

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **136802**

INVOICE # _____

RECEIVED FROM: Anderson Engineering & Surveying, Inc.
BY: _____

APPLICATION	G-15655
PERMIT	
TRANSFER	

CASH: ☐ CHECK: # 3962 OTHER: (IDENTIFY) ☐ _____

TOTAL REC'D \$ 230.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES	\$
OTHER: (IDENTIFY) _____	\$

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE: (IDENTIFY) _____	\$
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$
0240 EXTENSION OF TIME	\$

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$	0204	\$
0205 TRANSFER	\$		

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
LANDOWNER'S PERMIT	\$	0220	\$

0200 OTHER (IDENTIFY) COBU \$ 230.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE	\$	CARD#
0210 MONITORING WELLS	\$	CARD#
OTHER (IDENTIFY) _____		

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD)		\$
0231 HYDRO LICENSE FEE (FW/WRD)		\$
HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____	TITLE _____
OBJ. CODE _____	VENDOR # _____
DESCRIPTION _____	\$

RECEIPT: **136802**

DATED 11-8-2021 BY: Mindy Cadman

Distribution: White Copy: Customer Yellow Copy: _____

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

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SALEM, OR 97301-4172
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MISCELLANEOUS 46111

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0410 RESEARCH FEES \$ _____
0408 MISC REVENUE: (IDENTIFY) \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) \$ _____
0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER	EXAM FEE \$ _____	0202 RECORD FEE \$ _____
0203 GROUND WATER	EXAM FEE \$ _____	0204 RECORD FEE \$ _____
0205 TRANSFER	EXAM FEE \$ _____	

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ _____	0219 LICENSE FEE \$ _____
LANDOWNER'S PERMIT		0220 LICENSE FEE \$ _____

0300 OTHER (IDENTIFY) 00BU \$230.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ _____ CARD# _____
0210 MONITORING WELLS \$ _____ CARD# _____
OTHER (IDENTIFY) _____

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FW/WRD) \$ _____
0231 HYDRO LICENSE FEE (FW/WRD) \$ _____
HYDRO APPLICATION \$ _____

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$ _____

RECEIPT: **136802**

DATED: 11-8-2021 BY: Mindy Cadman

Routing Slip

Oregon Water Resources Department

Water Rights Service Division

Date: 11-16-2021

File: ~~G-12082~~ G-15455

Subject/Process: Assign + CBY

From: Mary B.

ACTION	DATE
TO: CSG - Pls Review CBY for Pin Slip	
TO: Fiscal/Mail R. - Pls. Return File when receipted to Mary B's CSG IN Box.	
THNX / M.	

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	611200822 415655	WRD Reviewer	Holmes
Transfer #			
Date Received	Nov. 8 2021		
CWRE Name	Anderson		

Priority Date:

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 REC'D \$
1083 TREASURY	4178 MISC CASH ACCT.
0407 COPIES	\$
OTHER (IDENTIFY)	\$
0243 Indiv. Lease	0244 Min. Water Right Plan
0245 Cons. Water	
1083 TREASURY	4278 WRD OPERATING ACCT.
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0406 MISC REVENUE (IDENTIFY)	\$
TC162 DEPOSIT LAM (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE
0202 GROUND WATER	RECORD FEE
0205 TRANSFER	\$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE
LANDOWNER'S PERMIT	RECORD FEE
OTHER (IDENTIFY)	\$
0200	0219
0220	0220
0407 TREASURY	0407 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 Required? ☒ YES NO Pump Test Submitted? ☒ YES NO*

approved 8/2018

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

ANDERSON

ENGINEERING & SURVEYING, INC.



PO Box 28
17681 Hwy 395
Lakeview, Oregon 97630
541-947-4407
541-947-2321 FAX



TRANSMITTAL LETTER

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NOV 08 2021

Oregon Water Resources Department

725 Summer Street NE

Suite A

Salem, Oregon 97301-1266

DATE: 11/4/21

JOB NO: 2021-025

ATTENTION:

RE:

WE ARE SENDING YOU ATTACHED:

☐

PRINTS

☐

PLANS

☐

OTHER

COPIES	DATE	DESCRIPTION
1		Claim of Beneficial Use Application G-15655 Permit #5310
1		Fee Check \$230.00 Check # 3962
1		Request for Assignment
1		Fee Check \$120.00 Check # 3963

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒

FOR APPROVAL

☐

FOR REVIEW AND COMMENT

☐

AS REQUESTED

☐

FOR SIGNATURE

☐

OTHER

REMARKS

Thank you!

