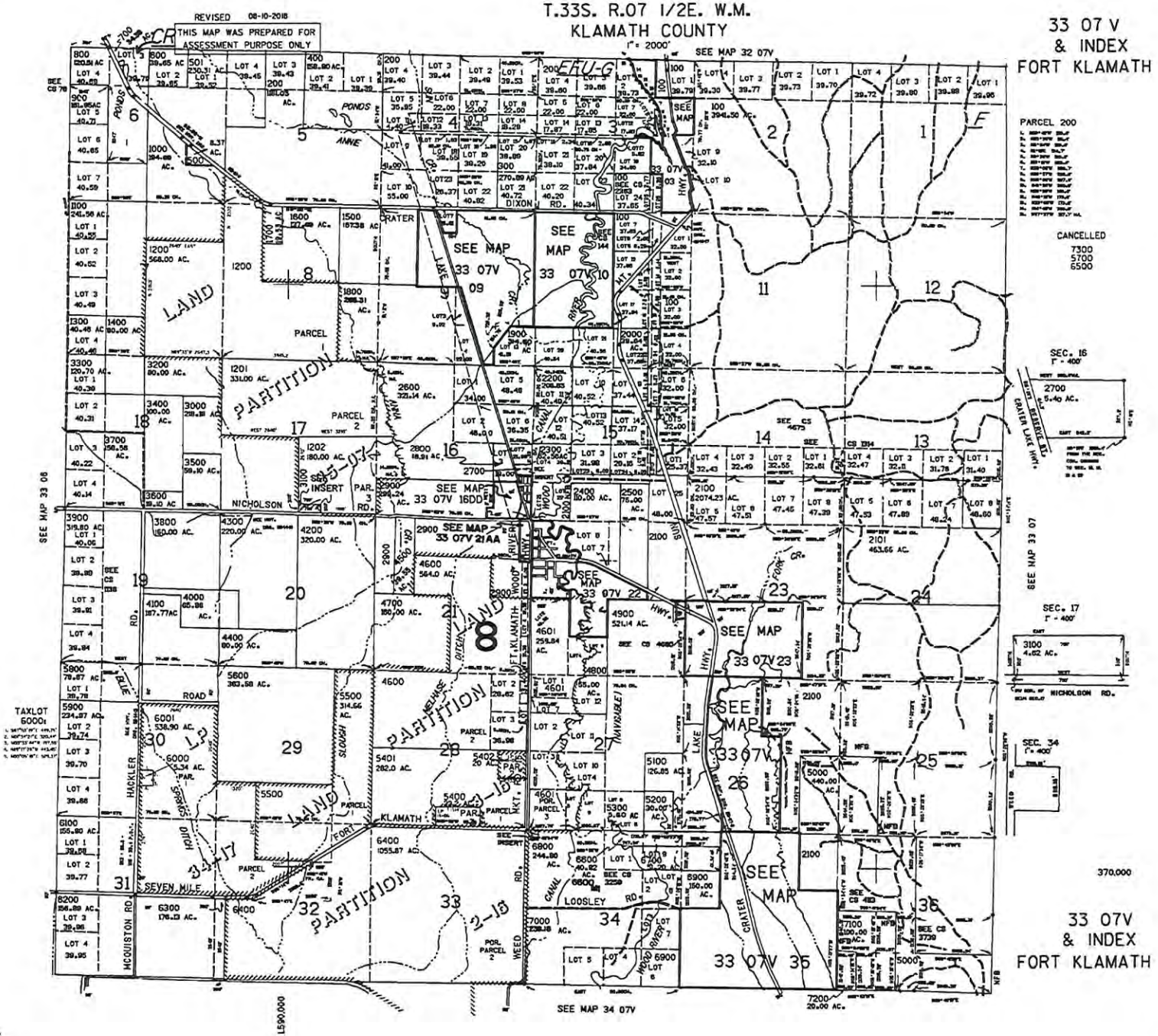

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