

**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

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

This Claim is for a permit with a priority date of February 24, 2020; the \$230 fee is included.

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18919	G-18496	T-

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Pete Swan		PHONE NO. 503.480.6736	ADDITIONAL CONTACT NO.
ADDRESS 9295 Hultman Rd.			
CITY Independence	STATE OR	ZIP 97351	E-MAIL

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):

APPLICANT/BUSINESS NAME Pete Swan			
ADDRESS 9295 Hultman Rd.			
CITY Independence	STATE OR	ZIP 97351	

ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

June 15, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Pete Swan	June 15, 2023	Owner

6. County:

Polk

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 Robyn Cook	PHONE NO. 971.200.8505	ADDITIONAL CONTACT NO.
ADDRESS GSI Water Solutions, Inc., 650 NE Holladay Street, Suite 900		
CITY Portland	STATE OR	ZIP 97232
E-MAIL rcook@gsiws.com		

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
	Pete Swan	Owner	7/17/2023

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**SECTION 3
CLAIM DESCRIPTION**

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	POLK-54635	L-141238

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	Duck Slough	Willamette River

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	Irrigation	Pasture	March 1-October 31	0.09
Well 1	Livestock	-	January 1-December 31	0.03
Total Quantity of Water Used				0.12

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 for irrigation is pumped from Well 1, conveyed through 4-inch PVC mainline and 3-inch aluminum hand lines, and applied for irrigation using a big-gun sprinkler. Water for stock is pumped from the well and a 1-inch soft hose is used to fill water troughs.

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, permit amendment final order, or extension final order? If yes, describe below. YES NO

(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.")

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	0.12	0.17 cfs	0.15 cfs	Irrigation and Livestock	6.9	6.9

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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

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
9S	4W	W.M.	11	NESW	-	-	Irrigation and Livestock Use	1.9	-
9S	4W	W.M.	11	SESW	-	-		5.0	-
Total Acres Irrigated								6.9	-

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:

Threaded 3-inch vent hole in well seal.

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
8in	1-59ft	75ft	9/9/2021	N/A	Pete Swan	Jones Drilling

See Attachment B – Well Log

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. Items 2 through 4 were deleted.

D. Diversion and Delivery System Information

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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
Flowise	P60S50	P60S50	Submersible	2-inch	2-inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Grundfos	5hp

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)
5hp	60 psi	(not measured)	60 ft	0.17 cfs

5. Provide pump calculations:

See Attachment C – 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)
2307300	2307500	3 min	0.15 cfs

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
4-inch	950 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3-inch	900 feet	Aluminum	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
0.5-inch	60 PSI	60 gpm	1	1	0.13

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)
N/A					

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
N/A					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

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. Items 2 and 3 were 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. Items 2 through 4 were 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. Items 2 through 4 were deleted.

H. Additional notes or comments related to the system:

N/A

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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	10/27/2020		
BEGIN CONSTRUCTION (A)	10/27/2025	9/9/2021	Well constructed
COMPLETE CONSTRUCTION (B)	N/A	N/A	-
COMPLETE APPLICATION OF WATER (C)	10/27/2025	6/1/2022	Full rate authorized by permit beneficially used.

* 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. Items a and b were 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.

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/16/23	Aaron Osborn	E-tape	10.8 ft bgs

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.

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? YES NO N/A
The initial static water level measurement was taken this year. The permittee will take a reference static water level in March 2024, as required by the permit.

d. If "YES", were those measurements submitted to the Department? YES NO N/A

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

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	DUJ	21067216	Working	2307500	9/9/2021

If a meter has been installed, items d through f relating to this section may be deleted. Items d through f were 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. Item b was deleted.

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

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- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
141238	9/9/2021

- 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):

8.e: Groundwater production is only allowed from the alluvial aquifer. The permittee is in compliance with this condition.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	Permit G-18496
Attachment B	Well Log – POLK 54635
Attachment C	Pump Calculations
Attachment D	Static Water Level Measurement
Attachment E	Pump Test
Attachment F	COBU Map

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.

The place of use was visited during the site inspection. The extent of this place of use and irrigation system was located using aerial imagery (Google Earth, May 2023), a handheld GPS, and a field survey completed during the site inspection. The map was created using Geographic Information System (GIS) software and spatial datasets obtained from ESRI, Bureau of Land Management (BLM), Oregon Water Resources Department (OWRD), and United States Geological Survey (USGS). Additional data and information specific to the use of water under the water right described in this Claim of Beneficial Use report were obtained from the water right holder.

