

**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](http://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 # <b>G-16380</b>	PERMIT # (IF APPLICABLE) <b>G-15953</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--------------------------------------------	-------------------------------------------------

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>JACK FLYNN CATTLE CO</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>28571 HOGBACK RD</b>			
CITY <b>PLUSH</b>	STATE <b>OR</b>	ZIP <b>97637</b>	E-MAIL

APPLICANT/BUSINESS NAME <b>NJN FLYNN INVESTMENTS LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>438 MT VIEW</b>			
CITY <b>LAKEVIEW</b>	STATE <b>OR</b>	ZIP <b>97630</b>	E-MAIL

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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 THE CON J FLYNN CREDIT SHELTER TRUST D JACK FLYNN			
ADDRESS 28571 HOGBACK RD			
CITY <b>PLUSH</b>	STATE <b>OR</b>	ZIP <b>97637</b>	E-MAIL

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	E-MAIL

**4. Date of Site Inspection:**

**2/1/2022**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Chad Frank</b>	<b>2/1/2022</b>	<b>operator</b>

**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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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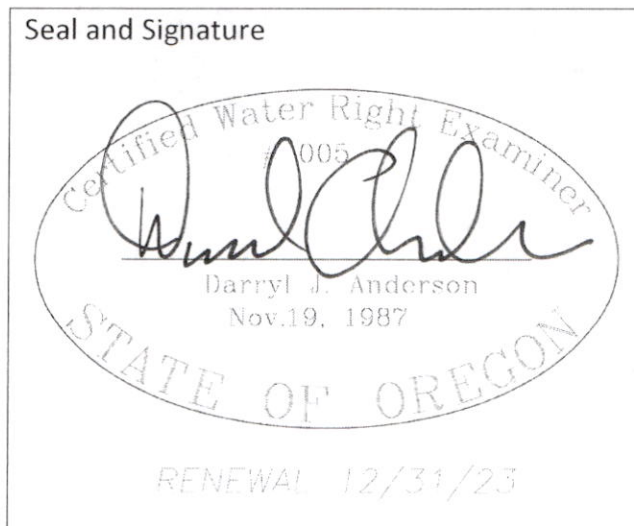
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



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

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>D. Jack Flynn</i>	D. Jack Flynn	owner	2/23/22
<i>Jackie L. Mathis</i>	JACKIE L. MATHIS	OWNER	2/23/22

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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	Lake 4095	

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	Honey Creek 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	Irrigation	Grass pasture	March 1 – October 1	4.48
<b>Total Quantity of Water Used</b>				<b>4.48</b>

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

Water is pumped from the well and is piped into a distribution ditch along the west side of the place of use. This distribution ditch is used to flood irrigate the place of use using several headgate and weir diversion structures placed along the length of the ditch. This ditch is also the distribution system for the primary irrigation rights from Honey Creek. Small ditches run throughout the place of use, and water is diverted using portable tarp dams.

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 **NO** permit amendment final order, or extension final order? If yes, describe below.

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

NA

**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	4.48	4.48	4.48	Irrigation	358.0	358.0



**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

Well

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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
36S	24E	WM	34	NW NE	1				2.10
				SW NE	2				10.90
				SW NE	9			4.10	20.00
				NE NW					31.90
				NW NW					20.00
				SW NW					40.00
				SE SW					40.00
				NE SW	6				15.00
				NE SW	3				25.00
				NW SW					40.00
				SW SW	4				24.00
				SW SW	5				16.00
				SE SW	6				39.00
				NW SE	8				26.00
				SE SE	7				4.00
<b>Total Acres Irrigated</b>								<b>4.10</b>	<b>353.90</b>

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.

**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" opening on pump body, on east 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
16"	+2-78	255	2/27/91	NA	Flynn Bros	Robert Buckner
19"	70-223					

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 4095

C. Groundwater Source Information (Sump)

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

NO

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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
Worthington	14HH 300/1	CS2540	Turbine	12"	12"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Verti-Max	50 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)
50	10	50	0	4.48

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)
NA			

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



7. Is the distribution system piped?

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
12	1285'	Steel	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
None			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
None					

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
None					

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
None					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
None				

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/grass	14.85	7.05	1.53	130	4.18	4642	0.0009	55.78

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**3. Provide calculations:**

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See Attached

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

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DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
None			

Attach measurement notes.

