

**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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-13106</b>	<b>G-18246</b>	<b>T-12911</b>

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

APPLICANT/BUSINESS NAME <b>Michael Horton</b>		PHONE NO. <b>541-363-8979</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>P.O. Box 530</b>			
CITY <b>Bonanza</b>	STATE <b>OR</b>	ZIP <b>97623</b>	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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD <b>NA</b>			<b>RECEIVED</b>
ADDRESS			
CITY	STATE	ZIP	<b>AUG 22 2022</b>
			<b>OWRD</b>

**4. Date of Site Inspection:**

<b>6/28/2022</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Michael Horton</b>	<b>6/28/2022</b>	<b>Owner</b>

**6. County:**

<b>Klamath</b>
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**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)):**

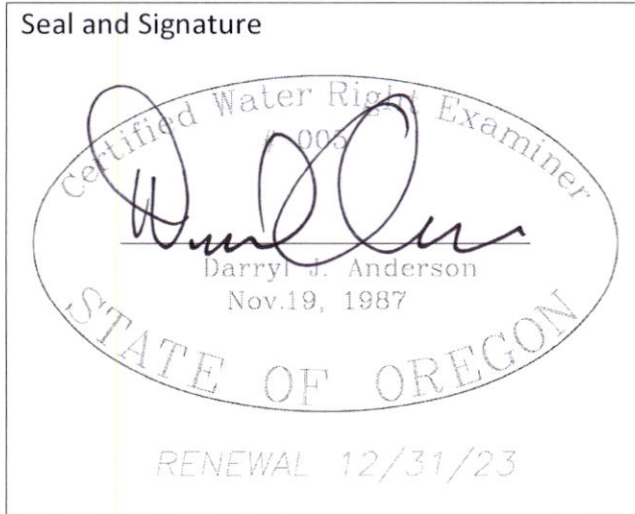
OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**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.




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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
	Michael Horton	Owner	8/18/22

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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 #1	KLAM 60840	L139758

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	Lost River 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	Supplemental Irrigation	Pasture	April 15-October 15	0.88 cfs
<b>Total Quantity of Water Used</b>				<b>0.88 cfs</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 up a slope in a 10" pipe where it discharges into a conveyance ditch. The flow of water is regulated with a valve at the pump discharge. The water in the conveyance ditch flows to an intersection of a distribution ditch where the discharge from the primary surface water pump enters the ditch. Water is flooded into the place of use from this ditch. Water is also directed to a culvert and a pipe that crossing West Langell Valley Road and the USBR canal, and flows into another distribution ditch, which floods water into the remaining place of use.

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

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**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**

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(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 #1	0.88 cfs	0.88 cfs	2.90 – control valve open, not normal operating condition	Supplemental Irrigation	80.90	80.90

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
41S	13E	WM	13	SW NE			irrigation		37.0
41S	13E	WM	13	NE NW			irrigation		21.7
41S	13E	WM	13	SE NW			irrigation		9.0
41S	13E	WM	13	NE SE			irrigation		1.0
41S	13E	WM	13	NW SE			irrigation		12.2
<b>Total Acres Irrigated</b>									<b>80.9</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:

1-1/2" access port on the west side of the well casing

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"	199	272	12/7/2020	NA	Michael Horton	Colter Chancellor

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 KLAM 6080

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**C. Groundwater Source Information (Sump)**

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

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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

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds Water	12CHC	M63857	Turbine	8"	10"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Nidec Motor Corporation	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	29.12	160	20.80'	0.88

**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)
1300 gpm (flow control valve open)	NA	Instant reading	2.90 cfs

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10"	138'	aluminum	Above ground



**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)
NA					

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)
NA				

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**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	5.8'	2.6'	2.1'	0.035	10.3'	2097'	0.005	26.05
Dirt, Stone	10.5'	2.2'	1.1'	0.050	1.9'	2093'	0.001	3.88

**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:**

Flow is regulated by a valve at the pump discharge. At the time of inspection, the valve was open and the flow was measured above the permitted rate. The valve would be closed down to meet permitted rates under normal operating conditions.

