

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



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

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A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

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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.

Claims received without the correct fee of \$200 will be returned.

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: http://www.oregon.gov/owrd/pages/wr/cwre_info.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 503-986-0900 and ask for the Certificate Section.

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:

http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.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 either point(s) of diversion or additional point(s) of diversion, or a combination of both.

YES

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

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1. File Information

| |
|--------------------------------|
| APPLICATION # T-9871 |
|--------------------------------|

2. Property Owner (current owner information)

| | | | |
|---|--------------------|-----------------------------------|-----------------------------------|
| APPLICANT/BUSINESS NAME Bureau of Land Management | | PHONE NO. (541)573-4438 | ADDITIONAL CONTACT NO. |
| ADDRESS 28910 Hwy 20 W | | | |
| CITY Hines | STATE OR | ZIP 97738 | E-MAIL jakrauss@blm.gov |

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 Bureau of Land Management | | |
| ADDRESS 28910 Hwy 20 W | | |
| CITY Hines | STATE OR | ZIP 97738 |

4. Date of Site Inspection: **June 8, 2022**

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|--------------------|---------------|--------------------------------|
| Jana Krauss | 6/2022 | Water Rights Specialist |
| | | |

6. County: **Wheeler**

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(4)):

| | | |
|-------------------------------|-------|-----|
| OWNER OF RECORD N/A | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

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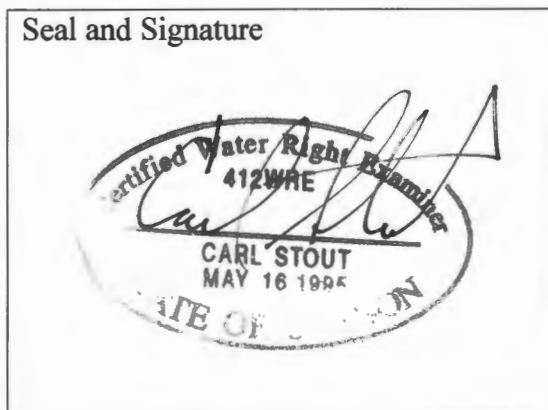
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SECTION 2 SIGNATURES

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 Carl Stout | | PHONE NO. (541)620-2298 | ADDITIONAL CONTACT NO. | |
| ADDRESS 233 S. Canyon Blvd | | | | |
| CITY John Day | STATE OR | ZIP 97845 | E-MAIL jwsurvey55@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>Nicholas Weber</i> | Nicholas Weber | Acting Field Manager | 07/18/2023 |
| | | | |
| | | | |

**SECTION 3
CLAIM DESCRIPTION**

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Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

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

| POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP) | SOURCE |
|---|---------------------|
| POD | Bridge Creek |
| | |

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? If yes, describe below. **NO**

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

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 | 0.5 cfs | 0.79 cfs | N/A |
| | | | |

SECTION 4 SYSTEM DESCRIPTION

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

If "YES" you will need to copy and complete Sections 4A, 4B, or 4C for each POD.

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

POD

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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 NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| Berkley | B2TPN | M19143 | Centrifugal | 4" | 4" |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|-----------------|------------|
| Baldor-Reliance | 10 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) |
|------------|---------------|--------------------------|--------------------------------|----------------------------|
| 10 HP | 30 psi | 3 ft | 5 ft | 0.79 cfs |

4. Provide pump calculations:

$$Q=(10)(6.61) / 76.2+8 = 0.79 \text{ cfs}$$

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) |
|-----------------------|----------------------|---------------------------|----------------------------|
| N/A | | | |

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

6. Additional notes or comments related to the system:

The diversion from Bridge Creek begins at a foot valve and is pumped into a buried main line then applied to the place of use by sprinklers.

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?

NO

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | “C” FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|-----------|-----------|------------|----------------|----------------|-------|--------------------------------------|
| | | | | | | |

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---------------------|--------------------------|--------------------|-------------------------------------|
| | | | |

Attach measurement notes.

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?

NO

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

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2. Complete the table:

| CANAL OR DITCH TYPE (MATERIAL) | TOP WIDTH OF CANAL OR DITCH | BOTTOM WIDTH OF CANAL OR DITCH | DEPTH | “N” FACTOR | AMOUNT OF FALL | LENGTH OF CANAL / DITCH | SLOPE | COMPUTED RATE (IN CFS) |
|--------------------------------|-----------------------------|--------------------------------|-------|------------|----------------|-------------------------|-------|------------------------|
| | | | | | | | | |

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---------------------|--------------------------|--------------------|-------------------------------------|
| | | | |

Attach measurement notes.

**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 POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|--------------------|--|
| ISSUANCE DATE | 1/27/2006 | |
| COMPLETENESS DATE FROM ORDER (C) | 10/1/2023 | 6/2022 |

* 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 |
|--------|------|------------------|
| 122 | 938 | 10/1/2023 |

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 3b through 3f 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/POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|-------------------|--------------|----------|----------------------------|-----------------------|----------------|
| POD | Aquamaster | 23992 | Not Working | N/A | 6/2022 |

If a meter has been installed, items 3d through 3f relating to this section may be deleted.

4. Recording and reporting conditions

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

YES

If "NO", item 4b relating to this section may be deleted.

b. Have the reports been submitted?

