

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. Begin each new claim by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. Every item must have a response. If any requested information does not apply to the claim, insert "NA." Do not delete or alter any section of this form unless directed by the form. The Department may require the submittal of additional information from any water user or authorized agent.

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 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:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

GENERAL INFORMATION

Type of Authorized Change

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

Mark all that apply:

1. Change in POA(s) or Additional POA(s) 2. Change in Place of Use
3. Change in Character of Use

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

1. File Information

APPLICATION #
T-10481

YES

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Carl Berg		PHONE NO. 541-815-4310	ADDITIONAL CONTACT NO.	
ADDRESS POB 1030				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL drcarlsisvet@gmail.com	

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. **Each transfer holder of record must sign this form.**

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/8/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jose Sanchez	9/8/2020	Irrigation installer

6. County:

Deschutes

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

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

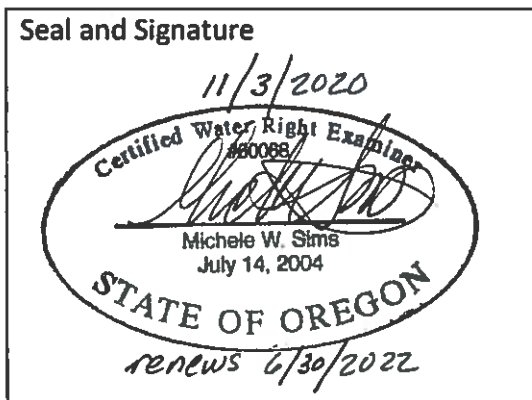
Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME Michele Wright Sims		PHONE NO. 541-408-4777	ADDITIONAL CONTACT NO.	
ADDRESS 14865 Checkrein				
CITY Sisters	STATE OR	ZIP 97759	E-MAIL sims.mw@gmail.com	

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	CARL E. BERG	OWNER	10/22/20

SECTION 3
Changes Made

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

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Change #1

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

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

QWRD
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)
Well	DESC57601	L49658	Whychus Creek (Squaw Cr)

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

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If well logs are available, items A and B below can be deleted

A. If well logs are not available, provide as much of the following information as possible:

QWRD

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See log						

B. In addition to the information requested in item "A" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See log

2. Variations:

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

NO

If yes, describe below.

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

NA

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well	0.059 cfs	0.087 cfs	NA

System Description

Are there multiple new or additional Points of Appropriation (POA)? **NO**

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

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

Well

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A. POA System Information

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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 (Well)

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos		unknown	submersible		2"

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2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	7.5

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)
7.5	50 psi	478'	4'	0.087

4. Provide pump calculations:

$$Q = \frac{(7.5)(7.04)}{478' + 127' + 4'} = 0.087 \text{ cfs}$$

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)
NA			

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

6. Additional notes or comments related to the system:

Water is pumped from the well, then into the pond. From the pond, water is pumped into the distribution system (2 hp pump). Well and pond are shared with neighbor (see T-10480)

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)? NO

Change #2

Change in Place of Use

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

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
4.72	4.72

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

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	NA
	NA

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

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.")

NA

Change #3

Change in Character of Use

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

NO

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	9/15/2009	
COMPLETENESS DATE FROM ORDER (C)	(10/1/2010) 10/1/2020	9/8/2020 meter installed, water applied

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

YES

If "NO", you may delete the following table.

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

VOLUME	PAGE	DATE EXTENDED TO
81	852	10/1/2015
95	854	10/1/2020

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3. Measurement Conditions:

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

YES

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Hunter Flow-Sync		working		6/2016

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

NA

**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	DESC57601

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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

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

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

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

Original site mapping with Topcon HiperLite+ GPS system. Place of use mapping completed in 2020 with BadElf Surveyor GPS. Additional information from GoogleEarth aerial images dated 7/27/2018.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

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

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

DESC 57601

Desc 57601

WELL I.D. # L 49658

START CARD # 180707

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

(1) LAND OWNER Carl Berry Well Number _____
 Name _____
 Address 69550 Holmes Rd.
 City Sisters State OR Zip 97759

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 642 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
13"	0	22'	Bent.	0	28	12 SACKS
8"	28	462				
6"	462	642				

How was seal placed: Method A B C D E
 Other packed 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"	+2	22'	1.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-2	462	1.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method N/A
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>2.9 gal/d</u>	<u>0</u>	<u>640</u>	<u>1 hr</u>

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 Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Deschutes
 Tax Lot 223 Lot _____
 Township 14 N or S Range 11 E or W WM
 Section 33 NW 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
69550 Holmes Rd.

