


**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**


Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
www.oregon.gov/OWRD

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

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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.

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>

(See Certificate Resources)

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-16362	PERMIT # (IF APPLICABLE) G-16022	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME John Sweet		PHONE NO. 541-217-8135	ADDITIONAL CONTACT NO.
ADDRESS 1291 9 th St.			
CITY Coos Bay	STATE OR	ZIP 97420	E-MAIL j.sweet1@charter.net

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):

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

2/13/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joe Pestana	2/13/2022	Ranch Manager/Operator

6. County:

Curry

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
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 Marc J. Van Camp		PHONE No. 541-297-1880	ADDITIONAL CONTACT No.
ADDRESS P.O. Box 995			
CITY Coos Bay	STATE OR	ZIP 97420	E-MAIL vancampconsulting@gmail.com

Permit Holder's 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
	John Sweet	Owner	8/30/23

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SECTION 3
CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POA #1	CURR 51090	#L66596

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. 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)
POA #1	Cranberry Operation	Cranberry	Year-Round	0.067 CFS
Total Quantity of Water Used				0.067 CFS

3. 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 is extracted from the well using a 5 hp submersible pump that delivers water to a bulge in system labeled "Pond" on attached COBU map using 3,700 ft of subgrade 4" mainline. From the pond water is either directed into the sprinkler system for irrigation or temperature control or applied directly to the bogs for flood harvest.

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).

4. 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. **NO**
 (e.g. "The permit allowed three points of diversion. 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.")

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA #1	0.067cfs	0.07cfs	0.067 cfs	Cranberry Operation	15.0	15.0

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

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):

POA #1

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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:

Owner uses local licensed well drilling company for pump testing and water level measurement, they are able to access the water level directly through the well head.

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
8" 6"	1'-44'4" 49'4"- 54'4"	54.3	5/14/2004		John Sweet	Bandon Well and Pump

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.

Perforated screen from depth 44'4"-49'4"

C. Groundwater Source Information (Sump)

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

NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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.

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1. Is a pump used?

YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
N/A	N/A	N/A	Submersible

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)
5 HP	160	50	50	0.07

4. Provide pump calculations:

SEE ATTACHMENT PUMP CAPACITY CALCULATION

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)
Meter had an instantaneous flowrate and totalizing flow volume.			0.07 cfs

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/32	60	1.8	520	100	0.4 cfs

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

8. 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
NA					

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E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank

NO

 Bulge in System / Reservoir

YES

Complete appropriate table(s), unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
BULGE	0 ft - Excavated	3.0

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?

NO

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?

NO

H. Additional notes or comments related to the system:

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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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	3/2/2006		
BEGIN CONSTRUCTION (A)	10/1/2010	5/30/2006	Begin developing cranberry bogs
COMPLETE CONSTRUCTION (B)	10/1/2010	10/1/2006	Install totalizing flowmeter
COMPLETE APPLICATION OF WATER (C)	10/1/2010	9/30/2008	Completed bogs, applied water, recorded first year of volumes

* 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)? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

5. Pump Test:

a. Is a pump test required? YES

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? NO

c. Is the pump test attached to this claim? YES

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

e. Has a pump test exemption been approved by the Department? NO

**The Claim will not be reviewed until a pump test or exemption has been approved by the Department.

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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**

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
POA #1	MCCROMETER	22-00366-04	working	.0004 AF	2/3/2022
POA #1	Global Water	unknown	Removed to install current McCrometer	NA	10/1/2006

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **NO**
(See Attachment: Water Use Reports)

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? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L66596	5/14/2004

d. Other conditions? **NO**

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Pump Capacity Calculator	OWRD Pump Capacity Calculator Sheet
Water Use Reports	2008 and 2009 monthly water use report
Pump Test Results	Pump Test Results

**SECTION 7
CLAIM OF BENEFICIAL USE MAP**

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.

