

**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

RECEIVED

NOV 23 2020

OWRD

**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>

RECEIVED

DEC 28 2020

OWRD

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G- 14532	G- 13367	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Joanna May Wentz		PHONE No. 541-426-3641	ADDITIONAL CONTACT No. 541-589-2023
ADDRESS 68865 Elk Mtn Rd			
CITY Enterprise	STATE Oregon	ZIP 97828	E-MAIL leanna.wentz@gmail.com

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

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

PERMIT HOLDER OF RECORD NA Farm Credit Services			
ADDRESS PO Box 698			
CITY Baker City	STATE Oregon	ZIP 97814	RECEIVED NOV 23 2020

ADDITIONAL PERMIT HOLDER OF RECORD NA			OWRD
ADDRESS			RECEIVED
CITY	STATE	ZIP	DEC 28 2020

4. Date of Site Inspection:

OWRD

8/27/19

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Leanna Wentz	8/27/19	owner's rep (daughter)

6. County:

Wallowa

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

SECTION 2
SIGNATURES

RECEIVED

NOV 23 2020

CWRE Statement, Seal and Signature

OWRD

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

RECEIVED

DEC 28 2020

OWRD



CWRE NAME Ralph W. Swinehart		PHONE No. 541-398-1550	ADDITIONAL CONTACT No. 541-426-4085
ADDRESS PO Box 266			
CITY Enterprise	STATE Oregon	ZIP 97828	E-MAIL ralphswinehart45@gmail.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Joanna Wentz	Joanna M. Wentz	Owner	11-18-2020

RECEIVED

RECEIVED

NOV 23 2020

DEC 28 2020

SECTION 3

CLAIM DESCRIPTION

OWRD

OWRD

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well #1		L-01175
Well #2		L-01171

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well #1	Swamp Ck Basin	Wallowa River
Well #2	Swamp Ck Basin	Wallowa River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well #1	irrigation	hay/grain	May 1 - Oct 1	600 gpm
Well #2	irrigation	hay/grain	May 1 - Oct 1	650 gpm
Total Quantity of Water Used				1250 gpm

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 each well with buried mainlines to serve center pivots and wheel lines

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.

YES NO

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

Approx. 450 acres was being irrigated vs 394.9 acres allowed. Map reflects where the land can be irrigated with 3 center pivots and wheel lines. Additional water rights will need to be applied for to irrigate the remaining land

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well #1	603 gpm		600 gpm	irrigation	159	176
Well #2	801 gpm		650 gpm	irrigation	235.9	218.9
					394.9	394.9

RECEIVED

#1

SECTION 4

NOV 23 2020

SYSTEM DESCRIPTION

OWRD

Are there multiple POAs?

YES

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

RECEIVED

DEC 28 2020

OWRD

Well #1

A. Place of Use

1. Is the right for municipal use?

YES

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1 S	45E	WM	4	NE SW			irrigation	35.1	140.9
Total Acres Irrigated									176.0

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

NO

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

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

capped pipe in well head

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
10"	400	400	10/5/95		Circle K Cattle Co	Stoffel

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 log attached

C. Groundwater Source Information (Sump)

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

YES

NO

NOV 23 2020

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

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

OWRD

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

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
/					

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

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
/	

4. Provide sump volume calculations:

/

RECEIVED

DEC 28 2020

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.

OWRD

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
unknown			submersible	6"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
unknown	

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)
	70	60	12'	

5. Provide pump calculations:

$$\frac{600 \text{ gpm} (60 + 70 + 2.31 + 12) \text{ ft}}{3960 \times .70 \text{ eff}} = 50 \text{ hp}$$

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)
055041	/	/	600 gpm (1.33 cfs)

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

7. Is the distribution system piped?

RECEIVED

YES NO

If "NO" items 8 through item 13 may be deleted.

NOV 23 2020

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	see map		

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
variable - center pivot					

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

RECEIVED

DEC 28 2020

OWRD

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley Cnorth	1150'	70 psi	600	1.33
Pierce Csouth	1050	70 psi	600	1.33

E. Storage

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

YES ☒ NO

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

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

RECEIVED

NOV 23 2020

YES NO
YES NO

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

2. Storage Tank:

OWRD

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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?

YES ☒ NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

--

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

RECEIVED

DEC 28 2020

OWRD

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES

NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

--

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

H. Additional notes or comments related to the system:

--

RECEIVED

NOV 23 2020

OWRD

RECEIVED

DEC 28 2020

OWRD

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

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

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

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
/					

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

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
/	

4. Provide sump volume calculations:

/

RECEIVED

DEC 28 2020

OWRD

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
unknown			submersible		6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
unknown	70 hp

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)
70 hp	60	60	-8	650 gpm (1.44 cfs)

5. Provide pump calculations:

$$\frac{650 \text{ gpm} (60 \times 2.31 + 60 - 8)}{3960 \times .70} = 45 \text{ hp}$$
 pump not operating @ full capacity

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)
489700	-	-	650 gpm 1.44 cfs

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

7. Is the distribution system piped?

(YES) NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8" → 6"	see map	pvc	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
wheel line	44 miles	alum.	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/4"	60			33	

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)
/					

RECEIVED
DEC 28 2020

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
/					

RECEIVED

NOV 23 2020

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Pringle	1295'	60	650 gpm	1.44

E. Storage

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

RECEIVED

YES ☒ NO

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

DEC 28 2020

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

YES NO
YES NO

OWRD

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

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?

