

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POD Only**



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

**A fee of \$230 must accompany this form for any Transfer final orders 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:  
<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**

**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a change in either point(s) of diversion or additional point(s) of diversion, or a combination of both.

**YES NO**

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION # **13650**  
T-

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

APPLICANT/BUSINESS NAME Griener's Quarter Circle J R Inc.		PHONE NO. 541-219-6034	ADDITIONAL CONTACT NO.
ADDRESS PO Box 25			
CITY Adel	STATE OR	ZIP 97620	E-MAIL sandydeeadel@outlook.com

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

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

TRANSFER HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

8/1/2024
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Troy Brandt	8/1/2024	Agent

**6. County:**

Lake
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**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)):**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

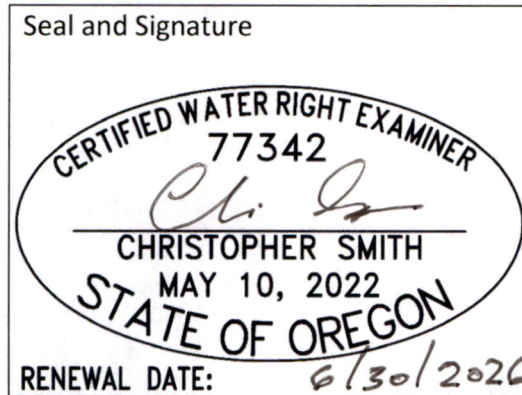
Add additional tables for owners of record as needed



## 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.



CWRE NAME Chris Smith, PE, CWRE, CFM	PHONE NO. 541-738-2920	ADDITIONAL CONTACT NO.
ADDRESS 311 SW Jefferson Avenue		
CITY Corvallis	STATE OR	ZIP 97333
E-MAIL Chris.Smith@swca.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
	Sandy Griener Taylor	Owner	01/08/25

### SECTION 3 CLAIM DESCRIPTION

**Note:** The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

**1. New or additional point of diversion name or number:**

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
POD #1	Deep Creek
POD #4	Deep Creek

**2. Variations:**

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

(e.g. "The order allowed three new/additional points of diversion. The water user only developed one of the points.")

**3. Claim Summary:**

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POD #1	9439 - by decree ; 61797 - 0.16 cfs	3.12 cfs	N/A
POD #4	9439 - by decree ; 61797 - 0.16 cfs	1.16 cfs	N/A



## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s?

YES

NO

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):

POD #1

#### A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

##### 1. Pump Information

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

##### 2. Motor Information

MANUFACTURER	HORSEPOWER

##### 3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)

##### 4. Provide pump calculations:

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##### 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)

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

#### B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

##### 1. Does the diversion involve a gravity flow pipe?

YES

NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
12 inch	CMP	60	0.60 ft	29 ft	0.02 ft/ft	3.12 cfs

3. Provide calculations:

$$v = 1.31 \cdot (60) \cdot (0.25^{0.63}) \cdot (0.02^{0.54}) = 3.969 \text{ ft/sec}$$

$$Q = vA = 3.969 \text{ ft/sec} \cdot 0.7854 \text{ ft}^2 = 3.12 \text{ cfs}$$

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**C. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal?

YES NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**D. Additional notes or comments related to the system:**

The system includes open ditch, to gravity pipe, to gravity flume, to open ditch.



## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s?

**YES**    **NO**

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):

POD #4

#### A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

##### 1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Pentair	Berkeley	M28387	Centrifugal	6 inch	6 inch

##### 2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor Reliance	10

##### 3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10	29 (BEP)	6 ft	15.4 ft	1.16 cfs

##### 4. Provide pump calculations:

Q Pump = ((horsepower)\*(pump efficiency))/(total head in feet)  
 Q Pump = (10\*6.61)/(58.6)  
 Q Pump = 1.16 cfs

##### 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)

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

#### B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe?

**YES**    **NO**

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

**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**C. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

**1. Does the diversion involve a gravity flow ditch or canal?**

YES NO

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

**2. Complete the table:**

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

**3. Provide calculations:**

**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**D. Additional notes or comments related to the system:**



## SECTION 5 CONDITIONS

All conditions contained in the transfer final order, 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 NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	7/14/2022	
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	OWRD provided verbal approval to begin irrigation in June 2022 prior to the Issuance Date.

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

2. Is there an extension final order(s)?

YES

**NO**

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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.

b. Has a meter been installed?

**YES**

NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #4	McCrometer	N/A	Working	16.048 ac-ft	March 2022

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:

NAME	TITLE	APPROXIMATE DATE
Kyle Gorman (retired)	Regional Manager	March 2022

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
Stevens Staff Plate	Working	April 2022

4. 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.

b. Have the reports been submitted?

YES 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?

☒ YES NO

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

**Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.**

b. Has the fish screening been installed?

☒ YES NO

c. When was the fish screening installed?

DATE	By WHOM
POD #1 / POD #4	POD #1 - ODFW, POD #4 Pardue Construction

**Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.**

d. If the diversion **involves a pump and** the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? ☒ NA YES NO

If not, go to <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>, complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

**Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.**

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e. If the diversion does **not involve a pump** or the **total** diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted?

NA

YES

**NO**

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.**

## 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? **ODFW screen has a fish bypass. The pump screen does not require a bypass.**

YES

**NO**

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

**Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.**

- b. Have by-pass devices been installed?

YES

NO

- c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM

## 7. Other conditions required by the transfer final order or extension final order:

- a. Was the water user required to restore the riparian area if it was disturbed?
- b. Was a fishway required?
- c. Other conditions?

