

**CLAIM OF
BENEFICIAL USE
for Surface 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

**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.

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**

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1. File Information:

APPLICATION # S-74408	PERMIT # (IF APPLICABLE) S-52013	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME THE DELPHIAN SCHOOL		503-843-3521	ADDITIONAL CONTACT NO.
ADDRESS 20950 SW ROCK CREEK RD.			
CITY SHERIDAN	STATE OR	ZIP 97378	E-MAIL DANAEA.JACKMAN@DELPHIAN.ORG

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 THE DELPHIAN SCHOOL			
ADDRESS 20950 SW ROCK CREEK RD.			
CITY SHERIDAN	STATE OR	ZIP 97378	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

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4. Date of Site Inspection:

07/21/2023

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

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NAME	DATE	ASSOCIATION WITH THE PROJECT
DANAEA JACKMAN	07/21/2023	FACILITIES DIRECTOR DELPHIAN SCHOOL

6. County

YAMHILL

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(5)):

OWNER OF RECORD			
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.



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CWRE NAME LELAND A. MACDONALD		PHONE No. 503-472-7904	ADDITIONAL CONTACT No. 503-434-3188
ADDRESS 3885 NE RIVERSIDE DR.			
CITY MCMINNVILLE	STATE OR	ZIP 97128	E-MAIL LEE@MACDONALDSURVEYING.COM

Permit Holder's of Record Signature or Acknowledgement

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	DANAEA JACKMAN	FACILITIES DIR.	

**SECTION 3
CLAIM DESCRIPTION**

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1. POD source and, if from surface water, the tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
R-74409	UNAMED RESEVOIR	ASH CREEK

2. Developed use(s), period of use, and rate for each use:

POD 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)
R-74409	IRRIGATION	LAWNS, GARDENS SOCCER FIELD	4/1 – 11/30	9.59 AF
Total Quantity of Water Used				

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of diversion to the place of use:

POD IS AN INLET PIPE IN THE BOTTOM OF THE RESEVOIR THAT IS 150' S. & 350' E. OF THE NW CORNER OF THE MARCELLUS FALCONER D.L.C. #62. WATER IS PUMPED FROM THE POND THROUGH SERIES OF UNDERGROUND PIPES TO IN GROUND RAINBIRD SPRINKLERS IN THE SOCCER FIELD AND THE LAWNS AND LANDSCAPE GARDENS OF THE DELPHIAN SCHOOL CAMPUS AND GROUNDS

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).

4. 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.

NO

(e.g. "The permit allowed three points of diversion. 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.")

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
R-74409	2.5 AF / ACRE			IRRIGATION	15	14.91

**SECTION 4
SYSTEM DESCRIPTION**

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Are there multiple PODs?

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

POD 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. 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 diversion 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)
FRANKLIN	6C3F(15HP,230,6,W)SF	15E19-27-06172A	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)
15HP	94.4	38	87	3.34

4. Provide pump calculations:

Data Entry (fill in underlined blanks)

HP = 15
Efficiency = 81
Lift = 125
PSI = 94

Results Calculated

(hp)(efficiency) = 1215

Head based on psi
 = 238.8
 Total dynamic head
 = 363.8
 (head + lift)

Pump Capacity = 3.34 cubic feet per second

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)
N/A			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. 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

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C. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? NO

E. 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? NO

F. Additional notes or comments related to the system:

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**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 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	3/18/1996		
BEGIN CONSTRUCTION (A)	3/18/1997	PRIOR TO 3/18/1997	CLEARING & GRUBBING, EXCAVATION, EMBANKMENT
COMPLETE CONSTRUCTION (B)	10/1/1998 10/1/2011	8/15/2001	ADD BENTONITE SEALANT
COMPLETE APPLICATION OF WATER (C)	10/1/1999 10/1/2011	1/2/2002	BEGIN IRRIGATION

* 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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES

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

b. Were the Progress Reports submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

3. 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 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.

b. Has a meter been installed? **YES**

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
R-74409	SENSUS	UNKNOWN	WORKING	23,364,500	2002

