

MONEY SLIP

DATE: <u>2-26-2021</u>	RECEIPT #: <u>134625</u>
------------------------	--------------------------

RECEIVED FROM: Butterfield Farms, Inc.

APPLICATION	
PERMIT	
TRANSFER	

CASH CHECK # 13969 OTHER (IDENTIFY) _____

TOTAL REC'D	\$ <u>200.00</u>
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1083 TREASURY	4170 MISC CASH ACCT.
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0407 COPIES	\$
_____ OTHER: (IDENTIFY) _____	\$

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY	4270 WRD OPERATING ACCT.
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MISCELLANEOUS

0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY) _____	\$
TC162 DEPOSIT LIAB. (IDENTIFY) _____	\$
0240 EXTENSION OF TIME _____	\$

WATER RIGHTS

0201 SURFACE WATER	EXAM FEE		RECORD FEE
0203 GROUND WATER	\$	0202	\$
0205 TRANSFER	\$	0204	\$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE		RECORD FEE
LANDOWNER'S PERMIT	\$	0219	\$
_____ OTHER (IDENTIFY) _____		0220	\$

0607 TREASURY	0467 HYDROELECTRIC
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0233 POWER LICENSE FEE (FW/WRD)	LIC NUMBER
0231 HYDRO LICENSE FEE (FW/WRD)	\$
_____ HYDRO APPLICATION	\$

SPECIAL INSTRUCTIONS:

mylar
yes

RETURN TO APPLICANT

**CLAIM OF
BENEFICIAL USE
for Surface Water 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.wrd.state.or.us

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A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

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A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.oregon.gov/owrd/pages/wr/cwre_info.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.

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

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SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # S- 87936	PERMIT # S- 54875	PERMIT AMENDMENT # T-
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Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

March 8, 2021

Dan & Lori Butterfield
61901 Prairie Ck Road
Joseph OR 97846

On February 26, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application S-87936 Permit S-54875

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

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

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$200.00 COBU recording fee

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file
Ralph W Swinehart, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$200 must accompany this form for any transfers 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.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

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DATE: _____		RECEIPT #: _____	
RECEIVED FROM: _____		APPLICATION PERMIT TRANSFER	
CASH <input type="checkbox"/>	CHECK # _____	OTHER (IDENTIFY) _____	TOTAL RECD \$ _____
1083 TREASURY 4178 MISC CASH ACCT.			
0407 COPIES _____	OTHER: (IDENTIFY) _____		
0243 Instream Lease _____		0244 Muni Water Mgmt. Plan _____	
0245 Cons. Water _____			
1083 TREASURY 4270 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	
0410 RESEARCH FEES		\$ _____	
0409 MISC REVENUE (IDENTIFY)		\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$ _____	
0240 EXTENSION OF TIME		\$ _____	
WATER RIGHTS			
0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	RECORD FEE
LANDOWNER'S PERMIT	\$ _____	0220	\$ _____
OTHER (IDENTIFY)			
0200	COBU	\$200.00	
0607 TREASURY 0487 HYDROELECTRIC			
LIC NUMBER _____			
0233 POWER LICENSE FEE (FWWRD)	\$ _____		
0231 HYDRO LICENSE FEE (FWWRD)	\$ _____		
HYDRO APPLICATION \$ _____			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Dan and Lori Butterfield		PHONE NO. 541-263-0320	ADDITIONAL CONTACT NO.
ADDRESS 61901 Prairie Ck Road			
CITY Joseph	STATE Oregon	ZIP 97846	E-MAIL butterfieldfarms@live.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 or holder of record (this may, or may not, be the current property owner)

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PERMIT HOLDER OF RECORD Dan and Lori Butterfield			FEB 26 2021
ADDRESS same as above			
CITY	STATE	ZIP	OWRD

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ADDITIONAL PERMIT HOLDER OF RECORD NA			FEB 04 2021
ADDRESS			
CITY	STATE	ZIP	OWRD

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dan Butterfield	7/28/2020	owner
Lori Butterfield	7/28/2020	owner

6. County:

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

NA

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

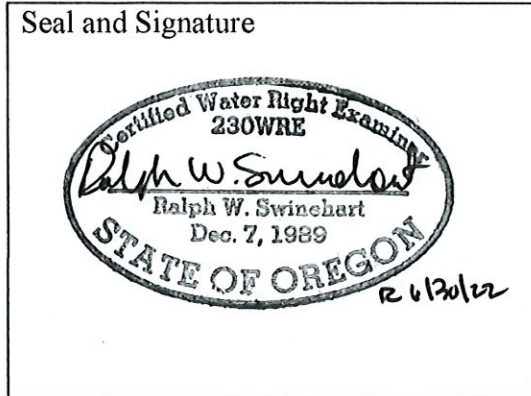
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CWRE Statement, Seal and Signature

