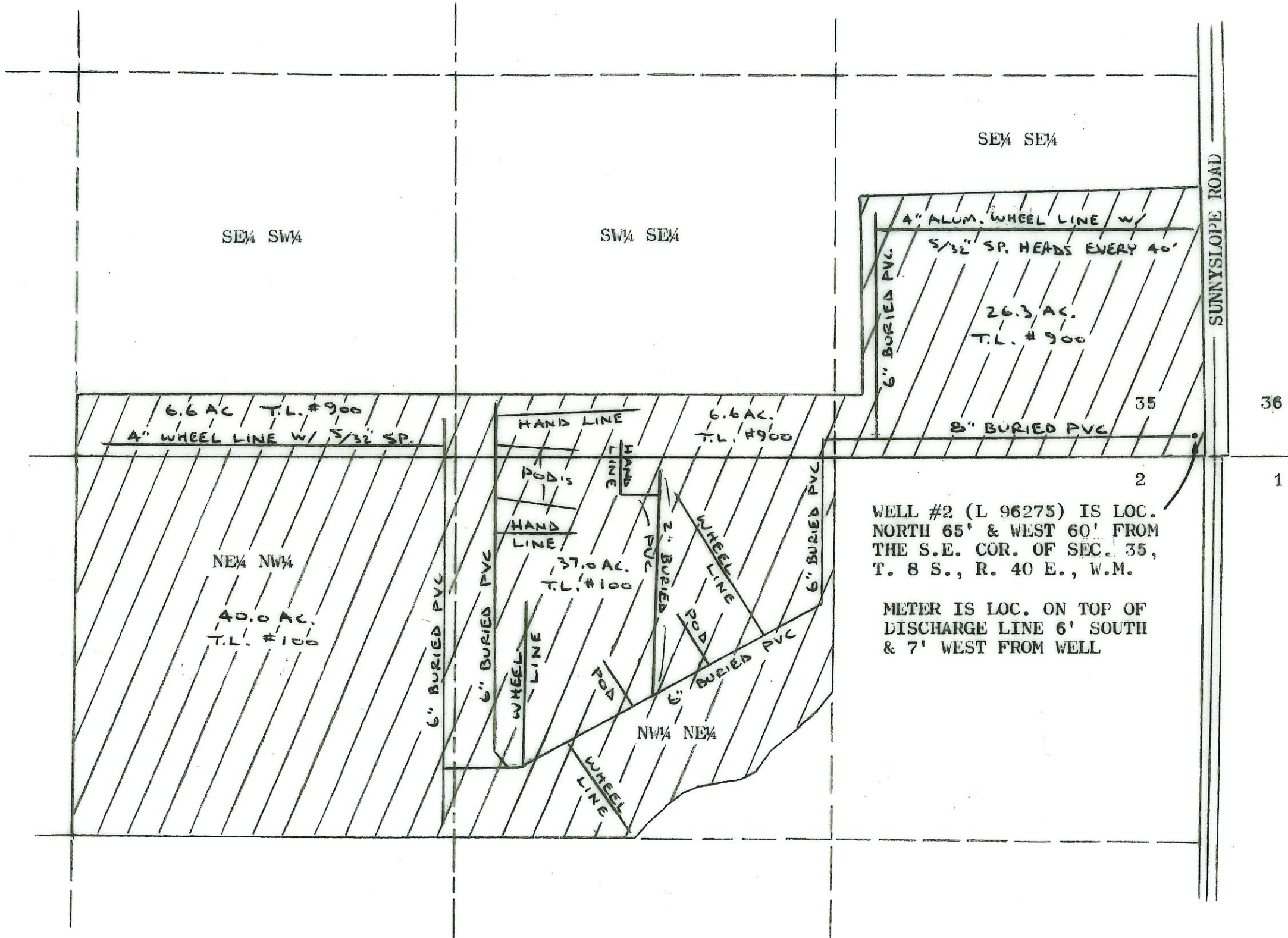


SEC. 35, T. 8 S., R. 40 E., W.M.

