

**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.oregon.gov/OWRD

**A fee of \$230 must accompany this form for any Transfer final orders
including a water right with a priority date of July 9, 1987, or later.
(1978 Priority Date for Cert. 86753)**

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in 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.

1. File Information

APPLICATION #

T-13493

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Dorothea Kathryn DeArmond, LLC c/o Brent DeArmond		PHONE NO. 503.710.0097	ADDITIONAL CONTACT NO. 503.981.8873
ADDRESS 18381 Boones Ferry Road, NE			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL bpdearmond@gmail.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

18 SEP 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Brent DeArmond	Sep 2023	Member of LLC & landowner

6. County:

Marion

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

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

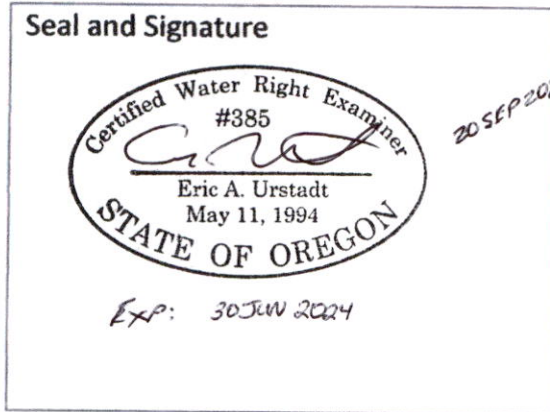
Add additional tables for owners of record as needed

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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.



CWRE NAME Eric Urstadt, PE, PLS, CWRE		PHONE NO. 971.250.1520	ADDITIONAL CONTACT NO. N/A
ADDRESS 39290 NW Murtaugh Road			
CITY North Plains	STATE OR	ZIP 97133	E-MAIL ericurstadt@hotmail.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
	Brent DeArmond	Member of LLC	9/20/23

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SECTION 3
CLAIM DESCRIPTION

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
Well 9	Willamette Basin sediments

2. Variations:

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

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

N/A

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 9	0.57 CFS	2.91 CFS	N/A

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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 a separate Section 4 for each POD.

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

Well 9

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
Hitachi	VT-VIS-10RJLC	unknown	Submersible	N/A	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	125

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
125	60 at pump	0	150	2.91

4. Provide pump calculations:

See attachment D – Pump Calculations

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	N/A	N/A	N/A

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

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. **Items deleted.**

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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**

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

D. Additional notes or comments related to the system:

N/A

**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	5 MAY 2021	
COMPLETENESS DATE FROM ORDER (C)	1 OCT 2024	The POD was ready for use June 2023

* 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
125	193	1 OCT 2024

3. Measurement Conditions:

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

If “NO”, items b through f relating to this section may be deleted. **Items deleted.**

4. Recording and reporting conditions

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

If “NO”, item b relating to this section may be deleted. **Items deleted.**

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5. Fish Screening

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

If "NO", items b through e relating to this section may be deleted. **Items deleted.**

- 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:

<https://www.oregon.gov/OWRD/Forms/Pages/default.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? **NO**

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

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):

N/A

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
A	Map
B	Extension Final Order
C	Well log
D	Pump Calculations

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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 polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of 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.

THE PROPERTY LINES, QUARTER-QUARTER AND DONATION LAND CLAIM (DLC) LINES ARE BASED ON THE TAX ASSESSOR MAP FOR SECTION 29, T4S, R1W. THE WELL LOCATION IS FROM AERIAL PHOTO INTERPRETATION UNSING A 2021 GOOGLE AERIAL PHOTO.

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

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- 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

BEFORE THE WATER RESOURCES DEPARTMENT
OF THE STATE OF OREGON

In the Matter of Application for Extension)
of Time for Transfer Application T-13493,)
Marion County)

FINAL ORDER APPROVING AN EXTENSION
OF TIME FOR A PERMANENT TRANSFER

Applicant

Dorothea Kathryn DeArmond, LLC
c/o Brent DeArmond
18381 Boones Ferry Rd. NE
Hubbard, OR 97032
bpdearmond@gmail.com

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Authority

Oregon Administrative Rules (OAR) 690-380-5140(2) authorizes the Department to grant an extension of time to complete a transfer.

OAR 690-380-6020 establishes an application process and criteria for the review of extensions of time to complete a transfer as authorized by a final order issued under OAR Division 380.

