

CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



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 \$175 must accompany this form for permits
with priority dates after July 8, 1987.**

**A fee of \$175 must accompany this form for any Transfer final orders
including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights
has a priority date of July 9, 1987, or later, the fee is required.**

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

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SECTION 1 GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S OR T) G-17045	PERMIT # (IF APPLICABLE) G-16463	PERMIT AMENDMENT # (IF APPLICABLE) N/A
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME JOHN P & ERNA E WATTS		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS 41769 SODHOUSE LN			
CITY PRINCETON	STATE OR	ZIP 97721	E-MAIL

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

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

PERMIT OR TRANSFER HOLDER OF RECORD JOHN WATTS, ERNA WATTS, AND LINDA WATTS			
ADDRESS 41769 SODHOUSE LN			
CITY PRINCETON	STATE OR	ZIP 97721	

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
JOHN WATTS	12/18/2014	PROPERTY OWNER

6. County:

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

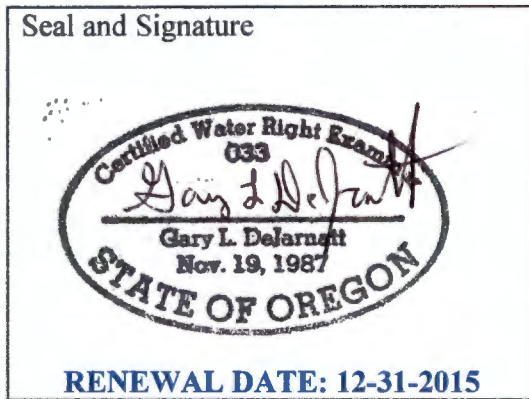
**SECTION 2
SIGNATURES**

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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 GARY DEJARNATT		PHONE NO.	ADDITIONAL CONTACT NO. JOHN SHORT 541-389-2837
JOB # 14106			
ADDRESS 20735 DOUBLE PEAKS DRIVE			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

Permit or Transfer Holder's of Record Signature or Acknowledgement

Each permit or transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>John Watts</i>	John Watts		1-31-15
<i>Erna Watts</i>	Erna Watts		1-31-15
<i>Linda Watts</i>	LINDA WATTS		1/31/15

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SECTION 3

CLAIM DESCRIPTION

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
WELL	HARN 50634	L-38701

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

2. Point of diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
WELL	MALHEUR LAKE BASIN	N/A

3. Developed use(s), period of use, and rate for each use:

POD/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	IR	GRASS	MAR. 1 – OCT. 31	0.44 CFS
Total Quantity of Water Used				0.44 CFS

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of diversion or appropriation to the place of use:

WATER PUMPED FROM WELL TO HANDLINES AND APPLIED FOR IRRIGATION.

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).

5. 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**

(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 ALLOWS FOR 35.0 ACRES OF IRRIGATION. THE WATER USER HAS ONLY DEVELOPED 23.8 ACRES.

6. 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	0.44 CFS	1.58 CFS	N/A	IR	35.0 AC	23.8 AC

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs or POAs?

NO

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

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

WELL

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
26S	33E	WM	33	NE NE	N/A	N/A	IR	23.8 AC	N/A
Total Acres Irrigated								23.8 AC	N/A

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

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
DELTA	CR11MCPTT	22-103	SUBMERSIBLE	N/A	4"

3. Motor Information

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MANUFACTURER	HORSEPOWER
DELTA	30 HP

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4. Theoretical Pump Capacity

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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)
30 HP	40	32'	0'	1.58 CFS

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS

6. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	VARIES	ALUMINUM	ABOVE GROUND

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
VARIES					

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

12. Additional notes or comments related to the system:

N/A

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 relating to this section may be deleted.

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

4" COVERED ACCESS PORT

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
SEE ATTACHED WELL LOG (L-38701 / HARN 50634)						

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

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

NO

If "NO", items 6 through 8 relating to this section may be deleted.

D. Storage

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

NO

If "NO", item 2 and 3 relating to this section 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?

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. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

G. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

NO

Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, 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:

Permits, transfer final orders, 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	4/3/2009		
BEGIN CONSTRUCTION (A)	N/A	PRIOR TO PERMIT	WELL DRILLED (L-38701 / HARN 50634)
COMPLETE CONSTRUCTION (B)	4/3/2014	4/3/2014	SYSTEM COMPLETED
COMPLETE APPLICATION OF WATER (C)	4/3/2014	4/3/2014	COMPLETE APPLICATION OF WATER TO FULL BENEFICIAL USE

* MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? NO

If "NO", you may delete item 3 in this section.

