

CLAIM OF BENEFICIAL USE

A fee of \$150 must accompany this form to be accepted for permits with a priority date of July 9, 1987, or later. (ORS 536.050(1)(x))

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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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.

A separate form shall be completed for each permit or transfer final order.

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
G-16586	G-16091

2. Property owner (current owner information)

a. Individuals

Name	Kenneth and Sabra Crysler	
Mailing Address	67794 S Hwy 395	
City/State/Zip	Pendleton, OR 97801	
Phone #	(541) 443-2800	
Fax #	N/A	
e-mail address	ken_crysler@yahoo.com	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit/transfer holder of record.

3. Permittee / Transferee of record (this may, or may not, be the current property owner)

a. Individuals

	Individual 1	Individual 2
Name	Kenneth and Sabra Crysler	
Mailing Address	67794 S Hwy 395	
City/State/Zip	Pendleton, OR 97801	

4. Date of Site Inspection: November 30, 2009

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

Name	Date	Association with the project
Ken Crysler	30 NOV 2009	Owner

6. County:

7. Tax Lot Information:

Tax map number	Tax lot number
1N 32d	4300

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

Name	N/A	RECEIVED JAN 28 2010 WATER RESOURCES DEPT SALEM, OREGON
Contact Person and Title	N/A	
Mailing Address	N/A	
City/State/Zip	N/A	
Phone #	N/A	

II. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

Water appropriated from basalt groundwater aquifer with well located near SE corner of property. Water flows into well, through submersible pump, up to above-ground manifold that includes flowmeter. Water then flows through buried mainline that generally runs through center of property and is equipped with above-ground riser valves that feed five wheel lines. Water is applied with brass impact sprinklers mounted on aluminum wheel lines (5) for irrigation of grass pasture and hay.

2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
POA	UMAT 56112	L-08776

Attach each well log available for the well (include the log for the original well and any subsequent alterations)

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to
A well	Stewart Creek Basin

4. Point of diversion/appropriation location:

DLC, Government Lot, 1/4 1/4, Section, Township, Range	Reference to a recognized public land survey corner
SW1/4 SW1/4, Section 34, T1N, R32E, WM	50 ft N and 1145 ft E from SW Corner of Sec. 34

5. Developed use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
Irrigation – primary	Grass pasture/hay	March-October	0.50 cfs
Irrigation – supp	Grass pasture/hay	March-October	0.75 cfs
Total Quantity of Water			1.25 cfs

6. Place of use being claimed for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
N/A	N/A	NE SE	33	1N	32E	IRR	2.0	1.0
N/A	N/A	SW SE	33	1N	32E	IRR	9.1	0.0
N/A	N/A	SE SE	33	1N	32E	IRR	10.0	29.0
N/A	N/A	NW SW	34	1N	32E	IRR	0.0	16.0
N/A	N/A	SW SW	34	1N	32E	IRR	12.0	14.0
Total Acres Irrigated							33.1	60.0

Groundwater Source Information (Well and Sump)

**If the appropriation is not from ground water (well or sump), this section, items 1-5, can be deleted.

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

Air line (SE side of well cap)

2. If well logs are not available, provide as much of the following information as possible:

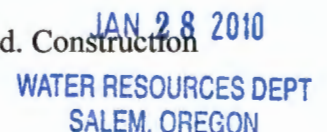
Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See Well Log UMAT 56112						

In addition to the information requested in item “2” above, provide any other information which may help the Department locate any well logs associated with this appropriation.

N/A

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**If the appropriation is not from a sump, the following section, items 3-5, can be deleted. Construction standards for sumps can be found in OAR 690-210-0400.



Reservoir Data

**If this claim is not for a reservoir, or the system does not involve a reservoir as part of the distribution system, this section, items 1-7, can be deleted.

Storage tank data

**If this system does not include a storage tank as part of the distribution system, this section, item 1, can be deleted.

Gravity flow pipe (The Department typically uses the Hazen-William’s formula for a gravity flow pipe system)

**If this claim does not rely on a gravity flow pipe to convey the water as part of the distribution system, this section, items 1-3, can be deleted.

