

**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

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**A fee of \$200 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 503-986-0900 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>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-17173	PERMIT # (IF APPLICABLE) G-17029	PERMIT AMENDMENT # (IF APPLICABLE) T-11513
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Town of Lakeview		PHONE NO. 541-947-2029	ADDITIONAL CONTACT NO.
ADDRESS 525 N First Street			
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL

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 Town of Lakeview			
ADDRESS 525 N First Street			
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

12/07/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jeff Marshall	12/07/2020	Public Works Director

6. County:

Lakeview

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 NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

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CWRE Statement, Seal and Signature

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



CWRE NAME Darryl Anderson		PHONE No. 541-947-4407	ADDITIONAL CONTACT No.	
ADDRESS 17681 Highway 395				
CITY Lakeview	STATE OR	ZIP 97630	CITY Lakeview	

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
	Jeff O'Marshall	Public Works Director	12-17-20

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)
Production Well	LAKE 12498	109641
Injection Well	LAKE 12499	109640

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
Production Well	Groundwater in Thomas Creek Basin	Goose Lake
Injection Well	Groundwater in Thomas Creek Basin	Goose Lake

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)
Production Well	Geothermal Heating	NA	Year Round	162.68 AF (2017 reporting)
Injection Well	Geothermal Heating	NA	Year Round	162.68 AF injected
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 appropriation to the place of use:

Water is pumped from the Production Well into an insulated ductile iron pipe which transports the water to the school and hospital buildings in town. At each building the water passed through a heat exchanger and then is piping to the injection well.

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).

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. **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.")

NA

6. Claim Summary:

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POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Production Well	0.56 cfs	0.56 cfs	126 gpm	Geothermal Heating	NA	NA
Injection Well	0.56 cfs	0.56 cfs	126 gpm	Geothermal Heating	NA	NA

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

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? NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
39S	20E	WM	15	SW NW			Geothermal Heating		
39S	20E	WM	15	SE NW			Geothermal Heating		
39S	20E	WM	15	NE SW			Geothermal Heating		
39S	20E	WM	15	NW SW			Geothermal Heating		
39S	20E	WM	15	SW SW			Geothermal Heating		
39S	20E	WM	15	SE SW			Geothermal Heating		
39S	20E	WM	22	SW NW			Geothermal Heating		
39S	39S	WM	22	NW SW			Geothermal Heating		
39S	39S	WM	22	SW SW			Geothermal Heating		
Total Acres Irrigated								NA	NA

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

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
12"	1-242	900	9/20/2013	NA	Town of Lakeview	Robert Buckner

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)?

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Peerless Pump	Peerless Vertical-10LB	NA	Turbine	7.48"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GE	100

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)
100	Varies	Varies	Varies	Varies

5. Provide pump calculations:

Pump is run with a Variable Frequency Drive. Operating PSI, lift from water level, and pump output are dependent on the heating and flow demands from the various facilities served by the system.

Pump curve for the system is attached.

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)
126.8 gpm 441837840 gal (instantaneous reading see photo)	NA	NA	.283 cfs

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	22451'	Insulated ductile iron	buried
4"	2734'	Insulated ductile iron	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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)
NA					

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
NA					

13. Pivot Information:

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

E. Storage

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

H. Additional notes or comments related to the system:

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**SECTION 4
SYSTEM DESCRIPTION**

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YES**

Are there multiple POAs?

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 Injection Well **of Use**

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
39S	20E	WM	15	SW NW			Geothermal Heating		
39S	20E	WM	15	SE NW			Geothermal Heating		
39S	20E	WM	15	NE SW			Geothermal Heating		
39S	20E	WM	15	NW SW			Geothermal Heating		
39S	20E	WM	15	SW SW			Geothermal Heating		
39S	20E	WM	15	SE SW			Geothermal Heating		
39S	20E	WM	22	SW NW			Geothermal Heating		
39S	39S	WM	22	NW SW			Geothermal Heating		
39S	39S	WM	22	SW SW			Geothermal Heating		
Total Acres Irrigated								NA	NA

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**

2. Describe the access port (type and location) or other means to measure the water level in the well:

Well is sealed and under pressure from reinjection. Well is accessed by removed the injection pipe.