YES ☒ NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

--

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

RECEIVED

NOV 23 2020

OWRD

WR

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES

☒ NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

--

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

H. Additional notes or comments related to the system:

--

RECEIVED

DEC 28 2020

OWRD

RECEIVED

NOV 23 2020

OWRD

RECEIVED

DEC 28 2020

SECTION 5 CONDITIONS

OWRD

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	3/31/1998		
BEGIN CONSTRUCTION (A)	10/95		Wells Drilled
COMPLETE CONSTRUCTION (B)		3/31/98	main lines & Pivots installed
COMPLETE APPLICATION OF WATER (C)		5/1/98	

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

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

YES NO

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?

YES NO

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

b. Were the Progress Reports submitted?

YES NO

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

3. Initial Water Level Measurements:

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

YES NO

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

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department?

YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
9/15/2020	Romans Precision Irrig	E tape	4.8'

well #1
well #2 9/10/2020

" " " E Tape 26.5'

RECEIVED

NOV 23 2020

OWRD

4. Annual Static Water Level Measurements:

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

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

- b. Provide the month, or months, the static water level measurement(s) were to be made:

- c. Were the static water level measurements taken in the month(s) required? YES NO

- d. If "YES", were those measurements submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

- a. Did the permit require the submittal of a pump test? ☒ YES NO

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

For additional information regarding pump tests see:

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

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

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

- c. Is the pump test attached to this claim? ☒ YES NO

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

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

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

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

- b. Has a meter been installed? ☒ YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	McCrometer	none	working	055041	?
Well #2	McCrometer	none	working	489700	?

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

^{NK} d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

^{NK} e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

^{NK} f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? YES NO

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

c. Was submittal of a water management and conservation plan required? YES NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO
one well

WELL ID #	DATE ATTACHED TO WELL
well #1	
well #2 LOUIN	?

e. Other conditions? YES NO

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

reports have been submitted

RECEIVED

DEC 28 2020

OWRD

RECEIVED

NOV 23 2020

OWRD

SECTION 6
ATTACHMENTS

RECEIVED

DEC 28 2020

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

OWRD

ATTACHMENT NAME	DESCRIPTION
well logs	
pump tests	

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.

NRCS aerial photos

RECEIVED

NOV 23 2020

OWRD

SECTION 4 #2
SYSTEM DESCRIPTION

Are there multiple POAs?

☒ YES ☐ NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

Well #2

RECEIVED

DEC 28 2020

RECEIVED

NOV 23 2020

OWRD

A. Place of Use

1. Is the right for municipal use?

YES ☒ NO

If "YES" the table below may be deleted.

OWRD

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
T1S	R4SE	N.M.	9	NN SE				67.6	151.3
Total Acres Irrigated									218.9

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES ☐ NO

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

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

capped pipe in well head

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"	0-117				Elk mtn	Stoffel
10"	117-209	400	6/13/96		Cattle Co.	
8"	209-400					