GPS

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

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- North arrow
- Legend
- CWRE stamp and signature

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Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 5
Efficiency = 6.61
Lift = 100
PSI = 160

Results Calculated

(hp)(efficiency) = 33.05
Head based on psi = 406.5
Total dynamic head = 506.5
(head + lift)

Pump Capacity = 0.07 feet per second

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2006

Water Use Recording and Reporting Form

2007

Water Right Holder's Name John Sweet		Water Right Holder's Business Name or Entity Name				User ID#	
Water Right Holder's Email j.sweet1@charter.net		Water Right Holder's Complete Mailing Address 1291 9th St; Coos Bay, OR 97420				Phone Number 541-217-8135	
Well or POD name → Report ID number	POA #1 Permit: G - 16022 Other:	Permit: - Other:	Permit: - Other:	Permit: - Other:	Permit: - Other:	Permit: - Other:	
Describe the units of measurement as AF (acre-feet), G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), or MCF (million cubic feet)							
OCTOBER 2006	4.110 AF						
NOVEMBER 2006	3.977 AF						
DECEMBER 2006	0						
JANUARY 2007	0						
FEBRUARY 2007	0						
MARCH 2007	0						
APRIL 2007	0						
MAY 2007	0						
JUNE 2007	3.977 AF						
JULY 2007	4.110 AF						
AUGUST 2007	4.110 AF						
SEPTEMBER 2007	3.977 AF						
OCTOBER 2007	xxx						
NOVEMBER 2007	xxx						
DECEMBER 2007	xxx						
TOTAL	xxx						
Unit of Measurement (Volume)	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input checked="" type="checkbox"/> AF	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> KG <input type="checkbox"/> MG <input type="checkbox"/> MCF	
Measurement Method (meter, staff gage, rate x time, etc.)	Rate x Time						
Number of acres irrigated from this well or POD, if applicable	15.0						

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I certify this information is true and accurate to the best of my knowledge.

Signature x Joseph P. Pestana Date 21 AUG '23 Phone Number 541 260 8969
 Name and Title (print) Joseph P. Pestana, Ranch Manager Company Sixes River Ranch

Please complete and mail to: OWRD; Water Use Reporting Program; 725 Summer Street NE, Ste A: Salem, OR 97301

2007

Water Use Recording and Reporting Form

2008

Water Right Holder's Name John Sweet		Water Right Holder's Business Name or Entity Name			User ID#				
Water Right Holder's Email		Water Right Holder's Complete Mailing Address			Phone Number				
Well or POD name → Report ID number	POA #1 Permit: G - 16022 Other:	Permit: - Other:	Permit: - Other:	Permit: - Other:					
Describe the units of measurement as AF (acre-feet), G (gallons), KG (thousand gallons), MG (million gallons), CF (cubic feet), or MCF (million cubic feet)									
OCTOBER 2007	4.110 AF								
NOVEMBER 2007	3.977 AF								
DECEMBER 2007	0								
JANUARY 2008	0								
FEBRUARY 2008	0								
MARCH 2008	0								
APRIL 2008	0								
MAY 2008	0								
JUNE 2008	3.977 AF				RECEIVED AUG 30 2023 OWRD				
JULY 2008	4.110 AF								
AUGUST 2008	4.110 AF								
SEPTEMBER 2008	3.977 AF								
OCTOBER 2008	xxx								
NOVEMBER 2008	xxx								
DECEMBER 2008	xxx								
TOTAL	xxx								
Unit of Measurement (Volume)	<input type="checkbox"/> G <input checked="" type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF	<input type="checkbox"/> G <input type="checkbox"/> AF	<input type="checkbox"/> KG <input type="checkbox"/> CF	<input type="checkbox"/> MG <input type="checkbox"/> MCF
Measurement Method (meter, staff gage, rate x time, etc.)	Rate x Time								
Number of acres irrigated from this well or POD, if applicable	15.0								

I certify this information is true and accurate to the best of my knowledge.

Signature x Joseph P. Pestana Date 21 AUG '23 Phone Number 541-260-8969
 Name and Title (print) Joseph P. Pestana, Ranch Manager Company Sixes River Ranch

Please complete and mail to: OWRD; Water Use Reporting Program; 725 Summer Street NE, Ste A: Salem, OR 97301