

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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

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

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

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A separate form shall be completed for each transfer.

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

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

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

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

"Section 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**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

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1. File Information

APPLICATION #
T-13328

2. Property Owner (current owner information)

| | | | |
|---|--------------------|----------------------------------|------------------------|
| APPLICANT/BUSINESS NAME Stuart and Meggan Hills | | PHONE NO. 541-403-1289 | ADDITIONAL CONTACT NO. |
| ADDRESS 42278 Washington Gulch Rd. | | | |
| CITY Baker City | STATE OR | ZIP 97814 | E-MAIL |

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 Stuart and Meggan Hills | | | |
| ADDRESS 42278 Washington Gulch Rd. | | | |
| CITY Baker City | STATE OR | ZIP 97814 | |

4. Date of Site Inspection:

10/4/2022

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|---------------------|------------------|---------------------------------|
| Stuart Hills | 10/4/2022 | Property owner/irrigator |

6. County:

Baker County

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 Paul Garvin | | PHONE NO. 503-347-7188 | ADDITIONAL CONTACT NO. | |
| ADDRESS 1705 Main St. Ste. 101 | | | | |
| CITY Baker City | STATE OR | ZIP 97814 | E-MAIL Garvin.hydrogeo@gmail.com | |

Transfer Holder of Record Signature or Acknowledgement

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

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

| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|---------------------|---------------------|----------------------|-------------------|
| <i>Stuart Hills</i> | Stuart Hills | Permit Holder | 10/20/2022 |
| <i>Meggan Hills</i> | Meggan Hills | Permit Holder | 10/20/2022 |

SECTION 3
CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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 1 | BAKE 52716 | L-138188 | Washington Gulch Basin |

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

Well log BAKE 52716 attached

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 1 | 1.85 cfs total (0.35 cfs for 28 acres of primary and 1.52 cfs for 121.5 acres of supplemental) | 1.78 cfs | NA |

SECTION 4

SYSTEM DESCRIPTION

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

NO

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

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

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 |
|---|------------------|---------------------|--|--------------|----------------|
| (Well1 pump) | Goulds | unknown | submersible | 8" | 8" |
| Paco Pumps (Booster 1) | 4061579 | RS1512031808 | Centrifugal | 5.66" | 6" |
| Cornell Pump Co. (Booster 2) | 2 ½ W10-2 | 39196 | Centrifugal | 5.66" | 6" |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|------------------------------------|------------|
| (Well 1 pump) | 75 |
| Baldor-Reliance (Booster 1) | 10 |
| Baldor-Reliance (Booster 2) | 10 |

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) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 75 | 10 | - | 360' | 1.37 |
| 10 | 25 | - | 15' | 0.89 |
| 10 | 25 | - | 15' | 0.89 |

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4. Provide pump calculations:

(Well pump)

Data:

Lift = 360'; Efficiency = 74; hp = 75; psi head = 25.4'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 1.37 cfs

Note: Well is artesian

(Booster 1)

Data:

Lift = 15'; Efficiency = 6.61; hp = 10; psi head = 63.5'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 0.89 cfs

(Booster 2)

Data:

Lift = 15'; Efficiency = 6.61; hp = 10; psi head = 63.5'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 0.89 cfs

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

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT (IN CFS) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| | | | |

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

B. Groundwater Source Information (Well and Sump)

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

YES



C. Additional notes or comments related to the system:

The well is artesian and discharges to a bulge in the system. From the north side of the bulge, two 10 hp pumps discharge to the northwest via a 6" buried PVC mainline. 4" risers are located along the mainline for attachment to four wheel lines and four handlines containing 5/32" and 11/64" sprinkler nozzles. Most of the irrigated area is at an elevation of +15' to -70' feet in relation to the bulge in the system, so the system is also pressurized by gravity.

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**SECTION 5
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 NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|--------------------|--|
| ISSUANCE DATE | 2/20/2020 | |
| COMPLETENESS DATE FROM ORDER (C) | 10/1/2022 | 9/1/2022 |

* 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)?

YES NO

| VOLUME | PAGE | DATE EXTENDED TO |
|--|------|------------------|
| No vol. or pg. listed on FO. FO dated 3/26/2021 | | 10/1/2022 |

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 NO

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 NO

c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|--------------|----------|----------------------------|-----------------------|----------------|
| Well 1 | McCrometer | 09-07730 | working | 201.562 af | 9/1/22 |

4. Recording and reporting conditions

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

YES NO

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

b. Have the reports been submitted? YES NO

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

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

a. Were there special well construction standards? YES NO

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

c. Other conditions? YES NO

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

SECTION 6 ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|------------------------------|
| Map | Claim of Beneficial Use Map |
| Well Log | BAKE 52716 Well Log |
| Final Order | Transfer T-13328 Final Order |

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The order allowed three new/additional points of appropriation. The water user only developed one of the points. The order allowed three new/additional points of appropriation. The water user only developed one of the points.

