

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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

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**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15181	G-15008	T-10513

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME ERICK KEERINS & CHRISTY KEERINS		PHONE NO. 541-589-4699	ADDITIONAL CONTACT NO. 541-589-4674
ADDRESS 40410 SODHOUSE LN			
CITY PRINCETON	STATE OR	ZIP 97721	E-MAIL christykeerins@yahoo.com

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 SAME		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8-19-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
ERICK KEERINS	8-19-2022	OWNER

6. County:

HARNEY

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 N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME GARY L. DEJARNATT PROJECT # 22048	PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS 2391 NW REDWOOD AVE		
CITY REDMOND	STATE OR	ZIP 97756
E-MAIL		

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
	Erick Keerins	OWNER	10/28/2022
	CHRISTY KEERINS	OWNER	10/27/2022

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SECTION 3 CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL #1	HARN 50355	L-21299
WELL #2	HARN 52817	L-133007
WELL #3	HARN 51498	L-96557

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	MALHEUR LAKE BASIN	
WELL #2	"	
WELL #3	"	

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	IR	HAY & BARLEY	MAR 1 – OCT 31	6.46 CFS
WELL #2	"	"	"	"
WELL #3	"	"	"	"
Total Quantity of Water Used				6.46 CFS

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

WATER IS PUMPED FROM WELLS AND PIPED TO PIVOTS, WHEEL LINES, AND HAND LINES.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, YES NO
permit amendment final order, or extension final order? If yes, describe below.

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

THE PERMIT ALLOWED 524.8 ACRES OF IRRIGATION, THE WATER USER DEVELOPED 522.4 ACRES.

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	6.46 CFS	5.64 CFS	N/A	IR	524.8	522.4
WELL #2	"	3.83 CFS	"	"	"	"
WELL #3	"	2.73 CFS	"	"	"	"

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES 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 HARN 50355 / L-21299

A. Place of Use

1. Is the right for municipal use?

YES 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
27S	33E	W.M.	5	NENW	L3		IR	29.3	
"	"	"	"	NWNW	L4		"	29.8	
"	"	"	"	SWNW			"	34.7	
"	"	"	"	SESW			"	32.7	
"	"	"	"	NESW			"	26.1	
"	"	"	"	NWSW			"	38.4	
"	"	"	"	SWSW			"	38.8	
"	"	"	"	SESW			"	33.3	
"	"	"	6	SWNE			"	35.9	
"	"	"	6	SENE			"	36.7	
"	"	"	6	NESE			"	37.3	
"	"	"	6	NWSE			"	36.4	
"	"	"	6	SWSE			"	12.5	
"	"	"	6	SESE			"	38.4	
"	"	"	7	NENE			"	31.7	
"	"	"	8	NWNW			"	30.4	
Total Acres Irrigated								522.4	

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 NO

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

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2. Describe the access port (type and location) or other means to measure the water level in the well:

1" PIPE IN CONCRETE BASE

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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

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 NO

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
LAYNE	VERTI-LINE	60165	TURBINE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	100 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)
100	20	69'	5'	5.64

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	6560'	STEEL	BURIED
6"	1140'	ALUMINUM	ABOVE

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	40	3.4	201	104	0.79 CFS

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)

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
VALLEY	1320'	20	800 GPM	1.78
ZIMMATIC	1302.5'	20	835 GPM	1.86
VALLEY	1330'	20	806 GPM	1.80
ZIMMATIC	1166'	20	748 GPM	1.67

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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?

YES NO

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

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 NO

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

H. Additional notes or comments related to the system:

Sprinkler calculations based on manufacturer specifications:
Wheel Line & Hand Line Sets 9/64": max used sprinklers 104 x 3.4 gpm / sprinkler x 1 CFS / 448.8 gpm =
0.79 CFS

