

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 \$150 must accompany this form to be accepted for permits with a priority date of July 9, 1987, or later. (ORS 536.050(1))

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.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

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.

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.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # G-16276	PERMIT # (IF APPLICABLE) G-16017	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Vicki Anast		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS 69500 Crooked Horseshoe Road				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL	

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If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by the permit holder of record.**

YES

3. Is the Property Owner the permit holder of record?

4. Date of Site Inspection: August 18, 2010

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Vicki Anast	8/18/2010	landowner
Tim Clasen	8/19/2010	Installed irrigation system
Jeff Hunt	10/13/2010	Performed pump test, installed meter

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(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Are there additional Owners of Record?

NO

SECTION 2 SYSTEM DESCRIPTION

A. Points of Appropriation

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 808	47313

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	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
Well	Irrigation	pasture	5/1 to 10/31	0.028 cfs
Total Quantity of Water Used				0.028 cfs

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

Water is pumped from the well into the pond. (The meter is between the well and the pond.) From the pond, water is pumped into buried lines to irrigate the pasture. There are 6 zones (with 10-12 sprinklers in each zone) that serve the pastures.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, Donation Land Claims (DLC), Government Lots (Gov Lot), and Quarter-Quarters (QQ).

SECTION 2

SYSTEM DESCRIPTION (B through G)

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 2B through 2G for each POA.

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

NA

B. 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.

C. 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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Well: Aermotor	A+25SS-150	C97L004569	submersible
Pond: Goulds	GT30	J0252249	centrifugal

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)
1.5	40	48'	-1.0'	0.07
3	40		-1.0'	0.2

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E. Storage

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

YES

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

If "YES" is it a: Storage Tank

NO

Bulge in System / Reservoir

YES

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

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond	No dam-excavated pond	1.25

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

NO

SECTION 3 CONDITIONS

Please pay special attention to this section. 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 is to be completed by. 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	August 31, 2006		
BEGIN CONSTRUCTION (A)	NA		
COMPLETE CONSTRUCTION (B)	NA		
COMPLETE APPLICATION OF WATER (C)	October 1, 2010	Summer 2006	System installed, water applied to pasture and pond area. Mitigation credits purchased.

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

2. Is there an extension final order(s)?

NO

3. Initial Water Level Measurements:

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

4. Annual Static Water Level Measurements:

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

5. Pump Test (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 5b through 5d relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department? NO

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

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

6. Measurement Conditions:

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

If "NO", items 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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Sensus		working	0147275	9/29/2010

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? NA

7. Recording and reporting conditions

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

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

b. Have the reports been submitted? NO

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
Not yet submitted	

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

8. Other conditions required by permit, permit amendment final order, or extension final order

a. Were there special well construction standards? NO

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

c. Other conditions? YES

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d. If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Water user must purchase 5.4 mitigation credits. Temporary credits were purchased from the Deschutes River Conservancy mitigation bank through 2008. They will purchase credits for the next irrigation season.
Water user will submit water use report for the 2011 season.

SECTION 4 VARIATIONS

Include a description of variations from the permit, permit amendment final order, or extension final order. (i.e. "The permit allowed three points of appropriation. 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 development of 3.0 acres of irrigation. 2.2 acres were developed. The developed areas are different from those shown on the application map.

SECTION 5 ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
DESC 808	Well log
Pump test	Dated 9/29/2010
Mitigation credits	Renewal for 2008

SECTION 6 CLAIM SUMMARY

POA NAME OR #	MAXIMUM RATE AUTHORIZED BY PERMIT	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED BY PERMIT	# OF ACRES DEVELOPED
DESC 808	0.037 cfs	0.067 cfs	0.028 cfs	irrigation	3.0	2.2

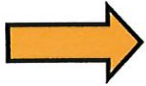
SECTION 7 CLAIM OF BENEFICIAL USE MAP

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.

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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.

Irrigated areas were surveyed with a Topcon HiperLite+ GPS system.