4. Initial Water Level Measurements:

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

If "NO", items 4b through 4d relating to this section may be deleted.

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

MARCH

c. Was the measurement submitted to the Department? YES

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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5. Annual Static Water Level Measurements:

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

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

MARCH

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

6. 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**

If "NO", items 6b through 6e 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? **NO**

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

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

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

7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	MCCROMETER	11-03942-04	WORKING	445069 GPM	N/A

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

8. Recording and reporting conditions

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

If "NO", item 8b relating to this section may be deleted.

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9. 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 9b through 9e relating to this section may be deleted.

10. 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 10b and 10c relating to this section may be deleted.

11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:

a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Was the water user required to restore the riparian area if it was disturbed?

YES

d. Was a fishway required?

NO

e. Was submittal of a letter from an engineer required prior to storage of water?

NO

f. Was submittal of a water management and conservation plan required?

NO

g. 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):

C. NO RIPARIAN AREA

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
WELL LOG	WELL LOG FOR L-38701 / HARN 50634
PUMPS CALCS	OWRD PUMP CALCULATIONS
CBU MAP	CLAIM OF BENEFICIAL USE MAP

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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.

ON SITE DIRECT MEASUREMENT, GPS, FARM SERVICE AGENCY NAIP 2014 IMAGERY

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
- N/A** 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.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A** 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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50634

MAY 16 2001

STATE OF OREGON

FEB 28 2001

WATER SUPPLY WELL REPORT

SALEM, OREGON

WELL I.D. # 38701

PART CARD # W116937

HARN 50634

(1) OWNER:

Name Watts Ranch Inc
Address HC 72 Box 120
City Princeton State OR Zip 97721

(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 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Backs or pounds		
Diameter	From To	Material	From To			
20"	0	18'	Bestonite	18'	0	24
15"	18'	200'	-	-	-	-
12"	200'	210'	-	-	-	-

How was seal placed: Method A B C D E

Other Air Inject

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	16"	0	18'	377	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Blot size	Number	Diameter	Telephone size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem or	Time
800	190	210	1 hr.

Temperature of water 61 Depth Artesian Flow Found _____

Was a water analysis done? No Yes By whom _____

Did any strata contain water not suitable for intended use? No Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Hartney Latitude _____ Longitude _____
Township 16S N or Orange 33E W. WM.
Section 33 NE 1/4 NE 1/4
Tax Lot 7000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 72 Box 120
Princeton OR 97721

(10) STATIC WATER LEVEL:

32 ft. below land surface. Date 2-5-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 185

From	To	Estimated Flow Rate	SWL
185	210	800	32

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	3	-
Brown Basalt	3	6	-
Brown Sand	6	12	-
Vesicular Basalts			
Brown & Black	12	14	-
Medium Grey			
Basalt	14	44	-
Hard Grey Basalt	44	84	-
Vesicular Brown			
Basalt w/ white			
Clay Stone & Brown			
Sand Stone	84	185	-
Vesicular Grey			
Brown Basalt			
w/ washed			
Gravel (w/B)	185	210	32
Medium Brown Basalt	210	220	32

Date started 1-28-01 Completed 2-5-01

(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 _____ WWC Number _____ Date _____

(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 Donald H. Reed WWC Number 1521 Date 2-6-01

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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SALEM OR

May 14, 01

Donald W. Read
P.O. Box 15
Denio, NV. 89404

Laurie Norton
Water Resources Dept.
158 12th St. NE
Salem, OR 97301-3739

Dear Laurie,

Air inject method is the same as 'method C' of sealing a well, with the exception of an air canister used rather than a mud pump. Sealing material goes in dry rather than a slurry to get more down for sealing purposes.

Sincerely,
Bill Read

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MAY 16 2001

WATER RESOURCES DEPT.
SALEM, OREGON

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 = 30
Efficiency = 7.04
Lift = 32
PSI = 40

Results Calculated

(hp)(efficiency) = 211.2
Head based on psi = 101.6
Total dynamic head = 133.6
(head + lift)

Pump Capacity = 1.58 CFS
709.4 GPM

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