

**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.

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.

RECEIVED

JUL 21 2023

OWRD

1. File Information

APPLICATION # T-13164

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Tyler Hansell		PHONE NO. 541 561 4097	ADDITIONAL CONTACT NO.
ADDRESS 75858 Colonel Jordan Rd			
CITY Hermiston	STATE OR	ZIP 97838	E-MAIL tyler.hansell@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 12 H, Inc. c/o Tyler Hansell		
ADDRESS 75858 Colonel Jordan Rd		
CITY Hermiston	STATE OR	ZIP 97838

4. Date of Site Inspection:

June 14, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tyler Hansell	6/14/23	Owner

6. County:

Morrow

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

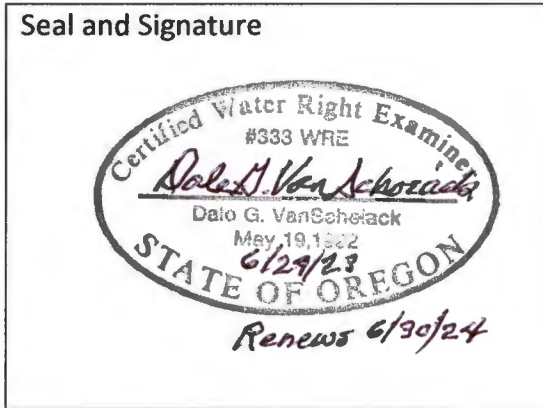
Add additional tables for owners of record as needed

RECEIVED
JUL 21 2023
OWRD

**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 Van Schoiack		PHONE NO. 509 627 8717	ADDITIONAL CONTACT NO.
ADDRESS 2141 S 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
	Tyler Hansell	Owner	7/18/23

**RECEIVED
JUL 21 2023**

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)
New Well #4	UMAT 58625	102158	

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
UMAT 58625						

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.

UMAT 58625

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 noted the Measured Distances of the new point of appropriation to be located 290 feet south and 2330 feet west from the NE corner of Section 28. This location would put the new well in the NWNE of Section 28. This location appears to be a scrivener's error as the Final Order noted the quarter quarter and Section of the location of the new well to be in the NWNE of Section 33. While preparing this COBU report the new well (New Well #4) was found to be located 120 feet south and 2250 feet west from the NE corner of Section 33.

3. Claim Summary:

RECEIVED

JUL 21 2023

OWRD

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
New Well #4 for Cert 68706	4.82 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 68707	0.95 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 68708	1.00 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 68709	0.81 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 68710	1.00 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 68711	1.71 cfs	12.91 cfs	Not Applicable
New Well #4 for Cert 82599	6.98 cfs	12.91 cfs	Not Applicable

RECEIVED
JUL 21 2023
OWRD

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):

New Well #4

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
Flow Wise	15WC-12	82220041	Turbine	12"	12"

2. Motor Information

MANUFACTURER	HORSEPOWER
GE	500 hp

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)
500	75 psi @ well head	85 ft (estimated)	44 ft (614-570)	12.91 cfs

4. Provide pump calculations:

New Well Pump #4

Estimated Pumping head (TDH ft)

Pressure 75 psi at well head x 2.31 ft/psi = 173.3 ft

60 ft SWL (Well Log) plus assumed 25 ft drawdown = 85.0 ft

Misc. loss: pump column, valves, fittings and flow meter = 15.0 ft

Total TDH 273.3 ft

$$Hp = \frac{TDH \times gpm}{3960 \times \text{eff.}} \text{ or } gpm = \frac{3960 \times \text{eff} \times hp}{TDH} = \frac{3960 \times 80\% \times 500 \text{ hp}}{273.3 \text{ ft}} = 5795.8 \text{ gpm or } 12.91 \text{ cfs}$$

RECEIVED
JUL 21 2023

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	Not Applicable	Not Applicable	Instantaneous flow meter reading during 6/14/23 site visit 8.96 cfs

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

RECEIVED
JUL 21 2023
OWRD

B. Groundwater Source Information (Well and Sump)

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

NO

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

Items 4 through 6 relating to this section were deleted.

C. Additional notes or comments related to the system:

None

**RECEIVED
JUL 21 2023
OWRD**

**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	June 17, 2020	
COMPLETENESS DATE FROM ORDER (C)	Original completion date Oct 1, 2021, extended to Oct 1, 2022, on Oct 5, 2021.	September 1, 2022

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES

If "NO", you may delete the following table.

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

VOLUME	PAGE	DATE EXTENDED TO
Special Order Volume 121	743-744	October 1, 2022

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? NO

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
New Well #4	Growsmart IM 3000	GT16120 375	Working	162258 x 1000 gal	Jan 2022

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.

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.

Item b relating to this section was deleted.

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 (Total of Eight Sheets)
UMAT 58625	Well Log

RECEIVED
JUL 21 2023
OWRD

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 application maps, Google aerial images and the county tax lot map were used to prepare the COBU maps.

RECEIVED
JUL 21 2023
OWRD

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
- 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

RECEIVED
JUL 21 2023
OWRD

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL I.D. LABEL# L

102158

START CARD #

1050650

ORIGINAL LOG #



(1) LAND OWNER

Owner Well I.D.

First Name Tyler Last Name Hansell
Company Hansell Brothers LLC
Address 75858 Col Jordan Rd
City Hexmiston State OR Zip 97838

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 118 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
24	0	18	3/8 bent	0	18	148
20	118	18				Calculated
						Calculated

How was seal placed: Method A B C D E

Other
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 P Actual Amount P

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24		0	18	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20		18	87	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 87'

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type SSV Material _____

Perf/	Casing/	Screen	Dia	From	To	Slot/	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16"	86	115	100			

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Wasco Twp 4 N/S Range 27 E/W WM
Sec 33 NE 1/4 of the NE 1/4 Tax Lot 808
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street address of well Nearest address

County Line Rd

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well			

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 60'

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
	60	118			

(11) WELL LOG

Ground Elevation _____

Material	From	To
Fine Gravel 100%	0'	
Sands 90%		62'
Coarse Sand 25%	62'	
Med Gravel 25%		115'
Cobbles - med Gravel	115'	116'
Broken Black Basalt	116'	118'

RECEIVED

AUGUST 4, 2021

OWRD

RECEIVED

JUL 21 2023

OWRD

Date Started 2/17/21 Completed 6-3-21

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1669 Date 8-4-21

Signed Jody Haysent

Contact info (optional) _____