

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

A fee of \$230 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 transfer.

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.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

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**

**Received
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Type of Authorized Change

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This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-13796

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Driscoll Family Trust		PHONE NO. 541-620-4156	ADDITIONAL CONTACT NO.
ADDRESS 46673 Hwy 26			
CITY Dayville	STATE OR	ZIP 97825	E-MAIL Deannedriscoll1@gmail.com

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

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

TRANSFER HOLDER OF RECORD Driscoll Family Trust		
ADDRESS 46673 Hwy 26		
CITY Dayville	STATE OR	ZIP 97825

4. Date of Site Inspection:

May 10, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Deanne Driscoll	May 10, 2024	Trustee & Operator

6. County:

Grant

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

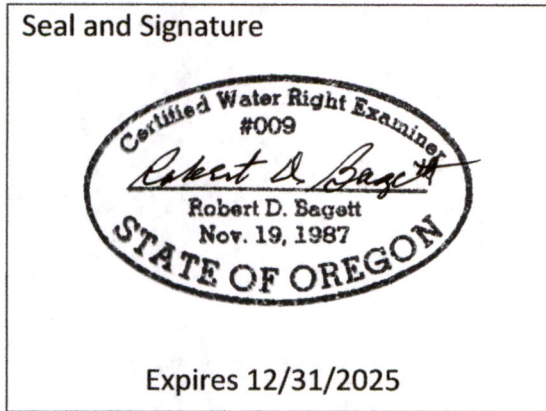
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
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 Robert D. Bagett		PHONE NO. 541-620-0717	ADDITIONAL CONTACT NO. 541-575-1251
ADDRESS 217 North Canyon Blvd			
CITY John Day	STATE OR	ZIP 97845	E-MAIL bobbagett@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each 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>Deanne Driscoll</i>	Deanne Driscoll	Trustee	5/24/24

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SECTION 3
CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #5	Gran 51522	147334	Well 4 in John Day River Basin

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #5	247 gpm From Well #4	0.73 cfs = 327 gpm	NA

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

NO

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

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

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos			Submersible	4"	4"

2. Motor Information

MANUFACTURER	HORSEPOWER
Grundfos	20

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)
20	30	126 ft.	-10 ft.	0.73 cfs

4. Provide pump calculations:

See attached Exhibit A.

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)
NA	System not in operation	on the day	of my inspection.

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

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B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

C. Additional notes or comments related to the system:

None.

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**SECTION 5
CONDITIONS**

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All conditions contained in the 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:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	May 11, 2022	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023	September 15, 2023

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

NO

If "NO", you may delete the following table.

3. Measurement Conditions:

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

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**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #5	Glotech	GEM 2204018	Working	32421.34	May, 2022

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

4. Recording and reporting conditions

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

NO

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? **NO**

NO

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

NO

c. 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):

NA

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Exhibit A	Pump Capacity Calculations.
Exhibit B	Well #4 - Well Log
Exhibit C	Well #5 - Well Log

**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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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.

EDM traverse from E1/4 corner of Section 3 to Well #4;
thence direct tie with compass and steel tape 25 feet to Well #5.

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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.)

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- NA Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency: 6.61

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 20
Efficiency = 7.04
Lift = 116
PSI = 30

Results Calculated

(hp)(efficiency) = 140.8
Head based on psi = 76.2
Total dynamic head = 192.2
(head + lift)

Pump Capacity = 0.73 feet per second

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DRISCOLL FAMILY TRUST
SPECIAL ORDER VOL.125, PAGE 78
Well #5

Exhibit A

GRAN 50917

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 87525

START CARD # 190268

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

1) LAND OWNER Owner Well I.D. First Name DANIEL Last Name DRISCOLL Company Address 46673 Hwy 26 City DAYVILLE State OR Zip 97825

2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

4) PROPOSED USE [X] Domestic [] Irrigation [] Community [] Industrial/Commercial [] Livestock [] Dewatering [] Injection [] Thermal [] Other

5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy) Depth of Completed Well 60' ft.

Table with columns: BORE HOLE (Dia, From, To, Material, Amount) and SEAL (From, To, Amount). Row 1: 10" Dia, 0-33 From, Bentonite Material, 32 lbs Amount.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other Pour Backfill placed from 0 ft. to 33 ft. Material Filter pack from 33 ft. to 60 ft. Material Size Explosives used: [] Yes Type Amount

6) CASING/LINER Table with columns: Casing/Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Row 1: 6" Dia, 0-39' From, 39' To, 1.250 Gauge, Steel, Plastic, Welded, Thrd.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 39' Temporary casing [] Yes Diameter From To

7) PERFORATIONS/SCREENS Perforations Method Factory CTS Screens Type Material

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size. Row 1: 40' From, 60' To, 4" width, 4" length, 175 slots.