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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
- 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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Attachment A

Permit G-18496

Claim of Beneficial Use Report

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STATE OF OREGON

COUNTY OF POLK

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

PETE SWAN
9295 HULTMAN RD
INDEPENDENCE OR 97351

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18919

SOURCE OF WATER: WELL 1 IN DUCK SLOUGH BASIN

MAXIMUM RATE AND PURPOSE OR USE: 0.12 CUBIC FOOT PER SECOND (CFS), BEING 0.09 CFS FOR IRRIGATION OF 6.9 ACRES AND 0.03 CFS FOR LIVESTOCK USE

PERIOD OF USE: IRRIGATION – MARCH 1 THROUGH OCTOBER 31
LIVESTOCK USE – JANUARY 1 THROUGH DECEMBER 31

DATE OF PRIORITY: FEBRUARY 24, 2020

AUTHORIZED POINT OF APPROPRIATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
9 S	4 W	WM	11	NE SW	1505 FEET NORTH AND 1890 FEET EAST FROM SW CORNER, SECTION 11

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 2.5 acre-feet for each acre irrigated during the irrigation season of each year.

AUTHORIZED PLACE OF USE:

IRRIGATION					
Twp	Rng	Mer	Sec	Q-Q	Acres
9 S	4 W	WM	11	NE SW	1.9
9 S	4 W	WM	11	SE SW	5.0

LIVESTOCK USE				
Twp	Rng	Mer	Sec	Q-Q
9 S	4 W	WM	11	NE SW
9 S	4 W	WM	11	SE SW

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1. Water Use Measurement, Recording, and Reporting Condition:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The Director may require the permittee to keep and maintain a record of the volume of water diverted, and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water-use information, the periods of water use and the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

2. Static Water Level Condition:

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water-level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

Before Use of Water Takes Place

Initial and Annual Static Water Level Measurements:

The Department requires the permittee to report an initial water-level measurement in the month specified above once well construction is complete, and annually thereafter until use of water begins; and

After Use of Water has Begun

Reference Static Water Level Determination:

Following the first year of water use, the user shall report one static water-level measurement in the month specified above which will establish the reference level against which future annual measurements will be compared. The Director may require the user to obtain and report additional static water levels after the reference level has been determined. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by

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the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- A. Identify each well with its associated measurement;
- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface;
- C. Specify the method used to obtain each well measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
- B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

3. **Groundwater production shall be only from the alluvial aquifer system.**

4. **Well Identification Tag Condition:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

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STANDARD CONDITIONS

1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.
4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.
5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.
10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

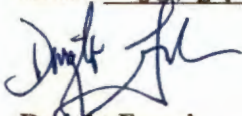
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11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued OCT 27 2020



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department



Application G-18919
Basin #2

Water Resources Department
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Permit G-18496
Water District # 22

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Attachment B

Well Log – POLK 54635

Claim of Beneficial Use Report

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Attachment C

Pump Calculations

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Well 1

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

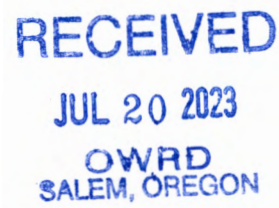
Data Entry (fill in underlined blanks)

HP = 5
Efficiency = 7.04
Lift = 60
PSI = 60 *observed system pressure

Results Calculated

(hp)(efficiency) = 35.2
Head based on psi = 152.4
Total dynamic head = 212.4
(head + lift)

Pump Capacity = 0.17 cubic feet per second



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Attachment D

Static Water Level Measurement

Claim of Beneficial Use Report

Pete Swan

**Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM**

Well owner:

Name	Pete & Sarah Swan	Application:	
Address	9295 Hultman Rd	Permit:	G-189-196
City/State/Zip	Independence OR 97351	Certificate:	
Phone/Fax/Cell	503 482 6736	Userid	
Email	Oregonswan@gmail.com	Transfer	

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):				
Permit number(s):				
Certificate number(s):				

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:		Owner's well name:	Pete Swan
Well ID (Well Tag) on Well Log:	141238	Well drilled by:	
Well ID (Well Tag) on Well Log-L:		Total depth	Casing diameter (inches)
Start Card # on Well Log:		Owner on well log:	
Date drilled:			

Water-Level Measurement

Date of measurement: 3-16-2023

Measurements should be made to at least the nearest tenth of a foot (0.2), the nearest inch (10⁻¹) or the nearest pound, if using a gage.