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 Ralph W. Swinehart		PHONE NO. 541-398-1550	ADDITIONAL CONTACT NO. 541-426-4085
ADDRESS PO Box 2466			
CITY Enterprise	STATE Oregon	ZIP 97028	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
Dan Butterfield	Dan Butterfield		9-3-20
Lori Butterfield	Lori Butterfield		9-3-20

SECTION 3

CLAIM DESCRIPTION

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1. Point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)
Wallowa Lake Dam

2. Point of diversion source and tributary:

POD NAME OR NUMBER	SOURCE	TRIBUTARY
Wallowa Lake Dam	Wallowa River	Grande Ronde River

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

POD 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)
W.L.D	irrigation	hay / grain	May - Oct	1500 gpm on 160 ac.
				340 gpm on 36.5 ac
Total Quantity of Water Used				

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

Water is diverted into Silver Lake Ditch at Wallowa Lake Dam. At owners property water is diverted thru a 4"x12" fish screen into a 12" suction pipe for irrigation pump. Pump supplies a corner sweeping center pivot irrigation system which irrigates a 160 acre field of which the 36.5 acres in this water right is a part

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, or permit amendment final order? If yes, describe below.

YES

NO

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

6. Claim Summary:

POD NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Wallowa Lake Dam & Reservoir	not spec.		340 gpm	irrig	36.5	36.5

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs?

YES NO

If "YES" you will need to copy and complete Sections 4B through 4E for each POD.

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

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A. Place of Use

1. Is the right for municipal use?

YES NO
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If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

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.

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B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion 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
Berkely		7675014	horiz end suction centrf.	8"	6"

3. Motor Information

MANUFACTURER	HORSEPOWER
Gould	75

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	140	5'	-10'	3.33 cfs

5. Provide pump calculations:

$$\frac{1500 \text{ gpm} \times 60 \text{ psi} \times 2.31 \text{ ft/psi}}{3960 \times .70 \text{ eff}} = 75 \text{ hp}$$

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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)
1000 gpm	1000 gpm	1 min	2.22 cfs 3.33 cfs @ 1500 gpm

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 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10"	700'	pvc	buried

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9. Lateral or Handline Information NA - center pivot

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

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10. Sprinkler Information NA

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

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	660 x 1.4 = 920'	60	1500	3.33

12. Additional notes or comments related to the system:

Field is irrigated with a corner sweeping center pivot which covers the entire 160 acre field. The 36.5 acres under this water right is part of this 160 acre field

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C. Storage

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

OWRD RECEIVED 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

YES NO

Bulge in System / Reservoir

OWRD YES NO

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 ^{NA}System / Reservoir:

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

D. 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**

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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.

E. 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: *N A*

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)

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3. Provide calculations: *N A*

FEB 04 2021 OWRD

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

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

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Attach measurement notes.

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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 any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use 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 of time:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<i>June 5, 2014</i>		
BEGIN CONSTRUCTION (A)	<i>July 2014</i>		<i>installed main line to center pivot</i>
COMPLETE CONSTRUCTION (B)	<i>Aug 2014</i>	<i>Aug 2014</i>	<i>installed center pivot</i>
COMPLETE APPLICATION OF WATER (C)	<i>6/5/2019</i>		<i>irrigated entire field</i>

* 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

3. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? RECEIVED
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YES NO

If "NO", items 3b through 3f 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.

b. Has a meter been installed? OVRD
YES NO

c. Meter Information

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
1	micrometer	15-05749-10	working	25.115 AF	2014

If a meter has been installed, items 3d through 3f 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? 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

4. Recording and reporting conditions

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

If "NO", item 4b relating to this section may be deleted.

b. Have the reports been submitted? NA
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YES NO
If the reports have not been submitted, attach a copy of the reports if available.

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? YES NO

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? RECEIVED
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YES NO

c. When was the fish screening installed?

DATE	BY WHOM
2014	owner

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Reminder: If the permit was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion **involves a pump** *and* the total diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? **NA** YES NO
- If not, go to <http://www.oregon.gov/owrd/Pages/pubs/forms.aspx>, complete and attach a copy of the self-certification form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

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Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does **not involve a pump** *or* the total diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? NA **YES** NO
- If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: <http://www.oregon.gov/owrd/Pages/pubs/forms.aspx>

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Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion?

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YES **NO**

If "NO", items 6b and 6c relating to this section may be deleted.

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Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Have by-pass devices been installed? **NA**

YES **NO**

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM

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

- a. Was the water user required to restore the riparian area if it was disturbed? **YES** NO
- b. Was a fishway required? YES **NO**
- c. Was submittal of a water management and conservation plan required? YES **NO**
- d. 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):

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SECTION 6
ATTACHMENTS

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

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ATTACHMENT NAME	DESCRIPTION
Final proof map	

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SECTION 7

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CLAIM OF BENEFICIAL USE MAP

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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.

map is based on USGS quad map Joseph Quadrangle, aerial photos, and site visit

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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Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

February 17, 2021

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Dan and Lori Butterfield
61901 Prairie Ck Road
Joseph, OR 97846

RE: Application S-87936, Permit S-54875

Dear Permit Holders,

On February 4, 2021, the Department received the Claim of Beneficial Use that you submitted for the above referenced file.