**H. Additional notes or comments related to the system:**

None



**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	August 11, 2005		
BEGIN CONSTRUCTION (A)	August 11, 2005	1991	Well drilled
COMPLETE CONSTRUCTION (B)	October 1, 2021	2017	Pump installed, ditch system repaired
COMPLETE APPLICATION OF WATER (C)	October 1, 2021	2017	Water used

\* 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

*If "NO", items a and b relating to this section may be deleted.*

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

NO

**3. Initial Water Level Measurements:**

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

NO

**4. Annual Static Water Level Measurements:**

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

NO

**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?

NO



- c. Is the pump test attached to this claim? YES
- d. Has the pump test been approved by the Department? NO
- e. Has a pump test exemption been approved by the Department? NO

\*\* 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

**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	McCrometer	05-10744-12	Not working	132345 gal x 1000	2005

**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? NO
- If the reports have not been submitted, attach a copy of the reports if available. Attached

**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
NA	

- 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):

NA

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim map
Photos	Site photos
Well Logs	Well log
Worksheet for Pressure Pipe – Well	Pressure pipe calculations for Well
Pump Calculations	Theoretical pump capacities for well
Worksheet for Trapezoidal Channel	Ditch flow calculations
Pump Test	Pump test completed at time of inspection
Water Reporting Numbers	Monthly water usage reporting numbers

**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 east ¼ corner of Section 34.**

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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



## Worksheet for Trapezoidal Channel

### Project Description

Friction Method Hazen-Williams Formula  
Solve For Discharge

### Input Data

Roughness Coefficient	130.000
Channel Slope	0.00090 ft/ft
Normal Depth	1.53 ft
Left Side Slope	1.00 ft/ft (H:V)
Right Side Slope	1.00 ft/ft (H:V)
Bottom Width	7.05 ft

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### Results

Discharge	55.78 ft <sup>3</sup> /s
Flow Area	13.13 ft <sup>2</sup>
Wetted Perimeter	11.38 ft
Hydraulic Radius	1.15 ft
Top Width	10.11 ft
Critical Depth	1.18 ft
Critical Slope	0.00202 ft/ft
Velocity	4.25 ft/s
Velocity Head	0.28 ft
Specific Energy	1.81 ft
Froude Number	0.66
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	1.53 ft
Critical Depth	1.18 ft
Channel Slope	0.00090 ft/ft

---

## Worksheet for Trapezoidal Channel

---

GVF Output Data

Critical Slope

0.00202 ft/ft

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## Worksheet for Pressure Pipe - Well

### Project Description

Friction Method Hazen-Williams Formula  
Solve For Pressure at 1

### Input Data

Pressure 2	10.00	psi
Elevation 1	0.00	ft
Elevation 2	0.00	ft
Length	10.00	ft
Roughness Coefficient	100.000	
Diameter	1.00	ft
Discharge	4.48	ft <sup>3</sup> /s

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### Results

Pressure 1	10.07	psi
Headloss	0.15	ft
Energy Grade 1	23.72	ft
Energy Grade 2	23.57	ft
Hydraulic Grade 1	23.22	ft
Hydraulic Grade 2	23.07	ft
Flow Area	0.79	ft <sup>2</sup>
Wetted Perimeter	3.14	ft
Velocity	5.70	ft/s
Velocity Head	0.51	ft
Friction Slope	0.01503	ft/ft



STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765)

*LAKE  
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*36S/24E/34C*

APR 12 1991 (START CARD) # 27942

(1) **OWNER:** Well Number: 2  
 Name Flynn Bros  
 Address Box 27  
 City Plush State Or Zip 97637

(2) **TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

(3) **DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) **PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) **BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 255 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
20	0 20	PortCem	0 20	30

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	70	223	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method Factory  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
28	68	1/8	960	3"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	223	1/8	2850	3"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem at Time  
 \_\_\_\_\_ 1 hr.

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 36S Nor.S. Range 24E E or W, WM.  
 Section 34 NW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) **STATIC WATER LEVEL:**  
 35 \_\_\_\_\_ ft. below land surface. Date 2/27/91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 35

From	To	Estimated Flow Rate	SV
35	255		3'

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SV
Top Soil	0	7	
Wet Sand	7	15	
Blue-Green Clay	15	35	
Water Bearing Gravels	35	62	
Blue Green Clay	62	95	
Water Bearing Clay, Sand & Gravel layers	95	210	
Water Bearing Broken Basalt	210	235	
Hard Gray Basalt	235	255	

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Date started 2/26/91 Completed 2/27/91

(unbonded) **Water Well Constructor Certification:**  
 I certify that the work performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ Date \_\_\_\_\_