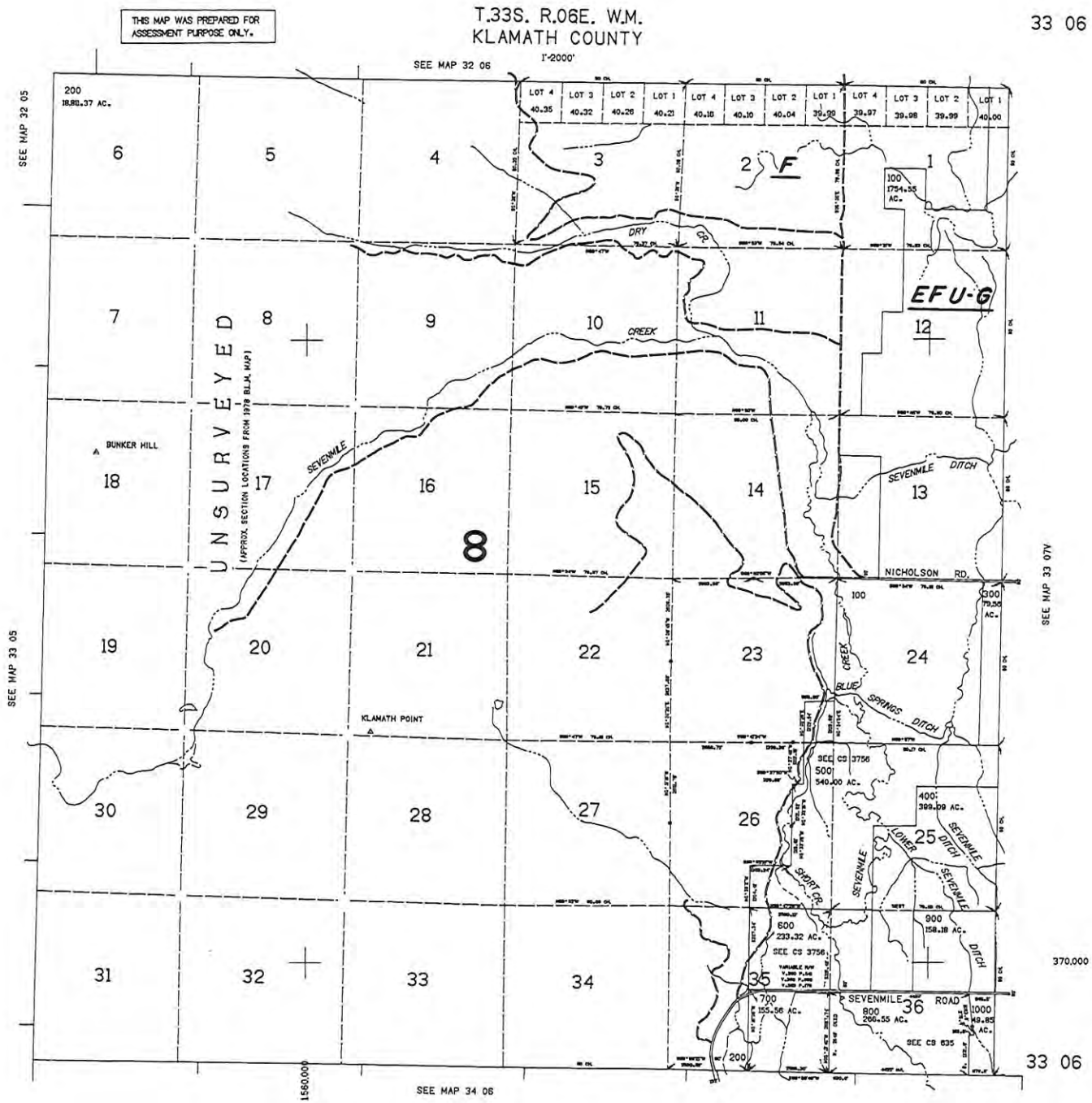

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OREGON
WATER RESOURCES DEPARTMENT

