

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater



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 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 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>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> Change in POA(s) or Additional POA(s) | 2. <input checked="" type="checkbox"/> Change in Place of Use |
| 3. <input type="checkbox"/> Change in Character of Use | |

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-13457

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Daniel & Leanne Miles		PHONE NO. 541-576-4842	ADDITIONAL CONTACT NO.
ADDRESS 81341 Buick Lane			
CITY Silver Lake	STATE OR	ZIP 97638	E-MAIL daniel.miles10@gmail.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 NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

12/10/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Daniel Miles	12/10/2024	owner

6. County:

Lake

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 NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

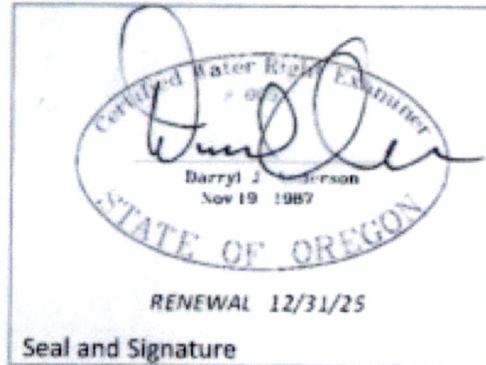
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SECTION 2
SIGNATURES

Superseded

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 Darryl Anderson		PHONE NO. 541-947-4407	ADDITIONAL CONTACT NO.
ADDRESS 17681 Highway 395			
CITY Lakeview	STATE OR	ZIP 97630	CITY Lakeview

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
	Daniel L. Mids	owner	2/13/25

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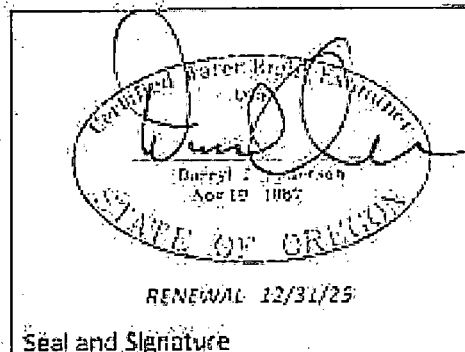
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Salem, OR

SECTION 2
SIGNATURES

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The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Darryl Anderson		PHONE NO. 541-947-4407		ADDITIONAL CONTACT NO.	
ADDRESS 17681 Highway 395					
CITY Lakeview		STATE OR	ZIP 97630	CITY Lakeview	

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
	Daniel L. Miles		3/5/25
	Leanne Miles		3/5/25

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

If "NO", this Section can be deleted.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well #7	LAKE 887		

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES**

If yes, describe below.

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

The 10.31 acres of supplemental to be moved on Certificate 48608 was erroneously listed on the final order as also changing the POA to Well #7. The application indicated that this was a place of use change only, remaining with Well #6.

Well #6 currently has no pump installed and no piping infrastructure in place to delivery water to the place of use. The 10.31 acres of supplemental irrigation was not developed.

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #7	1.09 cfs	1.93 cfs	NA

System Description

Are there multiple new or additional Points of Appropriation (POA)?

NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well #7

A. POA System Information

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

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	turbine	6"	8"

2. Motor Information

MANUFACTURER	HORSEPOWER
Nidec Motor Corporation	40

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)
40	36	50	16	1.93

4. Provide pump calculations:

See Attached

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)
NA – system not running			

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

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6. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

NO

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
Certificate 35750 – 10.31	10.31
Certificate 48608 – 17.74 primary 10.31 supplemental	17.74 primary 0.00 supplemental
Certificate 94357 – 2.42	2.42
Certificate 94359 – 24.05	24.05
Certificate 94361 – 8.46	8.46
Certificate 94362 16.80 primary 1.42 supplemental	16.80 primary 1.42 supplemental
Certificate 94365 – 9.52	9.52

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

NEW USE(S)	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)
	NA
	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES

If yes, describe below.

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

The 10.31 acres of supplemental to be moved on Certificate 48608 was erroneously listed on the final order as also changing the POA to Well #7. The application indicated that this was a place of use change only, remaining with Well #6.

Well #6 currently has no pump installed and no piping infrastructure in place to deliver water to the place of use. The 10.31 acres of supplemental irrigation was not developed.

