# CLAIM OF BENEFICIAL USE for Transfers Place of Use 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 <u>transfer final orders</u> 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: <u>https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</u> 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 7" 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	Received
	GENERAL INFORMATION	DEC 0 2 2024
	Type of Authorized Change	OWRD
was a change in place of use.	a transfer where the <u>only</u> authorized change <i>ized, you will need to select a different form.</i>	YES
1. File Information APPLICATION # T-14095		

Revised 7/1/2021

#### 2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.
Russell B. Mattis		541-953-2359		
Address				
PO Box 87				
Сіту	State	ZIP	E-MAIL	
Ft Rock	OR	97735	Ftrockranch	@yahoo.com
If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> transfer holder of record must sign this form.				
<b>3</b> Transfor holdor of record (this m	any or may not	ha tha aurran	at area actively	w and

3. Transfer holder of record (this h	hay, or may not, be	e the current property owner)
TRANSFER HOLDER OF RECORD		
Same as above		
Address		
- F		
Сіту	State	ZIP
4	Date of Site Insp	ection:

10/29/2024

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

NAME	DATE	Association with the Project
Russell Mattis	10/29/2024	Owner/Transfer Holder

Lake

#### 6. County:

**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)):

	1 1 / 1	
Owner of Record		
NA		
Address		
Сіту	State	ZIP

Add additional tables for owners of record as needed

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#### **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 PHONE N		).	ADDITIONAL CONTACT NO.	
Scott D Montgomery		541-548-5833 541-420-0401		541-420-0401
Address				
PO Box 767				·
Сітү	STATE	Zip	E-MAIL	
Terrebonne	OR	97760	scott@a	peands.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
Rossell B. Arth		Owney/TrensforHolder	
Regell D. My	Russell B Mattis	Owner/TransferHolder	

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## EXTENT OF CHANGE COMPLETED

#### **1.** Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
33.87	33.87

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT
AUTHORIZED UNDER THE ORDER?
(INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE
CLAIM MAP)
YES

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? If yes, describe below.

NO

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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# CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	10/3/2024	
COMPLETENESS DATE FROM ORDER (C)	10/1/2026	10/29/2024

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

<ol> <li>Is there an extension final order(s)?</li> <li>Measurement Conditions:</li> </ol>	Received DEC 0 2 2024	NO
a. Does the transfer final order require the installation of a meter or approved measuring device?	OWRD	NO
b. Has a meter been installed?	YES	

c. Meter Information

POD/POA	MANUFACTURER	SERIAL	CONDITION	CURRENT METER	DATE INSTALLED
NAME OR #		#	(WORKING OR NOT)	READING	
#1	Blue White F1000RT	UNK	Removed for	UNK	2012
			maintenance		
#2	Aquamaster 900	UNK	Removed for	UNK	2016
			maintenance		

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?

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.

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

# 4. Other conditions required by the transfer final order:

#### a. Other conditions?

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

# **SECTION 5**

# **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION		
Well log	LAKE 367		
Aerial imagery	USDA/FSA imagery (June 2020)		
Site photos	Location/time stamped pictures of wells, sprinklers & place of use.		

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#### CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

The irrigation system & place of use were tied to approximate boundaries using a Topcon FC6000 data collector. Pt data was converted to Statewide Lambert Projection and compared with aerial imagery for accuracy,.

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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
- 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
- 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
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Transfer application number
- North arrow
- Legend