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**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	7/23/2019		
BEGIN CONSTRUCTION (A)	1/18/1997	12/7/2020	Well drilled
COMPLETE CONSTRUCTION (B)	10/1/2021	August 2021	Flow meter installed
COMPLETE APPLICATION OF WATER (C)	10/1/2021	August 2021	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

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

b. Were the Progress Reports submitted? YES

**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?

March/September

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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

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

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

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

March/September

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

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

**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

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**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 #1	McCrometer	21-02992-10	Working	230 084 acre-feet x .001	August 2021

**7. Recording and reporting conditions:**

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

b. Have the reports been submitted? **YES**

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

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

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Was submittal of a water management and conservation plan required? NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES

WELL ID #	DATE ATTACHED TO WELL
L139758	Dec 2020

- 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):

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**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 Log	Well logs for Wells #1
Worksheet for Pressure Pipe – Well #1	Pressure pipe calculations for Well 1 to ditch discharge
Pump Calculations – Well #1	Theoretical pump capacities for Well 1
Worksheet for Trapezoidal Canal – Conveyance Ditch	Flow calculations for ditch from well to distribution ditch
Worksheet for Trapezoidal Canal – Distribution Ditch	Flow calculations for ditches used for direct flooding
Pump Test	Cover and data sheets for the pump test completed as a part of this claim

**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 aluminum cap at a 10' east offset of the north ¼ of Section 13, Township 41 South, Range 13 East, of the Willamette Meridian.**

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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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WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

KLAM 60840

12/12/2020

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Map of Hole

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STATE OF OREGON  
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT.

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)986-0900



LOCATION OF WELL

Latitude: 42.01150444 Datum: WGS84

Longitude: -121.23969193

Township/Range/Section/Quarter-Quarter Section:

WM41.00S13.00E13NWSE

Address of Well:

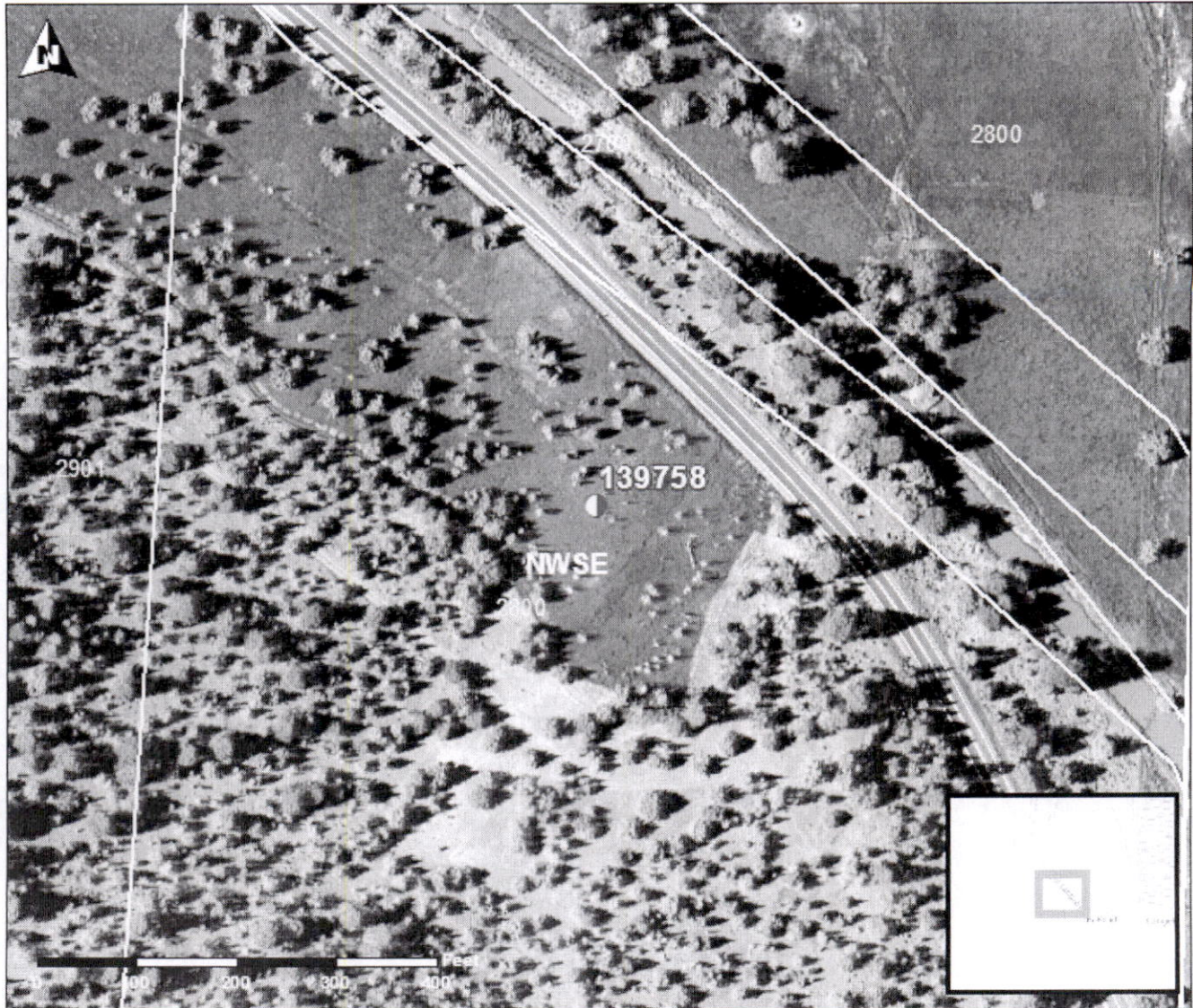
NEAR - 23411 WEST LANGELL VELLELY RD.