(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 work performed during this time is in compliance with Oregon construction standards. This report is true to the best of my knowledge and belief.  
 Signed Robert Becker WWC Number 13 Date \_\_\_\_\_

Theoretical Pump Capacity

Flynn G-15953 Well

Flow 4.48 CFS  
Head 10.07 PSI see calculations on loss  
LIFT 50 Feet  
Efficiency 75% Turbine Pump

**HP 49.6 OK 50 hp**

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2017				
Month	Cost	Kw/Hr	Run Time	Acre feet
March	\$ 86.28	1052.2	25.40	14.97
April	\$ 82.36	1004.4	24.25	14.29
May	\$ 81.22	990.5	23.91	14.09
June	\$ 137.02	1671.0	40.34	23.77
July	\$ 137.12	1672.2	40.37	23.79
August	\$ 136.94	1670.0	40.32	23.76
September	\$ 777.90	9486.6	229.02	134.96
October	\$ 653.28	7966.8	192.33	113.34

2018				
Month	Cost	Kw/Hr	Run Time	Acre feet
March	\$ 96.18	1172.9	28.32	16.69
April	\$ 195.16	2380.0	57.46	33.86
May	\$ 93.40	1139.0	27.50	16.20
June	\$ 703.22	8575.9	207.04	122.00
July	\$ 134.10	1635.4	39.48	23.26
August	\$ 133.48	1627.8	39.30	23.16
September	\$ 861.27	10503.3	253.57	149.42
October	\$ 1,589.06	19378.8	467.84	275.68

2019				
Month	Cost	Kw/Hr	Run Time	Acre feet
March	\$ -	0.0	0.00	0.00
April	\$ 183.56	2238.5	54.04	31.85
May	\$ 107.58	1312.0	31.67	18.66
June	\$ 193.36	2358.0	56.93	33.55
July	\$ 162.68	1983.9	47.89	28.22
August	\$ 133.50	1628.0	39.30	23.16
September	\$ 612.02	7463.7	180.18	106.18
October	\$ 837.76	10216.6	246.65	145.34

2017 thru 2019	\$ 0.082 Kw/Hr
2020 thru 2021	\$ 0.085 Kw/Hr
Power factor	0.9
Pump Horsepower	50 37.28 KW

2020				
Month	Cost	Kw/Hr	Run Time	Acre feet
March	\$ 104.94	1234.6	29.80	17.56
April	\$ 97.38	1145.6	27.66	16.30
May	\$ 37.08	436.2	10.53	6.21
June	\$ 133.50	1570.6	37.92	22.34
July	\$ 637.38	7498.6	181.03	106.67
August	\$ 327.38	3851.5	92.98	54.79
September	\$ 1,712.00	20141.2	486.24	286.53
October	\$ 758.94	8928.7	215.55	127.02

2021				
Month	Cost	Kw/Hr	Run Time	Acre feet
March	\$ 109.18	1284.5	31.01	18.27
April	\$ 97.18	1143.3	27.60	16.26
May	\$ 712.52	8382.6	202.37	119.25
June	\$ 1,397.08	16436.2	396.80	233.82
July	\$ 994.94	11705.2	282.58	166.52
August	\$ 137.32	1615.5	39.00	22.98
September	\$ 1,626.00	19129.4	461.82	272.13
October	\$ 133.50	1570.6	37.92	22.34

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**CLAIM OF BENEFICIAL USE**

Inspection Photographs

Permit G-15953

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**FEB 25 2022**

**OWRD**

Job: 2021-179

Date: 2/1/2022



**Well**



**Flowmeter & Discharge**



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



**CLAIM OF BENEFICIAL USE**  
Inspection Photographs  
Permit G-15953

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**FEB 25 2022**  
**OWRD**

Job: 2021-179  
Date: 2/1/2022



**Flowmeter**



**Flowmeter**



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



**CLAIM OF BENEFICIAL USE**  
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Job: 2021-179  
Date: 2/1/2022

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**Distribution Ditch**



**Distribution Ditch**



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



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**Place of Use**



**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: 2021-179

Date: 2/1/2022



**Typical Headgate for Flooding**



**Mainline Discharge**



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





**Water-Level Measurement Method:** Electric Tape    
Length of air line (if used): \_\_\_\_\_

\*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.   
E-Tape: 500 \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):   
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_   
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Pump Type:** Turbine    
HP: 50 \_\_\_\_\_ Pump set at: +/- 70 \_\_\_\_\_ feet.   
Pump idle time: >3 months

**Discharge Measurement Method:** Other (Approved)    
Flowmeter (if used):   
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_   
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Note:** Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:   
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

**Measuring Point (MP):** Measuring point distance above land surface 0.22 feet.   
Description (e.g., top port of 1 inch port pipe, west side) 2 inche port on the south side of the bell.