 $\mathbf{X}$ 

CWRE stamp and signature

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NOTICE TO WATER WELL CONTRACTOR The original and first copy	L REPRECEIVED		Ca	
of this report are to be filed with the		263  14E	-312e	
STATE ENGINEER, SALEM, OREGON 9700				
	ove this STATE ENGINEER State Permit N	<u>6-6571,</u> G-10227	6-8709	
	SALEM, OREGON			
(1) OWNER:	(10) LOCATION OF WELL:			
Name Michael W. Mattis	County Lake Driller's well no		<u>-</u> .	
Address Fort Rock, Oregon 97735	<u>NE 14 SW 14 Section 31 T. 26S</u>	<u>r. 14 E</u>	W.M.	
(2) TYPE OF WORK (sheals):	Bearing and distance from section or subdivisi		·	
(2) TYPE OF WORK (check):	2640' E 1985' N of SW cor	mer Sec 3	1	
New Well 🖄 Deepening 🗌 Reconditioning 🔲 Abandon 🗌				
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed w	ell.		
(3) TYPE OF WELL: (4) PROPOSED USE (check):		_	ft.	
Rotary [K Driven ] Domestic ] Industrial ] Municipal	Depth at which water was first found 128 ft. Static level 128 ft. below land surface. Date 6/11/75			
Cable Jetted Jointestre Industrial Maintepart Dug Bored Irrigation Test Well Other				
	Artesian pressure lbs. per squar	e inch. Date		
CASING INSTALLED: Threaded D Welded	(12) WELL LOG: Diameter of well 1	. 10	e. e	
12 " Diam. from + 1 ft. to - 23 ft. Gage				
"Diam, from	Depth drilled 285 ft. Depth of compl	ارتارع المحمد		
ft. to ft. Gage	Formation: Describe color, texture, grain size and show thickness and nature of each stratum			
	with at least one entry for each change of format	tion. Report each	change in	
PERFORATIONS: Perforated?  Yes. XNo.	position of Static Water Level and indicate prin	cipal water-beari	ng st <del>r</del> ata.	
Type of perforator used	MATERIAL	From To	SWL	
Size of perforations in. by in.	brn sandy soil	0 2		
perforations from ft. to ft.	brn congl	2 5		
perforations from ft. to ft.	brn clay congl	5 15		
perforations from ft. to ft.	green clay congl	15 24		
	hd gray rock	24 73		
(7) SCREENS:	brn sandstone	73 120		
Manufacturer's Name	med congl_ ( wb)	120 150		
Type	coarse congl (wb)	150 220		
Diam Slot size Set from ft. to ft.	hd gray rock	220 223		
Diam Slot size Set from ft. to ft.	red lava rock red cinders(w	b)223 272		
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	very coarse congl (wb)	272 285	128	
Was a pump test made? 🗋 Yes 🖾 No If yes, by whom?	Received			
Yield: gal./min. with ft. drawdown after hrs.	Heceiveu		ļ	
<i>" 1 "</i>				
Bailer test 16 gal/min. with 0 ft. drawdown after 1 hrs.				
	OWRD			
Artesian flow g.p.m.				
(9) CONSTRUCTION:	Work started 5/27 19 75 Complete Date well drilling machine moved off of well	<u>∎a 6/11</u> 6/11	<u>1975</u> 1975	
	Drilling Machine Operator's Contification			
Well seal-Material used - <u>cement</u>	Drilling Machine Operator's Certification: This well was constructed under my		vision	
Well sealed from land surface toft.	Materials used and information reported	above are true	e to my	
Diameter of well bore to bottom of seal <u>12</u> <u>in</u> .	best knowledge and belief.	( 1	-	
Diameter of well bore below seal	[Signed] U. O. L. Constant Date 6/20, 19.75			
Number of sacks of cement used in well seal	Drilling Machine Operator's License No.			
Number of sacks of bentonite used in well seal				
Brand name of bentonite	Water Well Contractor's Certification:			
Number of pounds of bentonite per 100 gallons	This well was drilled under my jurisdi	iction and this	report is	
of water	true to the best of my knowledge and bel	ief.		
Did any strata contain unusable water?  Ves 2 No	true to the best of my knowledge and bel Name Crawford Well Drilling Cresson, firm or corporation)			
		Type or print) Nond One	nt)	
Type of water? depth of strata	Address			
Method of sealing strata off	[Signed] to here for harris	But 1		
Was well gravel packed? [] Yes [] No Size of gravel:	Water Well Contr	actor)		
Gravel placed from ft. to ft.	Contractor's License No	5 / 20	, 197.5.	
(USE ADDITIONAL SH	EETS IF NECESSARY)	s	P*45656-119	



Received DEC 0 2 2024 OWRD VALLEY 024-10-29 11:42:40 43°16'26.21520", Lon: -121°06'20.98800"





# T 26 S, R 14 E, W.M.



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2020 aerial imagery downloaded from NRCS Gateway website and imported into ESRI ArcMap GIS software with Oregon Statewide Lambert Projection