

**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

**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**

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1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-14224	G-13432	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Randy and Janet Alanko		PHONE NO. 541-805-8352	ADDITIONAL CONTACT NO.
ADDRESS 44490 Pocahontas Rd.			
CITY Baker City	STATE OR	ZIP 97814	E-MAIL raalanko@gmail.com

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 Randy Alanke			
ADDRESS Route 1 Box 123H			
CITY Baker City	STATE OR	ZIP 97814	

ADDITIONAL PERMIT HOLDER OF RECORD Janet Alanko			
ADDRESS Route 1 Box 123H			
CITY Baker City	STATE OR	ZIP 97814	

4. Date of Site Inspection:

9/10/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Randy Alanko	9/10/2024	Owner/ irrigator

6. County:

Baker

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			
ADDRESS			
CITY	STATE	ZIP	

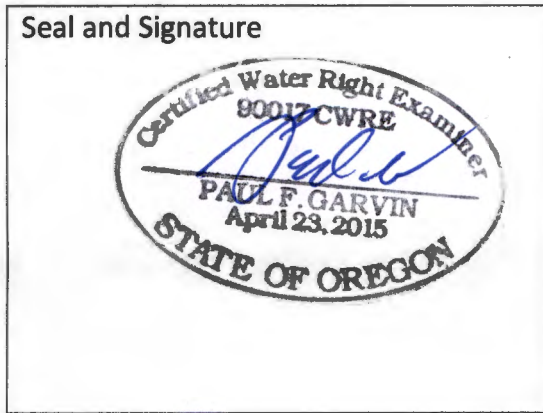
Add additional tables for owners of record as needed

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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 Paul Garvin		PHONE NO. 503-347-7188	ADDITIONAL CONTACT NO.
ADDRESS 1705 Main St. Ste. 101			
CITY Baker City	STATE OR	ZIP 97814	E-MAIL Garvin.hydrogeo@gmail.com

Permit Holder of Record Signature or Acknowledgement

Each permit 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
	Randy Alanko	Permit Holder of Record	9/23/24
	Janet Alanko	Permit Holder of Record	9/23/24

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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 1	BAKE 50150	L- 156013

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 1	Powder River	Willow Creek

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 1	IR	Pasture, orchard, vegetables, flowers	Mar 1- Oct. 31	27 gpm
Total Quantity of Water Used				27 gpm

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 from the POA can be conveyed southeast then east via a 4" buried Mainline and twelve 3" handlines with sprinklers where pasture is irrigated. Water from the POA is also conveyed west via a 4" buried Mainline where two 2" handlines with sprinklers irrigate an orchard and vegetable garden, the 4" mainline tees into a 4" buried mainline running N-S where five 3" handlines with sprinklers irrigate the western pasture. A movable sprinkler can be connected to a riser and moved around the property to irrigate other areas.

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 water user only developed approximately 7.2 of the 10.5 permitted 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 1	0.13 cfs	0.61cfs (27 gpm)	-	IR	10.5	7.2

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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
T8S	R39E	WM	19	NENE			IR	7.2	
Total Acres Irrigated								7.2	

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:

Measuring port on top of well casing

3. If well logs are not available, provide as much of the following information as possible:

Well log BAKE 50150 attached

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

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.

Well log BAKE 50150 attached

C. Groundwater Source Information (Sump)

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

YES NO

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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.

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YES NO

1. Is a pump used?

If "NO" items 2 through item 6 may be deleted.

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flint & Walling	4F27S20301	2821596	Submersible	1.5"	1.5"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Flint & Walling	2

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)
2	45		118'	0.061

5. Provide pump calculations:

Data:

Lift = 118'; Efficiency = 7.04; hp = 2; psi head = 114.3'

Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 0.061 cfs

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)

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
4"	580'	aluminum	buried
4"	580'	aluminum	buried

9. Lateral or Handline Information:

QUANTITY	LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6	3"	300'	aluminum	above
4	3"	180'	aluminum	above
1	2"	230'	aluminum	above
2	2"	50'	aluminum	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/32"	45	1.7	75	16	3.5 (if all could theoretically be used simultaneously)
7/32"	45	9.4	2	2	0.042

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
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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
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13. Pivot Information:

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

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

YES NO

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

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

H. 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 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	7/16/1998		
BEGIN CONSTRUCTION (A)	7/16/1999	12/1/1995	Well drilled before permit issuance
COMPLETE CONSTRUCTION (B)	10/1/2017	4/2017	Irrigation Infrastructure completed
COMPLETE APPLICATION OF WATER (C)	10/1/2017	5/2017	Water applied across place of 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.