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**Time pump turned on:** Date 2/17/22 Time 11:10   
**Time pump turned off:** Date 2/17/22 Time 15:10   
Total pumping time: 4 hours 0 minutes.

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**OWRD**

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

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

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

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

**Pump test requirements for OAR 690-217 can be found online at:**

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID=OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID=OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186)

**Submit forms to:** Attn: Certificates Section, Oregon Water Resources Department   
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: \_\_\_\_\_ DATE: 2/18/22

OWNER SIGNATURE: Jacob G. Lyman DATE: 2/23/22





WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LAKE 4095	L-		255	Con Flynn ... Jack Flynn	2/27/91	2/17/22

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
2/17/22	10:30	0	10' 10.0"	0	Pre-test			Permit G-15953
2/17/22	10:50	0	10' 10.0"	0	Pre-test			
2/17/22	11:10	0	10' 10.0"	0	Pre-test			Flows provided are
2/17/22	11:12	2	35' 2.5"	3200 GPM	Pumping			calculated based on the
2/17/22	11:14	4	42' 1.3"	3200 GPM	Pumping			pump curve and measuring
2/17/22	11:16	6	47' 3.4"	3200 GPM	Pumping			water discharge from
2/17/22	11:18	8	47' 9.2"	3200 GPM	Pumping			well discharge pipe
2/17/22	11:20	10	48' 5.8"	3200 GPM	Pumping			
2/17/22	11:25	15	48' 8.8"	3200 GPM	Pumping			
2/17/22	11:30	20	48' 9.2"	3200 GPM	Pumping			
2/17/22	11:35	25	49' 0.8"	3200 GPM	Pumping			
2/17/22	11:40	30	49' 3.7"	3200 GPM	Pumping			
2/17/22	11:55	45	49' 5.5"	3200 GPM	Pumping			
2/17/22	12:10	60	49' 7.6"	3200 GPM	Pumping			RECEIVED
2/17/22	12:25	75	49' 9.2"	3200 GPM	Pumping			FEB 25 2022
2/17/22	12:40	90	50' 0.0"	3200 GPM	Pumping			
2/17/22	12:55	105	50' 0.7"	3200 GPM	Pumping			
2/17/22	13:10	120	50' 2.1"	3200 GPM	Pumping			
2/17/22	13:25	135	50' 3.1"	3200 GPM	Pumping			OWRD
2/17/22	13:40	150	50' 4.9"	3200 GPM	Pumping			
2/17/22	13:55	165	50' 5.8"	3200 GPM	Pumping			
2/17/22	14:10	180	50' 6.1"	3200 GPM	Pumping			
2/17/22	14:25	195	50' 6.8"	3200 GPM	Pumping			
2/17/22	14:40	210	50' 7.6"	3200 GPM	Pumping			
2/17/22	14:55	225	50' 8.3"	3200 GPM	Pumping			
2/17/22	15:10	240	50' 8.8"	3200 GPM	Pumping			
2/17/22	15:12	242	14" 2.4"	0	Recovery			
2/17/22	15:14	244	13' 4.4"	0	Recovery			
2/17/22	15:16	246	12' 8.0"	0	Recovery			
2/17/22	15:18	248	12' 4.5"	0	Recovery			
2/17/22	15:20	250	12' 0.9"	0	Recovery			
2/17/22	15:25	255	11' 6.9"	0	Recovery			
2/17/22	15:30	260	11' 5.5"	0	Recovery			
2/17/22	15:35	265	11' 3.1"	0	Recovery			
2/17/22	15:40	270	11' 2.7"	0	Recovery			
2/17/22	15:55	285	11' 0.7"	0	Recovery			





Flynn's

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Customer \_\_\_\_\_ Worthington S.O. \_\_\_\_\_  
 Project \_\_\_\_\_ Proposal/Order No. \_\_\_\_\_  
 Cust. Proposal/Order No. \_\_\_\_\_ Certified By \_\_\_\_\_  
 Customer Item No. \_\_\_\_\_ Date \_\_\_\_\_

Liquid/Service \_\_\_\_\_ Sp. Gr. \_\_\_\_\_ Visc. \_\_\_\_\_ SSU  
 Capacity \_\_\_\_\_ Head \_\_\_\_\_ Temp. \_\_\_\_\_ °F/°C

2400-8 Page 65  
 May 1986  
 14HH300  
 1770 RPM