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **NO**

If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening:

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

- Has the ODFW approval been previously submitted? **YES**

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

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6. By-pass Devices:

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

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

- a. Was the water user required to restore the riparian area if it was disturbed? **NO**
- b. 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
POND ASBUILT	AS BUILT CONDITIONS OF RESEVOIR, POND BOTTOM X-SECTION
COBU MAP	POND LOCATION, IRRIGATION AREAS, POD
PLACE OF USE	MAP OF IRRIGATIONS LINES & AREAS, AERIAL UNDERLAY

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Soccer Field

2.4 Acres

Pump House

Delphian School

13.5 Acres



200 m Camera 1 275 m 45°06'

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ibution 4/27/2022

T. 5 S., R. 6 W., W.M.

FINAL PROOF SURVEY UNDER

IN NAME OF
DELPHIAN SCHOOL
Surveyed June 21, 2024

Application S-74408
Application R-74409

Permit 52013
Permit R-11691

Location:
The NE 1/4 of Section 29, U. S. LOT 3, T. 5 S., R. 6 W.,
W.M., Yamhill County, OR

Tax Lot: 5629 - 00100

Date: 26 JULY 2024

NW CORNER
FALCONER D.L.C. #62

Marcellus Falconer D.L.C. #62

150'

350'

U.S. LOT 3 SECTION 29

U.S. LOT 4 SECTION 29

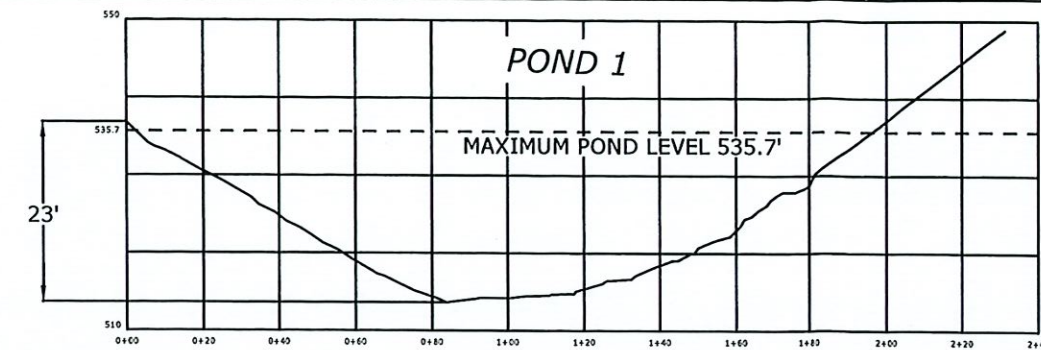
By : Leland MacDonald & Assoc., LLC
Formerly dba Matt Dunckel & Assoc.
3885 Riverside Drive
McMinnville, Oregon 97128
Phone : 503-472-7904
Fax: 503-472-0367
Email: lee@macdonaldsurveying.com



CONCRETE DRAIN
TOP ELEV. = 535.7'

