

**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**

Type of Authorized Change

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**
If additional changes were authorized, you will need to select a different form.

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1. File Information

APPLICATION #
T-14076

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME GARY CANNON		PHONE NO. 541-404-2037	ADDITIONAL CONTACT NO. NA
ADDRESS 47338 FLORAS LAKE LOOP			
CITY LANGLOIS	STATE OR	ZIP 97450	E-MAIL garycannon53@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 GARY CANNON		
ADDRESS 47338 FLORAS LAKE LOOP		
CITY LANGLOIS	STATE OR	ZIP 97450

4. Date of Site Inspection:

JUNE 29, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
GARY CANNON	6-29-2024	LANDOWNER

6. County:

COOS

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

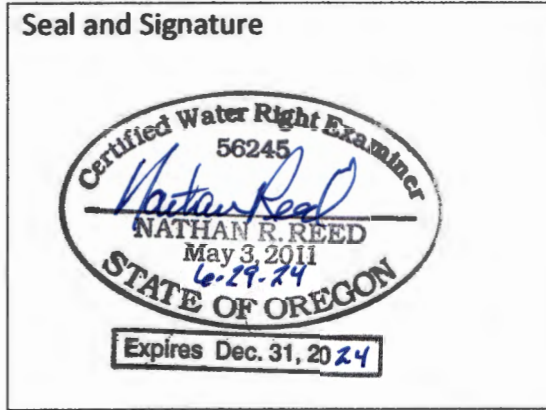
Add additional tables for owners of record as needed

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JUL 11 2024
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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 NATHAN REED		PHONE NO. 541-784-7191	ADDITIONAL CONTACT NO. NA
ADDRESS 157 WEST BODIE STREET			
CITY ROSEBURG	STATE OR	ZIP 97471	E-MAIL nreed68@hotmail.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>Gary L. Cannon</i>	Gary L. Cannon	owner	7-10-24

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JUL 11 2024

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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)
EXST	L24363	COOS 50933	FOUR MILE CREEK BASIN
NEW	L143669	COOS 58102	FOUR MILE CREEK BASIN

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

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
NEW APOA	0.057 CFS	0.20 CFS	0.20 CFS

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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
GOULD	UNAVAIL	UNAVAIL	SUBMERSIBLE	NA	1.5"

2. Motor Information

MANUFACTURER	HORSEPOWER
GOULD	1.5

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	5	42.34 FT	-2 FT	0.20

4. Provide pump calculations:

5 psi = 12.7 feet; $Q = (Hp \times eff.) / (\text{Sum Total Head}) = (1.5 \times 7.04) / (12.7 + 42.34 - 2) = 0.20 \text{ cfs}$

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)
1364709.85 gal	1364892.25 gal	2.0 min	0.20

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

C. Additional notes or comments related to the system:

Well pumps metered water to pond. A 25 Hp centrifugal pumps water from pond through totalizing flow meter to bogs.

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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	5-20-2024	
COMPLETENESS DATE FROM ORDER (C)	10-1-2025	ALL REQUIRED METERS INSTALLED. USING BENEFICIALLY

* 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

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
Exst POA	MASTER METER	8925910	WORKING	195.75 GAL	5/2024
New POA	NAGARA	9303696	WORKING	1364709.85 GAL	5/2024
POND PMP	McCROMETER	99 5719 4	WORKING	239.23 AF	2014

4. Recording and reporting conditions

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

5. Other conditions required by the transfer 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? **NO**

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

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COOS 50933	EXISTING WELL LOG
COOS 58102	NEW APOA WELL LOG
CBU MAP	FINAL PROOF SURVEY

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.

A Garmin Rino 650, handheld GPS, used to locate coordinates on pertinent features. Along with ORmap GIS imagery.