WELL 2 HARN 52817 / L-133007**A. Place of Use****1. Is the right for municipal use?****YES 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
27S	33E	W.M.	5	NENW	L3		IR	29.3	
"	"	"	"	NWNW	L4		"	29.8	
"	"	"	"	SWNW			"	34.7	
"	"	"	"	SENW			"	32.7	
"	"	"	"	NESW			"	26.1	
"	"	"	"	NWSW			"	38.4	
"	"	"	"	SWSW			"	38.8	
"	"	"	"	SESW			"	33.3	
"	"	"	6	SWNE			"	35.9	
"	"	"	6	SENE			"	36.7	
"	"	"	6	NESE			"	37.3	
"	"	"	6	NWSE			"	36.4	
"	"	"	6	SWSE			"	12.5	
"	"	"	6	SESE			"	38.4	
"	"	"	7	NENE			"	31.7	
"	"	"	8	NWNW			"	30.4	
Total Acres Irrigated								522.4	

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 NO***If "NO", items 2 through 4 relating to this section may be deleted.***2. Describe the access port (type and location) or other means to measure the water level in the well:****1" PIPE IN CONCRETE BASE****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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

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 NO

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
GOULD'S	12CHC	IGT253	TURBINE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	75 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)
75	20	82'	5'	3.83

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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)
N/A			

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	6560'	STEEL	BURIED
6"	1140'	ALUMINUM	ABOVE

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	40	3.4	201	104	0.79 CFS

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)

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
VALLEY	1320'	20	800 GPM	1.78
ZIMMATIC	1302.5'	20	835 GPM	1.86
VALLEY	1330'	20	806 GPM	1.80
ZIMMATIC	1166'	20	748 GPM	1.67

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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?

YES NO

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

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 NO

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

H. Additional notes or comments related to the system:

Sprinkler calculations based on manufacturer specifications:
Wheel Line & Hand Line Sets 9/64": max used sprinklers 104 x 3.4 gpm / sprinkler x 1 CFS / 448.8 gpm =
0.79 CFS

WELL 3 HARN 51498 / L-96557

A. Place of Use

1. Is the right for municipal use?

YES 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
27S	33E	W.M.	5	NENW	L3		IR	29.3	
"	"	"	"	NWNW	L4		"	29.8	
"	"	"	"	SWNW			"	34.7	
"	"	"	"	SENW			"	32.7	
"	"	"	"	NESW			"	26.1	
"	"	"	"	NWSW			"	38.4	
"	"	"	"	SWSW			"	38.8	
"	"	"	"	SESW			"	33.3	
"	"	"	6	SWNE			"	35.9	
"	"	"	6	SENE			"	36.7	
"	"	"	6	NESE			"	37.3	
"	"	"	6	NWSE			"	36.4	
"	"	"	6	SWSE			"	12.5	
"	"	"	6	SESE			"	38.4	
"	"	"	7	NENE			"	31.7	
"	"	"	8	NWNW			"	30.4	
Total Acres Irrigated								522.4	

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 NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

¾" PIPE WITH THREADED CAP IN SIDE OF 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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

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 NO

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
			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	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	20	73'	5'	2.73

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	6560'	STEEL	BURIED
6"	1140'	ALUMINUM	ABOVE

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	40	3.4	201	104	0.79 CFS

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)

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
VALLEY	1320'	20	800 GPM	1.78
ZIMMATIC	1302.5'	20	835 GPM	1.86
VALLEY	1330'	20	806 GPM	1.80
ZIMMATIC	1166'	20	748 GPM	1.67

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

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?

YES NO

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

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 NO

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

H. Additional notes or comments related to the system:

Sprinkler calculations based on manufacturer specifications:
Wheel Line & Hand Line Sets 9/64": max used sprinklers 104 x 3.4 gpm / sprinkler x 1 CFS / 448.8 gpm =
0.79 CFS

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	1-23-2002		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	10-1-2022	8-19-2022	COMPLETE APPLICATION OF WATER TO BENEFICIAL USE

* 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 NO

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

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

YES NO

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

3. Initial Water Level Measurements:

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

YES NO

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

4. Annual Static Water Level Measurements:

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

YES NO

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

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5. Pump Test:

- a. Did the permit require the submittal of a pump test? YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES 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 diversion or appropriation.

- b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL #1	GROWSMART	GT20084 130	WORKING	1229.95	NEW METER INSTALLED JUNE 2022 (ORIGINAL PRIOR TO 2018)
WELL #2	GROWSMART	GT20084 191	WORKING	90267.0	MAY 2021
WELL #3	AQUAMASTER	50158	WORKING	151012	PRIOR TO 2018

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

7. 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.

