

**CLAIM OF
BENEFICIAL USE
for Permits claiming more
than 0.1 cfs and All Transfers**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

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WATER RESOURCES DEPT
SALEM, OREGON

**A fee of \$150 must accompany this form to be accepted for permits
with a priority date of July 9, 1987, or later. (ORS 536.050(1))**

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:
http://www.wrd.state.or.us/OWRD/WR/cwre_info.shtml#.

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.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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 http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml.

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T) G-12552	PERMIT # (IF APPLICABLE) G-11786	PERMIT AMENDMENT # (IF APPLICABLE)
---	-------------------------------------	------------------------------------

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Joe W. Waibel		PHONE NO. 541-447-4815	ADDITIONAL CONTACT NO.
ADDRESS 7305 SW Hwy. 126			
CITY Powell Butte	STATE OR.	ZIP 97753	E-MAIL

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by the permit or transfer holder of record.**

3. Is the Property Owner the permit or transfer holder of record?

YES

If "YES" the remainder of this item may be deleted.

Permit or transfer holder of record (this may, or may not, be the current property owner)

Are there additional permit or transfer holders of record?

If "NO" the following box may be deleted.

4. Date of Site Inspection: 6-29-10

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joe Waibel	6-29-10	

6. County: Crook

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

**Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD		
N/A		
ADDRESS		
CITY	STATE	ZIP

Are there additional Owners of Record?

NO

If "NO" the following box may be deleted.

SECTION 2

SYSTEM DESCRIPTION

A. Points of Diversion/Appropriation

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/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	Croo 256	
Well 2	Croo 260	
Well 3	Croo 261	

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 diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
Well 1	Groundwater	
Well 2	Groundwater	
Well 3	Groundwater	

3. Developed use(s), period of use, and rate for each use:

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
Wells 1 & 3	Irrigation	Pasture	April - September	1/80 cfs & 3af/ac
Well 2	Irrigation	Pasture	April - September	1/80 cfs & 3af/ac
Total Quantity of Water Used				

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion or appropriation to the place of use:

There are 3 wells of which Wells 1 & 3 pump into a common system bulge. The water is then pumped by a 25HP pump via a valve which directs water either to a 500' radius pivot or a 1450' 4" PVC mainline from which a 1200' 3" aluminum feeds 15 5/32" sprinklers. Well 2 pumps into a system bulge where a 30HP pump distributes the water via a 1300' buried mainline to a 1300' wheel line with 32 5/32" sprinklers.

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SECTION 2

SYSTEM DESCRIPTION (B through H)

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Are there multiple PODs or POAs?

YES

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

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

Well 2

B. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
15S	15E	Will	20	SWNE			Irrigation	30.0	
Total Acres Irrigated								30.0	

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.

C. 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 diversion/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
Franklin	2388135025	00N14-00116	Submersible	4"	4"

3. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	50

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)
(Well 1) 50	65	832 (from well log)	N/A	0.27
(Well 3) 50	65	478 (from well log)	N/A	0.51

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Note: The pump calculations attached reflect the use of the irrigation pump which is a 25 HP Berkley, as both well pumps only pump into the bulge.

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

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1450'	PVC	buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1200'	Allum.	Above ground

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	50	150	30	15	0.167

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Pierce	550'	20	107	0.239
Big gun (end of pivot)		65	50	0.111

12. Additional notes or comments related to the system:

Sprinkler output for the pivot system derived from the manufacturer, including big gun.

D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 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:

The access ports on all three wells are drilled holes with air lines and pressure gauges for measuring static levels.

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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.

Well Logs attached

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

NO

If "NO", items 6 through 8 relating to this section may be deleted.

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

6. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

7. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

8. Provide sump volume calculations:

E. Storage

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

YES

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

If "YES" is it a: Storage Tank

NO

Bulge in System / Reservoir

YES

Complete appropriate table(s) below, unused table may be deleted.

