

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 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))

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)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL RECD \$ _____

1083 TREASURY 4178 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

0407 COPY & TAPE FEES 4611 \$ _____

0410 RESEARCH FEES \$ _____

0409 MISC REVENUE (IDENTIFY) \$ _____

TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____

0240 EXTENSION OF TIME \$ _____

WATER RIGHTS

0201 SURFACE WATER EXAM FEE \$ _____ RECORD FEE \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ _____ RECORD FEE \$ _____

LANDOWNER'S PERMIT \$ _____ 0219 \$ _____

OTHER (IDENTIFY) COBU \$ 230.00 0220 \$ _____

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER _____ \$ _____

0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

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

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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

A fee of \$230 must accompany this form for any Transfer final orders 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.

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A separate form shall be completed for each transfer.

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 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

- 1. Change in POA(s) or Additional POA(s)
- 2. Change in Place of Use
- 3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-13496

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Deborah Ann Wallace		PHONE NO. 541-891-3609	ADDITIONAL CONTACT NO.
ADDRESS 9480 Buesing Rd.			
CITY Klamath Falls	STATE OR	ZIP 97603	E-MAIL dwallace@isler-kf.com

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

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

TRANSFER HOLDER OF RECORD Deborah Ann Wallace			
ADDRESS 9480 Buesing Rd.			
CITY Klamath Falls	STATE OR	ZIP 97603	

4. Date of Site Inspection:

8-05-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Deborah Ann Wallace	8-05-2021	Owner

6. County:

Klamath

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

OWNER OF RECORD Aguila G-Boys LK 300 LLC		
ADDRESS 18969 W. McDowell Rd.		
CITY Buckeye	STATE AZ	ZIP 85396

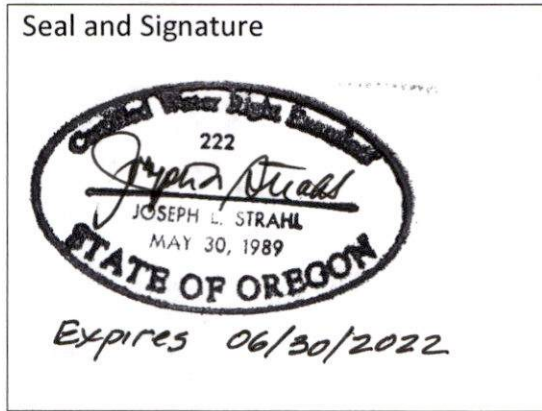
Add additional tables for owners of record as needed

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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 Joseph L. Strahl		PHONE NO. 541-301-2946	ADDITIONAL CONTACT NO.
ADDRESS 9300 John Day Dr.			
CITY Gold Hill	STATE OR	ZIP 97525	E-MAIL joe4548@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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>Deborah Ann Wallace</i>	Deborah Ann Wallace	Owner	11/3/21

**SECTION 3
Changes Made**

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Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

If "NO", this Section can be deleted.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #2	KLAM 51848	L 28552	

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #2	2.29 CFS	1.2 CFS	1.18 CFS

System Description

Are there multiple new or additional Points of Appropriation (POA)? **NO - see comment**

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Existing well# 1 and one additional well# 2

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A. POA System Information

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Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
NA	NA	NA	Turbine	NA	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electric Motors	60 hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP <small>*IF A WELL, THE WATER LEVEL DURING PUMPING</small>	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	60	200	0	1.2

4. Provide pump calculations:

See attached

5. 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)

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

6. Additional notes or comments related to the system:

NO

YES

B. Groundwater Source Information (Well and Sump)

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

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
186.5	186.5

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
NA	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

If "NO", this Section can be deleted.

SECTION 4

CONDITIONS

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All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	6-10-2021	
COMPLETENESS DATE FROM ORDER (C)	10-01-2022	8-05-2021

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? NO
If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES

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

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

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #2	McCrometer	06-02400	Working	357.816	2006

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

4. Recording and reporting conditions

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

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

5. Other conditions required by the transfer 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. 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):

Note: The water meter previously required on Well #1 remains in place (both wells have water meters). The conditions for T-13496 do not require water use reporting.

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**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	
Well Log KLAM 51848	
Pump calculation sheet	

SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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.

We use ArcView 10.8.1 mapping. The Klamath County tax lot GIS layer is used for property lines. The Oregon Geospatial Library data is used for the PLSS section and quarter quarter GIS data. Measurements were made on the ESRI aerial World Imagery layer dated 7/20/2020. Accuracy of the aerial imagery was verified using the OnX Hunt GPS function on a smart phone.

