

**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.**

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>

Received

AUG 07 2025

OWRD

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-11671	PERMIT # (IF APPLICABLE) G-10855	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Ryan Lieuallen/ Sweet Bee Honey Co. Inc		PHONE NO. (360) 907-0842	ADDITIONAL CONTACT NO.
ADDRESS PO Box 558			
CITY Milton-Freewater	STATE OR	ZIP 97862	E-MAIL ryan@sweetbeehoneyco.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 Ryan Lieuallen		
ADDRESS PO Box 558		
CITY Milton-Freewater	STATE OR	ZIP 97862

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

7/22/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ryan Lieuallen	7/22/2025	Permit holder/irrigator

6. County:

Umatilla

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

Received

AUG 07 2025

OWRD

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.

Seal and Signature

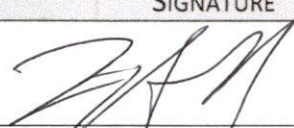


CWRE NAME Paul Garvin		PHONE NO. 503-347-7188	ADDITIONAL CONTACT NO.
ADDRESS 1705 Main St. Ste. 101			
CITY Baker City, OR	STATE OR	ZIP 97814	E-MAIL Garvin.hydrogeo@gmail.com

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
	Ryan Lieuallen	Permit Holder/Irrigator	7/22/25

Received
AUG 07 2025
OWRD

SECTION 3

CLAIM DESCRIPTION

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	UMAT 4027	-

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	Umatilla	S. Fork Walla Walla

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	IR	Pasture	March - October	0.17 cfs
Total Quantity of Water Used				0.17 cfs

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 appropriated from the well and conveyed northwest in a 4" buried PVC mainline to a utility shed containing the flowmeter and irrigation system controls. From there, water is conveyed via a 4" buried PVC mainline in a clockwise fashion proximate to the property boundary. 7,800 total feet of 2" buried PVC lateral branch off of the mainline at 60 foot intervals, 5 gpm sprinkler heads are positioned every 60 feet along the laterals. The piping diameter is reduced to ¾" just before the sprinkler head where the piping is reduced to ¾" just before the sprinkler heads.

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).

Received
AUG 07 2025
OWRD

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.")

Note:

According to well logs obtained from a query of the OWRD Well Report Database, two wells are located on the irrigated property. The domestic well (UMAT 4029) was drilled in 1979 and the irrigation well (UMAT 4027) was drilled in 1984. The location of the Irrigation well as described in the Application and Permit is: 100 ft N and 1,720 feet E from the SW Corner of the NW ¼ of Section 21. Field reconnaissance confirmed that no wells are present at the permitted location and the irrigation well is located approximately 115 ft N and 68 ft W from the permitted location. However, since the irrigation well was drilled approximately 3 years prior to the permit application it is reasonable to assume the location of the irrigation well was incorrectly surveyed and described in the permit – so *the permitted well location description is considered a scrivener's error*. During field reconnaissance it was confirmed that the domestic well is located approximately 100 ft W and 141 ft N from the irrigation well. According to information provided by the water user -who purchased the property in 2017, the domestic well is connected to a 2" diameter mainline that runs directly to the residence and the irrigation well is connected to a 4" diameter mainline that feeds the irrigation system.

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	0.17 cfs	0.25 cfs	-	IR	13.9	13.9

Received

AUG 07 2025

OWRD

SECTION 4 SYSTEM DESCRIPTION

OWRD

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):

A. Place of Use

1. Is the right for municipal use?

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
5N	36E	WM	21	SESW			IR	7.5	
5N	36E	WM	21	NESW			IR	6.4	
Total Acres Irrigated								13.9	

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)

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:

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

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.

C. Groundwater Source Information (Sump)

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

YES

☒ NO

D. Diversion and Delivery System Information

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?