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

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SECTION 4 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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	March 14, 2023	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2024	Section 18 system was installed prior to transfer application, 2018 Section 2 system was installed and proofed in 2008

* 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)?

NO

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**

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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #7	Seametrics	03220401	Working	688.56707 ac-ft	2018
Well #1	McCrometer	08-03827	working	932 986 ac-ft x.001	2008

4. Recording and reporting conditions

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

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

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. 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):

NA

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Maps	Claim of Beneficial Use Maps
Photographs	Photographs of Site Visit
Well Logs	Well Logs for Well #1 and Well #7
Sprinkler Capacity – Section 18 Pivot	Nozzle flows for Section 18 pivot
Theoretical Pump Capacity	Pump Horsepower Calculations
Pump Capacity Calculation Sheet	Pump Horsepower Calculations

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SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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 performed with Real Time GPS – Corner tie is a 5/8" iron rod located at the northeast corner of Section 18, T27S 16E, W.M. and a brass cap located at the southeast corner of Section 2, T27S 15E, W.M

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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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NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

RECEIVED

JUN 17 1982

State Well No.

State Permit No.

WATER RESOURCES DEPT

SALEM, OREGON

(1) OWNER:

Name Robert & Arline Clendenen
Address 18902 River Road
Bend, Oregon 97702

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒
14" Diam. from 0 ft. to 41 ft. Gage 25
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☒ No

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Golden Rule Farms

Yield: 1350 gal./min. with 66 ft. drawdown after 3 hrs.

" " " "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water 52 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 22 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 14 in.
Number of sacks of cement used in well seal 26 sacks
How was cement grout placed? pumped

Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel: ft.

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

Driller's well number
NE 1/4 NE 1/4 Section 18 T. 27 R. 16 E W.M.

Bearing and distance from section or subdivision corner

Old Center of 160 Acres

(11) WATER LEVEL: Completed well.

Depth at which water was first found 1145 ft.

Static level 24 ft. below land surface. Date

Artesian pressure 45 lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 14

Depth drilled 1155 ft. Depth of completed well 1155 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	1	
DYATO MACROUS EARTH	1	35	
CLAY BLUE	35	800	
CLAY BROWN	800	1084	
ROCK GREY HARD	1084	1129	
CINDERS Red	1129	1139	
ROCK LARGE Red	1139	1155	24
BOWLER			

Work started 4-7 1982 Completed 5-28 1982

Date well drilling machine moved off of well 6-10 1982

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Walter K Baert Date 6/10, 1982
(Drilling Machine Operator)

Drilling Machine Operator's License No. 936

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name WALTER K. BAERT
(Person, firm or corporation) (Type or print)

Address 15936 Green Forest Lane Dr.

[Signed] Walter K Baert
(Water Well Contractor)

Contractor's License No. 671 Date 6/10, 1982

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

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

LAKE
5009S

APR 08 1996

WATER RESOURCES DEPT (START CARD) # 71221
SALEM, OREGON

(1) OWNER:

Name Harold Miles Well Number _____
Address HC 84 Box 105
City Silver Lake State OR Zip 97368

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 144 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
18"	0	90	Cement	0	90	55
9"	90	144				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	+1	90	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1900 gal		144'	1 hr

Temperature of water 57 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Lake Latitude _____ Longitude _____
Township 27 N or S Range 15 E or W. WM.
Section 2 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

23 ft. below land surface. Date 3-15-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35'	38'	25 gpm	20'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay Stone	2	10	
Green clay	10	25	
Black sand	25	35	u 13
Brown stone	35	50	
Green stone	50	65	
Brown stone	65	80	
Lake rock	80	95	
Brown lake rock	95	120	
Red cedar	120	125	
Hard Basalt	125	130	
Brown lake rock	130	144	

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Date started 3-8-96 Completed 3-15-96

(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 16541

Signed Theresa S. Smith Date 4-4-96

CLAIM OF BENEFICIAL USE

Inspection Photographs
Miles Transfer T-13457

Job: 2024-095

Date: 12/10/2024



Well #7 Pump and Flowmeter



Well #7 Access Port

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Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs

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Date: 12/10/2024



Flowmeter for Well #7



Flowmeter for Well #7

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Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs
Miles Transfer T-13457