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map 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.

Map was creating using GIS software, publicly available spatial data, aerial imagery, and ground-truthing.

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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 **NA**
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water **NA**
- 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

100

100

100

(1) LAND OWNER Owner Well I.D. _____
 First Name STUART Last Name HILLS
 Company _____
 Address 42278 WASHINGTON GLUCH RD
 City BAKER CITY State OR Zip 97814

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 447.00 ft.
BORE HOLE SEAL sacks/lbs

| Dia | From | To | Material | From | To | Amt | sacks/lbs |
|-------|------|-----|-----------------------|------|----|------------|-----------|
| 23 | 0 | 38 | Bentonite | 1 | 3 | 3 | S |
| 14.75 | 38 | 415 | | | | Calculated | 3 |
| 10 | 415 | 512 | Cement w/5% Bentonite | 3 | 38 | 47 | S |
| | | | | | | Calculated | 47 |

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrld |
|-------------------------------------|--------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 | <input checked="" type="checkbox"/> | 2 | 400 | 0.25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 1 | 38 | 0.25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

| Perf/ Screen | Casing/ Liner | Screen | Dia | From | To | Scrm/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|--------|-----|------|----|-----------------|-------------|------------|-----------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 120 | 0 | 0 | 1 |
| 370 | 66 | 300 | 1 |

Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 126 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County BAKER Twp 9.00 S N/S Range 39.00 E E/W WM
 Sec 11 SW 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

42278 WASHINGTON GLUCH RD

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|----------|----------|--|
| Completed Well | 8/7/2020 | 15 | <input checked="" type="checkbox"/> 34.7 |

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-------------------------------------|
| 4/24/2020 | 412 | 512 | 120 | 15 | <input checked="" type="checkbox"/> |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-----------------------------------|------|-----|
| SOIL | 0 | 2 |
| BROWN CLAY, SAND | 2 | 15 |
| GRAY CLAY, SAND, GRAVEL | 15 | 33 |
| GREEN CLAY, GRAVEL, SAND, COBBLES | 33 | 55 |
| GRAY CLAY, SAND, GRAVEL | 55 | 73 |
| BROWN CLAY, SAND, GRAVEL | 73 | 87 |
| GRAY CLAY, SAND, GRAVEL | 87 | 98 |
| GREEN CLAY, SAND | 98 | 107 |
| GREEN CLAY, SAND, COBBLES | 107 | 112 |
| GREEN CLAY, SAND | 112 | 119 |
| GRAY CLAY, BROKEN ROCK, SAND | 119 | 127 |
| GREEN CLAY, SAND | 127 | 144 |
| BROWN CLAY, SAND, GRAVEL | 144 | 161 |
| GREEN CLAY, SAND, BROKEN ROCK | 161 | 172 |
| BROWN CLAY, SAND | 172 | 178 |
| GREEN CLAY, SAND | 178 | 182 |
| BROWN CLAY, SAND, GRAVEL | 182 | 194 |
| GREEN CLAY, SAND | 194 | 241 |
| SAND, GRAVEL, GREEN CLAY | 241 | 273 |

Date Started 3/18/2020 Completed 8/7/2020

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1775 Date 8/18/2020
 Signed JASON ACQUISTAPACE (E-filed)
 Contact Info (optional) _____

WATER SUPPLY WELL REPORT - continuation page

BAKE 52716 8/18/2020

WELL I.D. LABEL# L 138188 START CARD # 1046715 ORIGINAL LOG #

(2a) PRE-ALTERATION

Table with columns: Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of well casing sections and a table for material quantities.

Water Quality Concerns

Table with columns: From, To, Description, Amount, Units. Grid for recording water quality data.

(5) BORE HOLE CONSTRUCTION

Table with columns: BORE HOLE (Dia, From, To), SEAL (Material, From, To, Amt, sacks/lbs). Includes entries for Bentonite and Cement w/5% bent.

(10) STATIC WATER LEVEL

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Grid for recording static water level data.

FILTER PACK

Table with columns: From, To, Material, Size. Grid for recording filter pack details.

(6) CASING/LINER

Table with columns: Casing Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing/liner sections.