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
<u>L-21299</u>	<u>UNKNOWN</u>
<u>L-133007</u>	<u>UNKNOWN</u>
<u>L-96557</u>	<u>UNKNOWN</u>

- e. 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
<u>CBU Map</u>	<u>Claim of Beneficial Use Map</u>
<u>Well Logs</u>	<u>HARN 50355, HARN 52817, & HARN 51498</u>
<u>Pump Calcs</u>	<u>OWRD Pump Capacity Calculations</u>
<u>Pump Test Exemption</u>	<u>Multiple Well Pump Test Exemption Request</u>

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.

<u>ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.</u>

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
- 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

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PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME ERICK & CHRISTY KEERINS		PHONE NO. 541-589-4699	ADDITIONAL CONTACT NO. 541-589-4674
ADDRESS 40410 SODHOUSE LN			
CITY PRINCETON	STATE OR	ZIP 97721	E-MAIL christykeerins@yahoo.com

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);
2. One of the wells has been tested and the test has been approved by OWRD; and
3. The wells are within 5 miles of the tested well.

1. List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
HARN 51498	L-96557	WELL #3	9-22-2009	G- 15181	G-15008	T-10513	

(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)
27S	33E	5	SWNW	1670' S, 730' E OF NW COR SEC 5	43.257643	-118.678924

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	HARN 52817	L-133007	WELL #2	G-15181	G-15008	T-10513
b	HARN 50355	L-21299	WELL #1	G-15181	G-15008	T-10513
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(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)
a	27S	33E	6	SENE	2410' S, 320' W OF NE COR SEC 6	43.255706	-118.682950
b	27S	33E	5	NWSW	1470' N, 300' E OF SW COR SEC 5	43.251772	-118.680395
c							
d							
e							

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE:

Linda Lee Miller

DATE: 09-30-2022

LICENSE #: 47708

PRINTED NAME: LINDA LEE MILLER

(CIRCLE ONE): OWNER, EMPLOYEE, **CWRE**, RG, PE, WWC, PUMP INSTALLER

PHONE: 541-389-2837

EMAIL: JOHNSHORT@USA.COM

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

well 3

Well Owner:

Name: David L. Ferre
Address: 6923 Rippling Brook Dr SE
County: Marion
City: Salem State: OR Zip: 97317-8934
Original owner (from well log): Dave Ferre

Well Location:

Township: 27 S Range: 33 E
Section: 5 1/4 NW 1/4 SW 1/4 NE
Well depth: 146.0 Date drilled: 10-23-08
Owners well no. (if any): NA
POD ID: Well 3

Water Right Information:

Application: G-15181 Permit: G-15008 Certificate: NA
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: NA Permit: NA Certificate: NA
Application: Permit: Certificate:

Pump Test:

Test Conducted by: Dave Runels (Tod Vanderdasson) Well Owner? ☐ Yes
Company: Harvey Pump and Irrigation
Address: 13103 Hwy 20 Date of Test: 09/22/2009
City: Burns State: OR Zip: 97720
Daytime phone: 541-573-2400 (Tod)

Method of discharge measurement (see our brochure for more information): Manometer
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used):

Pump type (pick one or enter other method used): Turbine
Was the pump test conducted during normal use of the well? ☐ Yes Note: No
Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: No
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: NA

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: ft Approx. elevation difference: ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of well casing

Measuring point distance above land surface 1.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>7:00 am</u>	<u>73.00</u>	<u>72.00</u>
<u>7:20 am</u>	<u>73.00</u>	<u>72.00</u>
<u>7:40 am</u>	<u>73.00</u>	<u>72.00</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>8:00 am</u>	<u>1,000.00</u>	<u>gpm (gallons per minute)</u>
<u>9:00 am</u>	<u>1,000.00</u>	<u>gpm (gallons per minute)</u>
<u>10:00 am</u>	<u>1,000.00</u>	<u>gpm (gallons per minute)</u>
<u>11:00 am</u>	<u>1,000.00</u>	<u>gpm (gallons per minute)</u>
<u>0:00 am Noon</u>	<u>1,000.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 09/22/2009 Time 8:00 am
Time pump turned off: Date 09/22/2009 Time 0:00 am Noon
Total pumping time: 4 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