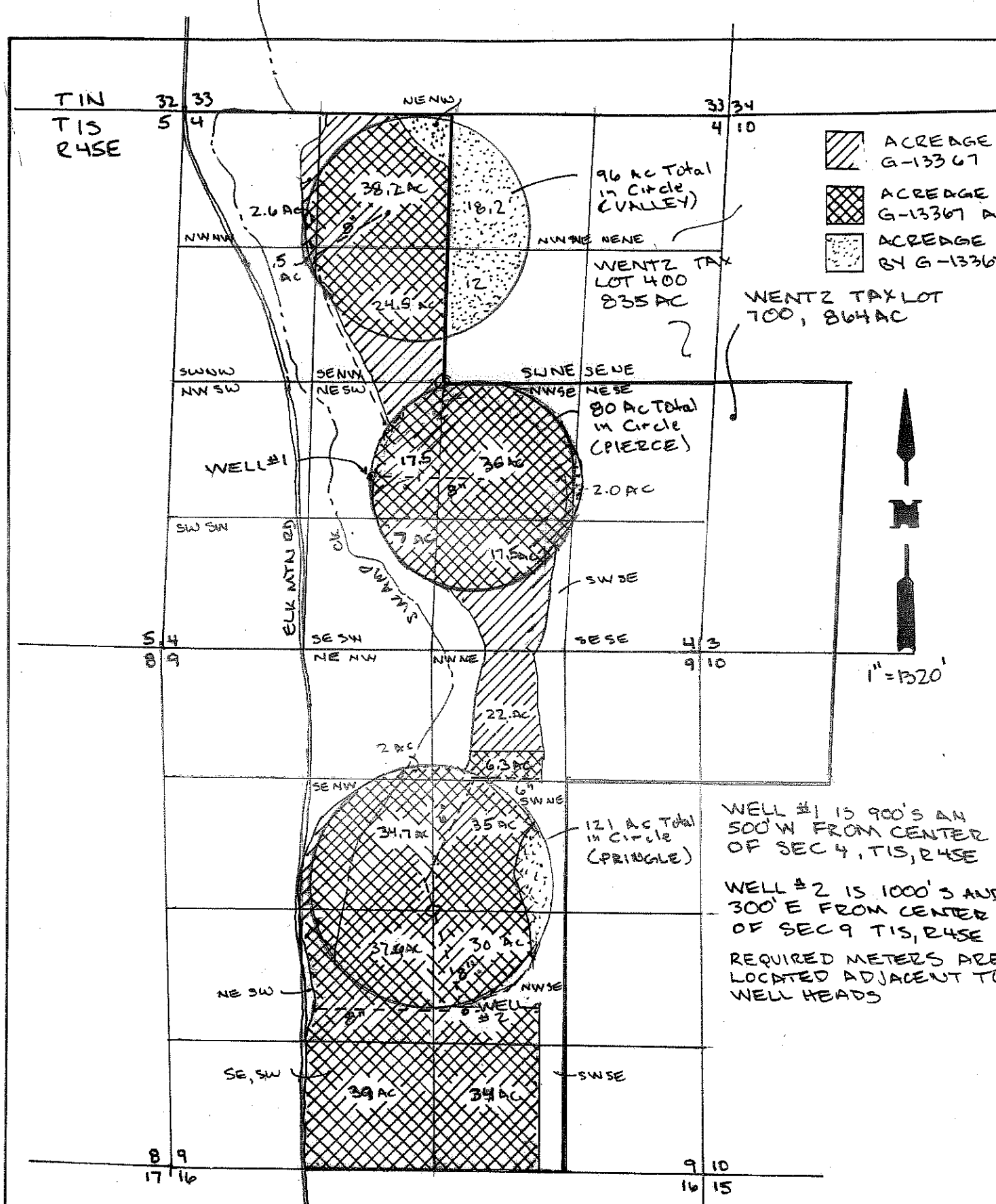
4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

well log attached L-01171

C. Groundwater Source Information (Sump)

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

YES ☒ NO



- ACREAGE ALLOWED BY G-13367
- ACREAGE ALLOWED BY G-13367 AND ACTUALLY IRRIGATED
- ACREAGE NOT PROVIDED FOR BY G-13367 BUT ACTUALLY IRRIGATED

WELL #1

		ALLOWED BY G-13367		ACTUAL
		PRIMARY	DEFIC SUPP TOTAL	
SECTION 4	NE NW		33.9	33.9
	NW NW		6.5	6.5
	SW NW		1.5	1.5
	SE NW	0.1	31.3	31.4
	NW NE		0	0
	SW NE		20.0	23.1
	NE SW	3.1	4.0	9.0
	SE SW	5.0		0
	NE SE		29.8	31.4
	NW SE	1.6	21.8	23.2
		1.4		159.0
				176.0

WELL #2

SECTION 4	SW SE	1.4	3.5	4.9	0
SECTION 9	NW NE	23.6		23.6	6.3
	SW NE	16.3	9.5	25.8	35.0
	NE NW	1.6		1.6	2.0
	SW NW	0.1	2.1	2.2	0*
	SE NW	17.9	19.4	37.3	34.7
	NE SW		40.0	40.0	37.6
	NW SW		2.7	2.7	0*
	SW SW		2.2	2.2	0
	SE SW		40.0	40.0	39.0
	NW SE		26.3	26.3	30.0
			29.3	29.3	34.0
			235.9		218.9
			394.9		394.9

*NOT CURRENTLY WENTZ OWNERSHIP

WELL #1 IS 900'S AN
500' W FROM CENTER
OF SEC 4, T15, R45E

WELL #2 IS 1000'S AND
300' E FROM CENTER
OF SEC 9 T15, R45E

REQUIRED METERS ARE
LOCATED ADJACENT TO
WELL HEADS

PERMIT G-13367
PRIMARY & SUPPLEMENTAL IRRIG
T15, R45E SEC 4 & 9
WALLOWA COUNTY

FINAL PROOF MAP FOR:
OLIVER OR JOANNA WENTZ
68865 ELK MTN RD
ENTERPRISE, OREGON 97028
PREPARED BY RALPH SWEHART
WALLOWA MTN ENGINEERING OCT 2020

THIS MAP IS PREPARED FOR WATER RIGHT
PURPOSES ONLY AND SHOULD NOT BE USED
FOR PROPERTY LOCATION PURPOSES.