Job: 2024-095
Date: 12/10/2024



Pump and Motor Well #7



Pivot Center, Section 18

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Lakeview, Oregon 97630

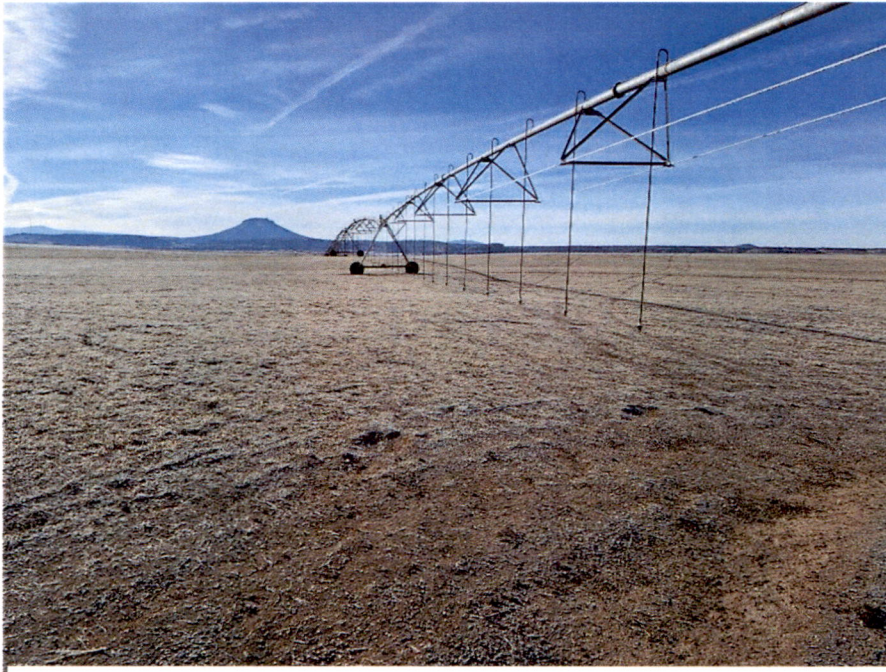
CLAIM OF BENEFICIAL USE

Inspection Photographs

Miles Transfer T-13457

Job: 2024-095

Date: 12/10/2024



Pivot in Field/Place of Use, Section 18



Typical Pivot Nozzle, Section 18

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P.O. Box 28
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Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs

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Job: 2024-095

Date: 12/10/2024



Well #1 and Flowmeter



Well #1 Flowmeter

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P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

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Job: 2024-095

Date: 12/10/2024



Place of Use, Section 2



Wheel Line in Place of Use, Section 2

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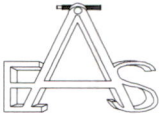
Anderson Engineering & Surveying, Inc.
P.O. Box 28
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SUMMARY OF NOZZLE FLOWS