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 fish screens, fish by-pass devices, meters and 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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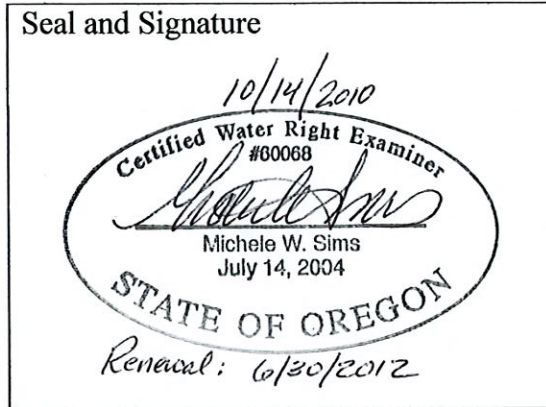
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**SECTION 8
SIGNATURES**

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 Michele W. Sims		PHONE No. 541-549-7851	ADDITIONAL CONTACT No. 541-408-4777
ADDRESS Fred Ast Jr. and Associates, P.O. Box 751			
CITY Sisters	STATE OR	ZIP 97759	E-MAIL michele@outlawnet.com

Permit Holder's of Record Signature or Acknowledgement

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	DATE
		

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DESCHUTES RIVER
CONSERVANCY

EXHIBIT A
2008 TEMPORARY CREDIT RENEWAL FORM

GENERAL INFORMATION:

Today's Date: January 25, 2008
Groundwater Applicant: Scott Smith
Groundwater Application: G-16276
Number of Credits: 5.40
Zone of Impact: Whychus
Price (per credit): \$105.00
Total Amount Due: \$567.00
Checks Payable to: Deschutes River Conservancy
Mail Payment to: Deschutes River Conservancy
Attn: Genevieve Hubert, GMB
700 NW Hill Street
Bend, OR 97701

- Yes, I would like to purchase Temporary Mitigation Credits from the DRC Groundwater Mitigation Bank for use during 2008.
 No, I do not want to purchase Temporary Mitigation Credits from the DRC Groundwater Mitigation Bank.

Signature:

[Handwritten Signature]

Print:

R SCOTT SMITH

*Thank you for your continued participation in the DRC Groundwater Mitigation Bank.
Please include any comments, or contact Genevieve Hubert at the DRC.*

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Temporary GMB Renewal Deposit Form 2008

Date: 2/12/08

Name: Scott Smith
 Customer: Scott Smith
 Ground Water Application #: G-16276
 Mitigation Obligation (credits): 5.4
 Zone of Impact: *Whychuck*

Distribution	Chart of Accts	Price	105
Temp GMB: General (DWE:GMB) Admin Set-Up Fee	433500	0.00	
Temp GMB: General (DWE:GMB) Admin Fee	433500	216.00	216.00
Temp GMB: General (DWE:GMB) Restoration Surcharge	433100	59.40	59.40
Temp GMB: General (DWE:GMB) Leasing Cost	433100	291.60	291.60
Class: LS - OT 207 - GMB			\$567.00
Total payment without set-up fee			\$567.00
New Account Set-up Fee			
Total Payment Received			\$567.00

Sub total	433500	216.00
Sub total	433100	351.00
Total		\$567.00

Check # 24-22/1230 3233 ck # 1918
 Name on Acct Heritage NW Properties, LLC
 Amount \$567.00
 Date check received: 11-Feb-08

2008 Revised Pricing Options:

	105	1.0000
433100	54	0.5143 Leasing
433500	40	0.3810 Admin / G&A
433100	11	0.1048 Restoration / Leasing

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GMB-2006

Created 12/27/2005

1918
24-2271230 3233

HERITAGE NW PROPERTIES, LLC
6475 NW CORNELIUS PASS, RD
HILLSBORO, OREGON 97124
PH 503-466-0585



DATE 1/31/08

PAY TO THE ORDER OF Deschutes River Conservancy \$ 507.00
Five Hundred Seventy Seven and 00/100 DOLLARS



usbank.com



[Handwritten Signature]

MP

FOR _____
⑈0000001918⑈ ⑆123000220⑆ 153655889290⑈

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STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

DESO 18026 1991

14S/10E/33 ac

(START CARD) # 28509

DESO 18026

(1) OWNER: Well Number: _____
Name Jan Vanderberg
Address P.O. Box 1537
City Sisters State ore Zip 97759

