

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water and
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 \$345 must accompany this form for transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

2/24/2015

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 503-986-0900.

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 involving multiple changes.

YES

Mark all that apply:

- Change in POD(s) or Additional POD(s)
- Change in POA(s) or Additional POA(s)
- Change in Place of Use
- Change in Character of Use
- Change in Character of Use – Reservoir

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

1. File Information

APPLICATION #
T-11988

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Double J Ranch, LLC		PHONE NO. 208-821-4378	ADDITIONAL CONTACT NO.
ADDRESS PO Box 766			
CITY Christmas Valley	STATE OR	ZIP 97641	E-MAIL AvaJarman@mac.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 Becky Miles			
ADDRESS 38181 Gilkey Rd			
CITY Scio	STATE OR	ZIP 97374	

4. Date of Site Inspection:

9/4/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ava Jarmin	9/4/2025	Property 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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

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CWRE Statement, Seal and Signature

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



CWRE NAME Scott D Montgomery	PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767		
CITY Terrebonne	STATE OR	ZIP 97760
		E-MAIL scott@apeands.com

Transfer Holder(s) 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
Rebecca Miles	Becky Miles	Applicant	12/12/2
Ava Jarman	Ava Jarman	Member/Owner	12/11/25

Revised 7/1/2025

Transfer SW and GW Multiple - Page 3 of 12

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Notarial Certificate Attached

SECTION 3

Changes Made

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

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion?

NO

Change #2

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

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)
#2	LAKE 50565	L16068	Ft. Rock Basin

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 well is located within the same farm pivot field & approximately 600 feet southwest from where the transfer order describes the well.

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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
#2	1/80 cfs per acre	0.97 cfs	Not on

System Description

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

NO

#2 (LAKE 50565)

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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
National	UNK	UNK	Turbine	14"	8"

2. Motor Information:

MANUFACTURER	HORSEPOWER
GE	60

3. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
60	40	435'	5'	0.97

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

4. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{s/hp} \times \text{hp} = (7.04)(60) = 0.97 \text{ cfs}$$

Total head, ft 541.6

$$\text{Total head} = 101.6' + 435' + 5' = 541.6'$$

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)
Not running			

6. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
NA				

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

7. Provide pump calculations:

NA

8. 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			

9. Additional notes or comments related to the system:**B. Groundwater Source Information (Well and Sump)****1. Is the appropriation from a dug well (sump)?**

NO

C. Additional notes or comments related to the system:

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Change #3

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
29.6	28.0

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

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 final order allowed 29.6 acres. The water user only developed 28.0 acres. The area pattern
differs slightly, but is all within the same 1/4 section.**

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Change #4

Change in Character of Use

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

NO

Change #5

Change in Character of Use – Reservoir

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

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	6/22/2017	
COMPLETENESS DATE FROM ORDER (C)	10/1/2018	10/1/2018

* 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 YES
of a meter or other approved measuring device?

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.

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b. Has a meter been installed?

YES OWRD

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#2	Aquamaster 900	30304	Not running	0783.893	2/9/2016

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

4. Recording and reporting conditions

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

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? NO

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? NO

7. 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):

SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	LAKE 50565
Site photos	Time/location stamped pics of irrigation system & POU.
Aerial imagery	USDA/FSA imagery from June 2018

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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 polyester 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.

The irrigation system was tied to approx. boundaries using a Topcon FC-6000 data collector. Point data was imported into Statewide Lambert Projection & compared with aerial imagery for accuracy.

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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
- Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- 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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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

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

Lake
GOES

JUN - 2 1998

WATER RESOURCES DEPT (START CARD) # 93472
SALEM, OREGON

(1) OWNER:

Name H + E Fudoms Well Number 116068
Address Box 1030266
City CHRISTMAS LULL State OR Zip 97641

(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 915 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From	To	Material	From	To
18"	0	158	Cement	0	150
18"	158	520			
8"	520	915			

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: <u>14 1/2</u>	<u>+1</u>	<u>158</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>12"</u>	<u>0</u>	<u>337</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
240	260	3 1/2" x 3 1/2"	250	12"			<input type="checkbox"/>	<input checked="" type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<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
1500		915	10.

Temperature of water 56 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 Lane Latitude _____ Longitude _____
Township 37 N or S Range 16 E or W. WM.
Section 57 SE 1/4 NE 1/4
Tax Lot 400-300 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 9005 OUT Ch 151 Valley to 01101 N thru Loft 4 mill Th

(10) STATIC WATER LEVEL:

26 ft. below land surface. Date 5-15-98

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>443</u>	<u>443 1/2</u>	<u>300 gal</u>	<u>26</u>
		<u>Received</u>	<u>RECEIVED</u>
		<u>JAN 02 2026</u>	<u>AUG 04 1998</u>

(12) WELL LOG:

Ground Elevation OWRD

WATER RESOURCES DEPT.
SALEM, OREGON

Material	From	To	SWL
<u>Brown Sand</u>	<u>0</u>	<u>2</u>	
<u>Brown Clay Stone</u>	<u>2</u>	<u>18</u>	
<u>Gray Clay Stone</u>	<u>18</u>	<u>120</u>	
<u>Green Stone</u>	<u>120</u>	<u>440</u>	
<u>Clay and Pumice</u>	<u>440</u>	<u>443</u>	<u>w 13</u>
<u>Green Stone</u>	<u>443</u>	<u>570</u>	
<u>Green Stone Pumice</u>	<u>570</u>	<u>693</u>	
<u>Sand</u>	<u>693</u>	<u>696</u>	
<u>Rock</u>	<u>693</u>	<u>696</u>	
<u>Gray Stone</u>	<u>696</u>	<u>781</u>	
<u>Rock Lava</u>	<u>781</u>	<u>784</u>	
<u>Gray Stone</u>	<u>784</u>	<u>837</u>	
<u>Rock</u>	<u>837</u>	<u>876</u>	
<u>Brown Rock</u>	<u>876</u>	<u>881</u>	
<u>Black Cinders and Sand</u>	<u>881</u>	<u>915</u>	<u>w 13</u>

Date started 5-3-98 Completed 5-15-98

(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.

Signed James J. D. WWC Number 1654 Date 5-29-98



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2025-09-04 12:12:56
Lat: 43°12'10.88400", Lon: -120°48'17.94960"



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2025-09-04 12:14:48
at: $43^{\circ}12'10.98180''$, Lon: $-120^{\circ}48'17.82900''$



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JAN 02 2026
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2025-09-04 12:15:37
Lat: $43^{\circ}12'10.84560''$, Lon: $-120^{\circ}48'17.77680''$

T 27 S, R 16 E, W.M.



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0 0.25 0.5 1 Miles