Well Label: 139758

Printed: December 12, 2020

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



## Worksheet for Pressure Pipe - Well

### Project Description

Friction Method Hazen-Williams Formula  
Solve For Pressure at 1

### Input Data

Pressure 2	20.00	psi
Elevation 1	4189.95	ft
Elevation 2	4210.74	ft
Length	138.00	ft
Roughness Coefficient	100.000	
Diameter	0.83	ft
Discharge	0.88	ft <sup>3</sup> /s

### Results

Pressure 1	29.12	psi
Headloss	0.25	ft
Energy Grade 1	4257.17	ft
Energy Grade 2	4256.91	ft
Hydraulic Grade 1	4257.12	ft
Hydraulic Grade 2	4256.87	ft
Flow Area	0.54	ft <sup>2</sup>
Wetted Perimeter	2.61	ft
Velocity	1.63	ft/s
Velocity Head	0.04	ft
Friction Slope	0.00183	ft/ft

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Theoretical Pump Capacity

Horton G-18246 Well #1

Flow 0.88 CFS  
Head 29.12 PSI see calculations on loss  
LIFT 160 Feet  
Efficiency 75% Turbine Pump

**HP 30.2 OK 50 HP**

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## Worksheet for Trapezoidal Channel - Conveyance

### Project Description

Friction Method	Manning Formula
Solve For	Discharge

### Input Data

Roughness Coefficient	0.035	
Channel Slope	0.00500	ft/ft
Normal Depth	2.00	ft
Left Side Slope	0.76	ft/ft (H:V)
Right Side Slope	0.76	ft/ft (H:V)
Bottom Width	2.60	ft

### Results

Discharge	26.05	ft <sup>3</sup> /s
Flow Area	8.24	ft <sup>2</sup>
Wetted Perimeter	7.62	ft
Hydraulic Radius	1.08	ft
Top Width	5.64	ft
Critical Depth	1.28	ft
Critical Slope	0.02474	ft/ft
Velocity	3.16	ft/s
Velocity Head	0.16	ft
Specific Energy	2.16	ft
Froude Number	0.46	
Flow Type	Subcritical	

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### 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	1.28	ft
Channel Slope	0.00500	ft/ft