Required Signature: David L. Ferre

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PUMP TEST DATA SHEET

Page 1 of 1

Application: G-15181 Permit: G-15008 Certificate: NA Pod Id: Welf3

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data					Recovery Data						
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
08-22-2009	8:02 am	2	73' 0"	72' 0"		08-22-2009	12:02 pm	2	73' 9"	72' 9"	
"	8:04 am	4	73' 4"	72' 4"		"	12:04 pm	4	73' 5"	72' 5"	
"	8:06 am	6	73' 7"	72' 7"		"	12:06 pm	6	73' 1"	72' 1"	
"	8:08 am	8	74' 0"	73' 0"		"	12:08 pm	8	73' 0"	72' 0"	
"	8:10 am	10	↑	↑		"	12:10 pm	10	↑	↑	
"	8:15 am	15	↑	↑		"	12:15 pm	15	↑	↑	
"	8:20 am	20	↑	↑		"	12:20 pm	20	↑	↑	
"	8:25 am	25	↑	↑		"	12:25 pm	25	↑	↑	
"	8:30 am	30	↑	↑		"	12:30 pm	30	↑	↑	
"	8:45 am	45	↑	↑		"	12:45 pm	45	↑	↑	
"	9:00 am	60	↑	↑		"	1:00 pm	60	↑	↑	
"	9:15 am	75	↑	↑		"	1:15 pm	75	↑	↑	
"	9:30 am	90	↑	↑		"	1:30 pm	90	↑	↑	
"	9:45 am	105	↑	↑		"	1:45 pm	105	↑	↑	
"	10:00 am	120	↑	↑		"	2:00 pm	120	↑	↑	
"	10:15 am	135	↑	↑		"	2:15 pm	135	↑	↑	
"	10:30 am	150	↑	↑		"	2:30 pm	150	↑	↑	
"	10:45 am	165	↑	↑		"	2:45 pm	165	↑	↑	
"	11:00 am	180	↑	↑		"	3:00 pm	180	↑	↑	
"	11:15 am	195	↑	↑		"	3:15 pm	195	↑	↑	
"	11:30 am	210	↓	↓		"	3:30 pm	210	↓	↓	
"	11:45 am	225	↓	↓		"	3:45 pm	225	↓	↓	
09-22-2009	Now	240	74' 0"	73' 0"		09-22-2009	4:00 pm	240	73' 0"	72' 0"	

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

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WELL LABEL # L	96557
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START CARD # 1005447

Form Version: 0.89

Pump Capacity Calculation Sheet		<u>Keerins Well #3 HARN 51498 / L-96557</u>	
using Department designed formula:			
(hp)(efficiency) / (lift + psi head) = capacity in cfs			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>50</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>78</u>		
PSI =	<u>20</u>		
Results Calculated			
(hp)(efficiency) =	352		
Head based on psi =	50.8		
Total dynamic head =	128.8		
(head + lift)			
Pump Capacity =	2.73 feet per second		

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Pump Capacity Calculation Sheet		<u>Keerins Well #2 HARN 52817 / L-133007</u>	
using Department designed formula:			
(hp)(efficiency) / (lift + psi head) = capacity in cfs			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>75</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>87</u>		
PSI =	<u>20</u>		
Results Calculated			
(hp)(efficiency) =	528		
Head based on psi =	50.8		
Total dynamic head =	137.8		
(head + lift)			
Pump Capacity =	3.83 feet per second		

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Pump Capacity Calculation Sheet		<u>Keerins Well #1 HARN 50355 / L-21299</u>	
using Department designed formula:			
(hp)(efficiency) / (lift + psi head) = capacity in cfs			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>100</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>74</u>		
PSI =	<u>20</u>		
Results Calculated			
(hp)(efficiency) =	704		
Head based on psi =	50.8		
Total dynamic head =	124.8		
(head + lift)			
Pump Capacity =		5.64 feet per second	

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