YES

NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	6HIT2-20-2	G28111E	submersible	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	20

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)
20	90	-	340'	0.25

5. Provide pump calculations:

Data:

Lift = 340'; Efficiency = 7.04; hp = 20; psi head = 228.6'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 0.25 cfs

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)

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.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1,400'	PVC	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	7,800'	PVC	buried

Received
AUG 07 2025

OWRD

10. Sprinkler Information:

SIZE	OPERATING PSI (ACCOUNTING FOR FRICTIONAL LOSSES)	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 10LA	60	5	130	15	1.45

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
------	------------------	----------------------------	-----------------------------	------------------------	-------------------------------

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
---------------------------------	---------------------	----------------------------	-----------------------------------	-------------------------------	------------------------

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
--------------	--------------------------	------------------	-----------------------------	-----------------------------

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

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:

Received
AUG 07 2025
OWRD

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	2/27/1989		
BEGIN CONSTRUCTION (A)	2/27/1990	9/1990*	*Well was drilled prior to permit issuance
COMPLETE CONSTRUCTION (B)	10/1/1990	9/1990*	*Well was drilled prior to permit issuance
COMPLETE APPLICATION OF WATER (C)	10/1/1991	4/1991	Water applied across the place of 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

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

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>

Received
AUG 07 2025

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	Lindsay	GT18040459	Working	-	Originally installed in 9/1990 (replaced in 3/2019)

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 to the well? **YES** **NO**

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):

--

SECTION 6**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	UMAT 4027 Well Log

SECTION 7

Received
AUG 07 2025

OWRD

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.

Map was created using GIS software with publicly available GIS data, handheld GPS, ground truthing, and aerial imagery from Google dated 12/1985 and 5/1994.

Received
AUG 07 2025
OWRD

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 **NA**
- ☒ 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 **NA**
- ☒ 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

Received
AUG 07 2025
OWRD

WATER WELL REPORT
STATE OF OREGON

UMAT
4027

RECEIVED

SEP 26 1984

WATER RESOURCES DEPT

State Well No.

5N/36E-21A

State Permit No.

(1) OWNER:

Name Leland Demaris
Address Rt #1 Box 58A
City Milton-Freewater OR State 97842

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air ☒ Driven ☐
Rotary Mud ☐ Dug ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐
Thermal ☐ Withdrawal ☐ ReInjection ☐

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☐

8" Diam. from +1 ft. to 39 ft. Gauge 0.250
" 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 _____

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

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

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

" " " " " "

Air test 130 gal./min. with drill stem at 399 ft. 1 hrs.

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

sian flow _____ g.p.m.

perature of water 63° Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☒

Well seal—Material used Cement

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 12 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal 8 sacks

How was cement grout placed? Pumped

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 UMAT Driller's well number _____

NE 1/4 SE 1/4 Section 21 T. 5N R. 36E W.M.

Tax Lot # _____ Lot _____ Blk _____ Subdivision _____

Address at well location: _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 140 ft.

Static level 202 ft. below land surface. Date 9-5-84

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 8

Depth drilled 400 ft. Depth of completed well 400 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	5	
Basalt BRN Frac	5	15	
" BRN	15	36	
" GRAY	36	105	
" BRN	105	117	
" GRAY	117	135	
" BRN 406pm	135	140	
" GRAY	140	227	
" Cinder BRN	227	236	
Basalt GRAY	236	305	
" BRN 606pm	305	315	
" GRAY + BRN	315	359	
" GRAY	359	383	
" GRAY Frac	383	390	
" BRN 306pm	390	400	202

Received

AUG 07 2025

OWPD

Work started 8-28- 19 84 Completed 9-5- 19 84

Date well drilling machine moved off of well 9-5- 19 84

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] _____ Date _____, 19____

(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

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 Charles Summers Well Drilling

Address Rt #3 Box 143-A-1 77th St. OR

[Signed] Charles Summers

(Water Well Contractor)

Contractor's License No. 575 Date 9-22- 19 84

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