2. Storage Tank:

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge between wells 1 & 3	0	0.68

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

1. Does the system involve a gravity flow pipe?

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?

NO

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

2. Complete the table:

73 Attach measurement notes.

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

NO

Reminder: This section should only be completed if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.*If "NO", items 2 through 9 relating to this section may be deleted.*

SECTION 2

SYSTEM DESCRIPTION (B through H)

Are there multiple PODs or POAs?

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

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

Well 1 & Well 3

YES

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B. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	Q-Q	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
15S	15E	Will	21	NWNW, NENW, SEnw			Irrigation	49.1	18.7 (Irrigation currently by COID primary)
Total Acres Irrigated								49.1	

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.

C. 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 diversion/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
Franklin (well 1)	2388135025	00N14-0017	Submersible		
Franklin (well 3)	2388135025	00N14-0018	Submersible		

3. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	50
Franklin	50

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)
(Well 1) 50	65	832 (from well log)	N/A	0.27
(Well 3) 50	65	478 (from well log)	N/A	0.51

5. Provide pump calculations:

Note: The pump calculations attached reflect the use of the irrigation pump which is a 25 HP Berkley, as both well pumps only pump into the bulge.

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

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1450'	PVC	buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1200'	Allum.	Above ground

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	50	150	30	15	0.167

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Pierce	550'	20	107	0.239
Big gun (end of pivot)		65	50	0.111

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12. Additional notes or comments related to the system:

Sprinkler output for the pivot system derived from the manufacturer, including big gun

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D. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 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:

The access ports on all three wells are drilled holes with air lines and pressure gauges for measuring static levels.

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.

Well Logs attached

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

NO

If "NO", items 6 through 8 relating to this section may be deleted.

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

6. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

7. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

8. Provide sump volume calculations:

E. Storage

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

YES

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

If "YES" is it a: Storage Tank

NO

Bulge in System / Reservoir

YES

Complete appropriate table(s) below, unused table may be deleted.

2. Storage Tank:

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

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?

NO

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

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?

NO

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

Attach measurement notes.

H. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

NO

Reminder: This section should only be completed if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 3

CONDITIONS

Please pay special attention to this section. All conditions contained in the permit, permit amendment, 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:

Permits, transfer final orders, 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 is to be completed by. 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	July 25, 1994		
BEGIN CONSTRUCTION (A)	July 25, 1995	Wells drilled 1991	
COMPLETE CONSTRUCTION (B)	October 1, 1996	May 15, 2000	
COMPLETE APPLICATION OF WATER (C)	October 1, 1997 Extended to Oct. 1, 2000	May 15, 2000	

* MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

YES

If "NO", you may delete item 3 in this section.

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

VOLUME	PAGE	DATE EXTENDED TO
N/A (no transfer)		

4. Initial Water Level Measurements:

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

NO

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

5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

NO

If "NO", items 5b through 5e relating to this section may be deleted.

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

6. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test?

YES NO

If "NO", items 6b through 6d relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department?

YES

c. Is the pump test attached to this claimAs part of the well log

YES

d. Has the pump test been approved by the Department?

YES

7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device?

YES

If "NO", items 7b through 7f 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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	Not Found	Working	57,700	2000
Well 2	McCrometer	Not Found	Working	47,200	2000
Well 3	McCrometer	Not Found	Working	36,800	2000

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department?

NO

If a meter has been installed, items 7e through 7g relating to this section may be deleted.

f. Measurement Device Description

8. Recording and reporting conditions

a. Is the water user required to report the water use to the Department?

NO

If "NO", item 8b relating to this section may be deleted.

9. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

NO

If "NO", items 9b through 9e relating to this section may be deleted.

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10. 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

If "NO", items 10b and 10c relating to this section may be deleted.

11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order

a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Was the water user required to restore the riparian area if it was disturbed?

NO

d. Was a fishway required?

NO

e. Was submittal of a letter from an engineer required prior to storage of water?