(10) STATIC WATER LEVEL
478 ft. below land surface. Date 7/23/06
 _____ ft. below land surface. Date _____
 Artesian pressure N/A lb. per square inch Date _____

(11) WATER BEARING ZONES 478 ft.

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>478</u>	<u>640</u>	<u>50 + gpm</u>	<u>478</u>

(12) WELL LOG

Material	From	To	SWL
TOP Soil	0	1	
Light Grey	1	5.7	
Sandstone Brown	5.7	6.2	
Light Grey	6.2	9.1	
Sandstone Brown	9.1	21.6	
Orange Sand	21.6	33.2	
Sandstone	33.2	43.5	
Light Grey	43.5	47.7	
Well Casing	47.7	47.8	
Basalt Grey	47.8	47.8	<u>478</u>
Basalt, Brown/Grey	47.8	640	

Date Started 6/29/06 Completed 7/23/06

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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 1371 Date 8/20/06
 Signed Allen D. Smith

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1371 Date 08/20/06
 Signed Allen D. Smith

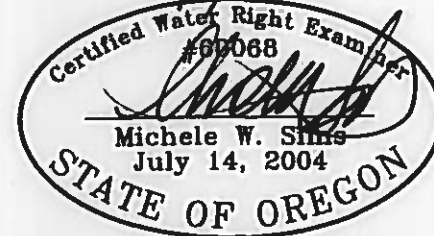
Claim of Beneficial Use T-10481

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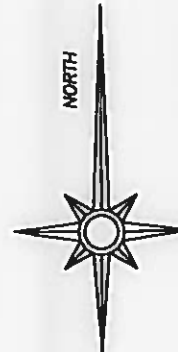
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11/3/2020

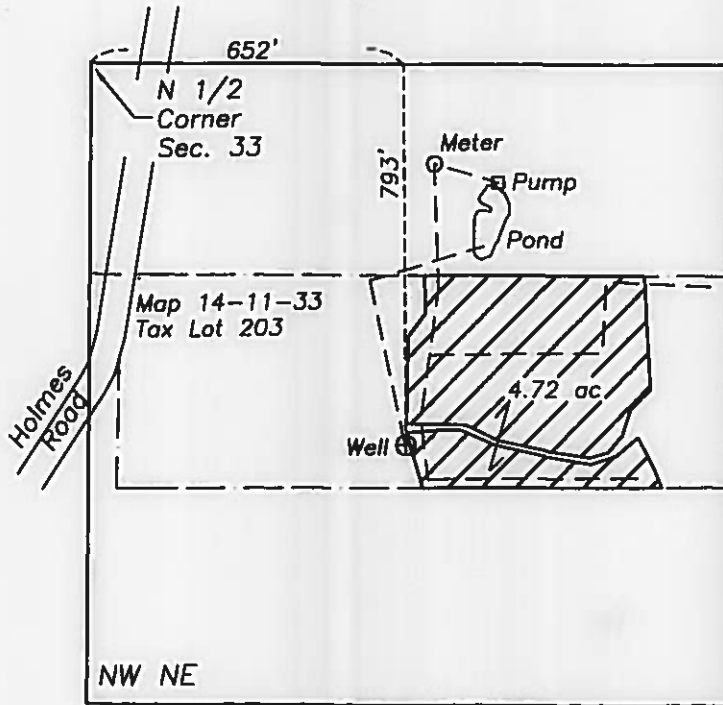


Renewal date: 6/30/2022



Point of Appropriation

793' South and 652' East from North 1/4
Corner Section 33



Section 33
T14S R11E, W.M.
Deschutes Co., OR



Water beneficially used T-10481
(Priority date March 10, 1994)

⊕ Well

----- Mainline

——— Tax Lot boundary

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GRAPHIC SCALE - FEET

This map is for the purpose of identifying the location of the water right. It is not intended to provide legal dimensions or locations of property ownership lines.