

# Checklist for Claims of Beneficial Use Received at CSG Counter

|                                |                            |
|--------------------------------|----------------------------|
| Application # <u>G-16624</u>   | WRD Reviewer <u>Ben M.</u> |
| Transfer #                     |                            |
| Date Received <u>6/25/2021</u> |                            |
| CWRE Name <u>Hayes McLean</u>  |                            |

**Priority Date:** 2/9/2006  
**Fees Required:**

YES  NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES  NO A fee of \$200 must accompany this form for any transfers 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.

Fill in App or Transfer Number

## Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

## Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

| MONEY SLIP  |                             |
|---|-----------------------------|
| DATE:   | RECEIPT #:                  |
| RECEIVED FROM:  | APPLICATION PERMIT TRANSFER |
| CASH CHECK # OTHER (IDENTIFY)                                   | TOTAL RECD \$               |
| 1063 TREASURY 4178 MISC CASH ACCT.                              |                             |
| 0407 COPIES OTHER (IDENTIFY)                                    | \$                          |
| 0243 Interm. Lease 0244 Mun. Water Mgmt. Plan. 0245 Cons. Water |                             |
| 1063 TREASURY 4278 WRD OPERATING ACCT.                          |                             |
| MISCELLANEOUS   |                             |
| 0407 COPY & TAPE FEES <u>4611</u>                               | \$                          |
| 0410 RESEARCH FEES  | \$                          |
| 0408 MISC. REVENUE (IDENTIFY)                                   | \$                          |
| TC162 DEPOSIT LIAB. (IDENTIFY)                                  | \$                          |
| 0240 EXTENSION OF TIME  | \$                          |
| WATER RIGHTS  | EXAM FEE RECORD FEE         |
| 0201 SURFACE WATER  | \$ 0002 \$                  |
| 0203 GROUND WATER   | \$ 0004 \$                  |
| 0205 TRANSFER   | \$                          |
| WELL CONSTRUCTION   | EXAM FEE RECORD FEE         |
| 0218 WELL DRILL CONSTRUCTION                                    | \$ 0219 \$                  |
| LANDOWNER'S PERMIT  | \$ 0220 \$                  |
| OTHER (IDENTIFY) <u>COBU</u>                                    | \$ <u>3222.00</u>           |
| 1067 TREASURY 0487 HYDROELECTRIC                                |                             |
| 0233 POWER LICENSE FEE (PWWRD)                                  | LIC NUMBER \$               |
| 0231 HYDRO LICENSE FEE (PWWRD)                                  | \$                          |
| HYDRO APPLICATION   | \$                          |
| SPECIAL INSTRUCTIONS:   |                             |

RETURN TO APPLICANT - LETTER ATTACHED

## Groundwater File Review:

Pump Test Required?  YES  NO Pump Test Submitted?  YES  NO\*

\*If no, include pump test flyer w/acknowledgment letter

\* GIVE TO TM when complete.

**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.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

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

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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:

<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.

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

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

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

| APPLICATION #  | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|----------------|--------------------------|------------------------------------|
| <b>G-16624</b> | <b>G-16300</b>           |                                    |



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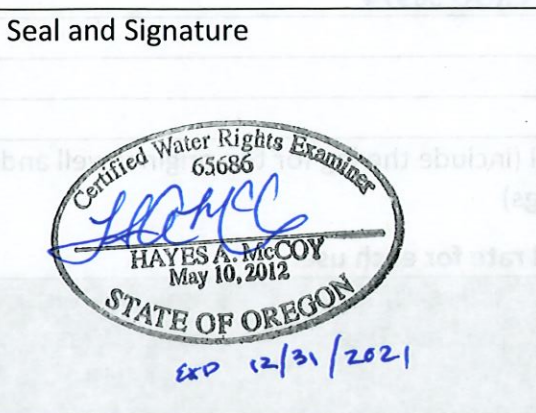
SECTION 2  
SIGNATURES

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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<br><b>Hayes A. McCoy</b>       |                    | PHONE NO.<br><b>(541)923-7554</b> | ADDITIONAL CONTACT NO.              |
| ADDRESS<br><b>1180 SW Lake Road #201</b> |                    |                                   |                                     |
| CITY<br><b>Redmond</b>                   | STATE<br><b>OR</b> | ZIP<br><b>97756</b>               | E-MAIL<br><b>hayes@ham-engr.com</b> |

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                 |
|-----------|-----------------------|----------------------------|----------------------|
|           | <b>Robert Bronson</b> | <b>Secretary &amp; DRC</b> | <b>June 18, 2021</b> |
|           |                       |                            |                      |
|           |                       |                            |                      |
|           |                       |                            |                      |
|           |                       |                            |                      |



SECTION 4  
SYSTEM DESCRIPTION

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Are there multiple POAs?

YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

**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. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES NO

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

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

Airline at wellhead

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 |
|-----------------|--------------|-------------|----------------------------------|---------------------------------|------------------------------|-----------------|
| <u>See Well</u> | <u>Log</u>   |             |                                  |                                 |                              |                 |
|                 |              |             |                                  |                                 |                              |                 |

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.

Well log included with Claim of Beneficial Use.

**C. Groundwater Source Information (Sump)**

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

YES NO

**D. 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.



**E. Storage**

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

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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.

**2. Storage Tank:**

| MATERIAL<br>(CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY<br>(IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| Concrete  | 42,000 gallons           | Above ground           |

**3. Bulge in System / Reservoir:**

| RESERVOIR NAME OR NUMBER<br>(CORRESPOND TO MAP) | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN<br>ACRE FEET) |
|---|------------------------|--|
| Not Applicable                                  |                        |  |

**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?

YES NO

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

**G. 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?

YES NO

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

**H. Additional notes or comments related to the system:**

Submerged pump in well pumps groundwater to concrete cistern. Although the maximum size of the concrete cistern is 42,000 gallons, pumps shut off at 37,000 gallons. Water is then pumped to two pressure tanks through two alternating Baldor 3hp booster pumps. Both pumps may operate at peak demand. Pressure in the system is maintained at 78 psi at the wellhouse. Pumps are powered electrically, but a backup generator with a propane straight six Ford Engine is available for power outages. The distribution system consists of three inch plastic pipe. All 42 lots are individually metered.



**4. Annual Static Water Level Measurements:**

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

*If "NO", items b through e 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:

March

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

a. Is a pump test required? **YES** **NO**

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

**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 b through f 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**

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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.

Use of recorded subdivision plat and Google Earth aerial photos – 7/27/2018.

## 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



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

CROOK  
50974

WELL I.D.#

L25647

(START CARD) # 103917

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

(1) OWNER: Well Number 920  
Name Dry Creek Airpark  
Address 2552 East Third  
City Prineville OR State OR Zip 977254

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

| HOLE     |      |     | SEAL      |      |    |
|----------|------|-----|-----------|------|----|
| Diameter | From | To  | Material  | From | To |
| 12"      | 0    | 26  | Bentonite | 0    | 26 |
| 8"       | 26   | 400 |           |      |    |

Sacks or pounds 17

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" | +2   | 26 | 250   | <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"/> |

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Tele./pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|-----------------|--------------------------|--------------------------|
|      |    |           |        |          |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
| 112           | unknown  | 400           | 1 hr. |

Temperature of water 60° 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 CROOK Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 16 N or S Range 16 E or W. WM.  
Section 9 NW 1/4 SE 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Davis Rd

(10) STATIC WATER LEVEL:  
187 ft. below land surface. Date 3/12/99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 290

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 290  | 400 | 112                 | 187 |

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

| Material                             | From | To  | SWL |
|--------------------------------------|------|-----|-----|
| Top Soil                             | 0    | 1   |     |
| Hard Black Franc Basalt              | 1    | 120 |     |
| Hard Black Basalt w/ Tan clay seam   | 120  | 182 |     |
| Hard Black Basalt                    | 182  | 290 | 187 |
| Hard Black Basalt w/ Brown clay seam | 290  | 400 |     |

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WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 3/9/99 Completed 3/12/99  
(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 David A. Schlichting WWC Number 1583 Date 3/22/99

(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 Dan M. Maphu WWC Number 584 Date 3-22-99





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PUMP TEST FORM  
COVER SHEET

Water-Level Measurement Method: Electric Tape      \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_      { E-Tape: \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible  
HP: 10 Pump set at: 382 feet.  
Pump idle time: 16 hours

Discharge Measurement Method: Flowmeter

Flowmeter (if used):  
Manufacturer: Sensus Serial #: 63914714  
Date Last Calibrated: 4/07/2021 Units: Gallons

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1" port on top of well head

Time pump turned on: Date 4/07/2021 Time 0951  
Time pump turned off: Date 4/07/2021 Time 1351  
Total pumping time: 4 hours 00 minutes.

Remember, your pump test may not be approved unless it meets the following criteria\*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186)

Submit forms to:      Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: Robert D. Benson DEC      DATE: 22 APRIL 2021

OWNER SIGNATURE: Robert D. Benson, SECRETARY      DATE: 22 APRIL 2021

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>

OWRD 20200115