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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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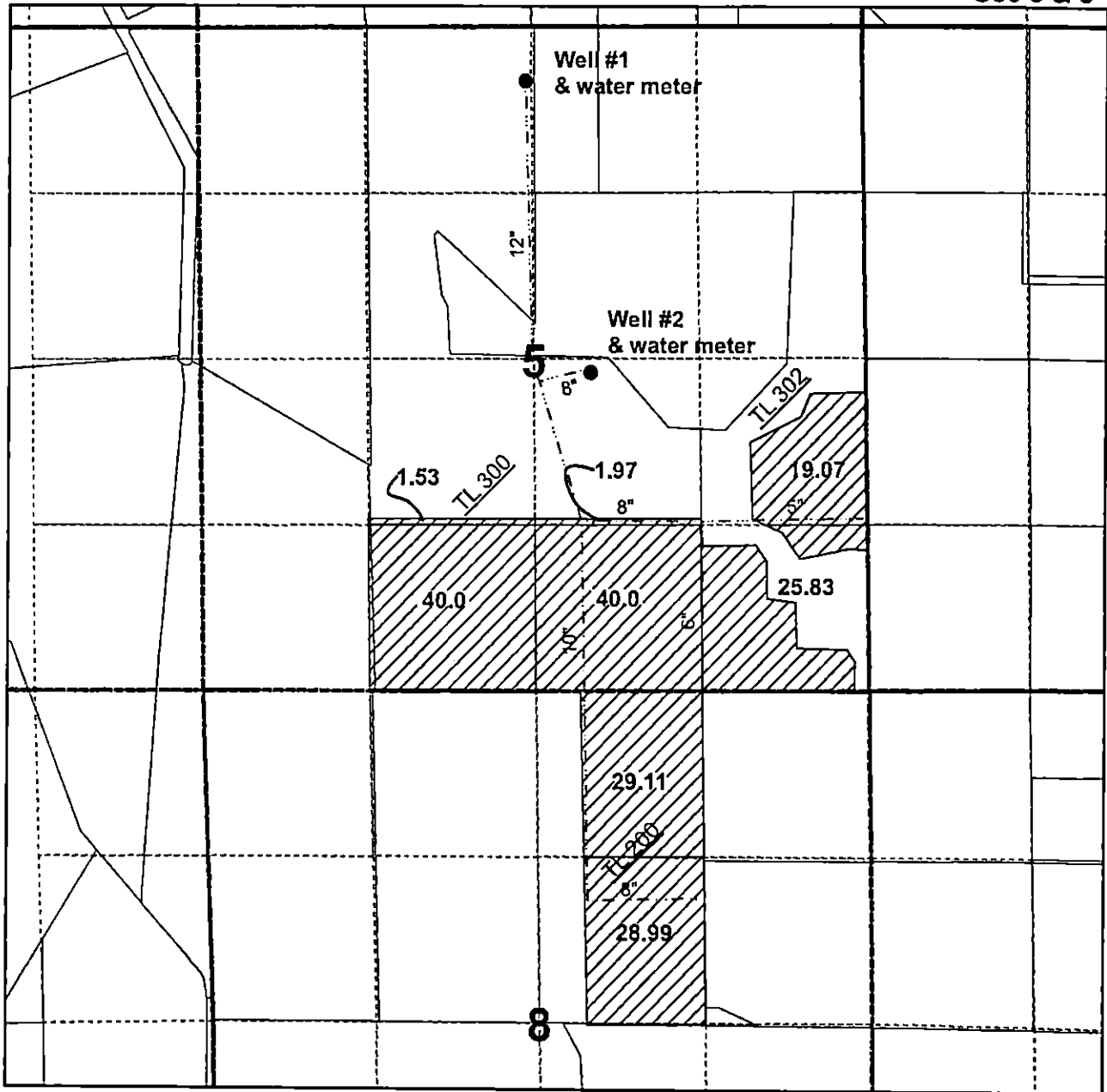
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NOV 05 2022

