

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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.

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>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16415	G-15968	N/A

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Brandy and Joseph DeSimone		PHONE NO. (541) 821-2521	ADDITIONAL CONTACT NO. (541) 879-3020
ADDRESS 1483 Sterling Creek Rd			
CITY Jacksonville	STATE OR	ZIP 97530	E-MAIL brandy@silverspringstrucking.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 Brandy and Joseph DeSimone		
ADDRESS 1483 Sterling Creek Rd		
CITY Jacksonville	STATE OR	ZIP 97530

ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

4. Date of Site Inspection: **March 22, 2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Brandy DeSimone	March 22, 2024	Permit Holder and Landowner

6. County: **Jackson County**

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

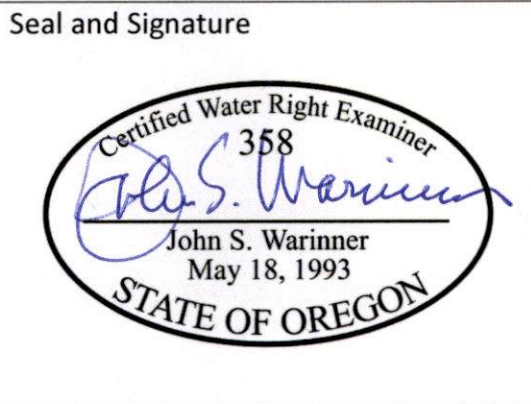
Add additional tables for owners of record as needed

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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 John Warinner	PHONE NO. (541) 815-4103	ADDITIONAL CONTACT NO. N/A	
ADDRESS 23321 Chisholm Trail			
CITY Bend	STATE OR	ZIP 97702	E-MAIL johnw@watersolving.com

Permit Holder's 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
	Brandy DeSimone	Permit Holder and Landowner	4/24/24
	Joseph DeSimone	Permit Holder and Landowner	4/24/24

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SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POA	JACK 16202	L94554

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

2. 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)
POA	Irrigation	Pasture and Trees	April – October	0.058 CFS
Total Quantity of Water Used				0.058 CFS

3. 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 withdrawn from the groundwater aquifer with a pumped well, flows through a buried pipeline to a totalizing flowmeter, is distributed to various places of use with a buried pipeline, and is applied to grass pasture and trees with brass impact sprinklers mounted on aluminum handline.

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).

4. 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 diversion. 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.")

Developed as authorized by the permit.

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA	0.058 cfs	0.058 cfs	N/A	Irrigation	4.7 ac	4.7 ac

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

☐ NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

POA

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, 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:

½-inch PVC pipe extending from east side of well cap

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
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See Well Log JACK 16202 (attached)

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.

N/A

C. Groundwater Source Information (Sump)

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

YES

☐ NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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?

YES **NO**

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Goulds	N/A	N/A	Submersible

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)
5 HP	60 PSI	30 FEET	0 FEET	0.21 CFS

4. Provide pump calculations:

$\text{FLOW (gpm)} = \text{PUMP HP} \times 3960 \times \text{PUMP EFF} / \text{TDH (ft)}$

$\text{FLOW (gpm)} = 5 \text{ HP} \times 3960 \times 0.8 / [(30 \text{ feet}) + (60 \text{ psi})(2.31 \text{ ft/psi})]$

$\text{FLOW (gpm)} = 94 \text{ gpm}$

$\text{FLOW (cfs)} = \text{FLOW (gpm)} / 448.8 = 94 \text{ gpm} / 448.8 = 0.21 \text{ cfs}$

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)
N/A	N/A	N/A	N/A

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 inch	60 psi	4.4 gpm	2	2	0.019 cfs (8.8 gpm)
9/32+3/16	60 psi	25.9 gpm	1	1	0.058 cfs (25.9 gpm)

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

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A	N/A	N/A	N/A	N/A	N/A

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8. 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
N/A	N/A	N/A	N/A	N/A	N/A

E. Storage

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

YES ☐ NO ☒

If "NO", item 2 and 3 relating to this section may be deleted.