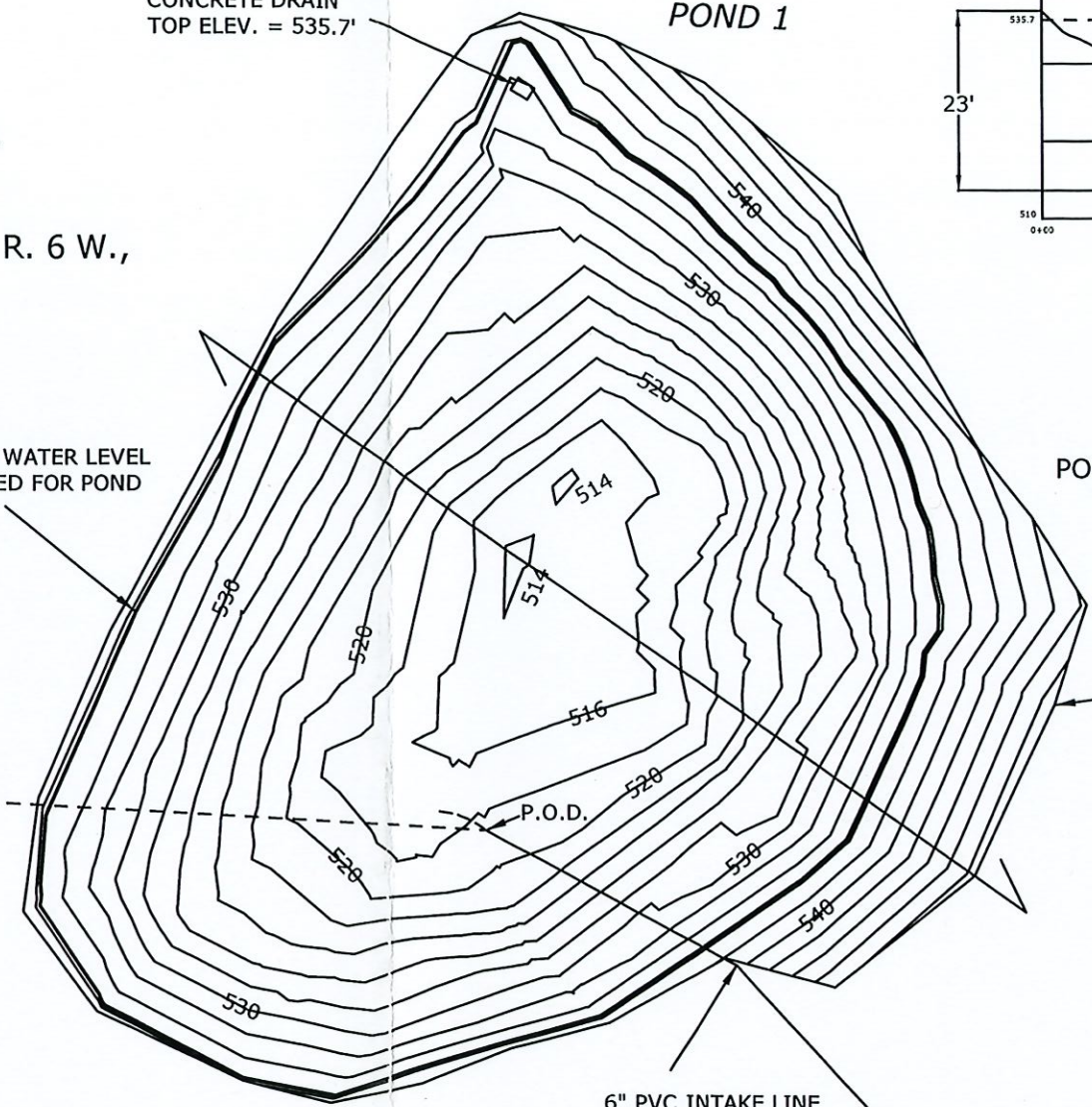
POND 1

MAXIMUM WATER LEVEL
535.7' USED FOR POND
VOLUME



HORIZONTAL SCALE 1" = 50'
VERTICAL SCALE 1" = 25'

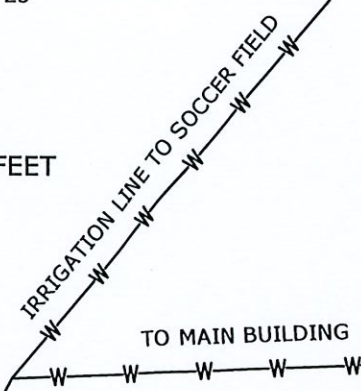
POND 1 HAS A VOLUME OF 9.59 ACRE FEET



TOP OF BANK

6" PVC INTAKE LINE

PUMP BUILDING



LEGEND:

- = Property line
- = D.L.C. line
- = Section line
- = "40" line

P.O.D. = Point of Diversion

IRRIGATION LINE TO CAMPUS



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North

Scale: 1" = 50'

Note: This map is not intended to provide legal dimensions or locations of property ownership lines.