

**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

**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)

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15912	G-15762	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME James Manley		PHONE NO. (541) 480-1040	ADDITIONAL CONTACT NO.
ADDRESS PO Box 565			
CITY Sisters	STATE OR	ZIP 97759	E-MAIL jpmanley25@gmail.com

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 James Manley			
ADDRESS PO Box 565			
CITY Sisters	STATE OR	ZIP 97759	

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

4. Date of Site Inspection:

05/30/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
James Manley	05/30/2023	Landowner

6. County:

Deschutes

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 N/A		
ADDRESS		
CITY	STATE	ZIP

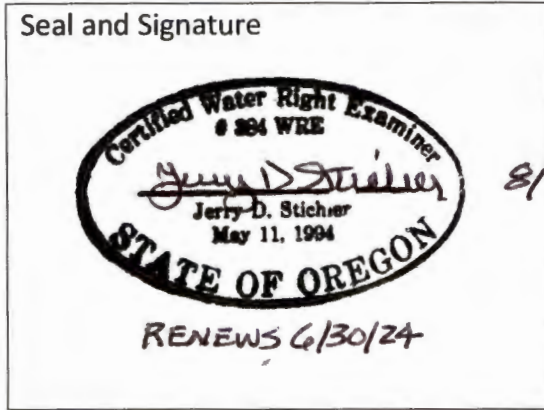
Add additional tables for owners of record as needed

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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.



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CWRE NAME Jerry D. Stichler		PHONE NO. (541) 548-6092	ADDITIONAL CONTACT NO.
ADDRESS PO Box 2062			
CITY Redmond	STATE OR	ZIP 97756	E-MAIL plsurveying@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
X		James P. Manley	Landowner	8-29-23



SECTION 3

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CLAIM DESCRIPTION

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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)
Well	DESC 53318	L42586

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)
Well	Irrigation	Hay	April-September	17.4 AF (2022)
Total Quantity of Water Used				Unknown

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:

Submersible well pump through mainline with meter to pond. Second submersible pump in sump at pond through mainline to wheel line that travels East-West.

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. **YES** **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
Well	0.07 CFS	0.165 CFS	0.165 CFS	Irrigation	5.6 ac	5.6 ac.

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

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):

N/A

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 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:

None. Well cap could be removed to measure static levels.

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"	18.5 ft.	280 ft.	10/03/2000		Roger Steen	Doug Aiken

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.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL

4. Provide sump volume calculations:

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.

1. Is a pump used? YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Unknown (Well)	Unknown	Unknown	Submersible
Franklin Electric (Pond)	FS120STS5XR0303	Unknown	Submersible Turbine

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)
Unknown	Unknown	0 ft. (Submersible)	Unknown	Unknown

4. Provide pump calculations:

See measured data below.

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)
27,380,000 gal.	27,386,000 gal.	1 hr. 2 min. 18 sec.	0.215 CFS into pond

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

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6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	45	3.7	20	20	0.165

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)
N/A					

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
N/A					

E. Storage

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

YES NO

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

If "YES" is it a: Storage Tank
Bulge in System / Reservoir (Pond)

YES NO
YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
N/A		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond	Avg. pond depth ±2 ft.	0.31

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.

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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.

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.

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.

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	11/03/2004		
BEGIN CONSTRUCTION (A)	N/A	10/03/2000	Well drill prior to property ownership
COMPLETE CONSTRUCTION (B)	03/01/2022	03/01/2022	Replaced faulty meter
COMPLETE APPLICATION OF WATER (C)	10/01/2022 (Extension)	04/30/2023	Hay crop watered.

* 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.

a. Did the Extension Final Order require the submittal of Progress Reports? YES NO

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

b. Were the Progress Reports submitted? YES NO

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

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?