NO

f. Was submittal of a water management and conservation plan required?

NO

g. 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 4 VARIATIONS

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. *"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."*)

The permit allowed 123.0 Acres of irrigation, the water user only developed 79.1 acres primary, and claims 18.7 acres supplemental acreage.

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SECTION 5 ATTACHMENTS

If you are attaching any documents to this report, provide a list:

ATTACHMENT NAME	DESCRIPTION
Well Logs	Well Logs
Calc. sheets	Well 2, Pump 1
Calc. sheets	Wells 1 & 3 Pump 2
Final Order Extension	Copy of final order

SECTION 6 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
Wells 1&3	140 gpm	75 gpm	2.504 Ac ft/ac	Pasture	93.0	79.1 + 18.7 supplement al
Well 2	180 gpm	150 gpm	1.32 ac ft/ac	Pasture	30.0	30.0

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.

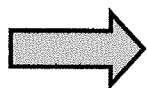
Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey performed using a Trimble 5800 GPS survey grade system in RTK mode. (centimeter 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.)

- x Map on polyester film.
- x Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- x Township, Range, Section, Donation Land Claims, and Government Lots
- x If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A Locations of fish screens, fish by-pass devices, meters and measuring devices in relationship to point of diversion or appropriation.
- x Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- x Point(s) of diversion or appropriation (illustrated and coordinates)
- x Tax lot boundaries and numbers
- N/A Source illustrated if surface water
- x Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- x Application and permit number or transfer number
- x North arrow
- x Legend
- x CWRE stamp and signature

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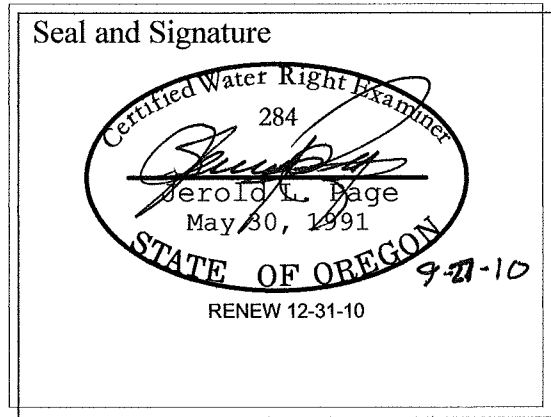
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SECTION 8 SIGNATURES

CWRE Statement, Seal and Signature

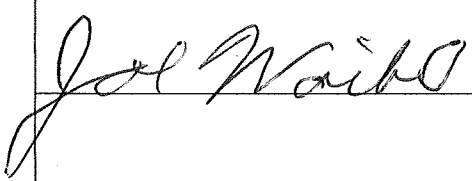
The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Jerold L. Page		PHONE NO. 541-447-6888	ADDITIONAL CONTACT NO. 541-410-8607
ADDRESS 276 North Shore Trail			
CITY Prineville	STATE OREGON	ZIP 97754	E-MAIL Jpage42@bendbroadband.com

Permit Holder's of Record Signature or Acknowledgement

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	DATE
		10-30-010

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Well logs

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APR 15 1991

STATE OF OREGON WATER RESOURCES DEPT.
WATER WELL REPORT SALEM, OREGON
 (as required by ORS 537.765)

(START CARD) # 27917

(1) OWNER:

Well Number: 1

Name Joe Waibel

Address Rt 1 Box 318

City Powell Butte, Or 97453

Zip

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon
(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other**(4) PROPOSED USE:**
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Other
(5) BORE HOLE CONSTRUCTION:Special Construction approval Yes ☐ No ☒ Depth of Completed Well 852 ft.Explosives used Yes ☐ No ☒ Type

Amount

HOLE**SEAL**

Diameter	From	To	Material	From	To	Amount sacks or pounds
12"	0	18-6	Bentonite	0	18-6	12
8	18-6	852'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☐ Other Poured down dry

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: 8"	+1 1/2	18-6	.250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:☐ Perforations

Method

☐ Screens

Type

Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump☐ Bailer☒ Air☐ Flowing
☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

40

0

832'

1 hr.