COPY TO

SIGNED

Barb Thompson

If enclosures are not as noted, please notify us at once

**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

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**A fee of \$230 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 503-979-9103.

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>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15655	G-5310	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME William Barry		PHONE NO. 541-947-3280	ADDITIONAL CONTACT NO.
ADDRESS 97099 Crane Creek Lane			
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL

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 NA		
ADDRESS		
CITY	STATE	ZIP

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ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**10/21/2021****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Daniel Decker	10/21/2021	operator

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

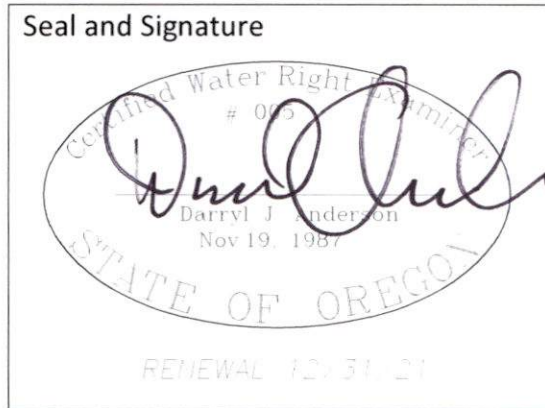
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CWRE Statement, Seal and Signature

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



CWRE NAME Darryl Anderson		PHONE NO. 541-947-4407	ADDITIONAL CONTACT NO.
ADDRESS 17681 Highway 395			
CITY Lakeview	STATE OR	ZIP 97630	CITY Lakeview

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>William Barry</i>	William Barry	OWNER	11-4-21

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)	WELL TAG # (IF APPLICABLE)
Well #1	52684	L-120018
Well #2	52814	L-128168

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	Goose Lake Basin	
Well #1	Goose Lake Basin	

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	irrigation	pasture	March 1 – October 31	3.04 cfs
Well #2	irrigation	pasture	March 1 – October 31	3.57 cfs
Total Quantity of Water Used				6.61 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 water is pumped from the well through a booster pump, then through 3993' feet of 8" pipe to two pivot systems that apply water to the place of use. The water from this well can also be directed through 4677' feet of 10" pipe to flood risers to flood irrigate part of the place of use.

Well #2 water is pumped from the well through a short run of pipe where it is discharged into a large ditch. This large ditch runs through the place of use, and is controlled by hand operated head gates that allow for the flood irrigating of the place of use.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, 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 authorized 10.53 cfs of water for irrigation. The pumps in the developed wells are only capable of pumping 6.61 cfs total.

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	10.53 cfs	3.04 cfs	NA	Irrigation	P - 69.5 S - 772.55	P - 69.5 S - 772.55
Well #2	10.53 cfs	3.57 cfs	3.57 cfs	Irrigation	P - 69.5 S - 772.55	P - 69.5 S - 772.55

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well #1

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A. Place of Use

1. Is the right for municipal use?

NO

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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 northwest corner of 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
12	+3-510	528	11/13/2015	NA	William Barry	Arthur Fry

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.

Well Log attached

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 Water Technology	10DHHC	MG2061	Turbine	8"	6"
Cornell	4RB-20-3-4	SA8130A-A05	centrifugal	10"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	30
Baldor	20

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)
See Attached				

5. Provide pump calculations:

See Attached	RECEIVED NOV 08 2021 OWRD
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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)
Not Running			

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	3993'	Steel	Buried
10"	4677'	Steel	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information:

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

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Unknown	1176'	60	815.30	1.82
Valley	1181'	39	549.66	1.22

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?

NO

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H. Additional notes or comments related to the system:

AN

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

Well #2

A. Place of Use

1. Is the right for municipal use?

NO

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 north side of 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
12	+2.5-477.5	477.5	3/26/2018	NA	William Barry	Arthur Fry

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.

Well Log attached

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
Mitchell Lewis & Staver	10VT1500	R219222	Turbine	10"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Nidec Motor Corporation	150

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)
150	30.32	240	0	3.57

5. Provide pump calculations:

See Attached

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)
1600 gpm	NA	Instantaneous	3.57

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

7. Is the distribution system piped?

NO

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)
Dirt	50358	37.79	3	0.018	2.02	2579	0.000775	248.84

3. Provide calculations:

See Attached

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)
NA			

Attach measurement notes.