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 82 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
<u>12</u>	<u>0</u> <u>18 1/2</u>	<u>Bentonite</u>	<u>0</u> <u>18 1/2</u>	<u>16</u>	<u>Sacks</u>
<u>8</u>	<u>18 1/2</u> <u>82</u>				

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: <u>8</u>	<u>+1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>-5</u>	<u>82</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
<u>42</u>	<u>82</u>	<u>1/8 x 3/32</u>	<u>512</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 15 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 51 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 14 N or S, Range 10 E or W, WM.
Section 33 SW 1/4 NE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crooked Horse Rd

(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 3-12-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>48</u>	<u>82</u>		<u>48</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Sand & gravel</u>	<u>0</u>	<u>3</u>	
<u>Brown Sand Stone med. bra.</u>	<u>3</u>	<u>11</u>	
<u>Brown Clay Stone</u>	<u>11</u>	<u>48</u>	
<u>Dark Brown sand (w.B)</u>	<u>48</u>	<u>68</u>	<u>48</u>
<u>light Brown sand & gravel (w.B)</u>	<u>68</u>	<u>82</u>	

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Date started 3-12-91 Completed 3-12-91

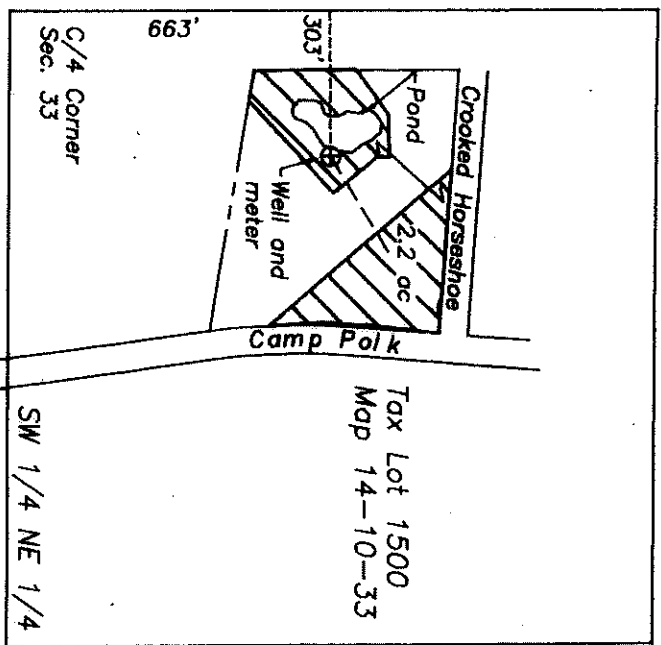
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed William D. Adams WWC Number 1255
Date _____

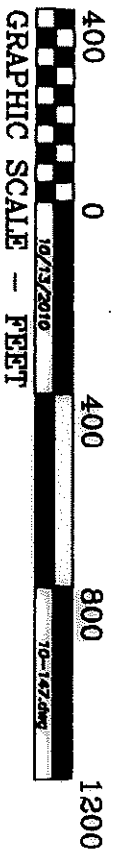
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Claim of Beneficial Use

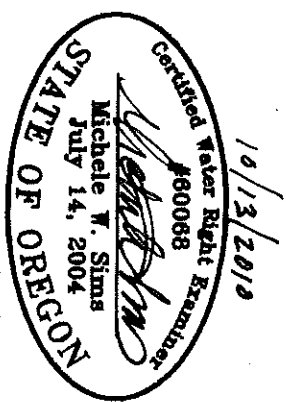
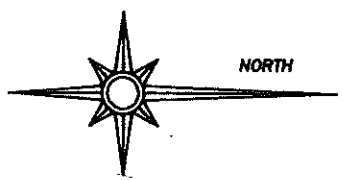
Application No. G-16276
Permit G-16017



Sec. 33, T14S, R10E, W.M.
Deschutes Co, OR



THIS MAP IS FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF THE WATER RIGHT. IT IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.



Land beneficially irrigated under Permit G-16017, priority date April 19, 2004



Approximate location of buried mainline

Fred A. Ast, Jr. & Associates 157 Sisters Park Drive P.O. Box 751 Sisters, OR 97759 541-549-7851