

**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.**

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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>

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SECTION 1

GENERAL INFORMATION

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1. File Information:

APPLICATION # G-14981	PERMIT # (IF APPLICABLE) G-13800	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Mitchell and Erica Svedin		PHONE NO. 208-550-4300	ADDITIONAL CONTACT NO.
ADDRESS 67493 Hwy 237			
CITY La Grande	STATE OR	ZIP 97850	E-MAIL

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 Bill McDowell (deceased)		
ADDRESS		
CITY	STATE	ZIP

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ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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October 6, 2015
July 5, 2024
September 10, 2024

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NAME	DATE	ASSOCIATION WITH THE PROJECT
Bill McDowell	10/6/2015	Former Landowner – Interview was done in preparation for a COBU for this landowner, evidently never submitted. Motor information, meter inspection, and description of the system was taken from field notes of this field visit. This landowner is now deceased.
Mitch Svedin	7/5/2024	Current Landowner

6. County:

Union

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

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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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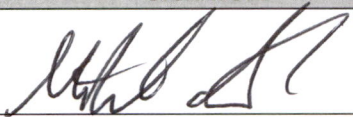
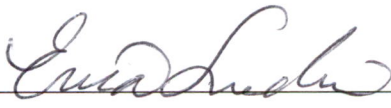
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CWRE NAME Jeffrey S. Hsu	PHONE NO. 541-963-6092	ADDITIONAL CONTACT NO.
ADDRESS 2006 Adams Ave.		
CITY La Grande	STATE OR	ZIP 97850
E-MAIL jeff@bgbsurveyors.com		

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
	Mitchell Svedin	owner	9/16/24
	Erica Svedin	owner	11/19/24

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SECTION 3
CLAIM DESCRIPTION

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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	N/A	N/A

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	Grande Ronde River	Grande Ronde River

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	Irrigation	Pasture	March-October	0.13 cfs
Total Quantity of Water Used				0.13

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 through a 4" PVC buried Mainline to 4 risers. 3" above-ground handlines run from these risers running 1/8" – 5/32" sprinklers, 7 – 14 at a time.

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.")

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	0.12 cfs	0.23 cfs	0.13 cfs	Irrigation	9.6	9.6

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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A. Place of Use

1. Is the right for municipal use?

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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
3S	39E	WM	1	NESW			Irrigation	9.6	
Total Acres Irrigated								9.6	

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)

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1. Is the appropriation from a well?

YES NO

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

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2. Describe the access port (type and location) or other means to measure the water level in the well:

Plug in top of well housing on NE side.

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
8"	178'	Unavail able	Unavailable	Unavailable	Unavailable	Unavailable

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.

This well has a separate service providing power to it, which OTECC (power company) records indicate was installed in 1976. The Owner of the property at the time was Henry Muhlhausen. Well Log UNIO-1158 is a well drilled that same year, however the well log indicates that the use is for domestic use and has a 6" casing. A separate domestic well falls adjacent to the house and this well log likely refers to this well. Neither well bears an OWRD tag. Current landowner provided a receipt for a videolog that was done by the previous landowner that indicates casing down to 178 feet and a static water level of 58 ft.

C. Groundwater Source Information (Sump)

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

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YES NO

D. Diversion and Delivery System Information

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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?

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YES NO

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
Berkely	5TMH10	Unknown	Submersible	6"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	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 HP	50 PSI	178 ft	0 ft	0.23 cfs

5. Provide pump calculations:

(10 hp)x(7.04)
----- = 0.23 cfs
(178 ft)+(127)

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)
46.167 af	46.167 af	Instantaneous reading	0.13 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.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	765 ft.	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1320 ft.	Steel	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	50	60	17	12	0.13 cfs
1/8"	50	38.4	17	12	0.09 cfs

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

Attach measurement notes.

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:

A field inspection was done in 2015 for previous landowner, Bill McDowell, who had mentioned that the system was in place at the time of his purchase, and little was known about it. Receipts from Earth and Water Works in 2017 indicate Mr. McDowell had a motor and pump replaced in 2017. A well scoping videolog from Waterwell Developing and Surveys indicate static water level at 58 feet and 8" perforated casing down to 178 feet. This was done prior to the current landowner's purchase of the property.

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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	Mar. 31, 2000		
BEGIN CONSTRUCTION (A)	1976		
COMPLETE CONSTRUCTION (B)		Prior to Sept. 1988	According to former landowner, Bill McDowell, now deceased, system was in place at the time of the purchase of the property
COMPLETE APPLICATION OF WATER (C)	Oct. 1, 2004	Prior to Sept. 1988	System in place and beneficial use made prior to Bill McDowell's ownership. A separate electric meter was installed in 1976, allowing for computation of water use. Totalizing flowmeter installed 2015.

* 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

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

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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
Well #1	Micrometer	15- 09720 04	Working	1.7947 af (2015) 46.167 af (2024)	July 2015
Well #1	General Electric kV2c Multifunction Meter (Electric Meter)	46 537 208	Working Received JAN 15 2025	15563 kwh Received OCT 07 2024	Current meter installed 2011, original power pole installed 1976

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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

YES NO

to the well?

WELL ID #	DATE ATTACHED TO WELL

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):

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SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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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.

Survey of well and water distribution system done by RTK GPS in 2015. Reinspection in 2024 done visually and no changes were observed with exception of converting from a big gun to handlines and sprinklers. A COBU was done for previous landowner, evidently never submitted.

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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
- ☐ 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
- ☐ 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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1716 MAY LN * LA GRANDE * OR 97850 * 541-963-2244
CCB# 142427 WWC & MWC# 1775

4-HOUR FLOW TEST

PURCHASER:			
OWNER:	MITCHELL SVEDIN	DATE:	9-27-24
ADDRESS:	67493 HWY 237	TESTED BY:	MARSHALL BAYBADO
CITY/STATE:	COVE, OR		Earth & Water Works

WELL INFO

DEPTH:	CASING SIZE:	FLOW (GPM)
	8 INCH	

PUMP INFO

PUMP BRAND	MODEL	HP	GPM	DEPTH SET

TIME	FLOW	STATIC	COMMENTS
11:04	0 GPM	57'	TEST STATIC
11:14	0 GPM	57'	
11:24	0 GPM	57'	
11:26		84'	BEGIN TEST - FIRST 10 MIN
11:28		87'	
11:30		87'	
11:32	62 GPM	87'	
11:34		87'	
11:40		87'	10 MIN - 30 MIN
11:44		87'	
11:49		87'	
11:54		87'	
11:59		87'	
12:04		87'	
12:20		87'	30 MIN - 4 HOURS
12:35	65 GPM	88'	

12:50		84'	
1:05		84'	
1:20		84'	
1:35	65 GPM	84'	
1:50		84'	
2:05		84'	
2:20		84'	
2:35	65 GPM	84'	
2:50		84'	
3:05		84'	
3:20		84'	
3:35	64 GPM	84'	
3:37	0 GPM	83'	MONITOR REFILL
3:39		78'	
3:41		68'	
3:43		63'	
3:45		60'	
3:47		58'	

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