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

YES NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

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

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval: **Email from watermaster attached**

NAME	TITLE	APPROXIMATE DATE
Marcy Osborne	Watermaster	9/17/2024

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
Power meter	Working	3/2017

7. Recording and reporting conditions:

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

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-156013	9/25/2024

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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):

Well tag issued and attached to well

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log BAKE 50150	Well log BAKE 50150
Pump test	BAKE 50150 Pump test cover sheet and results (performed in 2017)
Watermaster email	Email from watermaster regarding measurement condition

**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.

Map was created using GIS software, publicly available geospatial data, handheld gps, aerial imagery, and ground truthing. Aerial imagery from Google dated 10/4/2020.

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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
- 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

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RECEIVED

8 5 392 1995

Bake 50150

DEC 13 1995

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 84869

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

(1) OWNER: Name RANDY + JANET ALANKA Well Number # 2 Address P.O. Box 1234 City BAKER CITY State OR Zip 97814

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 132 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 10", 0, 18, Bent., 0, 18, 15. Row 2: 6", 18, 142.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other Dry Bentonite Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6", 12, 118, 025, [X], [], [X], []. Liner: 4 1/2", 110, 132, 1025, [], [X], [], [].

Final location of shoe(s) 118

(7) PERFORATIONS/SCREENS: [X] Perforations Method SLOTTED PIPE [] Screens Type Material. Table with columns: From, To, Slot size, Number, Diameter, Tele. size, Casing, Liner. Row 1: 132, 112, 8", 38, 48, 4 1/2, [], [X].

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailor [X] Air [] Flowing Artesian. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 30, 135, 135, 1 hr. Row 2: 30, 120, 120, 1/2.

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? [X] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata: 39-45

(9) LOCATION OF WELL by legal description: County Baker Latitude Longitude Township B N or S Range 39 E or W. WM. Section 19A NE 1/4 NE 1/4 Tax Lot 400 Lot Block Subdivision Street Address of Well (or nearest address) Parcelmaster RD

(10) STATIC WATER LEVEL: 39 ft. below land surface. Date 12-9-95 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 39

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 39, 45, 4, 39. Row 2: 70, 75, 8, 39. Row 3: 125, 130, 20, 39. Row 4: 135, 138, 10, 79.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Row 1: SOIL, 0, 2. Row 2: Boulders + Gravel, 2, 35. Row 3: Clay, 35, 37. Row 4: Boulders + Gravel + Sand, 37, 55, 39. Row 5: Gravel + Sand, 55, 70. Row 6: Gravel, 70, 75. Row 7: Gravel + Sand, 75, 125. Row 8: Large Gravel, 125, 130. Row 9: Gravel + Sand, 130, 135. Row 10: Large Gravel, 135, 138. Row 11: Gravel + Sand, 138, 142, 39.

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Date started 12-1-95 Completed 12-9-95

(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 1655 Signed Robert D. Mayhew Date 12-9-95



Paul Garvin <paul.f.garvin@gmail.com>

Randy Alanko -COBU Question

2 messages

OSBORN Marcy J * WRD <Marcy.J.OSBORN@water.oregon.gov>
To: Paul Garvin <paul.f.garvin@gmail.com>

Mon, Sep 16, 2024 at 11:51 AM

Good morning, Paul,

Under 690-085-0015, the power consumption method is allowed for water use reporting.

b) The Power Consumption Method:

(A) This method shall not be used for flowing artesian wells;

(B) A power meter shall be dedicated to one pump only;

(C) The ratio of electric power consumption per quantity of water pumped shall be determined annually by physically measuring the volume of water pumped during a two-hour test. The test shall be conducted under normal operating conditions;

(D) A record of the method and equipment used to determine the ratio of power consumption to volume of water pumped, and the monthly power readings for each well shall be retained for three years. The record shall be made available to the Department upon request.

If you need an actual letter from me, let me know.

Have a great week.

Marcy J. Osborn

Watermaster Dist. 8

39155 Pocahontas Rd.

Baker City, OR 97814

541-519-6395

marcy.j.osborn@water.oregon.gov

Paul Garvin <paul.f.garvin@gmail.com>
To: OSBORN Marcy J * WRD <Marcy.J.OSBORN@water.oregon.gov>

Tue, Sep 17, 2024 at 12:51 PM

Excellent, thanks Marcy!
[Quoted text hidden]

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