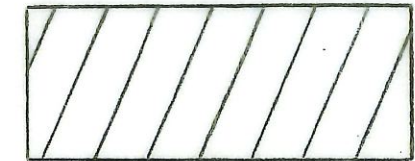
THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.

1" = 400'



SEC. 2, T. 9 S., R. 40 E., W.M.

LEGEND:



IRRIGATED LAND

CLAIM OF BENEFICIAL USE MAP

APPLICATION G-16937 PERMIT G-16469

IN THE NAME OF

FRED & LAURIE McALAMS

FEB. 22, 2021

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**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](http://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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G- 16937	G- 16469	T-



**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME Fred & Laurie McAdams		PHONE NO. 208-484-7615	ADDITIONAL CONTACT NO.	
ADDRESS 43132 Sunnyslope Road				
CITY Baker City	STATE OR	ZIP 97814	E-MAIL flmcdams@msn.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 Fred & Laurie McAdams				
ADDRESS 43132 Sunnyslope Road				
CITY Baker City	STATE OR	ZIP 97814	RECEIVED FEB 24 2021	

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ADDITIONAL PERMIT HOLDER OF RECORD NA				
ADDRESS				
CITY	STATE	ZIP		

**4. Date of Site Inspection:**

Feb. 10, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Laurie McAdams	12-14-2020	OWNER
	& 2-10-2021	

**6. County:**

Baker

**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)):**

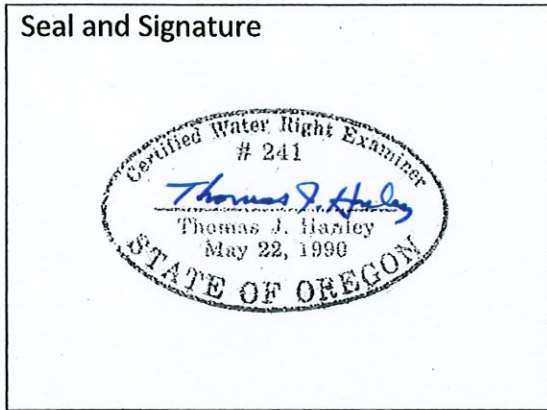
OWNER OF RECORD NA				
ADDRESS				
CITY	STATE	ZIP		

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

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 Thomas J. Hanley		PHONE NO. (541) 523-3803	ADDITIONAL CONTACT NO. (541) 518-3803
ADDRESS P.O. Box 701			
CITY Baker City	STATE OR	ZIP 97814	E-MAIL hanleyenr@qwestoffice.net

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
	Laurie A. McAdams	owner	Feb. 22, 2021
	FRED W. McADAMS	OWNER	FEB. 22, 2021



SECTION 3

CLAIM DESCRIPTION

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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 #2	BAKE 51994	96275

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 #2	BALDOCK SLOUGH BASIN	POWDER 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 #2	IRRIGATION	HAY	MAR. 1 TH. OCT. 31	125 GPM
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 Well #2 into a buried 8" main. The 8" main connects to buried 6" main that connects to buried 2" line. The buried lines distribute water to wheel lines, hand lines and PODs w/ 5/32" sp. heads.

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.")

The permit allowed a maximum rate of 1.46 cfs. The water user restricts the rate to 125 gpm due to black sand in the water.

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 #2	1.46 CFS	0.41 CFS	125 GPM	IRRIGATION	116.5	116.5



**SECTION 4  
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):

[Empty box for POA Name or Number]

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**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
8S	40E	W.M.	3S	SE 1/4 SW 1/4			IRRIGATION	6.6	0
8S	40E	W.M.	3S	SW 1/4 SE 1/4			IRRIGATION	6.6	0
Total Acres Irrigated SEE ATTACHED PAGE *									

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:

AIR LINE, 220' LONG P.V.C. 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
10"	277'	277'	7-27-2009		F. & L. McADAMS	DENNIS DR.