Partial Claim of Beneficial Use Map Portion of T- 13496 Deborah Wallace

T 41 S, R 10 E, WM
Sec 5 & 8



Legend

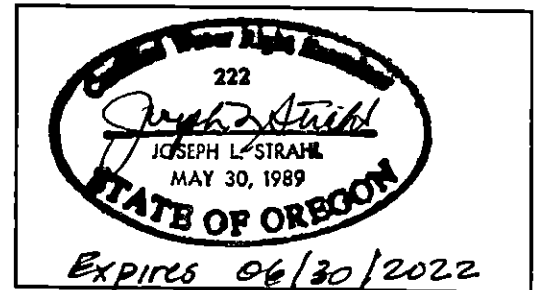
 Place of Use 186.5 ac

● Wells

--- Pipelines

Well #1 Klam 14690 Existing POA
784 Ft North & 30 Ft West From the
Center North 1/16th Cor. Sec 5

Well #2 Klam 51848 Add POA
2694.6 Ft South & 460 Ft East From
the North 1/4 Cor. Sec 5
Both in T 41 S, R 10 E, WM

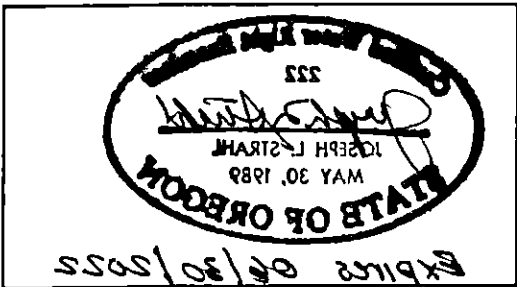
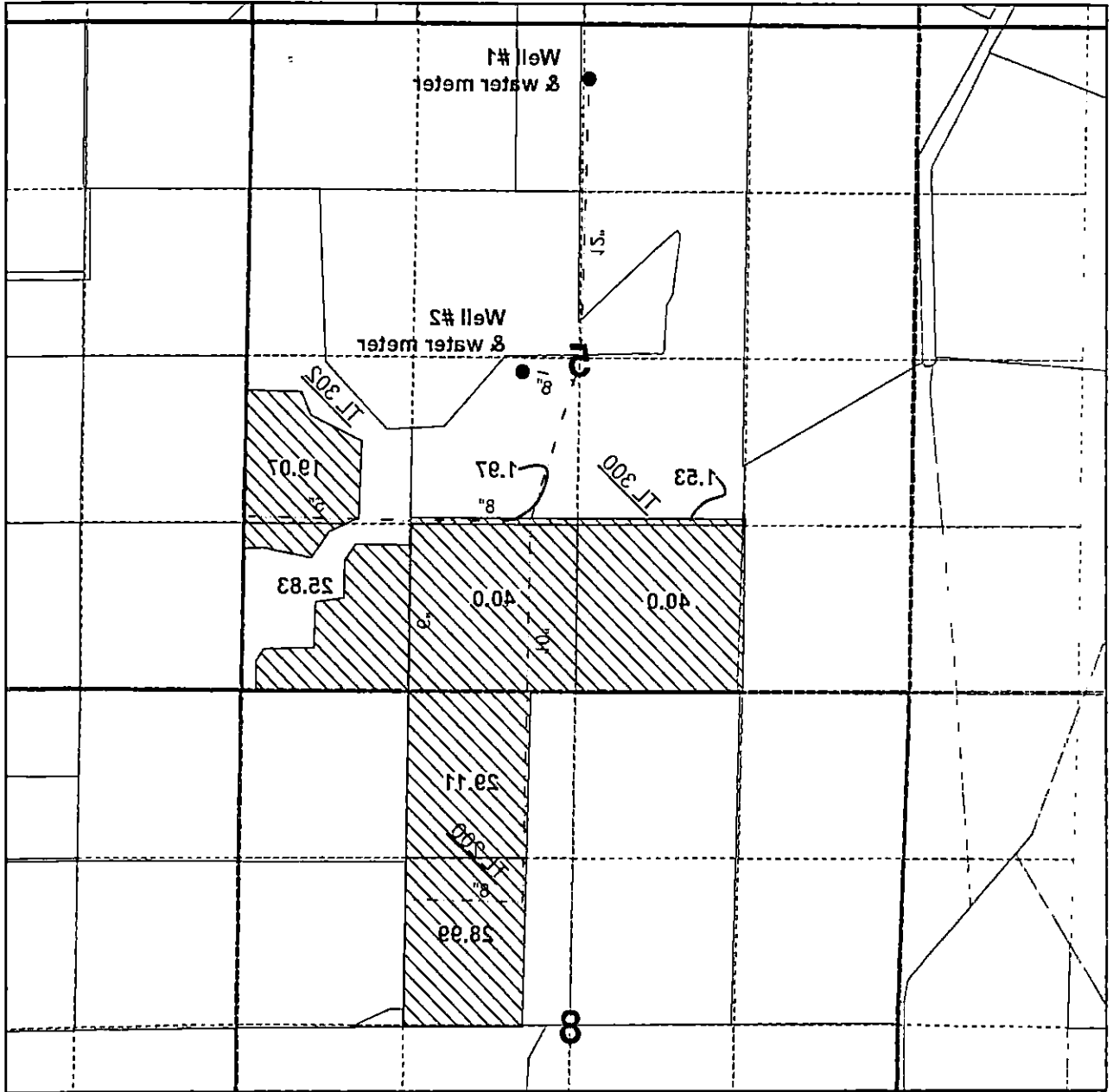


