

# 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](http://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#](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](http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml).

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## SECTION 1

### GENERAL INFORMATION

OCT 15 2012

**1. File Information**

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APPLICATION # <b>G-15058</b>	PERMIT # (IF APPLICABLE) <b>G-15662</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Mark and Laurie Whitham</b>	PHONE NO. <b>503-298-1893</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>67450 Harrington Loop Road</b>		
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97701</b>
E-MAIL		

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 each permit holder of record.**

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

PERMIT HOLDER OF RECORD <b>Allen and Lorraine Greendale</b>		
ADDRESS <b>67450 Harrington Loop Road</b>		
CITY <b>Bend</b>	STATE <b>OR</b>	ZIP <b>97701</b>

ADDITIONAL PERMIT HOLDER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **October 8, 2012**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Mark Whitham</b>	<b>Oct. 8, 2012</b>	<b>landowner</b>

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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

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**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 #2	DESC 51873	L-09857

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 #2	irrigation	pasture	4/1 to 10/31	0.024 cfs
<b>Total Quantity of Water Used</b>				0.024 cfs

**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 irrigation well into 2.5" mainlines that serve 10 handline takeoffs. Fifteen 3" handlines are used to deliver water to 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 (GLot), and Quarter-Quarters (QQ).**

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**6. Sprinkler Information**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
varies	44 psi	3 gpm	16	16	0.11 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:**

None

**D. Groundwater Source Information (Well and Sump)**

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

Access at top of well

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
See log						

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.

NA

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

NO

**E. Storage**

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

NO

**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

**G. 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 3 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	5/27/2004		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	10/1/2008	5/2006	Well drilled, mitigation credits purchased, water applied

\* 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
- 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
  - 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
  - e. Has a pump test exemption 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

**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

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c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #2	DLJ	12002031	working	00312606	2012* see variations note

7. Recording and reporting conditions

- a. Is the water user required to report the water use to the Department? YES
- b. Have the reports been submitted? YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
Paper and electronic	

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

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

**Purchase mitigation credits: Water user obtained permanent mitigation credits through Mitigation Project MP-57.**

### 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.")

**An irrigation system was in place when current permit holder purchased the property. The original permittee was irrigating, keeping records of use, and had mitigation credits in place. Mr. Whitham replaced the existing equipment so that he could irrigate more efficiently. The place of use was slightly different from the application map. Water user developed a larger area of pasture on the south portion of the property instead of irrigating a field of pine trees north of the barn.**

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**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Pump test	
Well log	DESC 51873

**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
Well #2	0.024 cfs	0.12 cfs	0.11 cfs	irrigation	1.94 ac	

**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.

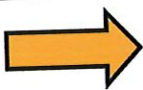
Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Map prepared using aerial photo dated 2009 (Deschutes County).

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**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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## 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 <b>Michele Sims</b>	PHONE NO. <b>541-549-7851</b>	ADDITIONAL CONTACT NO. <b>541-408-4777</b>
ADDRESS <b>Fred Ast, Jr. and Associates, P.O. Box 751</b>		
CITY <b>Sisters</b>	STATE <b>OR</b>	ZIP <b>97759</b>
		E-MAIL <b>sims.mw@gmail.com</b>

### Permit Holder's of Record Signature or Acknowledgement

*This Claim of Beneficial Use must be signed by each permit or transfer holder of record.*

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
	Mark Whittham	10-11-12
	Laurie M. Whittham	10-11-12

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Desc  
51873

AUG 31 1998

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 09857  
START CARD # 114480

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Allen Greendale  
Address 67450 Harrington Loop Rd  
City Bend State Ore. Zip 97701

(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 71 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12	0	18 1/2	Bentonite	0	18 1/2	15
8	18 1/2	71				

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	0	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	10	71	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
51	71	1/16	302	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
100+	0	65	10

Temperature of water 53° 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 Deschutes Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15 N or S Range 10 E or W. WM.  
Section 76 SE 1/4 NE 1/4  
Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 67450 Harrington Loop Rd, Bend, Ore. 97701

(10) STATIC WATER LEVEL:  
30 ft. below land surface. Date 8-25-98  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	71	100+	30

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	1	
Large gravel & sand	1	14	
small gravel & sand	14	30	30
W.B. Sand & gravel	30	71	

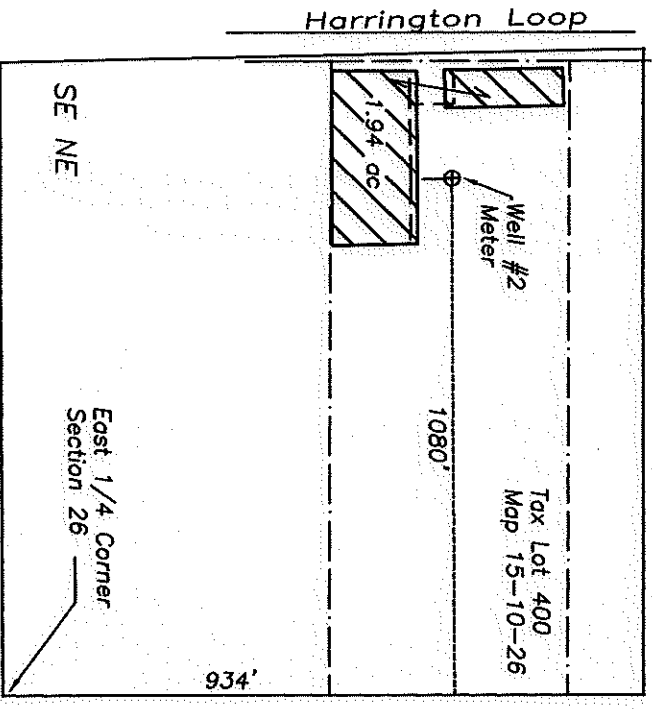
Date started 8-25-98 Completed 8-25-98  
(unbonded) Water Well Constructor Certification:

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 Helper Jeff Randall WWC Number \_\_\_\_\_ Date 8-25-98

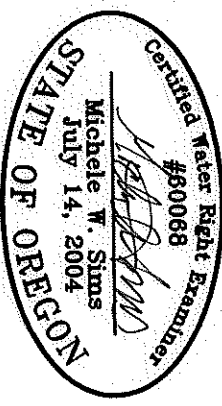
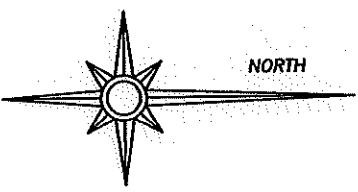
(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
Signed Doug Helm WWC Number 1255 Date 8-25-98

# Claim of Beneficial Use

Application G-15058, Permit G-15622



Sec. 26  
T15S, R10E, W.M.  
Deschutes Co., OR



Renewal date: 6/30/2014



Water beneficially applied under Permit G-15622, priority date 10/28/1999



Tax lot boundary



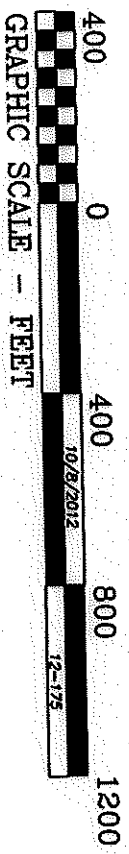
Buried mainline



Well and meter



1/16 Section lines



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.

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