Depth to water below measuring point:	11ft 9in	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	1ft 0in	Airline pressure:		psi x 2.31 = feet
Depth to water below land surface:	10ft 9in	Shut-in pressure:		psi x 2.31 = feet

Measurement Status: Static Pumping Rising Flowing Other

Measurement Method: E-tape Airline Other

Length of time well was idle prior to measurement: more than 24 hours

Measuring point description: Vent hole in well seal

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month Year

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Aaron Osborn

Signature of measurer: *Aaron Osborn*

Company: Jones Pump Co. CCB#

Licensed number (circle license type: CWRE, RG, PE, WWC Pump Installer): 42261

Daytime phone number: 541-451-2686

Email address: jonesdrlng@hotmail.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite A, Salem, OR 97301-1266 or email us an attachment to reportingmmts@owrd.state.or.us. Additional forms can be obtained from our web site at: www.oregon.gov/owrd/

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Attachment E

Pump Test

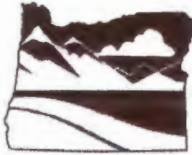
Claim of Beneficial Use Report

Pete Swan

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Owner Information:

OWNER NAME/BUSINESS NAME: <i>Pete Swan</i>		PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS:			
CITY:	STATE:	ZIP:	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: <i>Justin Jones</i>	QUALIFICATION: (SELECT) <i>Pump installer</i>	LICENSE #: <i>#2261</i>
COMPANY: <i>Jones Pump Company</i>	PHONE No.:	ADDITIONAL CONTACT No.:
ADDRESS: <i>29400 Santiam Hwy #4</i>		
CITY: <i>Lebanon</i>	STATE: <i>OR</i>	ZIP: <i>97355</i>
E-MAIL: <i>Jones.Pilling@Hotmail.com</i>		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	<i>L-141238</i>					

(CONTINUED)

TWP (EX: 26S)	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)

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
<i>G-</i>	<i>G-</i>	<i>T-</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
<i>G-</i>	<i>G-</i>	<i>T-</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
<i>G-</i>	<i>G-</i>	<i>T-</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

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

Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: *On to pasture*
How far from the pumped well was water discharged? *300* ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

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Water-Level Measurement Method: Etape

Length of air line (if used): _____ *Verify here: {

Airline: _____ psi _____ feet.
E-Tape: _____ feet.

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Submersible
HP: 5 Pump set at: 55 feet.
Pump idle time: + 24 hr

Discharge Measurement Method: Flow meter
Flowmeter (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1 feet.
Description (e.g., top port of 1 inch port pipe, west side) well 1/2" port on N side of

Time pump turned on: Date 6/23 Time 8:00
Time pump turned off: Date 6/23 Time 12:00
Total pumping time: 4 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZUMscp4Hfil-1ftsDAAEsMC2_ROSSl-277278532?selectedDivision=3186

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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I hereby certify that this test has been conducted in accordance with OAR 690-217:
OPERATOR SIGNATURE: [Signature] DATE: 7/5/23
OWNER SIGNATURE: _____ DATE: _____

Attachment F

COBU Map

Claim of Beneficial Use Report
Pete Swan

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Claim of Beneficial Use Map in the name of
Pete Swan