H. Additional notes or comments related to the system:

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NA

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	January 7, 2003		
BEGIN CONSTRUCTION (A)	January 7, 2003	October 7, 2015	Well #1 drilling started
COMPLETE CONSTRUCTION (B)	October 30, 2021	October 21, 2021	Flowmeter meter for Well #2 installed
COMPLETE APPLICATION OF WATER (C)	October 30, 2021	October 21, 2021	

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

2. Is there an extension final order(s)?

YES

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

YES

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

b. Were the Progress Reports submitted?

YES

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

3. Initial Water Level Measurements:

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

YES

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

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

c. Was the measurement submitted to the Department?

NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Well #1 11/13/2015 (from well log)	Well driller	Unknown	SWL 13'
Well #2 3/26/2018 (from well log)	Well driller	Unknown	SWL 3'

4. Annual Static Water Level Measurements:

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

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

NOV 08 202

March

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

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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
Reports Attached			

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? **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**

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 diversion or appropriation.

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	17- 10151- 10	Working	638 512 Ac ft x .001	2017
Well #2	McCrometer	21- 04893- 10	Working	000 275 Ac ft x .001	10/21/2021

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **NO**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
NA		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
NA		

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **NO**

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

Current Flow Meter readings included in report

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

a. Were there special well construction standards? **YES**

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
Well #1	11/13/2015
Well #2	3/27/2018

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):

Wells shall produce groundwater for no shallower than 100 below land surface – Well #1 sealed to 105 feet, Well #2 sealed to 100 feet

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SECTION 6 ATTACHMENTS

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

OWRD

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim map
Photos	Site photos
Well Logs	Well logs for Wells 1 and 2
Summary of Nozzle Flows – Full Pivot	Nozzle flows for full pivot on property
Worksheet for Pressure Pipe – Well 1 Full Pivot	Pressure pipe calculations for Well 1 to run the full pivot
Pump Calculations – Well 1 Full Pivot	Theoretical pump capacities for Well 1 to run the full pivot
Summary of Nozzle Flows – West Pivot	Nozzle flows for half pivot on west side of property
Worksheet for Pressure Pipe – Well 1 West Pivot	Pressure pipe calculations for Well 1 to run the west pivot
Pump Calculations – Well 1 West Pivot	Theoretical pump capacities for Well 1 to run the west pivot
Worksheet for Pressure Pipe – Well 2	Pressure pipe calculations for Well 2
Pump Calculations – Well 2	Theoretical pump capacities for Well 2
Worksheet for Trapezoidal Channel	Ditch flow calculations
Water Level Reporting Form Well 1	Static water level measurement Well 1 from 3/4/2021
Water Level Reporting Form Well 2	Static water level measurement Well 2 from 3/4/2021

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.

Survey performed with Real Time GPS – Corner tie is a County Surveyor brass cap located at the northeast corner of section 28

