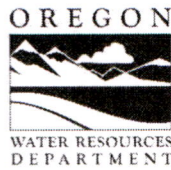


**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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**

If additional changes were authorized, you will need to select a different form.

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1. File Information

APPLICATION # T-13870

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME John and Denise Owen		PHONE NO. 541 969 8467	ADDITIONAL CONTACT NO.
ADDRESS PO Box E			
CITY Pilot Rock	STATE OR	ZIP 97868	E-MAIL jeowen@reagan.com

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 John and Denise Owen		
ADDRESS PO Box E		
CITY Pilot Rock	STATE OR	ZIP 97868

4. Date of Site Inspection:

May 10, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
John Own	5-10-23	Property Owner

6. County:

Umatilla

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)):

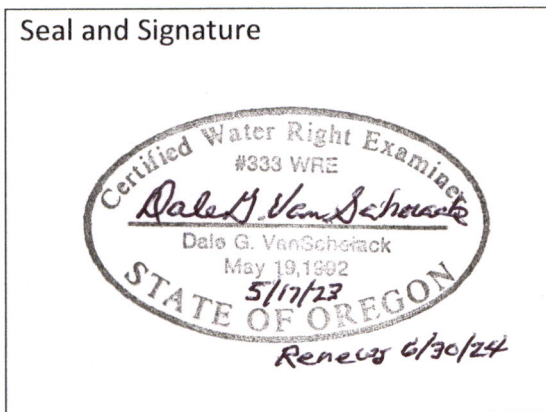
OWNER OF RECORD Not Applicable		
ADDRESS		
CITY	STATE	ZIP

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 Dale VanSchoiack		PHONE No. 509 627 8717	ADDITIONAL CONTACT No.	
ADDRESS 2141 S Lyle				
CITY Kennewick	STATE WA	ZIP 99337	E-MAIL dalevconsulting@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
	John Owen	Property Owner	5/24/23
	Denise Owen	Property Owner	5/24/23

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)
Owen Well	UMAT 58975	147819	Owen Well a tributary to East Birch Creek

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

If well logs are available, items A and B below can be deleted

A. 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
<u>UMAT</u> <u>58975</u>						

B. In addition to the information requested in item "A" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

Refer to UMAT 58975

2. Variations:

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

If yes, describe below.

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

The final order indicated the additional point of appropriation to be 1970 feet South and 515 feet East from the NW Corner of Section 21. The actual location of the additional point of appropriation was determined to be 1960 feet South and 480 feet East from the NW Corner of Section 21.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Owen Well	0.04 cfs	0.15 cfs	Not Applicable

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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):

Owen Well

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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
Grundfos	45S75-19	Unknown	Submersible	NA	2"

2. Motor Information

MANUFACTURER	HORSEPOWER
Unknown	7.5

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)
7.5	60 psi at well head	203 feet (103 SWL and estimated 100 foot of drawdown)	14 feet (1758-1744)	0.15 cfs

4. Provide pump calculations:

WELL PUMP

Estimated Pumping head (TDH ft)

Pressure 60 psi at well head x 2.31 ft/psi =	138.6 ft
103 ft SWL (Well Log) plus assumed 100 ft drawdown.	203.0 ft
Misc. loss: pump column, valves, fittings, and flow meter	15.0 ft
Total TDH	356.6 ft

$$Hp = \frac{TDH \times gpm}{3960 \times \text{eff.}} \text{ or } gpm = \frac{3960 \times \text{eff} \times hp}{TDH} = \frac{3960 \times 80\% \times 7.5 hp}{356.6 ft} = 66.6 \text{ gpm or } 0.15 \text{ cfs}$$

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)
Not Applicable			

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

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B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

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NO

C. Additional notes or comments related to the system:

None

**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	Sept 20, 2022	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023	May 10, 2023

* 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.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
Not Applicable		

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**

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Owen Well	Master Meter	222606428	new	91500 gallons	April 2023
Johnston Well	Carlton	16 016562	Good condition	29811000 gallons	2019

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

Items d through f relating to this section were deleted.

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4. Recording and reporting conditions

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

NO

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

b. Have the reports been submitted?

NA

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?

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):

Not Applicable

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	COBU Map
Well Log	UMAT 58975

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.

The transfer map, a Google aerial image, the county tax lot map, and observations made during the site visit were used to prepare the COBU map.

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
- NA** 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
- NA** 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
- NA** 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

STATE OF OREGON WATER SUPPLY WELL REPORT

UMAT 58975

WELL I.D. LABEL# 147819 START CARD # 1058999 ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

10/21/2022

(1) LAND OWNER Owner Well I.D. First Name JOHN Last Name OWEN Company Address PO BOX E City PILOT ROCK State OR Zip 97868

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

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

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 266.00 ft. BORE HOLE Dia From To Material SEAL From To Amt sacks/lbs

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other POURED BENTONITE 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 Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 66 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 122 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County UMATILLA Twp 1.00 S N/S Range 32.00 E E/W WM Sec 21 SW 1/4 of the NW 1/4 Tax Lot 1100 Tax Map Number Lot Lat Long Street address of well Nearest address 67059 EAST BIRCH CR ROAD PILOT ROCK OR

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 10/21/2022 103 Flowing Artesian? [] Dry Hole? [] WATER BEARING ZONES Depth water was first found 206.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 10/21/2022 206 266 100 103

(11) WELL LOG Ground Elevation Material From To SOIL 0 2 CEMENTED GRAVEL 2 10 BLACK BASALT 10 62 BLACK & BROWN BASALT 62 68 RED BASALT 68 96 SOFT BLACK BASALT 96 206 BLACK & BROWN BASALT 206 210 SOFT BLACK BASALT 210 236 BLACK BASALT/ GREEN CLAYSTONE 236 238 BROWN BASALT/ TAN CLAYSTONE 238 260 FRACTURED BLACK BASALT 260 266 RECEIVED MAY 30 2023 OWRD

Date Started 10/20/2022 Completed 10/21/2022 (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 1735 Date 10/21/2022 Signed CHAD COURTNEY (E-filed)

(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 1881 Date 10/21/2022 Signed GARRY ZOLLMAN (E-filed) Contact Info (optional) GARRY ZOLLMAN