(11) WELL LOG

Table with columns: Material, From, To. Lists geological layers such as GREEN CLAY, SAND, BROWN CLAY, SAND, SAND, GRAVEL, BROWN CLAY, SAND, GRAVEL, BROKEN ROCK, TAN CLAY, BLACK CLAY, SAND, BROKEN ROCK, SAND, BROKEN ROCK, GRAY CLAY, BLACK BASALT, HARD, BROKEN BASALT, BLACK, FRACTURED BASALT, BLACK.

(7) PERFORATIONS/SCREENS

Table with columns: Perf/ Screen, Casing/ Liner, Screen Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Grid for recording perforation and screen data.

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Grid for recording well test results.

Comments/Remarks

HOLE CAVED IN TO 447FT. CUSTOMER DECIDED TO LEAVE THE BOTTOM AS IS FOR NOW.

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BEFORE THE WATER RESOURCES DEPARTMENT
OF THE
STATE OF OREGON

In the Matter of Permit Amendment)
T-13328, Baker County) FINAL ORDER
) APPROVING A CHANGE IN POINT
) OF APPROPRIATION

Authority

Oregon Revised Statute (ORS) 537.211 establishes the process in which a water right permit holder may submit a request to change the point of appropriation and/or place of use authorized under an existing water right permit.

Applicant

STUART AND MEGGAN HILLS
42278 WASHINGTON GULCH RD
BAKER CITY, OR 97814

Findings of Fact

1. On December 23, 2019, STUART AND MEGGAN HILLS, filed an application to change the point of appropriation under Permit G-17496. The Department assigned the application number T-13328.
2. Notice of the application for the permit amendment was published in the Department’s weekly notice on December 31, 2019, pursuant to ORS 540.520(5). No comments were filed in response to the notice.
3. Permit Amendment Application T-13328 proposes to move the authorized point of appropriation with approximate distances from the existing points of appropriation as follows:

| Twp | Rng | Mer | Sec | Q-Q | Measured Distances | Approximate Distance from Authorized Wells |
|-----|------|-----|-----|-------|--|--|
| 9 S | 39 E | WM | 11 | SW NW | WELL 1 - 180 FEET NORTH AND 510 FEET EAST FROM W1/4 CORNER, SECTION 11 | WELL 1 - 330 FEET WELL 2 - 886 FEET |

4. ORS 537.211(4)(e) states that a permit holder may change the point of appropriation if: “The holder of the permit provides written notice to the department at least 60 days before making any changes to the lands, point of diversion or point of appropriation described in the permit.” The applicant provided the required notice to the department on December 23, 2019.

This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 and OAR 690-01-0005 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

Permit Amendment Review Criteria

5. The change would not result in injury to other water rights.
6. The change does not enlarge the permit.
7. The change does not alter any other terms of the permit.

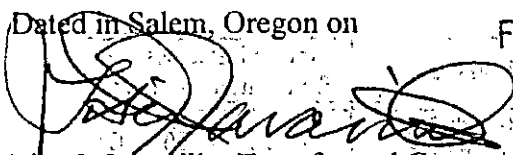
Conclusions of Law

The change in point of appropriation proposed by Permit Amendment Application T-13328 is consistent with the requirements of ORS 537.211.

Now, therefore, it is ORDERED:

1. Pursuant to ORS 537.211(4)(e), the use of water under the permit from the proposed point of diversion shall not occur until after February 21, 2020.
2. The change in point of appropriation proposed by Permit Amendment Application T-13328 is approved.
3. Permit G-18362, in the name of STUART AND MEGGAN HILLS, is issued to replace Permit G-17496, and incorporates the amendments approved by this order. Permit G-17496, in the name of STUART HILLS, MEGGAN HILLS, is no longer of any force or effect.
4. 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 1).
5. Water shall be acquired from the same aquifer as the original point of appropriation.
6. All other terms and conditions of Permit G-18362 remain the same.

