

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



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

Received
AUG 28 2024
OWRD

A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.

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.

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

1. File Information:

APPLICATION # G-17453	PERMIT # (IF APPLICABLE) G-16892	PERMIT AMENDMENT # (IF APPLICABLE) N/A
---------------------------------	--	--

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Janet Dickinson Russell, Trustee, Janet Dickinson Russell Living Trust		PHONE NO. 541-729-3507	ADDITIONAL CONTACT NO.
ADDRESS 90029 Spires Ln			
CITY Eugene	STATE OR	ZIP 97402	E-MAIL jerry-r@comcast.net

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

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

PERMIT HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

5/10/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jeff Broadie	5/10/2024	Tenant/Farm Manager

6. County:

Lane

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

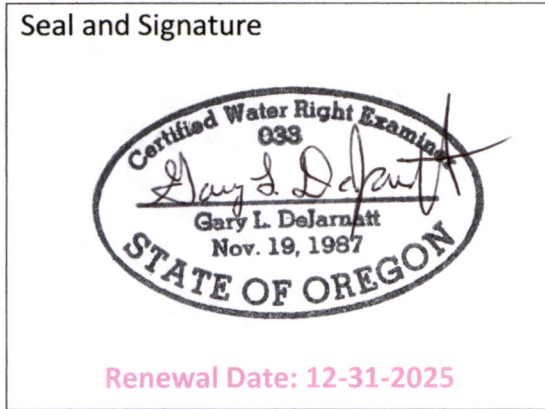
OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

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 GARY L. DEJARNATT		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS 2391 NW REDWOOD AVE			
CITY REDMOND	STATE OR	ZIP 97756	E-MAIL johnshort@usa.com

Permit Holder of Record Signature or Acknowledgement

Received
AUG 28 2024

Each permit holder of record must sign this form in the space provided below.

OWRD

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>Janet D. Russell</i>	Janet D. Russell	Trustee, Janet D. Russell Living Trust	8/25/2024

SECTION 3
CLAIM DESCRIPTION

1. 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)
WELL	LANE 8066	

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
WELL	MARSHAL SLOUGH BASIN	

3. 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	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
WELL	IR	CORN, WHEAT, RYE, VEGETABLES, PASTURE	MAY 1 – OCT 31	0.31 CFS
Total Quantity of Water Used				0.31 CFS

4. 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 WELL AND PIPED THROUGH BURIED PIPELINES TO A PORTABLE "BIG GUN" AND HAND LINE SPRINKLERS.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES NO

(e.g. "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.")

THE PERMIT ALLOWED 26.0 ACRES OF IRRIGATION USE, THE WATER USER ONLY DEVELOPED 24.7 ACRES.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
WELL	0.33 CFS	0.62 CFS	N/A	IR	26.0	24.7

**SECTION 4
SYSTEM DESCRIPTION**

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):

WELL LANE 8066

A. Place of Use

1. Is the right for municipal use? YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
16S	4W	W.M.	22	NESW		47	IR	11.1	
"	"	"	"	NESW		48	"	0.7	
"	"	"	"	NWSW		47	"	12.9	
Total Acres Irrigated								24.7	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Glot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Glot, 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:

1/2" bolt in top of casing

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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

Received
AUG 28 2024

OWRD

1. Is the appropriation from a dug well (sump)? YES NO

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

D. Diversion and Delivery System Information

Provide the following information concerning the diversion 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 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	10 HP

4. 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)
10	40	8'	4'	0.62

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

6. 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)
N/A			

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

7. Is the distribution system piped? YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1750'	PVC	BURIED

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

Received
AUG 28 2024
OWRD

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/64"	40	5.4	30	30	0.36
1/2"	70	81	1	1	0.18

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

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

YES NO

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

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.

Received

AUG 28 2024

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.

OWRD

H. Additional notes or comments related to the system:

SECTION 5 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 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 permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1/5/2012		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)	1/5/2017	1/5/2012	SYSTEM IN PLACE PRIOR TO PERMIT ISSUANCE
COMPLETE APPLICATION OF WATER (C)	1/5/2017	1/5/2017	COMPLETE APPLICATION OF WATER TO BENEFICIAL USE

* 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)? YES NO

If "NO", items a and b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES NO

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

b. What month was the initial measurement to be taken in?

MARCH

c. Was the measurement submitted to the Department? YES NO

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? YES NO

d. If "YES", were those measurements submitted to the Department? YES NO

5. Pump Test:

a. Did the permit require the submittal of a pump test? 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

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

Received
AUG 28 2024
OWRD

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 diversion or appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	ITRON	328576733	WORKING	12080	PRIOR TO PERMIT ISSUANCE

If a meter has been installed, items d through f 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 NO

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? YES NO

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

c. Was submittal of a water management and conservation plan required? YES NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
L-155557	2024

e. Other conditions? YES NO

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

No riparian was present on-site.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Well Log	LANE 8066
Pump Calcs	OWRD Pump Capacity Calculations

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.

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

Received
AUG 28 2024
OWRD

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
- N/A 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.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A 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

Received
AUG 28 2024
OWRD

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

LANE
8066

JUL 14 1989

16S/4W/22
 7966

WATER RESOURCES (START CARD)

(1) OWNER: Well Number: 433
 Name Geneva Harwood
 Address 91984 River Rd
 City Junction City State OR Zip 97448

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 39 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 18	Cement	0 19	11 Sacks	
12"	18 39				

How was seal placed: Method A B C D E
 Other _____
 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: 12"	0	39	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) 39 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	38	8x5	250			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
350+		39 ft	3 hrs

Temperature of water _____ 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 Lane Latitude _____ Longitude _____
 Township 16S N or S, Range 4W E or W, WM.
 Section 22 1/4 _____ 1/4 _____
 Tax Lot 02401 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 92112 River Rd.
Junction City OR

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 6/23/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19 ft.

From	To	Estimated Flow Rate	SWL
19	38	350+	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Clay	0	11	
Cemented Gravel	11	19	12
Sand & Gravel	19	36	12
Cemented Gravel	36	39	12

Received
 AUG 28 2024
 OWRD

Date started 6/21/89 Completed 6/23/89

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Donald J. Forging WWC Number 751
 Date 7/10/89



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

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

RECEIVED

JUL 5 2024

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Janet Dickinson Russell Living Trust
 Mailing Address: 90029 Spires Ln
 City, State, Zip: Eugene, OR 97402
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Jeff Broadie 92112 River Rd
 City, State, Zip: Eugene, OR 97402

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 16S (North / South) Range: 4W (East / West) Section: 22 NW 1/4 of the SW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 2401 County LANE
 GPS Coordinates: 44.161792, -123.163760
 Street Address of Well, City: 92112 River Rd Eugene, OR 97402
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
 Date Well Constructed (or property built): 1989 Total Well Depth: 39 ft. Casing Diameter: 12"
 Owner at time the well was constructed (if known): Harwood Well Report # (if known): LANE 8066
 Other Information: _____

SUBMITTED BY (please print): Bryce Withers, Water Right Services, LLC
 PHONE: 541-408-1400 EMAIL &/or FAX: brycewrs@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
7-5-2024

Well Report Number:
LANE 8066

Well Identification #:
L-155557

Pump Capacity Calculation Sheet		<u>RUSSELL LANE 8066</u>	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>10</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>12</u>		
PSI =	<u>40</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	70.4		
Head based on psi =	101.6		
Total dynamic head =	113.6		
(head + lift)			
Pump Capacity =	0.62	cubic feet per second	

Received
AUG 28 2024
OWRD