Section 18 Well #7 Pivot Flows

Miles Transfer T-13457 Well #7 Pivot

#	NOZZLE SIZE	DIAMETER	PSI	FLOW (FT^3/S)	TOTAL (FT^3/SEC)	FLOW (GPM)	TOTAL FLOW (GPM)
1	10	0.07813	19.5	0.002	0.002	0.80	0.80
1	11	0.08594	19.5	0.002	0.002	0.97	0.97
0	12	0.09375	19.5	0.003	0.000	1.16	0.00
1	13	0.10156	19.5	0.003	0.003	1.36	1.36
0	14	0.10938	19.5	0.004	0.000	1.58	0.00
1	15	0.11719	19.5	0.004	0.004	1.81	1.81
1	16	0.12500	19.5	0.005	0.005	2.06	2.06
1	17	0.13281	19.5	0.005	0.005	2.32	2.32
1	18	0.14063	19.5	0.006	0.006	2.61	2.61
1	19	0.14844	19.5	0.006	0.006	2.90	2.90
1	20	0.15625	19.5	0.007	0.007	3.22	3.22
2	21	0.16406	19.5	0.008	0.016	3.55	7.09
1	22	0.17188	19.5	0.009	0.009	3.89	3.89
0	23	0.17969	19.5	0.009	0.000	4.25	0.00
2	24	0.18750	19.5	0.010	0.021	4.63	9.27
0	25	0.19531	19.5	0.011	0.000	5.03	0.00
2	26	0.20313	19.5	0.012	0.024	5.44	10.87
1	27	0.21094	19.5	0.013	0.013	5.86	5.86
7	28	0.21875	19.5	0.014	0.098	6.31	44.14
7	29	0.22656	19.5	0.015	0.105	6.76	47.35
4	30	0.23438	19.5	0.016	0.065	7.24	28.95
6	31	0.24219	19.5	0.017	0.103	7.73	46.38
12	32	0.25000	19.5	0.018	0.220	8.24	98.83
6	33	0.25781	19.5	0.020	0.117	8.76	52.55
7	34	0.26563	19.5	0.021	0.145	9.30	65.08
8	35	0.27344	19.5	0.022	0.176	9.85	78.82
11	36	0.28125	19.5	0.023	0.255	10.42	114.66
6	37	0.28906	19.5	0.025	0.147	11.01	66.06
8	38	0.29688	19.5	0.026	0.207	11.61	92.91
5	39	0.30469	19.5	0.027	0.136	12.23	61.17
0	40	0.31250	19.5	0.029	0.000	12.87	0.00
1	41	0.32031	19.5	0.030	0.030	13.52	13.52
0	42	0.32813	19.5	0.032	0.000	14.19	0.00
0	43	0.33594	19.5	0.033	0.000	14.87	0.00
0	44	0.34375	19.5	0.035	0.000	15.57	0.00
0	45	0.35156	19.5	0.036	0.000	16.29	0.00
0	46	0.35938	19.5	0.038	0.000	17.02	0.00
105	TOTAL FLOW NOZZLES				1.928		865.47
#	END GUN (IN)	DIAMETER	PSI	FLOW (FT^3/S)	FLOW (GAL/MIN)		TOTAL FLOW
0	0	0.75	60	0.232	0.000	104.02	0.000
0	0	0	40	0.000	0.000	0.00	0.000
0	0	0	32.5	0.000	0.000	0.00	0.000
0				FT^3/S			GAL/MIN
FLOW TOTAL					1.93		865.47



ANDERSON ENGINEERING & SURVEYING, INC.
PO BOX 28
LAKEVIEW, OREGON 97630
(541) 947-4470 FAX 947-2321

Received
FEB 26 2025
OWRD

Pump Capacity Calculation Sheet

using Department designed formula:

$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 40
Efficiency = 7.04
Lift = 50
PSI = 36

Results Calculated

$(\text{hp})(\text{efficiency}) = 281.6$
Head based on psi = 91.5
Total dynamic head = 141.5
(head + lift)

Pump Capacity = 1.99 feet per second

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Theoretical Pump Capacity

Miles Transfer T-13457 Well #7 Pivot

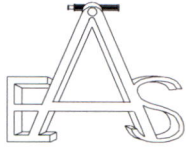
Flow	1.93 CFS
Head	36 PSI see calculations on loss
LIFT	50 Feet
Efficiency	80% Turbine Pump

HP	36.4 OK 40 HP
-----------	----------------------

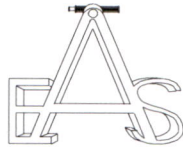
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ANDERSON

ENGINEERING & SURVEYING, INC.



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TRANSMITTAL LETTER

Oregon Water Resources Dept

725 Summer Street NE, Suite A

Salem, Or 97301-1266

DATE: 2/13/2025	JOB NO: 2024-095
ATTENTION:	
RE: Miles COBU	

WE ARE SENDING YOU ATTACHED:

☒ PRINTS ☐ PLANS

☐ OTHER _____

COPIES	DATE	DESCRIPTION
1	2/13/2025	COBU
1	2/13/2025	Water Well Report
1	2/13/2025	Insp. Photos
1	2/13/2025	Nozzle Flows
1	2/13/2025	Cales
1	2/13/2025	Map

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒ FOR APPROVAL ☐ FOR REVIEW AND COMMENT

☐ AS REQUESTED ☐ FOR SIGNATURE

☐ OTHER _____

REMARKS _____

Thank you

COPY TO _____ SIGNED Brilene Ortwein
If enclosures are not as noted, please notify us at once

Received
FEB 26 2025
OWRD