Gravity flow canal or ditch (The Department typically uses Manning's formula for canals and ditches)

****If this claim does not rely on a gravity flow canal or ditch to convey the water as part of the distribution system, this section, items 1-3, can be deleted.**

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	8R5LC	N/A	Submersible	N/A	6-inch

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
Goulds	86M60L	60 hp	3450 rpm	460 VAC

3. Meter information

Required?	Make	Serial #	Condition (working or not)	Current meter reading	Notes
YES	Aquamaster 900	40158	Working	48528 gallons	Not running

4. Measurement device description

Device description	Condition (working or not)	Notes
N/A	N/A	N/A

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
N/A (system not running)	N/A	N/A	N/A

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output
60 hp	50 psi	50 feet (estimated from well log)	0 feet	2.6 cfs

7. Provide pump calculations in the box below:

$$\text{GPM} = \text{HP} \times 3960 \times \text{pump eff} \div \text{TDH (ft)}$$

$$\text{TDH} = \text{lift (water level)} + \text{operating pressure} + \text{head loss}$$

$$\text{HL} = \text{negligible (calculation based on discharge conditions at well)}$$

$$\begin{aligned} \text{TDH} &= \text{lift (water level)} + \text{operating pressure} + \text{head loss} \\ &= 50 \text{ ft (estimated)} + (50 \text{ psi} \times 2.31 \text{ ft/psi}) + 0 \text{ ft} \\ &= \underline{166 \text{ FT}} \end{aligned}$$

$$\text{GPM} = 60 \times 3960 \times 0.8 \div 166 = \underline{1145 \text{ GPM}}$$

$$\text{CFS} = \text{GPM} \div 448.8 = 1145 \div 448.8 = \underline{2.6 \text{ CFS}}$$

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8. Mainline information

Mainline size	Length	Type of pipe	Buried or above ground
8-inch	1920 feet	PVC	Buried
6-inch	3300 feet	PVC	Buried

9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground
4-inch	5,000 feet	Aluminum	Above (wheel lines)

10. Sprinkler information

Make	Model	Size	Operating psi	Sprinkler output	Total number of sprinklers	Maximum number used	Total sprinkler output
Aquaburst	30F	5/32	50 psi	4.98 gpm	125	125	1.4 cfs

Refer to the chart of sprinkler output at various pressures for most nozzle sizes attached to this document.

$$Q_{\text{sprinklers}} = \frac{(\text{max \# heads})(\text{gpm/head})}{448.8 \text{ gpm/cfs}} = \text{cfs}$$

11. Additional notes or comments related to the system:

None

III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits or transfer 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 is to be completed by. 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 transfer final order:

Final Order Issue Date: September 7, 2006

	Dates from permit or transfer final order	Date accomplished (must be within period between permit or transfer final order issuance and the date to completely apply water)	Description of actions taken by water user to comply with the time limits
Begin construction	N/A	March 2008	Started constructing new well
Complete construction	N/A	May 2008	Completed well and portable mainline
Complete application of water	01 OCT 2010	May-June 2008	Irrigated grass pasture and hay

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2. Initial Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

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

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

c. Did an authorized individual (as stated in the permit or transfer final order) make the initial static water level measurement in the month required? YES

d. If "YES", was the measurement submitted to the Department? YES

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

Date of measurement	Who made measurement	Method	Measurement
N/A	N/A	N/A	N/A

3. Annual Static Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

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

b. In the box below, provide the month in which the static water level was to be made:

c. Were the static water level measurements taken in the month required? YES

d. If "YES", were those measurements submitted to the Department? YES

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

Year	Month	Measurement made by	Measurement
N/A	N/A	N/A	N/A

4. Pump Test (Required for ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? YES

**If "NO", items b through d relating to this section can be deleted

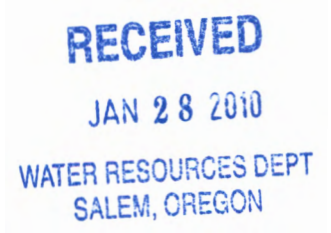
b. Has the pump test been previously submitted to the Department? NO

c. Has the pump test been approved by the Department? NO

d. If no, is the pump test attached to this Claim?

