

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.wrd.state.or.us

**A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

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

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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:
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.

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

1. File Information

APPLICATION # G-17591	PERMIT # (IF APPLICABLE) G-17064	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME BOYD FAMILY 2001 TRUST		PHONE NO. 541-450-7043	ADDITIONAL CONTACT NO. 541-450-7042
ADDRESS 605 MISSOURI FLAT ROAD			
CITY GRANTS PASS	STATE OR	ZIP 97527	E-MAIL SSKBOYD@HOTMAIL.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 SAME (see current property owner above)		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD NORTHWEST FARM CREDIT SERVICES, FLCA		
ADDRESS 650 E. PINE STREET, SUITE 106A		
CITY CENTRAL POINT	STATE OR	ZIP 97502-2482

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
STEVE BOYD	5/1/2019	TRUSTEE, BOYD FAMILY 2001 TRUST

6. County:

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(4)):

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

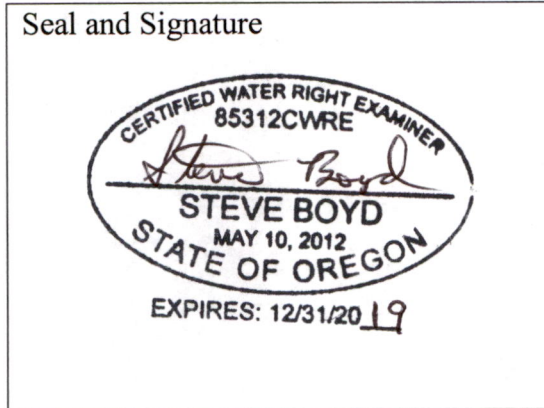
Add additional tables for owners of record as needed

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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 STEVEN P. BOYD		PHONE NO. 541-450-7043	ADDITIONAL CONTACT NO. 541-450-7042
ADDRESS 605 MISSOURI FLAT ROAD			
CITY GRANTS PASS	STATE OR	ZIP 97527	E-MAIL SSKBOYD@HOTMAIL.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
	STEVEN P. BOYD	PERMIT HOLDER OF RECORD	6/11/2019
	SHELLIE L. BOYD	PERMIT HOLDER OF RECORD	6/11/2019
	Brooke Hall	ADDITIONAL PERMIT HOLDER OF RECORD	6/5/19

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	JACK 61302	L110048

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	Irrigation	Pasture grass	Apr 1 thru Oct 31	55.2 GPM
Total Quantity of Water Used				14.2 AF

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:

The well (POA) is located in the SWSW QQ of Section 19. The outlet of the 7-1/2 hp submersible pump flows through a totalizing flow meter into an underground 3 inch sched. 40 PVC mainline feeding the 12 acre POU (POU is located in SESW QQ of Section 19). This mainline branches into underground 2 inch mainline pipes which provide water to each portion of the POU. The POU area west of Miners Creek has risers located on the periphery feeding an inline series of handlines with 11 impulse sprinklers operating simultaneously and a centrally located riser feeding a single 1-1/2 inch 'Podline' flexible PVC hose with 11 impulse sprinklers operating simultaneously. The POU area east of Miners Creek has 12 risers running down the center of the POU spaced approx. 70 feet apart. Handlines containing 11 impulse sprinklers operating simultaneously are moved from riser to riser when irrigating this area.

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.")

**The permit allowed 17 acres of irrigation. Only 12 acres of irrigation was developed.
The permit allowed a rate of 0.10 CFS. 0.12 CFS was developed.**

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	0.10 CFS	0.13 CFS	0.12 CFS	Irrigation	17.0	12.0

SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete Sections 4B through 4F for each POA.