8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem Pump depth Duration (hr) 40 45 55 2

Temperature 57 °F Lab analysis [] Yes By water quality concerns? [] Yes (describe below) From To Description Amount

9) LOCATION OF WELL (legal description) County GRANT Twp 13 N or S Range 27 E or W W.M. Sec 3 NE 1/4 of the SW 1/4 Tax Lot 300 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) Hwy 26 46673

10) STATIC WATER LEVEL Table with columns: Existing Well/Predeepening, Date, SWL (psi), SWL (ft). Completed Well 10-11-07 - 23

WATER BEARING ZONES Depth water was first found 41 Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). 10-11-07 41 55 40 - 23

11) WELL LOG Ground Elevation Table with columns: Material, From, To. tan ashy clay 0 6 clay with Red shales 6 21 light tan clay 21 41 Mack Harsh gravel 41 55 tan clay Harsh water bearing 55 60

Date Started 10-11-07 Completed 10-12-07

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Received License Number Date MAY 31 2024

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. OWRD License Number 1606 Date 10-15-07 Signed John Marriell Contact Info. (optional)

WATER RESOURCES DEPT

WELL # 4 EXHIBIT B

STATE OF OREGON WATER SUPPLY WELL REPORT

GRAN 51522

WELL I.D. LABEL# 147334 START CARD # 1059444 ORIGINAL LOG #

8/22/2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER Owner Well I.D. First Name Last Name Company DRISCOLL FAMILY TRUST Address 44673 HWY 26 City DAYVILLE State OR Zip 97825

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 145.00 ft. BORE HOLE SEAL sacks/lbs

Seal placement method [] A [] B [] C [] D [] E [X] Other: POUR IN AND HYDRATE Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Type Amount Seal Placement Begin Date 12/19/2022 Begin Time 10 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method HOLT ROLLER Screens Type Material Perf/ Casing/ Screen Dia From To Scrm/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 60 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 100 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County GRANT Twp 13.00 S N/S Range 27.00 E E/W WM Sec 3 SW 1/4 of the NE 1/4 Tax Lot 300 Tax Map Number Lot Lat " or 44.47046075 DMS or DD Long " or -119.45870346 DMS or DD [X] Street address of well [] Nearest address 44673 HWY 26, DAYVILLE, OR 97825

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 12/29/2022 38 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 98.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 12/23/2022 98 145 1300 38

(11) WELL LOG Ground Elevation Material From To BROKEN BASALT W/SANDY CLAY 0 41 BROWN BASALT CHOPPY HARD 41 98 BROKEN BROWN BASALT W/RED LAVA ROCK 98 132 BROKEN RED LAVA ROCK M/H 132 137 BROKEN BROWN BASALT W/RED LAVA ROCK 137 145

Construction Begin Date 12/15/2022 Begin Time 08 00 End Date 12/29/2022

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number Date

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number 1961 Date 8/22/2023 Signed KEVIN MOLES (E-filed) Contact Info (optional)

WATER SUPPLY WELL REPORT - continuation page

GRAN 51522

WELL I.D. LABEL# **147334**
START CARD # **1059444**
ORIGINAL LOG #

8/22/2023

(2a) PRE-ALTERATION

Dia		+	From	To	Gauge	Stl	Plstc	Wld	Thrd
						○ ○			
						○ ○			
						○ ○			
						○ ○			
						○ ○			
Material			From	To	Amt	sacks/lbs			

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL		sacks/ lbs		
Dia	From	To	Material	From	To	Amt	
							Calculated
							Calculated
							Calculated
							Calculated

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing/Liner	Dia		+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○ ○							○ ○			
							○ ○			
							○ ○			
							○ ○			
							○ ○			
							○ ○			
							○ ○			
							○ ○			
							○ ○			

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG

Material	From	To

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Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
LANCE SINGHOSE	WATER	2096

Comments/Remarks

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WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

GRAN 51522

Received

8/22/2023

MAY 31 2024

Map of Hole

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STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.47046075 Datum: WGS84

Longitude: -119.45870346

Township/Range/Section/Quarter-Quarter Section:

WM13.00S27.00E3SWNE

Address of Well:

44673 HWY 26, DAYVILLE, OR 97825

Well Label: 147334

Printed: August 22, 2023

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