1 inch = 1,320 feet

Note: This map is not intended to provide legal dimensions or locations of property ownership lines.

Partial Claim of Beneficial Use Map Portion of T-13496 Dorah Wallace

T 41 S, R 10 E, WM
Sec 5 & 8






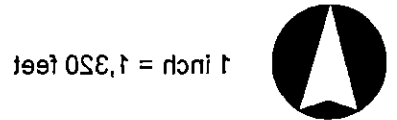
Note: This map is not intended to provide legal dimensions or locations of property ownership lines.

Well #1 Klam 14890 Existing POA
784 Ft North & 30 Ft West From the
Center North 1/4 Cor. Sec 5

Well #2 Klam 51848 Adb POA
2694.6 Ft South & 460 Ft East From
the North 1/4 Cor. Sec 5
Both in T 41 S, R 10 E, WM

Legend

-  Place of Use 186.5 ac
-  Wells
-  Pipelines



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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537765)

JUN 2 1999

KLAM
51848

WELL ID # L28552
(START CARD) # 103247

NOV 05 2021

WATER RESOURCES DEPT
SALEM, OREGON
99 08

(1) OWNER
FRANK WALLACE
9450 BUESING RD.
MERRILL OR 97633

(9) LOCATION OF WELL by legal description : **OWRD**
County KLAMATH Latitude Longitude
Township 40 S Range 10 E
Section 5 NE 1/4 NW 1/4
Tax Lot 200 Lot Block Subdivision
Street Address of Well (or nearest address)
9450 BUESING RD

(2) TYPE OF WORK : NEW WELL

(3) DRILL METHOD : ROTARY AIR

(4) PROPOSED USE: Irrigation

(10) STATIC WATER LEVEL:
153 ft. below land surface Date May 7, 1999
Artesian pressure Date

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Completed Well 561 ft.
Explosives used NO Type Amount
HOLE SEAL AMOUNT
Diameter From To Material From To Sacks
17.1/2" 0 52 CEMENT 0 52 43
12" 52 310
10" 310 561
How was seal Placed C
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of Gravel

(11) WATER BEARING ZONES :
Depth at which water was first found 370'
From To Estimated Flow Rate SWL
370' 561' 1000 GPM 153'

(6) CASING / LINER:

Dia. From To Gage Material
CASING 12" +1 52 250 STEEL / WELDED
Final location of shoe (s)

(12) WELL LOG: Ground Elevation
FROM TO SWL
SOIL 0 1
YELLOW CLAYSTONE 1 30
GREY BASALT 30 31
YELLOW CLAYSTONE 31 44
GREY BASALT 44 62
BROWN & GREY BASALT 62 78
YELLOW CLAYSTONE 78 138
BLUE CLAY 138 370
GREY BASALT 370 434 153
BLUE SANDSTONE 434 441 153
GREY BASALT 441 442 153
GREY SANDSTONE 442 480 153
GREY BASALT 480 522 153
BLACK SANDSTONE 522 524 153
GREY BASALT 524 528 153
BLACK SANDSTONE 528 531 153
GREY BASALT 531 561 153

(7) PERFORATIONS / SCREENS:

METHOD TYPE MATERIAL
From To Slot size Number Dia. Tele / pipe size

Date started March 4, 1998 Completed May 7, 1999
(Unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

(8) WELL TESTS:

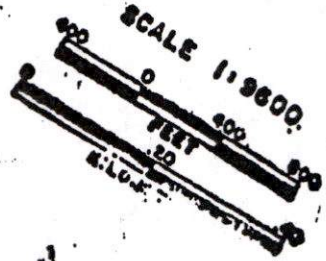
Minimum testing time is 1 hour
TESTING METHOD AIR
Yield GPM Drawdown Drill stem at Time
800 500' 1 HOUR
Temperature of Water 78 F° Depth Artesian Flow Found
Was a water analysis done? NO By whom
Did any strata contain water not suitable for intended use? No