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## Worksheet for Trapezoidal Channel - Conveyance

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### GVF Output Data

Critical Slope

0.02474 ft/ft

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## Worksheet for Trapezoidal Channel - Distribution

### Project Description

Friction Method	Manning Formula
Solve For	Discharge

### Input Data

Roughness Coefficient	0.050	
Channel Slope	0.00100	ft/ft
Normal Depth	1.00	ft
Left Side Slope	4.21	ft/ft (H:V)
Right Side Slope	3.00	ft/ft (H:V)
Bottom Width	2.20	ft

### Results

Discharge	3.88	ft <sup>3</sup> /s
Flow Area	5.81	ft <sup>2</sup>
Wetted Perimeter	9.69	ft
Hydraulic Radius	0.60	ft
Top Width	9.41	ft
Critical Depth	0.37	ft
Critical Slope	0.05799	ft/ft
Velocity	0.67	ft/s
Velocity Head	0.01	ft
Specific Energy	1.01	ft
Froude Number	0.15	
Flow Type	Subcritical	

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### 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	1.00	ft
Critical Depth	0.37	ft
Channel Slope	0.00100	ft/ft

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## Worksheet for Trapezoidal Channel - Distribution

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### GVF Output Data

Critical Slope

0.05799 ft/ft

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**CLAIM OF BENEFICIAL USE**  
Inspection Photographs  
Permit G-18246

Job: 2021-001  
Date: 6/28/2022



**Well #1**



**Well #1 Access Port**

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



**CLAIM OF BENEFICIAL USE**

Inspection Photographs

Permit G-18246

Job: 2021-001

Date: 6/28/2022



**Flowmeter**



**Flowmeter**

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**Anderson Engineering & Surveying, Inc.**

P.O. Box 28  
17681 Hwy 395  
Lakeview, Oregon 97630

**CLAIM OF BENEFICIAL USE**

Inspection Photographs

Permit G-18246

Job: 2021-001  
Date: 6/28/2022



**Well Tag**



**Well & Flowmeter**

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**CLAIM OF BENEFICIAL USE**

Inspection Photographs

Permit G-18246

Job: 2021-001  
Date: 6/28/2022



**Piping from Well to Ditch**



**Pump Discharge at Ditch**

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**Distribution Ditch – Pipe from Surface Water, Headgates to Control Flow Direction**



**Distribution Ditch**

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# CLAIM OF BENEFICIAL USE

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**Place of Use – West of Road**



**Place of Use – West of Road**

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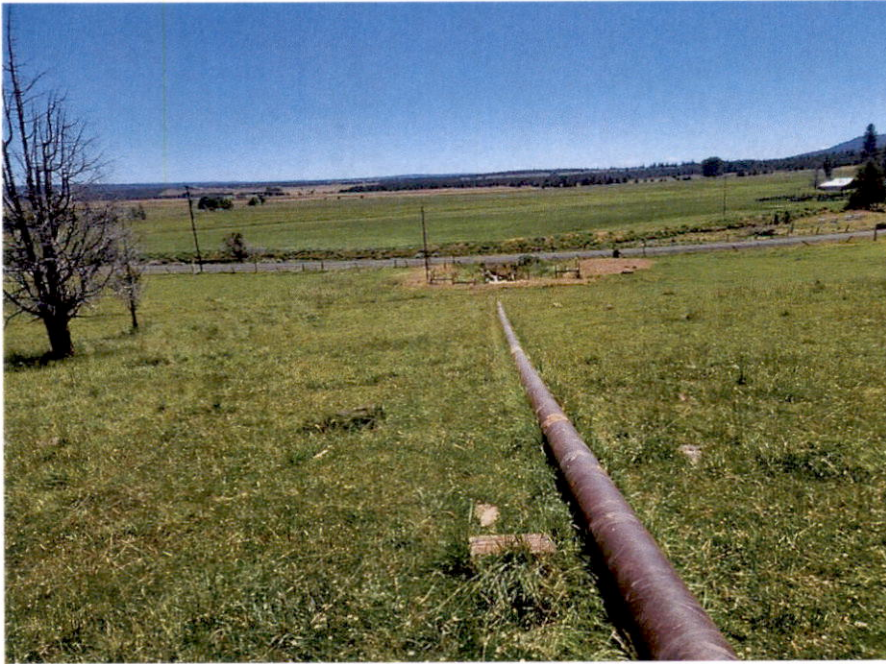
**CLAIM OF BENEFICIAL USE**