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

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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. 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)
Franklin Electric	45JS74-PE	NA	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)
7.5 HP	50 PSI	210 feet	0 feet	.132 CFS

4. Provide pump calculations:

$$Q = [(hp \times eff) / \text{total head}] = \text{CFS}$$

$$hp = 7.5$$

$$eff = 7.04 \text{ (assuming submersible pump efficiency) ft}^4/\text{sec}/hp$$

$$\text{total head} = 210 \text{ (ft of lift)} + 127 \text{ (50 psi operating press)} + 61.5 \text{ (pipe friction)} = 398.5 \text{ ft.}$$

$$Q = [(7.5 \times 7.04) / 398.5] = 0.132 \text{ CFS}$$

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)
950940.0 cubic feet	950947.4 cubic feet	60 seconds	.123 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)
5/32 inch	50 PSI	5 GPM	11	11	.123 CFS

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

7. Additional notes or comments related to the system:

Totalizing flow meter reads out in CUBIC FEET.

C. Groundwater Source Information (Well and Sump)

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

Well has 3/4 inch PVC measuring tube installed from just below top of well casing (well has pitless adapter) to approx. pump level.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

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

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

YES **NO**

If "NO", items 5 through 7 relating to this section may be deleted.

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

D. 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

YES NO
YES NO

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

E. 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.

F. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Provide description and calculations if necessary:

NA

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**SECTION 5
CONDITIONS**

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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	6/20/2013		
BEGIN CONSTRUCTION (A)	NA	10/17/2012	Well Drilled.
COMPLETE CONSTRUCTION (B)	6/20/2018	4/1/2016	Installation of system (well, pump, flow meter, mainline pipes/risers, POD system, handlines/sprinklers).
COMPLETE APPLICATION OF WATER (C)	6/20/2018	10/1/2017	System use to irrigate POU.

* 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

3. Initial Water Level Measurements:

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

YES NO

If "NO", items 3b through 3d relating to this section may be deleted.

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

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

4. Annual Static Water Level Measurements:

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

YES NO

If "NO", items 4b through 4e 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

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

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

YES NO

If "NO", items 5b through 5e 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.**

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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 NO

If "NO", items 6b through 6f 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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA	SENSUS iPERL	NA	working	950947.4 cubic ft	11/12/2013

If a meter has been installed, items 6d through 6f 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 NO

If "NO", item 7b relating to this section may be deleted.

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. 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):

Installation of a 'Dedicated Measuring Tube' for the well (POA) was required. This tube was installed during pump installation. See section 4, Item C.1. above.

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SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Map indicating POA, POU, etc.
Well Log(Jack 61302)	Well Log

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.

Map was prepared from data available on Oregon Water Resources Dept Water Rights Mapping Tool and Google Maps data available as an interactive tool within AutoCAD LT 2017. Additional information was obtained from Josephine County on-line property information and Bureau of Land Management @ www.blm.gov.

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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JACK 61301 ^{Amended} 10/17/12

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

JACK 61301
10/17/2012

WELL I.D. LABEL# L 110048
START CARD # 1017638
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company BOYD FAMILY TRUST
Address 605 MISSOURI FLATS RD
City GRANTS PASS State OR Zip 97527

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(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 220.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs

10	0	41	Bentonite Chips	0	41	23	S
6	41	220					

How was seal placed: Method A B C D E
 Other DRY POURED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

6	2	59	257					
4	0	220	544					

Shoe Inside Outside Other Location of shoe(s) 59'
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Lazer Cut
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Teel/ pipe size
Perf	Liner	4	200	220	.032	1	3116	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

60		220	1
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Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 37.00 S N/S Range 4.00 W E/W WM
Sec 19 SW 1/4 of the SW 1/4 Tax Lot 6700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
605 MISSOURI FLATS RD GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 9/7/2012 _____ 46
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 75.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)

9/7/2012	75	177	60		46
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(11) WELL LOG
Ground Elevation _____

Material	From	To
Brown Clay & Cobbles	0	11
Brown Decomposed Granite	11	39
Black Granite	39	75
Broken Grey Granite	75	121
Grey Granite w/Quartz	121	132
Black & White Granite	132	166
Grey Granite w/Quartz	166	182
Black Granite	182	214
Blue/Grey Granite	214	220

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Date Started 9/7/2012 Complete 9/7/2012
(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. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1504 Date 10/17/2012
Signed CHARLIE GILL (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. 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.
License Number 1835 Date 10/17/2012
Signed KEVIN D GILL (E-filed)
Contact Info (optional) Clouser Drilling Inc.

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