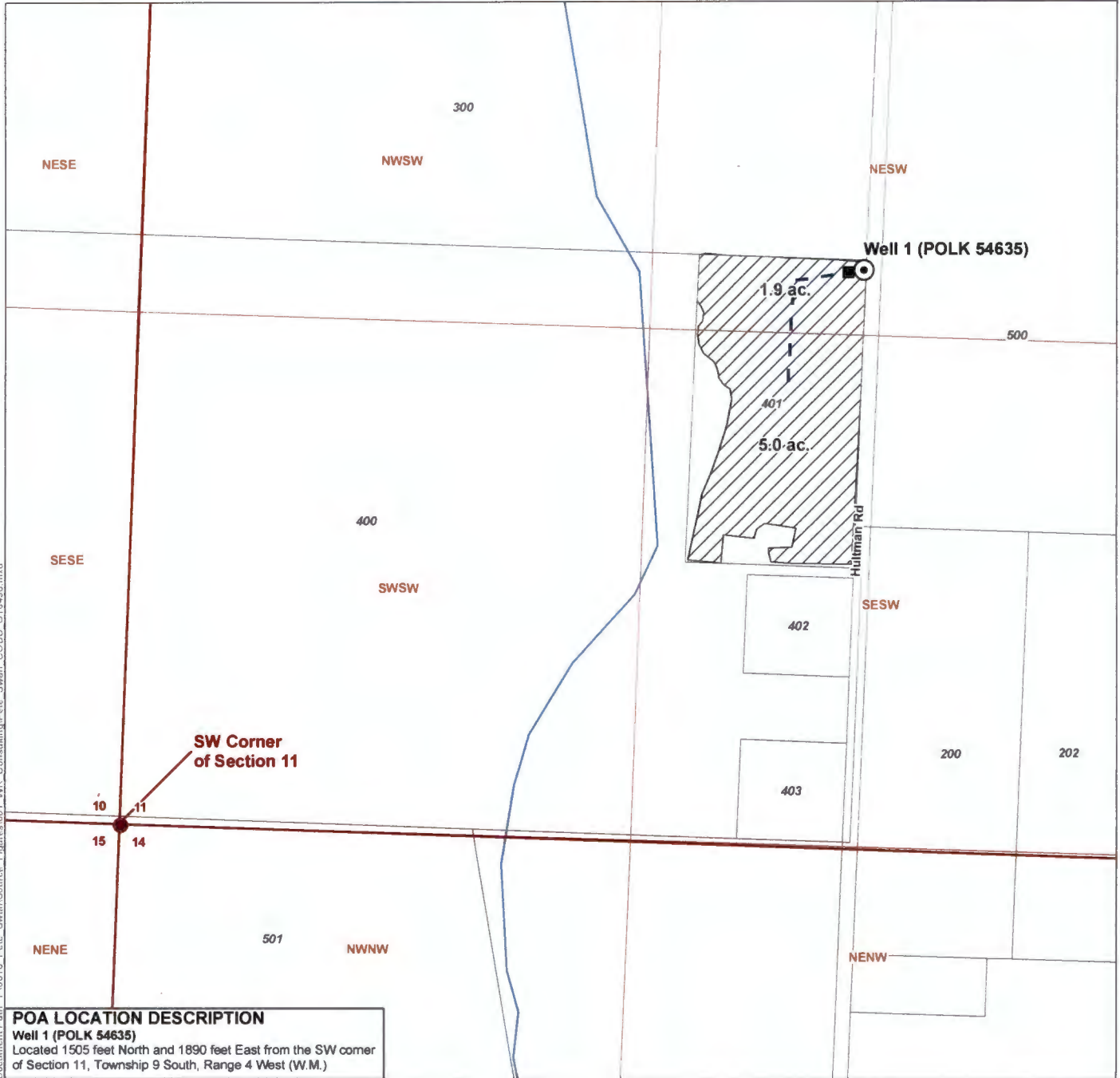
Application G-18919; Permit G-18496

Polk County, Oregon
Township 9 South, Range 4 West (W.M.)

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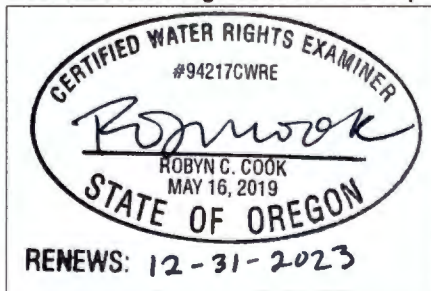
Document Path: Y:\0818_Pete_Swan\Source_Figures\001_IWR_Consulting\Pete_Swan_COBU_G18496.mxd

POA LOCATION DESCRIPTION
Well 1 (POLK 54635)
Located 1505 feet North and 1890 feet East from the SW corner of Section 11, Township 9 South, Range 4 West (W.M.)

LEGEND

- ⊙ Point of Appropriation (POA)
- Meter
- Mainline
- ▨ Place of Use (POU)
- Government Lot (GL)
- All Other Features**
- Tax Lot
- ~ Watercourse
- Waterbody

Certified Water Rights Examiner Stamp

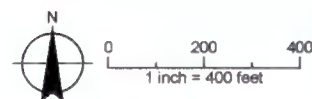


DISCLAIMER

This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

MAP NOTES

Date: June 16, 2023
Data Sources: USGS, BLM, OWRD, ESRI





July 18, 2023

Gerry Clark
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271

RE: Claim of Beneficial Use for Permit G-18496 (Application G-18919)

Gerry:

On behalf of Pete Swan, please find enclosed a Claim of Beneficial Use report for Permit G-18496.

Please do not hesitate to contact me at 541-753-0933 with questions about the enclosed COBU.

Sincerely,

A handwritten signature in blue ink that reads "Zach Pike-Urlacher".

Zach Pike-Urlacher
Water Resources Consultant

A handwritten signature in blue ink that reads "Robyn Cook".

Robyn Cook, RG, PG, CWRE
Supervising Hydrologist

Enclosures:

Claim of Beneficial Use for Permit G-18496 and \$230 fee

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