N/A

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
N/A			

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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, in which the static water level measurement(s) were to be made:

c. Were the static water level measurements taken in the month(s) required? **YES** **NO**

d. If "YES", were those measurements submitted to the Department? **YES** **NO**

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. Is a pump test required? **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**

****The Claim 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 appropriation.

b. Has a meter been installed? **YES** **NO**

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c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Seametrics	0320160 01358	Working	26815100 Gal.	03/01/2022

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **YES NO**

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		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A		

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.

b. Have the reports been submitted? **YES NO**

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 a Well Identification Number (Well ID tag) assigned and attached to the well? **YES NO**

WELL ID #	DATE ATTACHED TO WELL
L42586	Unknown

d. 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):

N/A

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Exhibit "A"	Well log
Exhibit "B"	Pump test

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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.

Field survey performed with Topcon Hiper VR RTK GPS receiver.

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
- North arrow
- Legend
- CWRE stamp and signature

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L. 42586
 START CARD # 133438

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Roger Steen
 Address 219725 SE Henke Rd
 City Boring State Or. Zip 97009

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 280 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12	0	18# Bentonite	0	18#	10 sacks
8	18#	280			

How was seal placed: Method A B C D E
 Other Poured in Dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	11 1/2	18#	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	10	280	18#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shot(s) _____
 (7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
260	280	1/4	228	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30+	0	275	1 hr

Temperature of water 52° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Desch. Latitude _____ Longitude _____
 Township 15 N or S Range 11 E or W. WM.
 Section 34B NE 1/4 NW 1/4
 Tax Lot 100 Lot _____ Block Fryrear Subdivision Ranch
 Street Address of Well (or nearest address) Rd. Sister Ore.

(10) STATIC WATER LEVEL:
220 ft. below land surface. Date 10-3-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 239

From	To	Estimated Flow Rate	SWL
239	280	30+	220

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	34	
Brown Sandstone	34	48	
Basalt	48	99	
Red cinders	99	122	
Basalt	122	239	220
W.B. Brocken Lava	239	280	

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 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10-3-00 Completed 10-3-00
 (unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed Jeff Randle WWC Number _____ Date 10-3-00

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed Doug Selton WWC Number 1253 Date 10-3-00

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Owner Information:

OWNER NAME/BUSINESS NAME: James Manley		PHONE NO.: (541) 480-1040	ADDITIONAL CONTACT NO.:
ADDRESS: P.O. Box 565			
CITY: Sisters	STATE: OR	ZIP: 97759	E-MAIL: jpmanley25@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Jerry Stichler	QUALIFICATION: (SELECT) CWRE	LICENSE #: 384	
COMPANY: Precision Land Surveying, Inc.	PHONE NO.: (541) 548-6092	ADDITIONAL CONTACT NO.:	
ADDRESS: P.O. Box 2062			
CITY: Redmond	STATE: OR	ZIP: 97756	E-MAIL: plsurveying@gmail.com

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
DESC 53318	L- 42586	N/A	280 ft.	Roger Steen	10/03/2000	08/29/2023

(CONTINUED)

TWP (EX: 25S)	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)
15S	11E	34	NW NW	1259' E and 234' S of NW corner Section 34	44°13'58"	121°24'27"

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?
G- 15912	G- 15762	T- N/A	None yet	<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<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)
DESC 51140	S89°W ~ 829 ft.	Unknown	Unknown	Unknown

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.
 Well elevation is above the surface water body. Approximate distance: N/A ft.
 Approximate elevation difference: N/A ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: Pond
 How far from the pumped well was water discharged? ±212 ft. ft.



PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: Airline: N/A psi N/A feet. E-Tape: 300 ft. feet.

Length of air line (if used): N/A
*Airline measurements must be verified by an E-Tape measurement
Pressure transducer (if used):
Manufacturer: N/A Serial #: N/A
Date Last Calibrated: N/A Units: N/A

Pump Type: Submersible
HP: Unknown Pump set at: Unknown feet.
Pump idle time: 17 hr.

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: Seametrics Serial #: 032016001358
Date Last Calibrated: None Units: 1000 gal.

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 1.5 feet.
Description (e.g., top port of 1 inch port pipe, west side) Top of well casing.

Time pump turned on: Date 08/29/2023 Time 9:45 a.m.
Time pump turned off: Date 08/29/2023 Time 2:30 p.m.
Total pumping time: 4 hours 45 minutes.