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Map Checklist

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

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

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

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SUMMARY OF NOZZLE FLOWS

Full Pivot Flows

William Barry G-15310 Well #1

QWRD

#	NOZZLE SIZE	DIAMETER	PSI	FLOW (FT ³ /S)	TOTAL (FT ³ /SEC)	FLOW (GPM)	TOTAL FLOW (GPM)
0	11	0.08594	15	0.002	0.000	0.85	0.00
0	12	0.09375	15	0.002	0.000	1.02	0.00
0	13	0.10156	15	0.003	0.000	1.19	0.00
0	14	0.10938	15	0.003	0.000	1.38	0.00
1	15	0.11719	15	0.004	0.004	1.59	1.59
1	16	0.12500	15	0.004	0.004	1.81	1.81
1	17	0.13281	15	0.005	0.005	2.04	2.04
1	18	0.14063	15	0.005	0.005	2.29	2.29
0	19	0.14844	15	0.006	0.000	2.55	0.00
1	20	0.15625	15	0.006	0.006	2.82	2.82
1	21	0.16406	15	0.007	0.007	3.11	3.11
0	22	0.17188	15	0.008	0.000	3.41	0.00
1	23	0.17969	15	0.008	0.008	3.73	3.73
1	24	0.18750	15	0.009	0.009	4.06	4.06
1	25	0.19531	15	0.010	0.010	4.41	4.41
1	26	0.20313	15	0.011	0.011	4.77	4.77
1	27	0.21094	15	0.011	0.011	5.14	5.14
2	28	0.21875	15	0.012	0.025	5.53	11.06
4	29	0.22656	15	0.013	0.053	5.93	23.73
5	30	0.23438	15	0.014	0.071	6.35	31.74
5	31	0.24219	15	0.015	0.076	6.78	33.89
6	32	0.25000	15	0.016	0.097	7.22	43.34
4	33	0.25781	15	0.017	0.068	7.68	30.73
7	34	0.26563	15	0.018	0.127	8.15	57.08
6	35	0.27344	15	0.019	0.116	8.64	51.85
10	36	0.28125	15	0.020	0.204	9.14	91.42
9	37	0.28906	15	0.022	0.194	9.66	86.91
7	38	0.29688	15	0.023	0.159	10.19	71.30
0	39	0.30469	15	0.024	0.000	10.73	0.00
1	40	0.31250	15	0.025	0.025	11.29	11.29
0	41	0.32031	15	0.026	0.000	11.86	0.00
0	42	0.32813	15	0.028	0.000	12.44	0.00
0	43	0.33594	15	0.029	0.000	13.04	0.00
1	44	0.34375	15	0.030	0.030	13.66	13.66
5	45	0.35156	15	0.032	0.159	14.28	71.42
1	46	0.35938	15	0.033	0.033	14.93	14.93
2	47	0.36719	15	0.035	0.069	15.58	31.16
86	TOTAL FLOW NOZZLES				1.585		711.28
#	END GUN (IN)	DIAMETER	PSI	FLOW (FT ³ /S)		FLOW (GAL/MIN)	TOTAL FLOW
1	0.75	0.75	60	0.232	0.232	104.02	104.016
0	0	0	40	0.000	0.000	0.00	0.000
0	0	0	32.5	0.000	0.000	0.00	0.000
0				FT ³ /S			GAL/MIN
					1.82		815.30
				FLOW TOTAL			

ANDERSON ENGINEERING & SURVEYING, INC.

PO BOX 28

LAKEVIEW, OREGON 97630

(541) 947-4470 FAX 947-2321



Worksheet for Pressure Pipe - Well 1 Full Pivot

Project Description

Friction Method Hazen-Williams Formula
Solve For Pressure at 1

Input Data

Pressure 2	39.00	psi
Elevation 1	4736.20	ft
Elevation 2	4743.50	ft
Length	1271.00	ft
Roughness Coefficient	100.000	
Diameter	0.67	ft
Discharge	1.82	ft ³ /s

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Results

Pressure 1	53.15	psi
Headloss	25.34	ft
Energy Grade 1	4859.21	ft
Energy Grade 2	4833.87	ft
Hydraulic Grade 1	4858.79	ft
Hydraulic Grade 2	4833.46	ft
Flow Area	0.35	ft ²
Wetted Perimeter	2.10	ft
Velocity	5.16	ft/s
Velocity Head	0.41	ft
Friction Slope	0.01993	ft/ft