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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
- ☐ na Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☐ * Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ na 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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MAY 29 1998

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

WATER RESOURCES DEPT. WELL I.D. # L24363
HALEM, OREGON START CARD # 5074

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

START CARD# 50740

(1) OWNER: Well Number 9805
Name GARY CANNON
Address RT2, BOX 1035
City Bendon State OR Zip 97411

(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 5 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Backs or pounds
Diameter	From	To	Material	From	To	
10	0	18	BENT	18	0	11
6	18	56				

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

☒ ~~Other~~ Poured from Surface

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:	6	+1	56	250 ☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:	4 1/2	-6	36	☒	☒	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) 56

(7) PERFORATIONS/SCREENS:

☒ Perforations		Method <u>Torch</u>					
☒ Screens		Type <u>W550</u>		Material <u>PVC</u>			
From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Layer
30	56	25	45	1/2"		☒	☐
						☐	☐
						☐	☐
36	56	20		4 1/2	screen	☐	☐
						☐	☐

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

☐ Pump Yield gal/min	☐ Bailor Drawdown	☒ Air Drill stem at	☐ Flowing Artesian Time
45		56	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 COOS Latitude _____ Longitude _____
Township 30 S N of 9 Range 15 W E of W. WM
Section 12 SE 1/4 NW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1466 Croft Rd
off Hwy 101

(10) STATIC WATER LEVEL

13 ft. below land surface. Date 5-9-98
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	56	45 gpm	13

(12) WELL LOG:

Ground Elevation + - 25'

[illegible]

Date started	Completed
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(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Harold Reed WWC Number 1689 Date 5-24-98

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58102

WELL I.D. LABEL# L 143669

START CARD # 1055911

ORIGINAL LOG #

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

7/15/2022

(1) LAND OWNER

Owner Well I.D. 1999
First Name GARY Last Name CANNON
Company _____
Address 47338 FLORES LAKE LOOP
City LANGLOIS State OR Zip 97450

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)Depth of Completed Well 60.00 ft.

BORE HOLE			SEAL			Amt	sacks/
Dia	From	To	Material	From	To		
10	0	60	Bentonite	0	30	15	S
6	60	63				Calculated	14.1
						Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POUR FROM SURFACE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 30 ft. to 60 ft. Material SAND Size 8/12Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	8	☒	1.5	4	.250	☒	☒	☒	☒
☒	☒	6	☒	1	45	Sch 40	☒	☒	☒	☒
☒	☒	6	☒	55	60	Sch 40	☒	☒	☒	☒

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens		Type	Johnson V-Wire		Material	Stainless Steel		
Perf/	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Casing	6	45	55	.04			6

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
54	27	60	1

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 42 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County COOS Twp 30.00 S N/S Range 15.00 W E/W WM
Sec 12 SE 1/4 of the NW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or 42.99259103 DMS or DD
Long _____ " or -124.42658996 DMS or DD
☒ Street address of well ☐ Nearest address

95033 CROFT LAKE LANE, BANDON

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	<u>7/13/2022</u>			<u>19.2</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 19.16

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

<u>3/11/2022</u>	<u>19.16</u>	<u>55</u>	<u>55</u>		<u>19.16</u>

(11) WELL LOG

Ground Elevation 100.00

Material	From	To
Topsoil	0	2
Cemented sand orange brown	2	8
Sand f-m brown	8	16
Sand f-m w/sandy clay tan	16	42
Sand f-c w/gravel f-m orange brown	42	50
Cemented sand orange brown	50	51
Gravel f-c w/fractured claystone & wood	51	55
Claystone gray	55	56
Sandstone gray	56	63
Drilled 6" test hole to 63' to grab samples for sieve analysis & open hole		
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Date Started 3/11/2022Completed 7/13/2022

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

(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. 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.

License Number 1493 Date 7/15/2022Signed JAMES MACK SR (E-filed)Contact Info (optional) Bandon Well & Pump Co (541) 347-7867

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:
New exempt use wells must be submitted with a map and recording fee.

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

COOS 58102

7/15/2022

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Map of Hole

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: 42.99259103 Datum: WGS84

Longitude: -124.42658996

Township/Range/Section/Quarter-Quarter Section:

WM30.00S15.00W12SENW

Address of Well:

5995033 CROFT LAKE LANE, BANDON

Well Label: 143669

Printed: July 16, 2022

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

