

**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

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WATER RESOURCES DEPT
SALEM, OREGON

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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15635	G-15616	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME JUSTIN C. GREEN		PHONE No. 541-815-4777	ADDITIONAL CONTACT No. 541-382-0761
ADDRESS 26159 WILLARD ROAD			
CITY BEND	STATE OR	ZIP 97701	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 CLAUDIA GREEN		
ADDRESS 26161 WILLARD ROAD		
CITY BEND	STATE OR	ZIP 97701

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **3-27-12**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
CLAUDIA GREEN	3-27-12	PERMIT HOLDER (SYSTEM OWNER)
JUSTIN GREEN	3-27-12	PROPERTY OWNER (CLAUDIA'S SON)

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

ADDITIONAL OWNER OF RECORD NA		
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	DESC 52342	L 24948

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	COMMERCIAL / INDUSTRIAL		JAN 1 – DEC 31	0.045 CFS
Total Quantity of Water Used				0.045 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:

SUBMERSIBLE PUMP IN WELL PUMPS DIRECTLY IN TO ADJACENT 15,000 GALLON CISTERN. WATER FROM CISTERN FED BY ¾ HP CENTRIFICAL PUMP TO COIN-OP WHILE COMMERCIAL / INDUSTRIAL CUSTOMER TRUCKS HAVE THEIR OWN PUMPS ONCE CONNECTED TO CISTERN.

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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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):

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

If "NO" items 2 through item 5 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
BERKELEY			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)
5 HP	0.0	632'	10'	0.056

4. Provide pump calculations:

5HP X 7.04' / 632' = 0.056 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)

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

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6. Sprinkler Information

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

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

7. Additional notes or comments related to the system:

NA

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:

**SANITARY SEAL WELL CAP WITH ACCESS PORT & MEASURING TUBE.
ACCESS PORT WAS BLOCKED BY RUBBER SEAL AT INSPECTION.**

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	WELL	LOG	DESC52342			

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)

YES

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

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
FIBERGLASS	5 TANKS, 3000 GAL EA	ABOVE GROUND

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3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

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:

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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	MAY 6, 2004		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	OCT 1, 2008	2004	WELL INSTALLED 1999. COMPLETE MEASURED USE OF WATER ACCOMPLISHED.

* 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

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

4. Annual Static Water Level Measurements:

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

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

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 5e 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

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.

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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	HERSEY		WORKING	0152721.9	

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

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

b. Have the reports been submitted?

YES

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
PAPER	29568

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):

4.9 GENERAL ZONE MITIGATION CREDITS REQUIRED – SUPPLIED BEGINNING 2004 PER DESCHUTES RIVER CONSERVANCY (GEN HUBERT), LISTED AS MP-41 IN 2008.

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.")

NA

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SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
DESC52342	WELL LOG
COBU MAP	COBU MAP

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	0.045 CFS	0.056 CFS	NA	COMMERCIAL / INDUSTRIAL	NA	NA

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.

DIRECT MEASUREMENT FROM SURVEY PIN.



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.

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- ☒ 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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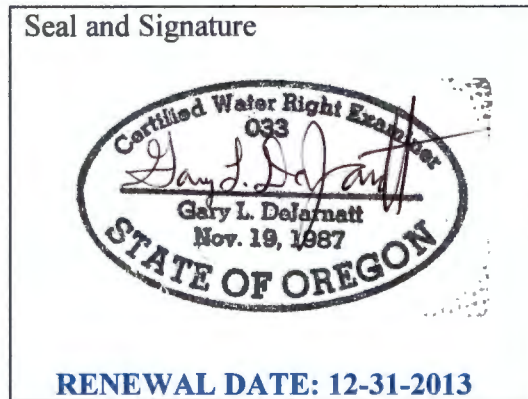
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SECTION 8
SIGNATURES

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 GARY L. DEJARNATT		PHONE No. 541-382-4192	ADDITIONAL CONTACT No. JOHN SHORT 541-389-2837
ADDRESS 63885 N. HWY 97			
CITY BEND	STATE OR	ZIP 97701	E-MAIL

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
<i>Claudia Green</i>	Claudia Green	7/12/2012

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MAY 07 1999

DESC
52342

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 24948 WATER RESOURCES DEPT.
START CARD # 115337 SALEM, OREGON

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

(1) OWNER:

Name GEN GREEN / ALFA 3000 Well Number
Address 24160 ALFA 3000 RD.
City ALFA, OREGON State OR Zip 97001

(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 632 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE

SEAL

Diameter	From	To	Material	From	To	Seals or pounds
62"	0	48	CEMENTITE	0	48	36 SACKS
8"	48	632				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other CEMENTITE PLACED 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	48	20	☒	☐	☒	☐
Liner: 6"	48	632	18	☒	☐	☒	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method FACTORY
☐ Screens Type 5109 Material
Slot 1/8" Tels/pipes 1/8"

From	To	Slot	Material	Tels/pipes
632	632	1/8"	250	1/8"

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
Yield gal/min 50+ Drawdown 0 Drill stem at 690 Time 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 DESMOINES Latitude Longitude
Township 17 N or S Range 14 E or W. WM.
Section 16 NE 1/4 NW 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest address) 24160 ALFA 3000 RD.

(10) STATIC WATER LEVEL:

632 ft. below land surface. Date 5/3/99
Artesian pressure 0 lb. per square inch. Date 5/3/99

(11) WATER BEARING ZONES:

Depth at which water was first found 656'

From	To	Estimated Flow Rate	SWL
656	690	50 + 6 gpm	632

(12) WELL LOG:

Material	From	To	SWL
SANDY CLAY	0	10	
SANDSTONE / CLAYSTONE	10	29	
HARD GRAY LAVA	29	343	
MED GRAY BASALT	343	396	
GROUND SAND STONE	396	411	
MED GRAY BASALT	411	449	
HARD GRAY BASALT	449	529	
MED GRAY BASALT	529	548	
MED GRAY BASALT	548	596	
HARD GRAY BASALT	596	621	
HARD GRAY LAVA	621	643	
MED GRAY BASALT	643	690	632

Date started 4/23/99 Completed 5/3/99

(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.

WWC Number
Signed 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.

WWC Number 1555
Signed [Signature] Date 5/3/99