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Permit G-18246

Job: 2021-001

Date: 6/28/2022



**Pipe From Canal for Primary Surface Water**



**USBR Canal Crossing**

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**Road Crossing**



**Place of Use**

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**Distribution Ditch**



**Distribution Ditch**

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**Anderson Engineering & Surveying, Inc.**

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17681 Hwy 395  
Lakeview, Oregon 97630





Owner Information:

OWNER NAME/BUSINESS NAME: Michael Horton		PHONE No.: 541-363-8979	ADDITIONAL CONTACT No.:
ADDRESS: P.O. Bo 530			
CITY: Bonanza	STATE: OR	ZIP: 97623	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Nicole Brady	QUALIFICATION: (SELECT) RG <input checked="" type="checkbox"/>	LICENSE #: G-2739
COMPANY: Anderson Engineering & Surveying, Inc.	PHONE No.: 541-947-4407	ADDITIONAL CONTACT No.:
ADDRESS: 17681 HWY 395		
CITY: Lakeview	STATE: OR	ZIP: 97630
E-MAIL: nicoleb@andersonengineering.com		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 60840	L- 139758	Well #1	272	Michael Horton	12/7/2020	8/5/2022

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
41S	13E	13	NW/SE	3352.7' south and 655.75' east of North 1/4 corner of Section 13	40.31132222	121.23935278

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-13106	G-17859	T- 12649		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.

Well elevation is  the surface water body. Approximate distance: \_\_\_\_\_ ft.

Approximate elevation difference: \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Irrigation Ditch \_\_\_\_\_

How far from the pumped well was water discharged? 140 \_\_\_\_\_ ft.



Water-Level Measurement Method: Electric Tape

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

Length of air line (if used): \_\_\_\_\_

\*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: 0 feet.

Pump idle time: two weeks

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: McCrometer Serial #: 21-02992

Date Last Calibrated: \_\_\_\_\_ Units: GPM

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 1.4 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1 1/2 inch port on the SW of the wellhead

Time pump turned on: Date 8/5/2022 Time 10:20

Time pump turned off: Date 8/5/2022 Time 14:20

Total pumping time: 4 hours 0 minutes.

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

- Checklist of criteria for pump test approval, including discharge rate, pump operation, measurement accuracy, and well idle time.

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\*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.

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

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

OPERATOR SIGNATURE: [Signature] DATE: 8/12/22

OWNER SIGNATURE: [Signature] DATE: 8/18/22



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
KLAM 60840	L- 139758	Well #1	272	Michael Horton	12/7/2020	8/5/2022

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
8/5/2022	9:40	0	54.72	0	Pre-test		326081	
8/5/2022	10:00	0	54.72	0	Pre-test		326081	
8/5/2022	10:20	0	54.72	0	Pre-test		326081	
8/5/2022	10:22	2	56.38	1200	Pumping <input type="checkbox"/>		326086	
8/5/2022	10:24	4	56.71	1300	Pumping <input type="checkbox"/>		326092	
8/5/2022	10:26	6	56.84	1250	Pumping <input type="checkbox"/>		326099	
8/5/2022	10:28	8	56.88	1250	Pumping <input type="checkbox"/>		326105	
8/5/2022	10:30	10	56.92	1250	Pumping <input type="checkbox"/>		326113	
8/5/2022	10:35	15	57.04	1250	Pumping <input type="checkbox"/>		326130	
8/5/2022	10:40	20	57.13	1250	Pumping <input type="checkbox"/>		326147	
8/5/2022	10:45	25	57.21	1250	Pumping <input type="checkbox"/>		326167	
8/5/2022	10:50	30	57.28	1250	Pumping <input type="checkbox"/>		326184	
8/5/2022	11:05	45	58.13	1250	Pumping <input type="checkbox"/>		326247	
8/5/2022	11:20	60	58.19	1250	Pumping <input type="checkbox"/>		326304	
8/5/2022	11:35	75	58.26	1250	Pumping <input type="checkbox"/>		326360	
8/5/2022	11:50	90	58.31	1250	Pumping <input type="checkbox"/>		326418	
8/5/2022	12:05	105	58.37	1250	Pumping <input type="checkbox"/>		326476	
8/5/2022	12:20	120	58.39	1250	Pumping <input type="checkbox"/>		326531	
8/5/2022	12:35	135	58.44	1250	Pumping <input type="checkbox"/>		326593	
8/5/2022	12:50	150	58.48	1250	Pumping <input type="checkbox"/>		326655	
8/5/2022	13:05	165	58.49	1250	Pumping <input type="checkbox"/>		326709	
8/5/2022	13:20	180	58.50	1250	Pumping <input type="checkbox"/>		326761	
8/5/2022	13:35	195	58.53	1250	Pumping <input type="checkbox"/>		326821	
8/5/2022	13:50	210	58.55	1250	Pumping <input type="checkbox"/>		326875	
8/5/2022	14:05	225	58.56	1250	Pumping <input type="checkbox"/>		326938	
8/5/2022	14:20	240	58.58	1250	Pumping <input type="checkbox"/>		326993	
8/5/2022	14:22	242	56.94	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:24	244	56.32	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:26	246	56.14	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:28	248	55.97	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:30	250	55.69	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:35	255	55.33	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:40	260	55.25	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:45	265	55.10	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	14:50	270	55.07	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	15:05	285	55.03	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	15:20	300	54.95	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	15:35	315	54.91	0	Recovery <input type="checkbox"/>		326993	
8/5/2022	15:50	330	54.88	0	Recovery <input type="checkbox"/>		326993	

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STATE OF OREGON

COUNTY OF KLAMATH

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

MICHAEL HORTON  
PO BOX 530  
BONANZA, OR 97623

This superseding permit is issued to describe an amendment for a change in point of appropriation proposed under Permit Amendment Application T-12911 and approved by Special Order Vol. 113, Page 701, entered July 23, 2019, and to describe an extension of time for complete application of water approved May 6, 2015, and a partial assignment and issuance of a superseding permit approved October 9, 2017. This permit supersedes Permit G-17859.

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

APPLICATION FILE NUMBER: G-13106

SOURCE OF WATER: WELL #1 IN THE LOST RIVER BASIN

PURPOSE OR USE: SUPPLEMENTAL IRRIGATION OF 80.9 ACRES

RATE OF USE: 0.88 CUBIC FOOT PER SECOND

PERIOD OF ALLOWED USE: APRIL 15 THROUGH OCTOBER 15

DATE OF PRIORITY: SEPTEMBER 8, 1992

POINT OF DIVERSION LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
41 S	13 E	WM	13	NW SE	WELL #1 - 3352.70 FEET SOUTH AND 655.75 FEET EAST FROM THE N1/4 CORNER OF SECTION 13

THE PLACE OF USE IS LOCATED AS FOLLOWS:

SUPPLEMENTAL IRRIGATION					
Twp	Rng	Mer	Sec	Q-Q	Acres
41 S	13 E	WM	13	SW NE	37.0
41 S	13 E	WM	13	NE NW	21.7
41 S	13 E	WM	13	SE NW	9.0
41 S	13 E	WM	13	NE SE	1.0
41 S	13 E	WM	13	NW SE	12.2
Total					80.9

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**Permit Amendment T-12911 Conditions:**

The quantity of water diverted at the new point of appropriation (Well #1), shall not exceed the quantity of water lawfully available at the original point of appropriation (Well).

Water use measurement conditions:

- a. Before water use may begin under this order, the water user shall install a totalizing flow meter, or, with prior approval of the Director, another suitable measuring device, at each new point of appropriation.
- b. The water user shall maintain the meters or measuring devices in good working order.
- c. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.

Water shall be acquired from the same aquifer as the original points of appropriation.

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**Extension of Time Conditions:**

**Checkpoint Condition**

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The permit holder must submit a completed Progress Report Form to the Department by **October 1, 2020**.

- (a) At each checkpoint, the permit holder shall submit and the Department shall review evidence of the permit holder's diligence towards completion of the project and compliance with terms and conditions of the permit and extension. If, after this review, the Department determines the permit holder has not been diligent in developing and perfecting the water use permit, or complied with all terms and conditions, the Department shall modify or further condition the permit or extension to ensure future compliance, or begin cancellation proceedings on the undeveloped portion of the permit pursuant to ORS 537.260 or 537.410, or require submission of a final proof survey pursuant to ORS 537.250;
- (b) The Department shall provide notice of receipt of progress reports in its weekly notice and shall allow a 30 day comment period for each report. The Department shall provide notice of its determination to anyone who submitted comments.

**Existing Permit Conditions:**

The use of water under this permit may expire or be extended five years from issuance of the permit. A water right certificate shall be issued at the end of the five year period if the Director finds:

- A. River stage or Bonanza Big Spring flows are not significantly diminished by use of water under this permit as determined by the Oregon Water Resources Department, in consultation with the Bureau of Reclamation and Oregon Department of Fish and Wildlife, using quantifiable groundwater and hydrologic science that stands up to peer review;
- B. Within two years of permit issuance for primary use, the permittee/appropriator has

submitted a plan to the Department indicating potential economical sources for an alternative long-term water supply:

- C. Periodic water level reports have been submitted; and
- D. Excessively declining ground water levels have not occurred due to well use as determined by the Oregon Water Resource Department, in consultation with the Bureau of Reclamation and Oregon Department of Fish and Wildlife, using quantifiable groundwater and hydrologic science that stands up to peer review.

The amount of water used for irrigation under this right, together with the amount used under any other right existing for the same land, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 2.5 acre-feet for each acre irrigated during the irrigation season of each year.

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually by April 15, or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.

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

A static water level measurement shall be made and submitted before any use of water may commence from the well.

The permittee shall obtain a static water-level measurement for each well during March and September of each year and report the measurements to the Department. The measurement shall be made by a certified water rights examiner, registered geologist, licensed land surveyor, or registered professional engineer, licensed water well constructors, licensed water well drillers or the permittee/appropriators. Water levels shall be reported as depth-to-water below ground level in feet and inches or to one-hundredth of a foot and shall be accompanied by supporting calculations. The water user shall report the static water level(s) in the well(s) to the Groundwater Hydrology Section of the Water Resources Department by April 15 and November 15, respectively, of each year.

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If substantial interference with a senior surface or ground water right occurs due to withdrawal of water from the well(s) listed on this permit, then use of water from such well(s) shall be discontinued or reduced or the schedule of withdrawal shall be regulated until the Department approves or implements an alternative administrative action to mitigate such interference.

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

The permit is for the beneficial use of water without waste.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

This right is limited to any deficiency in the available supply of any prior right existing for the same land.

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

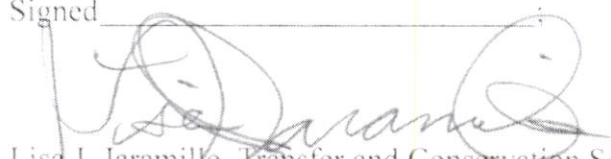
By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

Actual construction work was to begin on or before January 18, 1997 and was to be completed on or before October 1, 1997. Complete application of the water to the use was to be made on or before October 1, 2000. By Extension of Time Final Order dated May 6, 2016, complete application of the water to the use is to be made on or before October 1, 2021.

JUL 23 2019

Signed \_\_\_\_\_



Lisa J. Jaramillo, Transfer and Conservation Section Manager, for  
THOMAS M. BYLER, DIRECTOR  
Oregon Water Resources Department

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