Temperature of water 57°

Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whomDid 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 Crook Latitude Longitude

Township 15S Nor S. Range 15E E or W, WM.

Section 21 SW 1/4 NE 1/4 of NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

470 ft. below land surface.

Date 3/19/91

Artesian pressure 0 lb. per square inch.

Date 3/19/91

(11) WATER BEARING ZONES:

Depth at which water was first found 470

From	To	Estimated Flow Rate	SWL
470	852		470

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Top Soil	0	2	
Hard Gray Basalt	2	22	
Brown Sandstone	22	31	
Medium Gray Basalt	31	118	
Broken Basalt	118	123	
(Lost Circulation)			
Medium Gray Basalt	123	206	
Broken Basalt	206	227	
(Lost Circulation)			
Dark Brown Sandstone	227	330	
Light Brown Sandstone	330	365	
Medium Gravel	365	372	
Dark Brown Sandstone	372	386	
Light Brown Sandstone	386	475	
Medium Gravel	475	485	
Medium Basalt	485	490	
Yellow Rock Medium	490	590	
Blue Claystone & Blue Rock	590	700	
Hard Blue Rock	700	758	
Medium Blue Rock	758	852	

Date started 3/15/91 Completed 3/19/91

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1385

Signed

Date

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

CROOK
260

WELL 2

APR 24 1991

15S/15E/20CC

(START CARD) #

27919

(1) OWNER:

Name Joe Waibel
Address Rt 1 Box 318
City Powell Butte State Or Zip 97753

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation Test
☐ Thermal ☐ Injection ☐ Other Well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 1400 ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
21"	0 36	Cement	0 48	141	
16"	36 48				
12"	48 1400				

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

☐ Other Pressure pumped w/Trimmie

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:	12"	+2	48	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
120	213		5 ☒ hr.

Temperature of water 108 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 Crook Latitude Longitude
Township 15S Nor S. Range 15E E or W, WM.
Section 20 SW 1/4 SW 1/4 OF N/W 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

830 ft. below land surface. Date 4/20/91
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
830	1400		830

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Top Soil	0	2	
Sandstone	2	25	
Broken Basalt	25	35	
Hard gray Basalt	35	102	
Broken Basalt	102	115	
Hard Gray Basalt	115	164	
Brown Sandstone	164	315	
Yellow clay & gravel	315	445	
Blue Clay	445	650	
Hard Gray Basalt	650	730	
Gray Clay	730	750	
Brown Clay	750	770	
Gray Clay	770	790	
Light Blue Clay	790	830	
Brown Rock W/B	830	850	
Light Blue Clay	850	1190	
Mild Black Basalt	1190	1315	
Brown Clay	1315	1400	

Date started 3-21-91 Completed 4-20-91

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number
Signed Robert Buckner Date

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

WATER WELL REPORT (START CARD) # 27923

(1) OWNER:

Well Number: 3

Name Joe Waibel
Address Rt 1 Box 318
City Powell Butte State Or Zip 97753

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other Test Well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 815 ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	Bentonite	0	19	9
8"	19	815				

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:	8" +1	XX	19	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water 58° 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 Crook Latitude _____ Longitude _____
Township 15S Nor S. Range 15E E or W, WM.
Section 21 SW 1/4 NE 1/4 of NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

478 ft. below land surface. Date 4/11/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
478	815		478