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Theoretical Pump Capacity

William Barry G-15310 Well #1 Full Pivot

Flow 1.82 CFS full pivot only

Head 53.15 PSI see calculations on loss

LIFT 80 Feet

Efficiency 85% Turbine Pump

HP 49.2 OK 30 HP + 20 HP booster

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SUMMARY OF NOZZLE FLOWS

West Pivot Flows

William Barry G-15310 Well #1

OWRD

#	NOZZLE SIZE	DIAMETER	PSI	FLOW (FT^3/S)	TOTAL (FT^3/SEC)	FLOW (GPM)	TOTAL FLOW (GPM)
3	10	0.07813	19.5	0.002	0.005	0.80	2.41
1	11	0.08594	19.5	0.002	0.002	0.97	0.97
1	12	0.09375	19.5	0.003	0.003	1.16	1.16
1	13	0.10156	19.5	0.003	0.003	1.36	1.36
1	14	0.10938	19.5	0.004	0.004	1.58	1.58
1	15	0.11719	19.5	0.004	0.004	1.81	1.81
2	16	0.12500	19.5	0.005	0.009	2.06	4.12
1	17	0.13281	19.5	0.005	0.005	2.32	2.32
1	18	0.14063	19.5	0.006	0.006	2.61	2.61
3	19	0.14844	19.5	0.006	0.019	2.90	8.71
0	20	0.15625	19.5	0.007	0.000	3.22	0.00
3	21	0.16406	19.5	0.008	0.024	3.55	10.64
1	22	0.17188	19.5	0.009	0.009	3.89	3.89
5	23	0.17969	19.5	0.009	0.047	4.25	21.27
10	24	0.18750	19.5	0.010	0.103	4.63	46.33
7	25	0.19531	19.5	0.011	0.078	5.03	35.19
9	26	0.20313	19.5	0.012	0.109	5.44	48.93
11	27	0.21094	19.5	0.013	0.144	5.86	64.50
10	28	0.21875	19.5	0.014	0.140	6.31	63.06
9	29	0.22656	19.5	0.015	0.136	6.76	60.88
1	30	0.23438	19.5	0.016	0.016	7.24	7.24
4	31	0.24219	19.5	0.017	0.069	7.73	30.92
1	32	0.25000	19.5	0.018	0.018	8.24	8.24
2	33	0.25781	19.5	0.020	0.039	8.76	17.52
0	34	0.26563	19.5	0.021	0.000	9.30	0.00
0	35	0.27344	19.5	0.022	0.000	9.85	0.00
0	36	0.28125	19.5	0.023	0.000	10.42	0.00
0	37	0.28906	19.5	0.025	0.000	11.01	0.00
0	38	0.29688	19.5	0.026	0.000	11.61	0.00
0	39	0.30469	19.5	0.027	0.000	12.23	0.00
0	40	0.31250	19.5	0.029	0.000	12.87	0.00
0	41	0.32031	19.5	0.030	0.000	13.52	0.00
0	42	0.32813	19.5	0.032	0.000	14.19	0.00
0	43	0.33594	19.5	0.033	0.000	14.87	0.00
0	44	0.34375	19.5	0.035	0.000	15.57	0.00
0	45	0.35156	19.5	0.036	0.000	16.29	0.00
0	46	0.35938	19.5	0.038	0.000	17.02	0.00
88	TOTAL FLOW NOZZLES				0.993		445.64
#	END GUN (IN)	DIAMETER	PSI	FLOW (FT^3/S)	FLOW (GAL/MIN)		TOTAL FLOW
1	0.75	0.75	60	0.232	0.232	104.02	104.016
0	0	0	40	0.000	0.000	0.00	0.000
0	0	0	32.5	0.000	0.000	0.00	0.000
0				FT^3/S			GAL/MIN
FLOW TOTAL				1.22			549.66



ANDERSON ENGINEERING & SURVEYING, INC.

PO BOX 28

LAKEVIEW, OREGON 97630

(541) 947-4470 FAX 947-2321

Worksheet for Pressure Pipe - Well 1 West Pivot

Project Description

Friction Method Hazen-Williams Formula
Solve For Pressure at 1

Input Data

Pressure 2	39.00	psi
Elevation 1	4736.20	ft
Elevation 2	4743.50	ft
Length	2719.00	ft
Roughness Coefficient	100.000	
Diameter	0.67	ft
Discharge	1.22	ft ³ /s

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Results

Pressure 1	53.37	psi
Headloss	25.84	ft
Energy Grade 1	4859.48	ft
Energy Grade 2	4833.64	ft
Hydraulic Grade 1	4859.30	ft
Hydraulic Grade 2	4833.46	ft
Flow Area	0.35	ft ²
Wetted Perimeter	2.10	ft
Velocity	3.46	ft/s
Velocity Head	0.19	ft
Friction Slope	0.00950	ft/ft

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Theoretical Pump Capacity

William Barry G-15310 Well #1 West Pivot

Flow 1.22 CFS west pivot only

Head 53.37 PSI see calculations on loss

LIFT 80 Feet

Efficiency 85% Turbine Pump

HP 33.1 OK 30 HP + 20 HP booster

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

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Well owner:

Name	William D Barry		
Address	97099 Crane Creek Lane		
City/State/Zip	Lakeview	OR	97630
Phone/Fax/Cell	541-947-3212		
Email			

Application:	G-15655
Permit:	G-15310
Certificate:	
Userid:	
Transfer	

OWRD

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):	N/A			
Permit number(s):	N/A			
Certificate number(s):	N/A			

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:	Lake 52684	Owner's well name:	Well #1	
Well ID (Well Tag) on Well: L-		Well drilled by:	Benjamin Fry, Arthur L Fry	
Well ID (Well Tag) on Well Log: L-	120018	Total depth	528	Casing diameter (inches): 20
Start Card # on Well Log:	1028381	Owner on well log:	William Barry	
Date drilled:	11/13/2015			

Water-Level Measurement

Date of measurement: 3-4-2021

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	11.1'	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	1.0'	Airline pressure:		psi x 2.31 = feet
Depth to water below land surface:	10.1'	Shut-in pressure:		psi x 2.31 = feet

Measurement Status: Static ☒ Pumping ☐ Rising ☐ Flowing ☐ Other ☐

Measurement Method: E-tape ☒ Airline ☐ Other ☐

Length of time well was idle prior to measurement: 6 Months

Measuring point description: 1" access port top of NW corner of well.