OAR 690-380-6020 (3) establishes that extensions are granted for one year, from October 1 to October 1 of each year. Extensions may be granted for longer time if the applicant can justify the need for a longer period of time by submission of pertinent evidence.

Findings of Fact

1. On May 6, 2022, the Department received an application for extension of time for Transfer Application T-13493.
2. On May 5, 2021, the Department signed an order, which was mailed on May 6, 2021, approving Transfer Application T-13493 to add an additional point of appropriation. The order was recorded in Special Order Volume 120, Pages 463-466. The order set a transfer completion date of October 1, 2022.
3. Since the approval of the transfer, the applicant has constructed the well, installed a pump, and buried pipelines.

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080, you may petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

- 4. To fully complete the change, the applicant needs to connect power to the well, install a control unit, and connect installed pipelines to the well.
- 5. The applicant has requested that the time for completion of beneficial use be extended to October 1, 2024. Consistent with OAR 690-380-6020(3), the applicant provided sufficient justification in the extension application to grant an extension for more than one year. The applicant is waiting on the power company (PGE) to install and connect the power; they currently have a backlog of work and the therefore timing is uncertain. Consistent with OAR 690-380-6020(3), the Department will extend the transfer completion date to October 1, 2024.

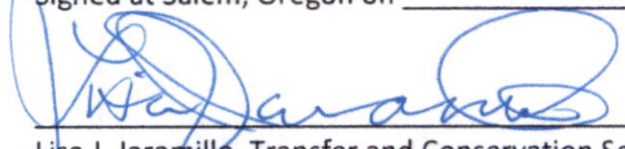
Conclusions of Law

Pursuant to OAR 690-380-6020, the Director of the Water Resources Department concludes the applicant has shown reasonable diligence to complete the transfer within the time period established by the order approving Transfer Application T-13493.

Now, therefore, it is ORDERED:

The time for completion of the changes authorized by Transfer Application T-13493 shall be extended to **October 1, 2024**.

Signed at Salem, Oregon on JUN 0 1 2022



Lisa J. Jaramillo, Transfer and Conservation Section Manager for
THOMAS M. BYLER, DIRECTOR
Oregon Water Resources Department

Mailing date: JUN 0 2 2022

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STATE OF OREGON WATER SUPPLY WELL REPORT

MARI 70184

WELL I.D. LABEL# L 132855 START CARD # 1053335 ORIGINAL LOG #

1/3/2022

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

ATTACH C-2

(1) LAND OWNER

Owner Well I.D.

First Name Last Name Company DOROTHEA KATHRYN DEARMOND LLC. Address 18381 BOONES FERRY N.E. RD. City HUBBARD State OR Zip 97032

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

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

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other

(4) PROPOSED USE

Domestic Irrigation Community Industrial/ Commercial Livestock Dewatering Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 307.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Includes rows for Bentonite Chips and Calculated values.

How was seal placed: Method A B C D E

Other OAR 690-210-0340

Backfill placed from ft. to ft. Material

Filter pack from 230 ft. to 307 ft. Material GRAVEL Size 4/10

Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 12 and 16 inch diameters.

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type v wire Material stainless steel

Table with columns: Perf/ Screen, Casing/ Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Includes rows for 12 inch casing.

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

Pump Bailer Air Flowing Artesian

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

Table with 4 columns: Yield, Drawdown, Depth, Duration. Row 1: 1075, 64, 230, 5

Temperature 54 F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 121 ppm

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

(9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 1.00 W E/W WM

Sec 32 NW 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number Lot

Lat or 45.18478452 DMS or DD

Long or -122.84391237 DMS or DD

Street address of well Nearest address

18381 BOONES FERRY N.E. RD., HUBBARD, OR 97032

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL (psi), SWL (ft). Row 1: Completed Well, 11/30/2021, 51

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 171.00

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

Table with columns: Date, From, To, Est Flow, SWL (psi), + SWL (ft). Rows for dates 8/26/2021, 8/30/2021, 9/3/2021, 9/8/2021.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists soil types like Topsoil, Clay, Sand, Cemented gravel, etc.