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
12"	1-200	600	7/25/2013	NA	Town of Lakeview	Robert Buckner
6"	1-600					

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.

Log LAKE 52499, Well ID 109640

C. Groundwater Source Information (Sump)

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

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?

NO

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)
126.8 gpm 441837840 gal (instantaneous reading see photo)	NA	NA	.283 cfs

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	22451'	Insulated ductile iron	buried
4"	2734'	Insulated ductile iron	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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)
NA					

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
NA					

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13. Pivot Information:

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

E. Storage

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

H. Additional notes or comments related to the system:

NA

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**SECTION 5
CONDITIONS**

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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	June 20, 2013		
BEGIN CONSTRUCTION (A)		6/12/2013	Drilling started
COMPLETE CONSTRUCTION (B)		12/15/2013	Construction Completed
COMPLETE APPLICATION OF WATER (C)	10/28/2015	12/15/2013	Water used

* 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

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

a. Did the Extension Final Order require the submittal of Progress Reports? NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

4. Annual Static Water Level Measurements:

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

5. Pump Test:

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

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

b. Has the pump test been previously submitted to the Department? NO

c. Is the pump test attached to this claim? YES

d. Has the pump test been approved by the Department? NO

e. Has a pump test exemption been approved by the Department? NO

** Claims will not be reviewed until a pump test or exemption has been approved by the Department

6. Measurement Conditions:

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

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
Production Well	Onicon Incorporated	38R0048 25	Working	126.8 gpm 441837840 gal	12/1/2013

7. Recording and reporting conditions:

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

b. Have the reports been submitted? YES

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

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8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? **NO**
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
109640	7/25/2013
109641	9/20/2013

- e. Other conditions? **YES**

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

Registration with Oregon DEQ Underground Injection Control Program – UIC ID 14885

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Map	Final proof map
Well Logs	Logs for Production and Injection Wells
Inspection Photos	Photos taken during site visit
Pump Curve	Pump curves for production well pump, full speed and variable speeds
Facility Water Use Report	Reported water useage
Production Well 24 Hour Pump Test	Data for 24 hour pump testing of the production well
Production Well Step Pump Test	Data for flow step pump testing of the production well
Injection Well 24 Hour Pump Test	Data for 24 hour pump testing of the injection well
Injection Well Step Pump Test	Data for flow step pump testing of the injection well

**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.

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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 was completed with RTK GPS. Section tie was to a Lake County Surveyor brass cap located at the southwest corner of Section 22, Township 39 South, Range 20 East, W.M.

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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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CLAIM OF BENEFICIAL USE MAP FOR TOWN OF LAKEVIEW

SECTIONS 15, 22 & 27, TOWNSHIP 39S RANGE 20E, LAKE COUNTY, OREGON



RENEWAL 12/31/21

APPLICATION NO. G-17173

PERMIT NO. G-17029

LEGEND

- SECTION LINE
- 1/4 SECTION LINE
- 1/16 SECTION LINE
- ROUTE OF GEOTHERMAL SUPPLY LINES
- ROUTE OF GEOTHERMAL RETURN LINES
- PLACE OF USE

17,500 FEET OF GEOTHERMAL SUPPLY LINE
16,000 FEET OF GEOTHERMAL RETURN LINE



SCALE: 1"=1320'

