

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water**



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 involving multiple changes.

YES

Mark all that apply:

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Change in POD(s) or Additional POD(s) | 2. <input checked="" type="checkbox"/> Change in Place of Use |
| 3. <input type="checkbox"/> Change in Character of Use | 4. <input type="checkbox"/> Change in Character of Use – Reservoir |

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

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1. File Information

APPLICATION #

T-13227

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME John Standley		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 134 NE Elm Street			
CITY Pilot Rock	STATE OR	ZIP 97868	E-MAIL bigjohnstandley@gmail.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 Standley		
ADDRESS 134 NE Elm Street		
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 Standley	5/11/2023	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)):

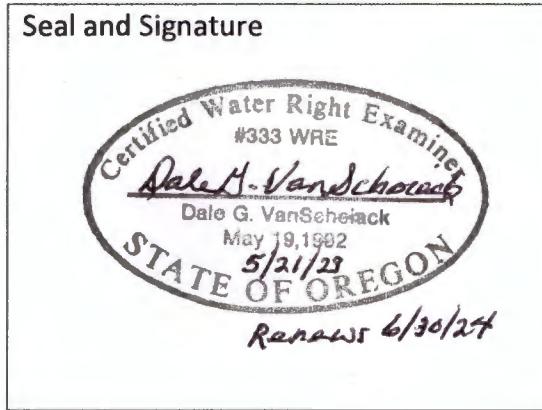
OWNER OF RECORD Not Applicable		
ADDRESS		
CITY	STATE	ZIP

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.	ADDITIONAL CONTACT NO.
ADDRESS 2141 South Lyle St.			
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
<i>John R Standley</i>	John R Standley	owner	5/28/23

SECTION 3
Changes Made

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

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion? **YES**

If "NO", this Section can be deleted.

1. New or additional point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
POD #3	East Birch Creek

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 diversion. The water user only developed one of the points.")

The number of acres irrigated in the NWSW, SWSW, & the SESW of Section 11 were determined to be slightly different than the number of acres proposed to be irrigated in the Final Order for each quarter quarter. The total number of acres did not change.

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POD #3*	0.1145 cfs	0.64 cfs	Not Applicable

***This POD is also used for other water rights.**

System Description

Are there multiple new or additional Points of Diversion (POD)? **NO**

If "YES" you will need to copy and complete Sections A, B, or C in this Section for each POD.

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

POD #3

A. POD System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NO.	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Cornell	2-1/2 WI 5-2	19601 6-3/4	Centrifugal	3"	2-1/2"

2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor	15 hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15	60 psi	7 ft	21 ft (2200-2179)	0.64 cfs

4. Provide pump calculations:

POD #3 Pump

Estimated Pumping head (TDH ft)

Lift WL to Pump	7 ft
Pressure 60 psi at pump head x 2.31 ft/psi =	138.6 ft
Misc. 10 ft friction loss valves, fittings,	<u>10 ft</u>
	Total TDH 155.6 ft

$$Hp = \frac{TDH \times gpm}{3960 \times \text{eff.}} \text{ or } gpm = \frac{3960 \times \text{eff} \times hp}{TDH} = \frac{3960 \times 75\% \times 15 \text{ hp}}{155.6 \text{ ft}} = 286.3 \text{ gpm or } 0.64 \text{ cfs}$$

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.

6. Additional notes or comments related to the system:

This pump delivers water to the land authorized to be irrigated under this transfer. The irrigation system includes buried mainline with risers that side roll and handline irrigation pipes are connected to.

B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe?

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

Items 2 through 4 relating to this section were deleted.

C. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal?

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

Items 2 through 4 relating to this section were deleted.

NO

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
9.3 acres	9.3 acres

2. Variations:

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

YES

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.")

<p>The number of acres irrigated in the NWSW, SWSW, & the SESW of Section 11 were determined to be slightly different than the number of acres proposed to be irrigated in the Final Order for each quarter quarter. The total number of acres did not change.</p>

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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.

This Section was deleted.

Change #4

Change in Character of Use – Reservoir

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

NO

If "NO", this Section can be deleted.

This Section was deleted.

**SECTION 4
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	Sept 2, 2020	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2021	July 30, 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.

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 diversion.

b. Has a meter been installed? **YES**

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #3	McCrometer	09 09955	Good Condition	62685900 gal	Prior to 2018

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **Not Applicable**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
Not Applicable		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
Not Applicable		

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.

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5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES**

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? **YES**

c. When was the fish screening installed?

DATE	BY WHOM
May 18, 2021	Property Owner

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion involves a pump *and* the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? **NA**

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>, complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does **not involve a pump** or the total diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? **Not Applicable**

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: **See attached letter from ODF&W.**
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

See attached letter from ODF&W.

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

Items b and c relating to this section were deleted.

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

- a. Was the water user required to restore the riparian area if it was disturbed? **NO**
- b. Was a fishway 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 5
 ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim of Beneficial Use Map
ODF&W Fish Screen Approval Letter	ODF&W Fish Screen Approval Letter

SECTION 6

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 diversion, 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 application map, an aerial google image, the County Tax Lot map, and observations and measurements made during the site visit were used in preparing the COBU map.

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
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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Department of Fish and Wildlife

John Day Fish Screening and Passage

357 Patterson Bridge Rd.

P.O. Box 515

John Day, OR 97845

Voice: 541-575-0561

FAX (541) 575-0868

www.dfw.state.or.us/



May 12, 2023

John Standley
134 NE Elm Street
Pilot Rock, OR 97868

Dear Mr. Hatley,

Your fish screen was inspected on 5/18/2021. In reference to water right transfer file number T-13227 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 45.4022, -118.78617.

In regards to the inspection of the fish screen located on East Birch Creek, the following has been determined:

1. The screen located at coordinates 45.4022, -118.78617 is a Pump-Rite ML130 passive screen.
2. This screen is approved for water use up to 130 GPM or 0.29 CFS.
3. All screen and pump configurations meet National Marine Fisheries Service criteria at the time of inspection, any changes or modifications to the configurations will not be covered by this certification letter.
4. This screen is an end of pipe screen; therefore, no by-pass is required.

Please contact me if you have any questions regarding this letter.

Sincerely,

A handwritten signature in cursive script that reads "Nathaniel Ashley".

Nathaniel Ashley
Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department