DATE 5-31-99 WWC # 1452
(Bonded) Water Well Constructor Certification: I accept responsibility for the construction alteration or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
DATE 5-31-99 WWC # 693

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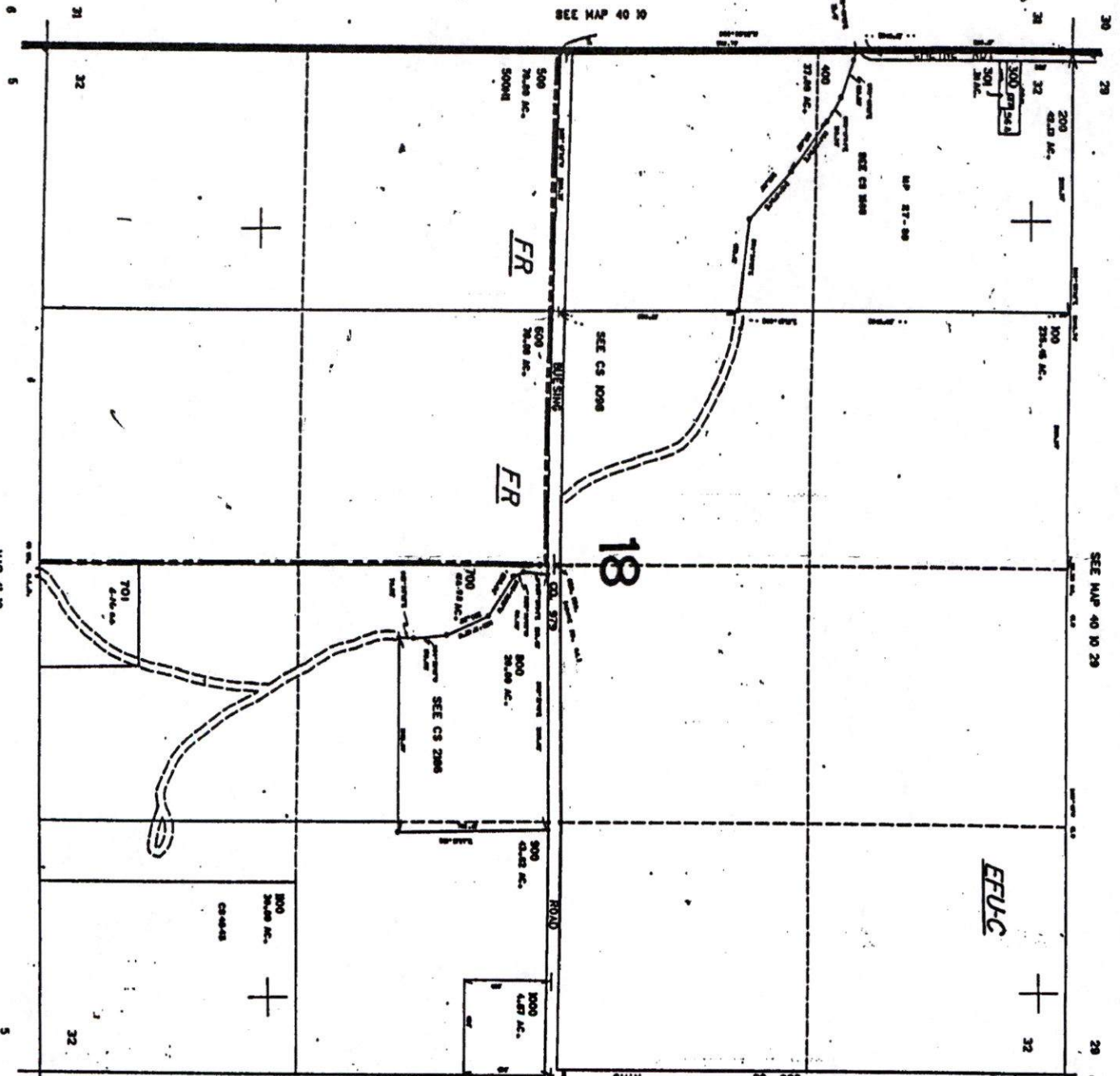
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THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY.

KLAMATH COUNTY

T-4007



Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 60
Efficiency = 7.04
Lift = 200
PSI = 60

Results Calculated

(hp)(efficiency) = 422.4
Head based on psi = 152.4
Total dynamic head = 352.4
(head + lift)

Pump Capacity = 1.20 feet per second

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