INJECTION WELL
LOCATED 65.34 FEET EAST AND 2009.82
FEET NORTH OF THE NORTHWEST
CORNER OF SECTION 27
LAKE 52499

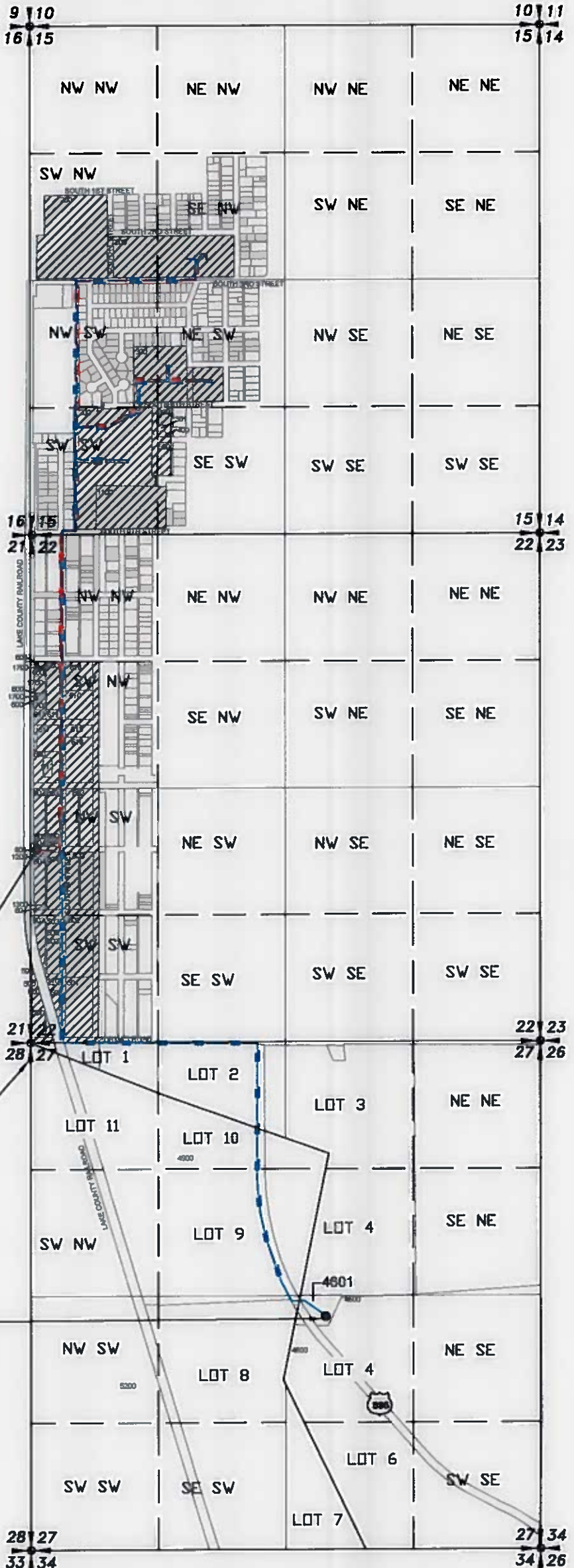
FND. BRASS CAP
FOR SECTION CORNER

PROPOSED NEW PRODUCTION WELL
LOCATED 3054.59 FEET EAST AND
2853.34 FEET SOUTH OF THE
NORTHWEST CORNER OF SECTION 27
FLOWMETER LOCATED 24 FEET FROM
WELL
LAKE 52498

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NOTE:
PREPARATION OF THIS MAP IS FOR IDENTIFYING PROPOSED
WATER RIGHTS ONLY. IT HAS NO INTENT TO PROVIDE
LOCATIONS OR DIMENSIONS OF PROPERTY BOUNDARIES.

COBU MAP # 1269

PAGE 1 OF 1
FILE: COBU
DATE: 12-03-20
SCALE: AS NOTED
DWG: BY: R.C.
LCB: 2012-067

CLAIM OF BENEFICIAL USE
APPLICATION G-17173
PERMIT G-17029

FOR:
TOWN OF LAKEVIEW
525 N 1st ST
LAKEVIEW OR 97630
(541) 947-2029



ANDERSON ENGINEERING
AND SURVEYING, INC.
P.O. BOX 28
LAKEVIEW, OREGON
97630
(541) 947-4407
FAX: 947-2321

REVISION BY