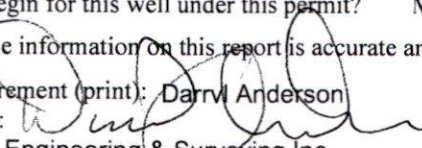
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month April Year 2016

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Darryl Anderson

Signature of measurer: 

Company: Anderson Engineering & Surveying Inc

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): 12359

Daytime phone number: 541-947-4407

Email address: DarrylA@andersonengineering.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822.

Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email as an attachment to reportingmnts@wrdd.state.or.us. Additional forms can be obtained from our web site at: www.oregon.gov/owrd/

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

LAKE 52814

3/27/2018

WELL I.D. LABEL# L 128168
START CARD # 1037808
ORIGINAL LOG #

Page 1 of 2

(1) LAND OWNER

Owner Well I.D. _____

First Name WILLIAM Last Name BARRY
Company _____
Address 97099 CRANE CR. ROAD
City LAKEVIEW State OR Zip 97630

(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: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(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 477.50 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
26	0	100	Cement w/5% Bentonite	0	100	85	S
20	100	477.5			Calculated	80	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY

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
☒	☒	20	☒	2	100	.250	☒	☐	☒	☐
☐	☐	12	☒	2.5	477.5	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method Plasma torch

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Liner							width	length	slots	pipe size
					12	177.5	477.5	.25	3	7350	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

400		100	2

Temperature 59 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 223 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 39.00 S N/S Range 20.00 E E/W WM
Sec 28 NW 1/4 of the NE 1/4 Tax Lot 5100
Tax Map Number _____ Lot _____
Lat _____ " or 42.16398900 DMS or DD
Long _____ " or -120.36570200 DMS or DD
☐ Street address of well ☒ Nearest address

WEST END OF KADRAMAS RD. WEST OF THE LAKEVIEW READY MIX PLANT.

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	3/26/2018		3
Flowing Artesian?	☐	Dry Hole?	☐

WATER BEARING ZONES

Depth water was first found 123.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

3/26/2018	123	477.5	400		3

(11) WELL LOG

Ground Elevation _____

Material	From	To
hard packed topsoil	0	5
sand, pea gravel and pumice	5	13
brown clay	13	18
pea gravel and sand	18	23
grey clay	23	26
sand and gravel	26	30
gray clay w small gravel layers	30	94
tiny gravel and sand	94	99
sand and grey clay	99	123
small gravel with sand	123	136
gray clay w soft broken claystone	136	187
hard grey claystone w gravel	187	218
sandy gray clay	218	223
soft grey claystone w gravel	223	228
sandy gray clay	228	234
broken claystone w sand and gravel	234	236
grey sandy clay	236	248
small gravel w sand	248	278
sandy gray clay	278	408

Date Started 2/9/2018 Completed 3/26/2018

(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 1940 Date 3/27/2018

Signed BENJAMIN FRY (E-filed)

(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 1355 Date 3/27/2018

Signed ARTHUR FRY (E-filed)

Contact Info (optional) _____

continuation page

3/27/2018

START CARD # 1037808

ORIGINAL LOG #

(2a) PRE-ALTERATION

Material	From	To	Amt	sacks/lbs
----------	------	----	-----	-----------

(5) BORE HOLE CONSTRUCTION

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
--------	-------	-----	---	------	----	-------	-----	-------	-----	------

(7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
---------------	----------	-----------------------	---------------

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

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Well owner:

Name	William D Barry		
Address	97099 Crane Creek Lane		
City/State/Zip	Lakeview	OR	97630
Phone/Fax/Cell	541-947-3212		
Email			

Application:	G-15655
Permit:	G-15310
Certificate:	
Userid:	
Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):	N/A			
Permit number(s):	N/A			
Certificate number(s):	N/A			