Dated in Salem, Oregon on FEB 20 2020


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

Mailing Date:



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

10/31/2022
Stuart and Meggan Hills
42278 Washington Gulch Rd.
Baker City, OR 97814

Hello Applicant,
On 10-28-2022, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application T-13328

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$230.00

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file T-13328

Checklist for Claims of Beneficial Use Received at CSG Counter

| | |
|------------------------------|----------------------------|
| Application #: | WRD Reviewer: Dante Luongo |
| Transfer #: T-13328 | |
| Date Received: 10-28-2022 | |
| CWRE Name: Paul Garvin | |
| Priority Date (s): 11-7-2014 | |

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION NUMBER: _____

CASH CHECK # _____ OTHER (IDENTIFY) _____ TRANSFER # _____

TOTAL RECEIVED: _____

0281 TREASURY - 4170 WAG CASH ACCT. _____

0407 COPER _____ IDENTIFY _____

0283 Interest Loan _____ 0284 Other Water Right Fee _____ 0248 Cont. Value _____

0281 TREASURY - 4170 WAG DEPOSITING ACCT. _____

MISCELLANEOUS

0407 COPY & TAPE FEES 4611 _____

0410 RESEARCH FEES _____

0408 WCC REVIEWER IDENTIFY _____

0248 DEPOSIT LNS IDENTIFY _____

0240 EXTENSION OF TERM _____

0201 WATER RIGHTS _____ CLEAN FEE _____ 0202 _____ RECORD FEE _____

0203 SURFACE WATER _____

0204 GROUND WATER _____

0205 TRANSFER _____

0218 WELL CONSTRUCTION _____ CLEAN FEE _____ 0219 _____ RECORD FEE _____

0218 WELL SMALL CONSTRUCTOR _____

0220 LANDSCAPE PERMIT _____

0220 OTHER (IDENTIFY) COBU _____ 0221 _____ RECORD FEE _____

0281 TREASURY - 4170 WAG HYDROLOGY ACCT. _____

0222 POWER LICENSE FEE (PUMPERS) _____

0221 HYDRO LICENSE FEE (PUMPERS) _____

HYDRO APPLICATION _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT - LETTER ATTACHED

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

MONEY SLIP

| | |
|-------------------------|--------------------------|
| DATE: <u>10-28-2022</u> | RECEIPT #: <u>139435</u> |
|-------------------------|--------------------------|

RECEIVED FROM: Hills Properties, LLC

| | |
|-------------|----------------|
| APPLICATION | <u>T-13328</u> |
| PERMIT | |
| TRANSFER | |

CASH CHECK # 2102 OTHER (IDENTIFY) _____

| | |
|-------------|------------------|
| TOTAL REC'D | \$ <u>230.00</u> |
|-------------|------------------|

| | |
|---------------|----------------------|
| 1083 TREASURY | 4170 MISC CASH ACCT. |
|---------------|----------------------|

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

0243 Instream Lease _____ 0244 Muni-Water Mgmt. Plan _____ 0245 Cons. Water _____

| | |
|---------------|--------------------------|
| 1083 TREASURY | 4270 WRD OPERATING ACCT. |
|---------------|--------------------------|

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

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

| | | |
|--|-----------------|----------|
| WELL CONSTRUCTION | | |
| | EXAM FEE | |
| 0218 WELL DRILL CONSTRUCTOR | \$ _____ | 0219 |
| <input checked="" type="checkbox"/> LANDOWNER'S PERMIT | | 0220 |
| _____ OTHER (IDENTIFY) <u>COBV</u> | | \$ _____ |

| | |
|---------------|--------------------|
| 0607 TREASURY | 0467 HYDROELECTRIC |
|---------------|--------------------|

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

| | |
|------------|----------|
| LIC NUMBER | \$ _____ |
| | \$ _____ |

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

MONEY SLIP

| | |
|-------|------------|
| DATE: | RECEIPT #: |
|-------|------------|

RECEIVED FROM: _____

| | |
|-------------|--|
| APPLICATION | |
| PERMIT | |
| TRANSFER | |

CASH CHECK # OTHER (IDENTIFY)

 _____ _____

| | |
|-------------|----|
| TOTAL REC'D | \$ |
|-------------|----|

1083 TREASURY 4170 MISC CASH ACCT.

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

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

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

WATER RIGHTS

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

WELL CONSTRUCTION

| | | | | | |
|-------|------------------------|-----------------|--|-------------------|----|
| | | EXAM FEE | | RECORD FEE | |
| 0218 | WELL DRILL CONSTRUCTOR | \$ | | 0219 | \$ |
| | LANDOWNER'S PERMIT | | | 0220 | \$ |
| _____ | OTHER (IDENTIFY) _____ | | | | |

0607 TREASURY 0467 HYDROELECTRIC

| | | | | | |
|-------|----------------------------|--|-------------------|--|----|
| 0233 | POWER LICENSE FEE (FW/WRD) | | LIC NUMBER | | |
| 0231 | HYDRO LICENSE FEE (FW/WRD) | | | | \$ |
| _____ | HYDRO APPLICATION | | | | \$ |

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED