

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



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

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**A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.**

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Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

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**A separate form shall be completed for each transfer.**

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

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

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

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

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

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

**GENERAL INFORMATION**

**Type of Authorized Change**

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

YES

Mark all that apply:

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

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

**1. File Information**

APPLICATION #

**T-13502**

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

APPLICANT/BUSINESS NAME <b>Evans Ranch Land, LLC</b>		PHONE No. <b>541-219-0000</b>	ADDITIONAL CONTACT No.
ADDRESS <b>91106 Horseshoe Lane</b>			
CITY <b>Lakeview</b>	STATE <b>OR</b>	ZIP <b>97630</b>	E-MAIL <b>jlcdcevans@gmail.com</b>

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

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

TRANSFER HOLDER OF RECORD <b>Evans Ranch Land, LLC</b>			
ADDRESS <b>91106 Horseshoe Lane</b>			
CITY <b>Lakeview</b>	STATE <b>OR</b>	ZIP <b>97630</b>	<b>RECEIVED</b>

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**4. Date of Site Inspection:**

**8-05-2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>James Evans</b>	<b>08-06-2021</b>	<b>Owner</b>

**6. County:**

**Lake**

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

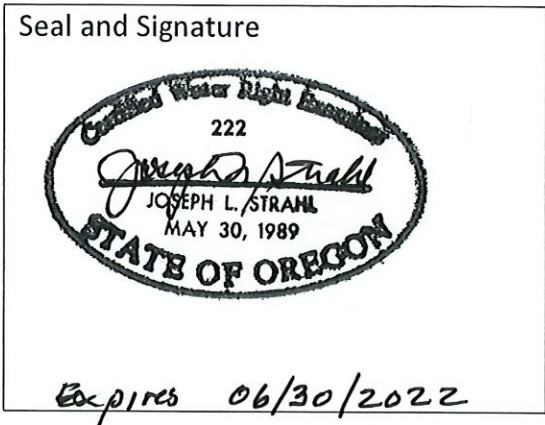
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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.



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

Transfer Holder of Record Signature or Acknowledgement

*Each transfer holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	James Evans	Owner	11-2-2021

**SECTION 3**  
**Changes Made**

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

**Change #1**

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

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

**YES OWRD**

*If "NO", this Section can be deleted.*

**1. New or additional point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #3	Lake 2753		A well in the Mill Creek Basin

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

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

**NO**

If yes, describe below.

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

**3. Claim Summary:**

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #3	1.25 CFS	1.89	1.95

**System Description**

Are there multiple new or additional Points of Appropriation (POA)?

**NO**

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

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

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**A. POA System Information**

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

**1. Pump Information**

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

**2. Motor Information**

MANUFACTURER	HORSEPOWER
General Electric	100

**3. 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)
100	60	220	-4	1.89

**4. Provide pump calculations:**

See attached pump calculation sheet

**5. Measured Pump Capacity (using meter if meter was present and system was operating)**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
119.930	120.573	4 hours	1.95

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

6. Additional notes or comments related to the system:

**B. Groundwater Source Information (Well and Sump)**

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NO

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

*If "NO", items 2 through 4 relating to this section may be deleted.*

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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**Change #2**

**Change in Place of Use**

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

YES

*If "NO", this Section can be deleted.*

**1. Claim Summary – Authorized Use:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
100.22	100.22

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

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

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order?

NO

If yes, describe below.

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

Change #3

Change in Character of Use

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

NO

If "NO", this Section can be deleted.

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SECTION 4

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CONDITIONS

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

1. Time Limits:

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

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	6-16-2021	
COMPLETENESS DATE FROM ORDER (C)	10-01-2022	7-01-2021

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

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

NO

If "NO", you may delete the following table.

3. Measurement Conditions:

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

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

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

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #3	McCrometer	20-02187-06	Working	120.573	May 2021

4. Recording and reporting conditions

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Other conditions? **NO**

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

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**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	
Well Log	Lake 2753
Pump Calculation	



## SECTION 6

## CLAIM OF BENEFICIAL USE MAP

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The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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

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

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

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

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

## Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.  
(Reminder: Incomplete maps and/or claims may be returned.)

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

**WATER WELL REPORT  
STATE OF OREGON**

*LAKE  
2753*

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JUL 2 1981

WATER RESOURCES DEPT  
SALEM, OREGON

State Well No. *405/18E-36db*

State Permit No. **RECEIVED**

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**(1) OWNER:**

Name *GOOSE LAKE RANCHES*  
Address *RT 6 BOX 666*  
City *LAKEVIEW, OREGON* State \_\_\_\_\_

**(2) TYPE OF WORK (check):**

New Well  Deepening  Reconditioning  Abandon

If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary Air  Driven   
Rotary Mud  Dug   
Cased  Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other   
Thermal:  Withdrawal  ReInjection

**(5) CASING INSTALLED:**

Steel  Plastic   
Threaded  Welded   
*16*" Diam. from *+1* ft. to *163* ft. Gauge *250*  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gauge \_\_\_\_\_

**LINER INSTALLED:**

" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gauge \_\_\_\_\_

**(6) PERFORATIONS:**

Perforated?  Yes  No  
Type of perforator used \_\_\_\_\_  
Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(7) SCREENS:**

Well screen installed?  Yes  No  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot Size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot Size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(8) WELL TESTS:**

Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom? *ENTERSTATE*  
*650* gal./min. with *210* ft. drawdown after *6* hrs.  
Air test \_\_\_\_\_ gal./min. with drill stem at \_\_\_\_\_ ft. hrs.  
Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Artesian flow \_\_\_\_\_ g.p.m.  
Temperature of water *72* Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Special standards: Yes  No   
Well seal—Material used *CEMENT*  
Well sealed from land surface to *164* ft.  
Diameter of well bore to bottom of seal *18* in.  
Diameter of well bore below seal *15 1/2* in.  
Number of sacks of cement used in well seal *100* sacks  
How was cement grout placed? *PUMPED THROUGH FLAT SHOE*  
Was pump installed? \_\_\_\_\_ Type \_\_\_\_\_ HP \_\_\_\_\_ Depth \_\_\_\_\_ ft.  
Was a drive shoe used?  Yes  No Plugs \_\_\_\_\_ Size: location \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of Water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION OF WELL:**

County *LAKE* Driller's well number **OWRD**  
*NW 1/4 SE 1/4 Section 36 T. 40S R. 18E* W.M.  
Tax Lot # \_\_\_\_\_ Lot \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_  
Address at well location: \_\_\_\_\_

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found *354* ft.  
Static level *30* ft. below land surface. Date *6/4/81*  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing *15 1/2*  
Depth drilled *1150* ft. Depth of completed well *845* ft.  
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
STICKY BROWN CLAY TOPSOIL	0	2	
STICKY YELLOW CLAY	2	3	
BROWN DECOMPOSED LAVA & Boulders	3	5	
HARD YELLOW CHALK	5	32	
GREEN CLAY & STRATICS BROWN SAND	32	158	
HARD BLACK TUFF	158	354	
HARD BROWN BLACK TUFF	354	383	
HARD BLACK TUFF	383	550	
HARD BLACK SANDSTONE	550	722	
GRAY SHALE	722	812	
STICKY GREEN SHALE	812	912	
DECOMPOSED BROWN TUFF	912	934	
HARD BLACK TUFF	934	1078	
BROWN STICKY CLAY	1078	1078	
HARD BLACK TUFF	1078	1091	
HARD BROWN BLACK TUFF	1091	1104	
HARD BLACK TUFF	1104	1115	
HARD BROWN BLACK TUFF	1115	1150	

Work started *5/5* 1981 Completed *6/4* 1981  
Date well drilling machine moved off of well *6/15* 1981

**Drilling Machine Operator's Certification:**

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] \_\_\_\_\_ Date *6/30*, 1981  
(Drilling Machine Operator)

Drilling Machine Operator's License No. *656*

**Water Well Contractor's Certification:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name *E.C. STOLEY & SON WELL DRILLING*  
(Person, firm or corporation) (Type or print)

Address *3847 HOPS ST K. FAIR*  
[Signed] \_\_\_\_\_  
(Water Well Contractor)

Contractor's License No. *601* Date *6/30*, 1981

NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date of well completion.

SP\*12658-690

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## Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

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### Data Entry (fill in underlined blanks)

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HP = 100  
Efficiency = 7.04  
Lift = 220  
PSI = 60

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### Results Calculated

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(hp)(efficiency) = 704  
Head based on psi = 152.4  
Total dynamic head = 372.4  
(head + lift)

Pump Capacity = 1.89 feet per second