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:	Lake 52814	Owner's well name:	Well #2	
Well ID (Well Tag) on Well: L-		Well drilled by:	Benjamin Fry, Arthur L Fry	
Well ID (Well Tag) on Well Log: L-	128168	Total depth	477.5	Casing diameter (inches): 20
Start Card # on Well Log:	1037808	Owner on well log:	William Barry	
Date drilled:	03/26/2018			

Water-Level Measurement

Date of measurement:	3-4-2021	Measurements should be made to at least the nearest tenth of a foot (10' 2"), the nearest inch (10' 3") or the nearest pound, if using a gage.		
Depth to water below measuring point:	7.6'	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	1.8'	Airline pressure:		psi x 2.31 = feet
Depth to water below land surface:	5.8'	Shut-in pressure:		psi x 2.31 = feet
Measurement Status:	Static ☒ Pumping ☐ Rising ☐ Flowing ☐ Other ☐			
Measurement Method:	E-tape ☒ Airline ☐ Other ☐			
Length of time well was idle prior to measurement:				
Measuring point description:	1" access port on north side of well casing			

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month Year

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Darryl Anderson

Signature of measurer:

Company: Anderson Engineering & Surveying Inc

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): 12359

Daytime phone number: 541-947-4407

Email address: DarrylA@andersonengineering.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822.

Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email as an attachment to reportingmmts@wrdd.state.or.us. Additional forms can be obtained from our web site at: www.oregon.gov/owrd/

Worksheet for Pressure Pipe - Well 2

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Project Description

Friction Method Hazen-Williams Formula
Solve For Pressure at 1

Input Data

Pressure 2	30.00	psi
Elevation 1	4736.00	ft
Elevation 2	4736.00	ft
Length	30.00	ft
Roughness Coefficient	100.000	
Diameter	0.83	ft
Discharge	3.57	ft ³ /s

Results

Pressure 1	30.32	psi
Headloss	0.73	ft
Energy Grade 1	4806.61	ft
Energy Grade 2	4805.87	ft
Hydraulic Grade 1	4805.93	ft
Hydraulic Grade 2	4805.20	ft
Flow Area	0.54	ft ²
Wetted Perimeter	2.61	ft
Velocity	6.60	ft/s
Velocity Head	0.68	ft
Friction Slope	0.02446	ft/ft

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Theoretical Pump Capacity

William Barry G-15310 Well #2

Flow	3.57 CFS
Head	30.32 PSI see calculations on loss
LIFT	240 Feet
Efficiency	85% Turbine Pump

HP	147.7 OK 150 hp
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Worksheet for Trapezoidal Channel

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Project Description

Friction Method	Manning Formula
Solve For	Discharge

Input Data

Roughness Coefficient	0.020
Channel Slope	0.00078 ft/ft
Normal Depth	2.00 ft
Left Side Slope	0.60 ft/ft (H:V)
Right Side Slope	0.60 ft/ft (H:V)
Bottom Width	37.79 ft

Results

Discharge	241.90 ft ³ /s
Flow Area	77.98 ft ²
Wetted Perimeter	42.45 ft
Hydraulic Radius	1.84 ft
Top Width	40.19 ft
Critical Depth	1.08 ft
Critical Slope	0.00596 ft/ft
Velocity	3.10 ft/s
Velocity Head	0.15 ft
Specific Energy	2.15 ft
Froude Number	0.39
Flow Type	Subcritical

GVF Input Data

Downstream Depth	0.00 ft
Length	0.00 ft
Number Of Steps	0

GVF Output Data

Upstream Depth	0.00 ft
Profile Description	
Profile Headloss	0.00 ft
Downstream Velocity	Infinity ft/s
Upstream Velocity	Infinity ft/s
Normal Depth	2.00 ft
Critical Depth	1.08 ft
Channel Slope	0.00078 ft/ft

CLAIM OF BENEFICIAL USE

Inspection Photographs
Permit G-15310

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Job: 2021-025
Date: 10/27/2021



Well #1 & Booster Pump



Well #1 Flowmeter



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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Full Pivot Center



Full Pivot & Place of Use



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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Job: 2021-025
Date: 10/27/2021