The Department is returning your Claim at this time for the following reason:

1. The Claim was not signed by all the permit holders of record. The permit is currently in the name of **both** Dan and Lori Butterfield. The Claim was only signed by Dan Butterfield. Our rules require that all permit holders of record sign the Claim form. Please have Lori Butterfield sign the claim, or you can have Lori assigned off of the permit if needed. Once Lori has signed, or an assignment has been received by the Department, you can re-submit the claim.

Enclosed you will find your Claim materials and check in the amount of \$200.00.

The Department has retained the Pump Test for your permit.

If you have any additional questions, please feel free to contact me at 503-986-0801.

Sincerely,

Cory Middleton
Water Right Customer Service

cc: file
Ralph Swinehart, CWRE.

Enclosures

Check #13969



Oregon

Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

January 25, 2021

Dan and Lori Butterfield
61901 Prairie Ck Road
Joseph, OR 97846

**RECEIVED
RECEIVED
FEB 04 2021**

**OWRD
OWRD**

The Water Resources Department has received your claim of beneficial use. At this time, however, we are unable to accept your application because the minimum fee requirements have not been met according to the Oregon Administrative Rules (OAR 690-536-050).

We are therefore returning the Claim of Beneficial Use. You may resubmit the Claim with the required fees of \$200.00

Should you have any questions, please contact me at 503-986-0801.

RECEIVED

FEB 26 2021

OWRD

Sincerely,

Cory Middleton

Customer Service Representative

Oregon Water Resources Department

cc: File

Ralph Swinehart, CWRE.

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>5-87936</u>	WRD Reviewer <u>Con M.</u>
Transfer # <u>—</u>	
Date Received <u>2/4/2021</u>	RECEIVED
CWRE Name <u>Ralph Swinehart</u>	FEB 26 2021

Priority Date: 9/27/2013
Fees Required:

OWRD

YES NO — A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$200 must accompany this form for any transfers 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.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL RECD. \$ _____

1583 TREASURY (178 MISC CASH ACCT.)

0407 COPIES _____ \$ _____
 OTHER (IDENTIFY) _____ \$ _____

0243 Indians Lease _____ 0244 Min. Water Mgmt. Plan _____ 0245 Cons. Water _____

1583 TREASURY (178 WRD OPERATING ACCT.)

MISCELLANEOUS

0407 COPY & TAPE FEES 4611 \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE (IDENTIFY) \$ _____
 TC-82 DEPOSIT LEAD (IDENTIFY) \$ _____
 0240 EXTENSION OF TRM \$ _____

WATER RIGHTS

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

0215 WELL DRILL CONSTRUCTION	EXAM FEE	0219	RECORD FEE
LANDOWNER'S PERMIT	\$ _____	0220	\$ _____
OTHER (IDENTIFY)	<u>COBU</u>		<u>3202.00</u>

0687 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER \$ _____
 0231 HYDRO LICENSE FEE (FWWRD) \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review: N/A

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

TAX LOT 600
T 35 R 45E
158.4 AC

T 25
T 35

CENTER PIVOT
10" PIPE TO PUMP

PUMP

SILVER LAKE DITCH

INTAKE SCREEN

METER IS LOCATED
ON PUMP DISCHARGE
12" PIPE BETWEEN
SCREEN & PUMP

3



1" = 1320'

T 35, R 45E
SEC 3

RECEIVED

JAN 08 2021

OWRD

RECEIVED

FEB 04 2021

OWRD

LEGEND



LAND TO RECEIVE SUPPLEMENTAL IRRIGATION
FROM WALLONA LAKE RESERVOIR UNDER PERMIT S-54875
EXISTING PRIMARY RIGHT CERT 55334, PRIORITY DATE 4/28/1976



EXISTING WATER RIGHTS, PRIMARY WALLONA LAKE DECREE
SUPPLEMENTAL R-347 WALLONA LAKE RESERVOIR

POINT OF DIVERSION IS WALLONA LAKE DAM LOCATED 870' SOUTH
AND 1100' WEST FROM THE NE CORNER OF NENW SEC 5, T 35, R 45E

RECEIVED

FEB 26 2021

OWRD



R 2/30/22

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

PERMIT S-54875 SUPPLEMENTAL IRRIG.
SEC 3 T 35, R 45E, W.M.
WALLONA COUNTY

FINAL PROOF MAP FOR:
DAN & LORI BUTTERFIELD
61901 PRAIRIE CK RD
JOSEPH, OREGON 97846

PREPARED BY WALLONA Mtn ENGINEERING,
ENTERPRISE, OREGON 9/1/2020