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	4	
Hard Gray Basalt	4	35	
Orange Conglomerate	35	43	
Brown Sandstone	43	60	
Hard Gray Basalt	60	96	
Hard Red Basalt	96	111	
Hard Gray Basalt	111	213	
Broken 150,170			
Broken Basalt	213	235	
Lost Circulation			
Hard Basalt	235	237	
Brown Sandstone	237	330	
Yellow clay & gravel	330	415	
Brown Sandstone	415	462	
Hard Gray Basalt	462	478	
Broken Basalt W/B	478	480	
Hard Gray Basalt	480	501	
Mild Red Basalt W			
Yellow Claystone	501	520	
Light Brown Clay	520	697	
Yellow Clay	697	715	
Hard Blue Clay	715	811	
Hard Gray Basalt	811	815	

Date started 3/29/91 Completed 4/11/91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Robert Buckner WWC Number _____
Date _____

Calc. Sheets Well 1, & 3 Pump 2

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SALEM, OREGON

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WATER RESOURCES DEPT
SALEM, OREGON

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 = 50
Efficiency = 6.61
Lift = 832
PSI = 65

WELL PUMP

Results Calculated

(hp)(efficiency) = 330.5
Head based on psi = 165.1
Total dynamic head = 997.1
(head + lift)

Pump Capacity = 0.33 feet per second

WELL 1

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SALEM, OREGON

WELL 3

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 50
Efficiency = 6.61
Lift = 478
PSI = 65

WELL Pump

Results Calculated

$(hp)(\text{efficiency}) = 330.5$
Head based on psi = 165.1
Total dynamic head = 643.1
(head + lift)

Pump Capacity = 0.51 feet per second

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WELL # 43 PUMP 2

75 GPM (FROM WRD CALC.)

2 DAYS / WEEK

PUMP 60 DAYS / SEASON (APRIL 1 - OCT 31)

60 DAYS X 24 HRS X 60 MIN/HR = 86400 MINUTES

75 GPM X 86400 MINUTES = 6,480,000 GAL

6,480,000 / 7.49 = 865,154 CU. FT.

865,154 / 43,560 = 19.86 AC. FT.

19.86 / 24.4 = 0.814 AC. FT. / AC

HANDLINE

0.814 AC. FT. / AC

PIVOT

+ 1.690 " " "

BULGE TOTAL 2.504 AC. FT. / AC.

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SALEM, OREGON

OUTBOARD END

29 6.53

7 MONTHS

32 7.96

APR - OCT

31 } 7.40
31 }

1 CU FT = 7.49 GAL.

GPM FOR PIVOT

30 6.99

1 AC FT = 43560 CU FT.

5 @ 1.49 = 7.45

29 6.53

1 @ 1.98 = 1.98

28 }

1 @ 2.23 = 2.23

28 } 6.11

1 @ 2.48 = 2.48

27 5.61

1 @ 2.79 = 2.79

26 5.23

2 @ 3.36 = 6.72

25 } 4.82
25 }

2 @ 4.05 = 8.10

23 } 4.05

THOMPSON PUMP

2 @ 4.82 = 9.64

23 }

541-550-1926

1 @ 5.23 = 5.23

21 } 3.36

1 @ 5.61 = 5.61

21 }

2 @ 6.11 = 12.22

19 2.79

1 @ 6.53 = 6.53

18 2.48

1 @ 6.99 = 6.99

17 2.23

2 @ 7.40 = 14.80

16 1.98

1 @ 7.96 = 7.96

14 }

1.49 GPM

1 @ 6.53 = 6.53

14 }

TOTAL 107.26 GPM

14 }

14

+ BIG GUN @ 65 PSI 50.0

157.26 GPM RATE

30 WEEKS 2 DAYS/WK = 60 DAYS IRRIGATION

60 X 24 = 1440 HRS X 60 = 86,400 MIN.

86400 X 157.26 = 13,587,264 GAL.

13,587,264 / 7.49 = 1,814,054 CU FT.