5. Measurement, recording, and reporting conditions:

a. Does the permit require the installation of a meter or approved measuring device? YES



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.

**If "NO", items b through g relating to this section can be deleted.

b. Has a meter been installed? YES

c. Provide the date the meter was installed:

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? N/A

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
N/A	N/A	N/A

f. Is the water user required to report the water use to the Department? NO

g. Have the reports been submitted? NO – not required

If the reports have not been submitted, attach a copy of the reports if available.

6. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the system? NO

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

**If "NO" or "NA", items b through j relating to this section can be deleted

7. By-pass Devices

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

If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

**If "NO" or "NA", items b through d relating to this section can be deleted

8. **Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

a. Did the permit or transfer final order contain any other condition? NO

If "YES", identify the condition and describe the water users actions to comply with the condition(s):

N/A

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IV. Variations, Attachments, Conclusions, Map and Signatures

Variations

Include a description of variations from the permit or transfer final order:

VAR 1. Perfected Place of Use (POU) is slightly different than authorized place of use. Perfected acres for supplemental irrigation are same as authorized. Perfected acres for primary irrigation (33.1 acres) is less than authorized (40.0 acres).

VAR 2. Required pump test has not been completed. Water right holder intends to complete and submit pump test results next spring.

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
COBU Map	Claim of Beneficial Use Map
Well Log	Well Log UMAT 56112

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed
POA 1	1.25 cfs	1.4 cfs	N/A	1.25 cfs	100 ac	93.1 ac

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', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, 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.

GPS (Trimble GeoXH with sub-meter accuracy) and 2005 aerial photo from Oregon Imagery Explorer. Coordinate system used for COBU is NAD83 State Plane Oregon North Zone.

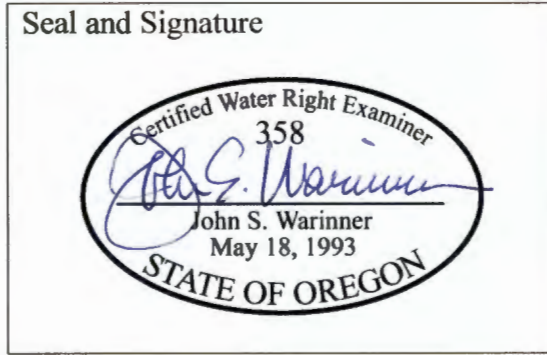
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CWRE Statement, Seal and Signature

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



Permit or Transfer Holders Signature or Acknowledgement

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.

Kenneth W. Cryslor Kenneth W. Cryslor 2/19/10
Signature Print or type name Date

Sabra J. Cryslor Sabra J. Cryslor 1-21-10
Signature Print or type name Date

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STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-29-2008

WELL LABEL # L 8776

START CARD # 1003193

(1) LAND OWNER Owner Well I.D. First Name CAMERON Last Name GILLESPIE Company Address 207 SW 9TH City PENDLETON State OR Zip 97801

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(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 450.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 14.5, 0, 32, Cement, 0, 32, 15, S

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type 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/S Casing/ Screen cren Liner Dia From To Scm/slot width Slot length # of slots Tele/ pipe size

Table with columns: Perf/S cren, Casing Liner Dia, From, To, Scm/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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 61 °F Lab analysis [] Yes [] No

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description) County Umatilla Twp 1.00 N N/S Range 32.00 E E/W WM Sec 33 SE 1/4 of the SE 1/4 Tax Lot 8100

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 04-28-2008 28

WATER BEARING ZONES Depth water was first found 360 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG Ground Elevation Table with columns: Material, From, To

Date Started 03-31-2008 Completed 04-28-2008

(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.

License Number 1881 Date 04-29-2008 Electronically Filed Signed GARRY L ZOLLMAN (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.

License Number 544 Date 04-29-2008 Electronically Filed Signed LARRY BURD (E-filed) Contact Info (optional)