YES

| METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC) | WATER USER REPORTING ID |
|--|-------------------------|
| Unknown | 28361 & 65882 |

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

5. Fish Screening

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

YES

If "NO", items 9b through 9e 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 |
|--------|---------|
| 6/2022 | Unknown |

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 <http://www.oregon.gov/owrd/Pages/pubs/forms.aspx> , complete and attach a copy of the 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? **NA**
- If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: <http://www.oregon.gov/owrd/Pages/pubs/forms.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?

YES

If "NO", items 10b and 10c relating to this section may be deleted.

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

b. Have by-pass devices been installed? NO

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

| DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM. | IF INSTALLED (DATE) | IF INSTALLED, BY WHOM |
|--|------------------------|-----------------------|
| ODFW letter dated August 17, 2022 states the screen is an end of pipe screen and therefore no by-pass is required. | N/A | N/A |

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):

SECTION 6 ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|--------------------|-------------------------------|
| COBU Map | COBU Map |
| ODFW letter | Fish screen inspection |
| | |

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.

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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.

RTK GPS SURVEYING EQUIPMENT WAS USED.

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
- 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
- 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/

August 17, 2022

Central Oregon Resource Area BLM
Attention: Anna Smith
3050 NE 3rd St.
Prineville, OR 97754



Dear Ms. Smith,

Your fish screen was inspected on 08/17/2022. In reference to water right transfer file number T-9871 this letter confirms that a National Marine Fisheries Service criteria fish screen as approved by ODFW is located on the property near GPS coordinates: 44.70518, -120.29038.

In regard to the inspection of the fish screen located on Bridge Creek, the following has been determined:

1. The screen located at coordinates 44.70518, -120.29038 is a Pump-Rite L-250 pump screen.
2. This screen is approved for water use up to 250 GPM or 0.56 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,

Nathaniel Ashley
Fish Screening and Passage Coordinator

CC: Oregon Water Resources Department

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Oregon Water Resources Department
Measurement Condition Information for the Applicant
(To be sent with the Draft Preliminary Determination or Final Order)

Transfer #: T- 9871

In order to avoid enlargement of the right or injury to other rights, a **totalizing flow meter** will be required to be installed **prior to diversion of water**, as a condition of this transfer:

at each point of diversion/appropriation (new and existing) **OR**

at each new point of diversion/appropriation.

For additional information, or to obtain approval of a different type of measurement device, the applicant should contact the area Watermaster:

Watermaster name: Ken Thiemann Jr.

District: 21

Address: PO Box 427

City/State/Zip: Condon, OR 97823

Phone: (541) 969-8799

Email: kenneth.c.thiemann@water.oregon.gov

Note: If a device other than the one specified in the Preliminary Determination or Final Order is approved by the Watermaster, fill out and mail the form below to the Salem office.

Approval of an Alternate Measurement Device T- 9871
(to be filled out after consultation with the applicant, or after a site visit)

On behalf of the Director, I authorize use of the following suitable **alternate measurement device**:
As there is no duty listed in the Bridge Creek decree. Please hold the allowable rate of
(3/1-6/15) 0.51 CFS or 228 GPM (6/16-10/1) 0.255 CFS or 114 GPM during the season

Kenneth C. Thiemann Jr.
Watermaster signature

21
District

02/10/2023
Date

If this form is used for approval of an alternative measurement device, it must be mailed to:

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

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United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Prineville District Office
3050 NE 3rd Street,
Prineville, OR 97754
blm.gov/or



In Reply / Refer To:
7200 / ORP040

Gerry Clark, Claims of Beneficial Use Department
Oregon Water Resources Department
Program Analyst, Certificate Section, Water Right Services Division
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266

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Dear Mr. Clark,

This letter is in reference to: T-9871 Connolly Ag Field Project.
Please find enclosed:

1. Completed Claim of Beneficial Use Form.
2. Letter from OWRD Watermaster certifying the point of diversion-Exhibit A.
3. Claim of Beneficial Use Map-Exhibit B.
4. Letter from USFS fish screen shop in John Day, Oregon certifying the fish screen- Exhibit C.

I would like to note, that on page 8 of 14, where the form asks, 'when the fish screening was installed and by whom,' the BLM installs the screen every year for the past ten (10) plus years. It is currently being installed by our Botanist, Jarod Lemos, who is currently overseeing the Connolly Field.

Although the form, on page 7 of 14, states that the meter is currently 'not working,' the meter works when the field is being irrigated and the Water Master has approved this meter (See enclosed item 2). We also used the meter to report our measured water us to the OWRD this year. The BLM voluntarily ceases irrigating from Bridge Creek when flows drop below ten cubic feet per second(cfs), for the purpose of protecting instream flows and aquatic life. As a result, the meter does not work when flows are below ten cfs.

Thank you for processing this transfer and if you have any questions, please contact our hydrologist, Anna Smith, at aksmith@blm.gov.

Sincerely,

KYLE
HENSLEY

Digitally signed by KYLE
HENSLEY
Date: 2023.07.27
11:38:45 -07'00'

Kyle Hensley
Field Manager
Central Oregon Field Office

INTERIOR REGION 9 • COLUMBIA-PACIFIC NORTHWEST
IDAHO, MONTANA, OREGON*, WASHINGTON
* PARTIAL