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 FOR WELL #, BAKE S1994, IS ENCLOSED

**C. Groundwater Source Information (Sump)**

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

YES  NO

\*

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
8S	40E	W.M.	3S	SE $\frac{1}{4}$ SE $\frac{1}{4}$			IRRIGATION	26.3	0
9S	40E	W.M.	2	NW $\frac{1}{4}$ NE $\frac{1}{4}$			IRRIGATION	37.0	0
9S	40E	W.M.	2	NE $\frac{1}{4}$ NW $\frac{1}{4}$			IRRIGATION	40.0	0
<b>Total Acres Irrigated</b>								116.5	0

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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
		NA			

**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
NA	

**4. Provide sump volume calculations:**

NA
----

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**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.

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**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
BERKELEY	6TS25-230	B86024	SUBMERSIBLE		4"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
GRUNDFOS	25

**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)
25	40	190'	200'	

**5. Provide pump calculations:**

$$H_p = \frac{\gamma Q H}{550 e} \therefore Q = \frac{H_p (550) e}{\gamma H} = \frac{25 (550) (0.72)}{62.4 (390)} = 0.41 \text{ CFS} = 184 \text{ GPM}$$

\* submersible pump e = 0.80 motor = 0.90, combined e = 0.80 x 0.90 = 0.72



**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)
NA	NA	4 hr.	150 CFS

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

**7. Is the distribution system piped?**

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

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YES NO

**8. Mainline Information:**

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MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1300'	PVC	BURIED
6"	4400'	PVC	BURIED
2"	1000'	PVC	BURIED

**9. Lateral or Handline Information:** \* SEE COLOR-CODED IRRIGATION SYSTEM MAP

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1200'	ALUMINUM	ABOVE GROUND
3"	240'	ALUMINUM	ABOVE GROUND
2"	480'	ALUMINUM	ABOVE GROUND

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	40	4.4 EACH	30	30	132 GPM = 0.29 CFS

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

**11. Drip Emitter Information:** NA

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

**12. Drip Tape Information:** NA

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



**13. Pivot Information:** NA

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

**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.*

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

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YES NO  
 YES NO

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

**2. Storage Tank:** NA

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

**3. Bulge in System / Reservoir:** NA

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:** NA

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

**3. Provide calculations:** NA

--

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

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

Attach measurement notes.



**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:** NA

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:** NA

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

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:** NA

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**SECTION 5  
CONDITIONS**

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			
BEGIN CONSTRUCTION (A)		6-24-2009	
COMPLETE CONSTRUCTION (B)		7-27-2009	
COMPLETE APPLICATION OF WATER (C)			

\* 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
7-27-2009	Bob Russell	FROM WELL LOG	15' BELOW



**4. Annual Static Water Level Measurements:**

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

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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:

FEB 24 2021

MONTH OF MARCH

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

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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
	MICROMETER	09-06198	WORKING	763,560	
				GALLONS x 100	

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



d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **NA** **YES NO**

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: **NA**

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description **NA**

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**

WELL ID #	DATE ATTACHED TO WELL
L 96275	

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):

*Water use records have been maintained and provided to OWRD.*

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SECTION 6  
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
IRRIGATION SYST. MAP	1" = 400' COLOR-CODED MAP w/ PUMP, MAINS & LATS.
WATER LEVEL REPORTS	(4) REPORTS ON OWRD REPORTING FORM
WATER SUPPLY WELL REP.	FOR BAKE 51994 / 6-29-09 TH. 7-27-09
WATER USE REPORTS	DATA FOR 2013 TH. 2018
WELL PUMP TEST	DATED 6-1-2011, ON OWRD, PUMP TEST FORM

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.

Hand-held GPS measurements, taped measurements and use of vertical color air photography from ORMAP w/ property boundaries shown.