1,814,054 / 43560 = 41.64 AC FT

41.64 / 24.7 = 1.69 AC FT/AC

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SALEM, OREGON

PIERCE

ACRE MASTER

(S)

3000 SERIES

PUMP 2 WELLS 1 & 3

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 25
Efficiency = 6.61
Lift = 7.2
PSI = 50

Results Calculated

$(hp)(\text{efficiency}) = 165.25$
Head based on psi = 127.0
Total dynamic head = 134.2
(head + lift)

Pump Capacity = 1.23 feet per second

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Sprinkler Capacity Calculator

Data Entry (fill in underlined blanks)

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Sprinkler group 1 Nozzle size = 5/32 inch (type an apostrophe before the size)
 Pressure = 50 PSI
 Number of heads = 15

Sprinkler group 2 Nozzle size = 5/32 inch (type an apostrophe before the size)
(if applicable) Pressure = 50 PSI
 Number of heads = 30

Sprinkler group 3 Nozzle size = _____ inch (type an apostrophe before the size)
(if applicable) Pressure = _____ PSI
 Number of heads = _____

Results calculated

Sprinkler group 1 capacity = 75 gpm, or 0.17 cfs
Sprinkler group 2 capacity = 150 gpm, or 0.33 cfs
Sprinkler group 3 capacity = 0 gpm, or 0 cfs

PUMP 2
PUMP 1

WELL 1 & 3
WELL 2

Total sprinkler capacity = 225 gpm, or 0.5 cfs

Note: If entered values return a result of "#N/A" gpm, then the sprinkler capacity chart does not contain a rate for that nozzle size and PSI.

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Calc. Sheets Well 2 Pump 1

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WELL 2

PUMP 1

150 GPM FROM (WRD CALC.) (30 X 5)

30 WEEKS / SEASON

4 DAYS PUMPING EVERY 2 WEEKS

AVERAGE 2 DAYS PER WEEK

PUMP 60 DAYS / SEASON (2 X 30) (APR 1 - OCT 31)

60 DAYS X 24 HRS X 60 MINUTES = 86400 MINUTES

150 GAL / MIN. X 86400 = 12960000 GALLONS

12960000 / 7.49 = 1,730,307 CU-FT.

1730307 / 43560 = 39.72 AC FT

39.72 / 30 AC = 1.32 AC FT / AC

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Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 50
Efficiency = 6.61
Lift = 1043
PSI = 65

WELL PUMP

Results Calculated

$(hp)(\text{efficiency}) = 330.5$
Head based on psi = 165.1
Total dynamic head = 1208.1
(head + lift)

Pump Capacity = 0.27 feet per second

WELL 2

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SALEM, OREGON

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 30
Efficiency = 6.61
Lift = -2.2
PSI = 65

IRRIGATION PUMP

Results Calculated

$(hp)(\text{efficiency}) = 198.3$
Head based on psi = 165.1
Total dynamic head = 162.9
(head + lift)

Pump Capacity = 1.22 feet per second

PUMP 1 WELL 2

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WATER RESOURCES DEPT
SALEM, OREGON

SUCTION 3.8
MAX LIFT 3.2

- WELL PUMP - FROM WELL LOG
50 HP 830 STATIC LEVEL
DRAWDOWN 213
LIFT @ PUMP WHILE PUMPING
1043

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WATER RESOURCES DEPT
SALEM, OREGON

2009																									
January							February							March											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14					
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21					
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28					
25	26	27	28	29	30	31								29	30	31									
April							May							June											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
			1	2	3	4						1	2		1	2	3	4	5	6					
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13					
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20					
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27					
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30									
							31																		
July							August							September											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
			1	2	3	4							1			1	2	3	4	5					
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12					
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19					
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26					
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30								
							30	31																	
October							November							December											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5					
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12					
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19					
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26					
25	26	27	28	29	30	31	29	30								27	28	29	30	31					
2008							Printfree.com Yearly Calendars							2010											

7 MONTHS (APR - OCT) = $\frac{214 \text{ DAYS}}{7} = 30 \text{ WEEKS}$ (30.57)

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OCT 01 2010

WATER RESOURCES DEPT
SALEM, OREGON

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SEP 10 2010

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SALEM, OREGON