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 ☒

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

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 ☒

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

H. Additional notes or comments related to the system:

N/A

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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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	2005-10-06		
BEGIN CONSTRUCTION (A)	N/A	1980-09-13	Well constructed prior to permit
COMPLETE CONSTRUCTION (B)	N/A	2006	Installed sprinkler irrigation system
COMPLETE APPLICATION OF WATER (C)	2010-10-01	2006	Applied water for beneficial 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 ☒

If "NO", item b relating to this section may be deleted.

b. Were the Progress Reports submitted?

YES ☐ NO ☒

If the reports have not been submitted, attach a copy of the reports if available.

3. Initial Water Level Measurements:

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

☒ YES ☐ NO

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

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department?

☒ YES ☐ NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A	N/A	N/A	N/A

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? ☒ YES ☐ NO

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

b. Provide the month in which the static water level measurement(s) were to be made:

c. Were the static water level measurements taken in the month(s) required? ☒ YES ☐ NO

d. If "YES", were those measurements submitted to the Department? ☒ YES ☐ NO

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A	N/A	N/A	N/A

5. Pump Test:

a. Is a pump test required? ☒ 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

****The Claim 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 appropriation.

b. Has a meter been installed? ☒ YES ☐ NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA	Badger Meter	33472703	Working	1502030 cubic ft	2005

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

7. 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.

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 a Well Identification Number (Well ID tag) assigned and attached to the well? ☒ YES ☒ NO

WELL ID #	DATE ATTACHED TO WELL
L94554	N/A

d. 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):

N/A

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Well Log	Well Log JACK 16202

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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.

The CBU Map was prepared using ESRI ArcGIS and un-dated (relatively current) aerial imagery available through ArcGIS and ground-truthed using GPS during the on-site inspection.

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 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 meters and/or measuring devices in relationship to POD or POA.
- ☒ 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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WELL REPORT

STATE OF OREGON

State Well No.

State Permit No.

(1) OWNER:

Name Patricia Maddox
 Address 280 Poorman Cr. Rd
 City Jacksonville State Or

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Air ☒ Driven ☐
 Rocky Mud ☐ Dug ☐
 Cased ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☐
 Thermal ☐ Withdrawal ☐ Reinjection ☐

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
 Threaded ☐ Welded ☒

" Diam. from +1 ft. to 39 ft. Gauge 250
 " Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED:

" Diam. from _____ ft. to _____ ft. Gauge _____

(6) 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 _____ Model No. _____
 Type _____
 Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

WELL TESTS:

Drawdown is amount water level is lowered below static level

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

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Air test 70 gal./min. with drill stem at 180 ft. 1 hrs.

Water test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artisan flow _____ g.p.m.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☒

Well seal—Material used Cement

Well sealed from land surface to 20 ft.

Diameter of well bore to bottom of seal 10 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal 8 sacks

How was cement grout placed? PRESSURE GROUT

Was pump installed? No Type _____ HP _____ Depth _____ ft.

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: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Jackson Driller's well number 432-0
 NE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 7 T. 38S R. 2W W.M.
 Tax Lot # 107 Lot _____ Blk _____ Subdivision _____

Address at well location: _____

STEERING CK + POORMAN'S CK

(11) WATER LEVEL: Completed well.

Depth at which water was first found 38 ft.

Static level 22 ft. below land surface. Date 9-13-80

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6

Depth drilled 180 ft. Depth of completed well 180 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
Soil	0	1	
CLAY GRAVEL	1	8	
CLAY	8	32	
CLAY BASALT	32	38	
BASALT	38	65	22
BASALT	65	110	
BASALT	110	121	22
BASALT	121	142	
BASALT	142	153	22
BASALT	153	180	

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WATER RESOURCES DEPT

SALEM, OREGON

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Work started 9-13 19 80 Completed 9-13 19 80
 Date well drilling machine moved off of well 9-13 19 80

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) ERRA Date 9-13-80
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 819

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 ERRA (Type or print)
 (Person, firm or corporation)

Address 2691 N. 1st St. SE, Salem, OR 97302

(Signed) ERRA (Water Well Contractor)

Contractor's License No. 699 Date 9-13 19 80

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.

SP*12658-690