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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=1BdwLynsYAPNSQtW330ZjSFZuM scp4Hfil-1ftsDAAEsMC2 ROSs!-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

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 8/29/23
OWNER SIGNATURE: DATE:



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WATER
RESOURCES
DEPARTMENT**

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**PUMP TEST FORM
DATA SHEET**

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
DESC 53318	L- 42586	N/A	280	Roger Steen	10/03/2000	08/29/2023

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
08/29/23	9:05	N/A	247.2	0	Pre-test			
08/29/23	9:25	N/A	247.2	0	Pre-test			
08/29/23	9:45	N/A	247.2	0	Pre-test			
08/29/23	9:47	2	247.9	96.3	Pumping		96.3 gpm	
08/29/23	9:49	4	247.9	96.3	Pumping		96.3 gpm	
08/29/23	9:51	6	247.9	96.3	Pumping		96.3 gpm	
08/29/23	9:53	8	247.9	96.3	Pumping		96.3 gpm	
08/29/23	9:55	10	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:00	15	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:05	20	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:10	25	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:15	30	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:20	35	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:25	40	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:30	45	247.9	96.3	Pumping		96.3 gpm	
08/29/23	10:45	.60	247.9	96.3	Pumping		96.3 gpm	
08/29/23	11:00	75	247.9	96.3	Pumping		96.3 gpm	
08/29/23	11:15	90	247.9	96.3	Pumping		96.3 gpm	
08/29/23	11:30	105	247.9	96.3	Pumping		96.3 gpm	
08/29/23	11:45	120	247.9	96.3	Pumping		96.3 gpm	
08/29/23	12:00	135	247.9	96.3	Pumping		96.3 gpm	
08/29/23	12:15	150	247.9	96.3	Pumping		96.3 gpm	
08/29/23	12:30	165	247.9	96.3	Pumping		96.3 gpm	
08/29/23	12:45	180	247.9	96.3	Pumping		96.3 gpm	
08/29/23	1:00	195	247.9	96.3	Pumping		96.3 gpm	
08/29/23	1:15	210	247.9	96.3	Pumping		96.3 gpm	
08/29/23	1:30	225	247.9	96.3	Pumping		96.3 gpm	
08/29/23	1:45	240	247.9	96.3	Pumping		96.3 gpm	
08/29/23	2:00	255	247.9	96.3	Pumping		96.3 gpm	
08/29/23	2:15	270	247.9	96.3	Pumping		96.3 gpm	
08/29/23	2:30	285	247.9	96.3	Pumping		96.3 gpm	
08/29/23	2:32	287	247.2	0	Recovery		0 gpm	
08/29/23	2:34	289	247.2	0	Recovery		0 gpm	
08/29/23	2:36	291	247.2	0	Recovery		0 gpm	

PRECISION LAND SURVEYING, INC.

TRANSMITTAL
LETTER

P.O. Box 2062
Redmond, OR 97756
(541) 548-6092

OWRD - Certificates Section
725 Summer St. NE, Suite A
Salem, OR 97301

DATE:	9/18/23	JOB NO:	23-15
ATTENTION:			
RE:	Claim of Beneficial Use		
	Pump Test		

WE ARE SENDING YOU ATTACHED:

PRINTS PLANS

OTHER _____

COPIES	DATE	DESCRIPTION
1	8/29/23	Claim of Beneficial Use (Form)
1	8/29/23	Claim of Beneficial Use (Map)
1	10/3/00	DESC 53318 Well Log
1	8/29/23	Pump Test
1	8/29/23	Fee Check (\$230.00)

THESE ARE TRANSMITTED AS CHECKED BELOW:

FOR APPROVAL FOR REVIEW AND COMMENT

AS REQUESTED FOR SIGNATURE

REMARKS Feel free to call if you have any questions or concerns.

COPY TO FILE _____
If enclosures are not as noted, kindly notify us at once.

SIGNED Jerry D. Stichler, P.L.S.

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