West Pivot Center



West Pivot and place of Use



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs

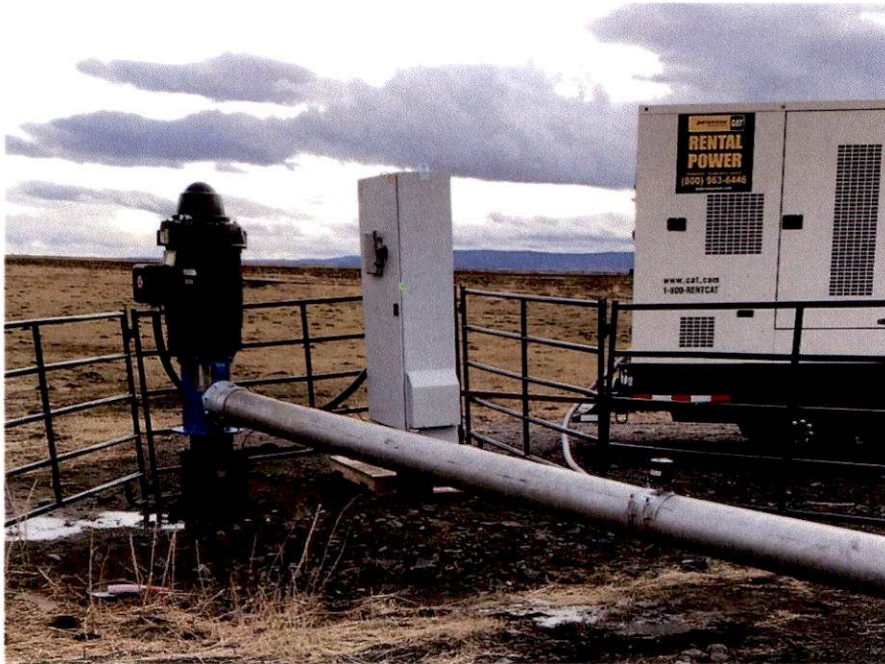
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Job: 2021-025
Date: 10/27/2021



Well #2



Well #2 Flowmeter



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Well #1 Flooding Mainline



Well #1 Flooding Mainline



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Flooding Distribution Headgate



Flooding Distribution Headgates



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Flooding Distribution Headgates



Flooding Distribution Headgates



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Flooding Distribution Headgates



Flooding Distribution Pipe



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Flooding Distribution Headgates



Flooding Distribution Headgates



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Typical Pivot Nozzle



Pivot End Gun



Anderson Engineering & Surveying, Inc.

P.O. Box 28

17681 Hwy 395

Lakeview, Oregon 97630

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

START CARD #

ORIGINAL LOG #

120018

1028381

11/23/2015

(1) LAND OWNER

Owner Well I.D.

First Name WILLIAM

Last Name BARRY

Company

Address 97099 CRANE CREEK LN.

City LAKEVIEW

State OR

Zip 97630

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: Dia + From To Gauge Stl Plstc Wld Thrd

(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 528.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
26	0	103	Cement w/5% Bentonite	0	105	152	S
20	103	512				Calculated	132.4
12	512	528				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
☒	☒	20	☒	2	105	.250	☒	☒	☒	☒
☐	☐	12	☒	3	510	.250	☒	☒	☒	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method factory

Screens Type

Material

Perf/	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Liner	12	210	510	.25	3	7350	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200		140	1

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 39.00 S N/S Range 20.00 E E/W WM

Sec 29 NE 1/4 of the NE 1/4 Tax Lot 5100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

WEST END OF KADRAMAS RD.

LAKEVIEW

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 11/13/2015 _____ 13

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 126.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

11/13/2015	126	515	1200		13

(11) WELL LOG

Ground Elevation

Material	From	To
hard packed topsoil	0	9
small gravel and brown sand	9	11
brown clay with sand	11	36
small gravel with sand	36	56
brown clay	56	59
gravel and clay layers	59	66
clay with sand	66	85
clay with gravel layers	85	90
brown clay	90	95
clay with gravel layers	95	126
small gravel	126	137
clay with gravel layers	137	142
clay	142	166
gravel with sand	166	173
clay with gravel layers	173	243
clay	243	285
clay with gravel	285	301
sticky brown clay	301	338
clay with gravel	338	350

Date Started 10/7/2015

Completed 11/13/2015

(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 1940

Date 11/23/2015

Signed BENJAMIN FRY (E-filed)

(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 1355

Date 11/23/2015

Signed ARTHUR L FRY (E-filed)

Contact Info (optional)

WATER SUPPLY WELL REPORT -
continuation page**LAKE 52684**

WELL I.D. LABEL# L120018

START CARD # 1028381

11/23/2015

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material From To Amt sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
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(7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

 Comments/Remarks

[illegible]