Date Started 8/9/2021 Completed 12/5/2021

(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 1704 Date 12/5/2021

Signed LARRY AMOS (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 783 Date 1/3/2022

Signed IVAN GROSSEN (E-filed)

Contact Info (optional)

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	<u>125</u>	
Efficiency =	<u>7.04</u>	
Lift =	<u>150</u>	SWL+drawdown
PSI =	<u>60</u>	60 PSI at pump

Results Calculated

(hp)(efficiency) =	880
Head based on psi =	152.4
Total dynamic head =	302.4
(head + lift)	

Pump Capacity =	2.91	cubic feet per second, or
	1306	gallons per minute

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Gravity Flow Calculation Sheet

Use the following formula to determine the flow rate:

$$Q = 1.486 K A S^{0.54} R^{2.48}$$

Where:

Q = Discharge (cfs)

K = Coefficient

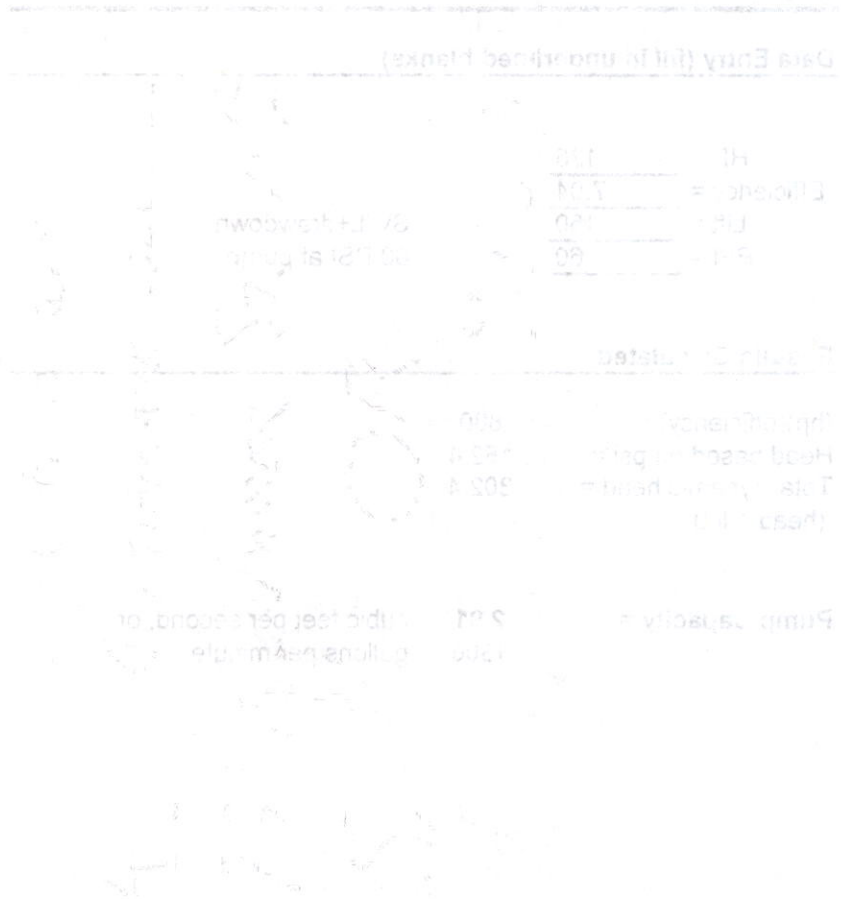
A = Area (sq ft)

S = Slope

R = Hydraulic Radius

V = Velocity (ft/sec)

Q = Discharge (cfs)



Flow velocity = 2.07 ft/sec
 Head loss = 0.024 ft
 Total head = 0.024 ft

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 CIVIL ENGINEERING
 DEPT. OF PUBLIC WORKS
 100 N. 3rd St.
 OMAHA, NE 68102

10/10/00

10/10/00

Aspen

Rural Land Consulting

Water Resources, Water Rights, Land
Surveying, Engineering, Land Use Planning

ERICURSTADT@HOTMAIL.COM
971-250-1520 (MOBILE)

Water Resources Department
Attn: Certificate Section
725 Summer Street NE, Ste. A
Salem, OR, 97301

13 SEP 2023

Subject: New Applications to Store Water and Use Surface Water

To Whom It May Concern,

Enclosed is a Claim of Beneficial Use for T-13493 together with the following attachments:

- A. Application Map
- B. Extension Final Order
- C. Well Log
- D. Pump Calculations

No fee check pertains because the Priority date is in 1978, which is prior to 1987.

Please let me know if there are any concerns or you need any more information.

Respectfully,
Aspen Rural Land Consulting

Eric Urstadt, PE, PLS

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