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FEB 22 2021
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: ROGER NICHOLSON
P. O. BOX 458. Fort Klamath, OR 97626

Transaction Type: COBU

Fees Received: $ 200.00

☐ Cash ☒ Check: Check No. 009269

Name(s) on Check: SAME

Address on Check: SAME

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: C Mitchell
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (*i.e., the application or other document*).
- Date-stamp all pages. (*NOTE: Do not stamp check.*)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "*RECEIVED OVER THE COUNTER*" log sheet.
- Place the Submission Receipt with check/cash in the small top drawer (*i.e., "Fiscal Pick Up Drawer"*). Place the Submission Receipt with submission (*application/other document*) in the large bottom drawer.

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-17942	WRD Reviewer: Judy
Transfer #:	
Date Received: 02/21/2021	
CWRE Name: Daniel B Scalas	
Priority Date (s): 10/15/2015	

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.

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))

Fill in App or Transfer Number


MONEY SLIP

DATE: RECEIPT #:

RECEIVED FROM:

APPLICATION
PERMIT
TRANSFER

CASH ☐ CHECK # ☐ OTHER (IDENTIFY) ☐ TOTAL REC'D $

1083 TREASURY 4170 MISC CASH ACCT.

0407 COPIES $
OTHER: (IDENTIFY) $

0243 Instream Lease 0244 Muni Water Mgmt Plan 0245 Cons. Water

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS 4611
0407 COPY & TAPE FEES
0410 RESEARCH FEES
0408 MISC REVENUE (IDENTIFY)
TC162 DEPOSIT LIAB. (IDENTIFY)
0240 EXTENSION OF TIME

WATER RIGHTS — EXAM FEE — RECORD FEE
0201 SURFACE WATER 0202
0203 GROUND WATER 0204
0205 TRANSFER

WELL CONSTRUCTION — EXAM FEE — RECORD FEE
0218 WELL DRILL CONSTRUCTOR 0219
LANDOWNER'S PERMIT 0220
0200 OTHER (IDENTIFY) COBU $200.00

0607 TREASURY 0467 HYDROELECTRIC

LIC NUMBER
0233 POWER LICENSE FEE (FW/WRD)
0231 HYDRO LICENSE FEE (FW/WRD)
HYDRO APPLICATION

SPECIAL INSTRUCTIONS:

☐ RETURN TO APPLICANT -- LETTER ATTACHED

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)

Groundwater File Review:

☐ Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
☑ Pump Test required (Priority Date on or after December 20, 1988)
☐ Pump Test submitted
☑ Pump Test not submitted

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS:			
CITY:	STATE:	ZIP:	E-MAIL:

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

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

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
	L-			G-	G-	T-	

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)

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

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a		L-		G-	G-	T-
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
a							
b							
c							
d							
e							

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

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

SIGNATURE: _____ DATE: _____ LICENSE #: _____

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

PHONE: _____ EMAIL: _____

ADKINS
ENGINEERING & SURVEYING

RECEIVED
FEB 22 2021
OWRD

Letter of Transmittal

To: Oregon Water Resources Department
725 Summer Street NE, Ste. A
Salem, OR 97301-1266

Date: February 19, 2021

RE: Permit G-17461

We are sending you:

☒ Attached ☐ Under separate cover via _____ the following items:
☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Pay Requests
☐ Specifications ☐ Submittals ☐ Change orders ☐ Sign & Return ☐ Other

Copies/Pgs	Date	Description
1	3/24/20	COBU Application for permit G-17461

These are transmitted as checked below:
☒ For approval
☐ For your use
☐ As requested
☐ Approved as submitted
☐ Approved as noted
☐ Returned for corrections

Sincerely,

Deirdre Horton
Office Assistant

CC: **Nicholson**
1266-11
Delivered via: **UPS Ground**

1435 Esplanade Ave, Klamath Falls, OR 97601
o 541.884.4666 / f 541.884.5335 / w AdkinsEngineering.com