**YES**

NO

YES

**NO**

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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## 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.) **\*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")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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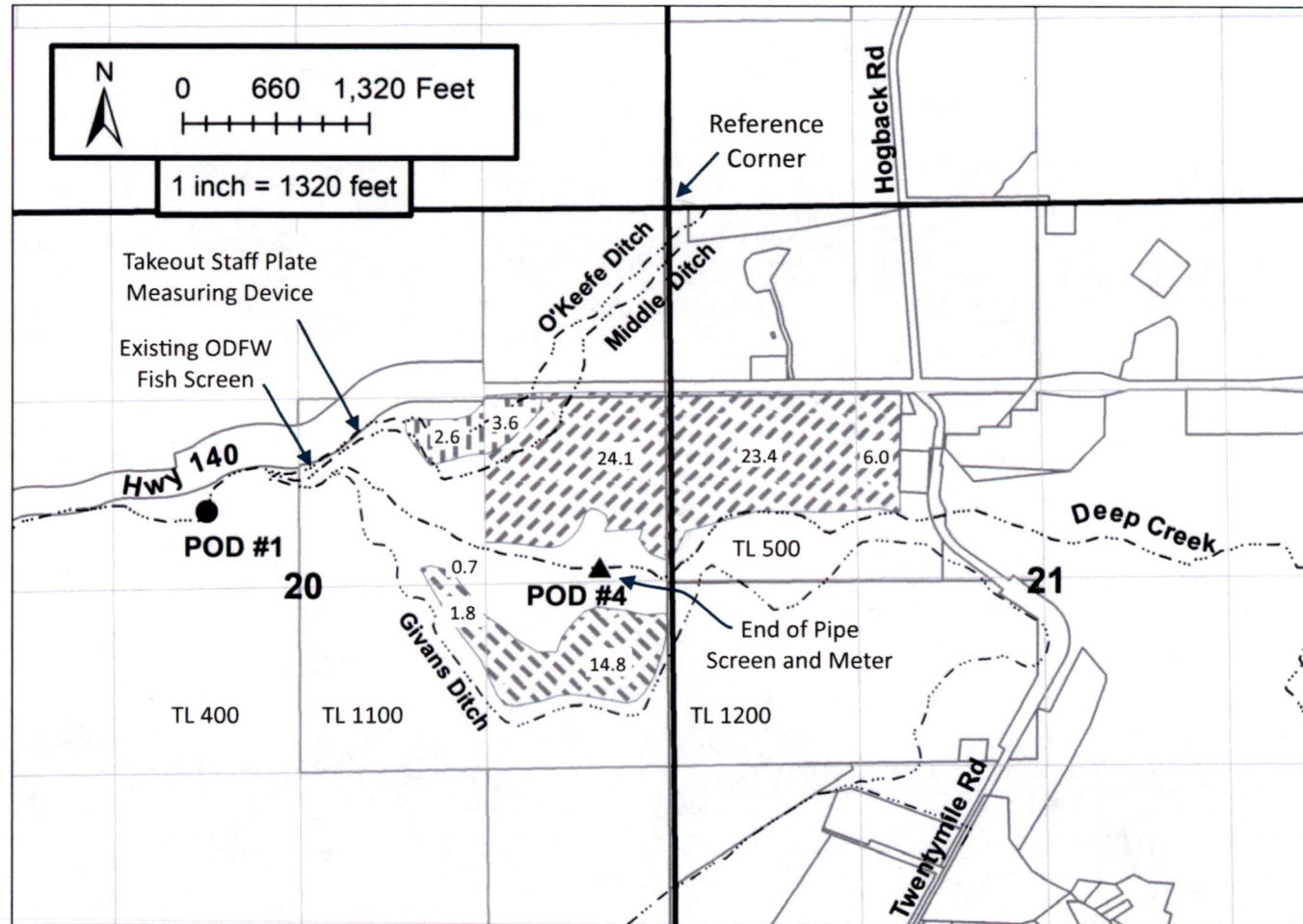
POD #1  
2190 ft South  
3300 ft West

POD #4  
2635 ft South  
1086 ft West

From the NE  
Corner of Sec 20,  
T39S, R24E

# Griener's Quarter Circle J R Inc. POD Transfer Map Transfer T-13650

T39S, R24E, WM  
Section 20 & 21



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## Legend

● POD #1

◆ POD #4

▨ Cert 9439 Tract 1, POD change to Use POD #1

▨ Cert 61797, POD change to Use POD #1

▨ Cert 9439 Tract 2, POD change to Use POD #4

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

The area mapped as the Place of Use is from the OWRD WRIS GIS mapping. It is used here for reference. CWRE does not certify its accuracy.



RENEWAL DATE: 6/30/2023



## T-13650 PHOTOS

POD #1



**Figure 1.** POD #1, the O'Keeffe Diversion on Deep Creek. Water is diverted through a headgate (white arrow, top photo), through a pipeline that crosses Deep Creek (lower right), into an open ditch with an ODFW rotary drum fish screen (lower left), and downstream to the Griener takeout (Figure 2).

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**Figure 2.** Griener takeout from O'Keeffe Ditch. Photos from August 1, 2024. Photos include the takeout from O'Keeffe Ditch (left). The staff plate is on the right wall of the concrete vault. The outlet pool in the Middle Ditch is located at the flume outlet (right)



## POD #4



**Figure 3.** POD #4, the Griener pump station on Depe Creek. Photos from August 1, 2024. Photos include the transformer cabinet for the underground power lines (upper left), the McCrometer flow meter (upper right), the pump assembly (lower right), and the intake pipe with Sure-Flow self-cleaning strainer screen (lower left).