



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

May 5, 2021

The Church of Jesus Christ of Latter-Day Saints
50 E North Temple Street
Salt Lake City, UT 84150

On April 29, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-17170 Permit G-16566

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.

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:
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$200.00

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 G-17170
Scott Neil King, 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)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER

CASH 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 \$ _____ 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) COBU \$ 200.00 0220 \$ _____

0607 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:

- 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

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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.

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-17170	PERMIT # (IF APPLICABLE) G-16566	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

APR 29 2021

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME CORP. OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		PHONE NO.	ADDITIONAL CONTACT NO. OWNR
ADDRESS 50 E NORTH TEMPLE ST			
CITY SALT LAKE CITY	STATE UT	ZIP 84150	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 CORP. OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS			
ADDRESS 50 E NORTH TEMPLE ST			
CITY SALT LAKE CITY	STATE UT	ZIP 84150	E-MAIL

ADDITIONAL PERMIT HOLDER OF RECORD NONE		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

March 30, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
David R. Bowen	March 30, 2021	Facilities Manager

6. County:

MALHEUR

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(5)):

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.



CWRE NAME SCOTT NEIL KING		PHONE NO. 208-383-4140	ADDITIONAL CONTACT NO.	
ADDRESS 300 E MALLARD DR STE 350				
CITY BOISE	STATE ID	ZIP 83706	E-MAIL sking@spfwater.com	

Permit Holder's 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
	JONATHAN M. CLEGG, P.E.	MANAGER-WATER GROUP	22 APR 2021

SECTION 3

CLAIM DESCRIPTION

OWRD

1. Point(s) of Appropriation (POA):

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	MALH 53520	L88885

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

2. 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	TURF & LANDSCAPE	MARCH 1 THROUGH OCTOBER 31	0.15 CFS
Total Quantity of Water Used				0.15 CFS

3. 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:

Ground water is diverted from well with submersible pump to a distribution system providing irrigation water to turf and other landscaping associated with a meeting house facility.

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).

4. 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**

(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.")

The permit allowed 2.75 acres of irrigation. The water user developed 3.25 acres.

5. Claim Summary:

POD / 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	0.03 CFS			IRRIGATION	2.75	3.25

**SECTION 4
SYSTEM DESCRIPTION**

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APR 29 2021

OWRD NO

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):

WELL 1

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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:

Well cap can be removed to access well casing and measure 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

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 is attached.

C. Groundwater Source Information (Sump)

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

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.

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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?

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
FRANKLIN ELECTRIC	60FH5S4-PE	20F23 12 00585H	Submersible

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
5	70	45	0	0.17

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$$

$$= \frac{(5)(7.04)}{(45 + (70)(2.31))} = 0.17 \text{ cfs}$$

Lift of 45 ft based on pump setting depth on panel tag. This is at or near the maximum lift possible. Discharge pressure of 70 psi per pressure gauge reading.

Pump capacity curve indicates Q = 0.15 cfs at 207 ft of head

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
No meter present			

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

6. Sprinkler Information:

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.

7. Drip Emitter Information:

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

8. 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

E. Storage

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

NO

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

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

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

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

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

H. Additional notes or comments related to the system:

Irrigation system controller indicates 23 zones to serve meeting house landscaping and ballfield turf.

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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 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	8/20/2009		
BEGIN CONSTRUCTION (A)	N/A	9/5/2008	Well construction started
COMPLETE CONSTRUCTION (B)	8/20/2014	10/1/2009	
COMPLETE APPLICATION OF WATER (C)	8/20/2014	10/1/2009	Water has been used annually since 2009.

* 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)? **NO**

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

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. Is a pump test required? **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? **NO**

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

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

7. Recording and reporting conditions:

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

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

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 a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L88885	Sept 2008 (construction)

d. Other conditions? **NO**

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

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	Water Supply Well Report for MALH 53520 / L88885
Attachment B	Pump Curve
Attachment C	Photographs
Attachment D	COBU Map

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.

Aerial photos and GPS were used identify well and place of use location. Aerial photo is NAIP 2020.

Map Checklist



Please be sure that the map you submit includes ALL the items listed below.

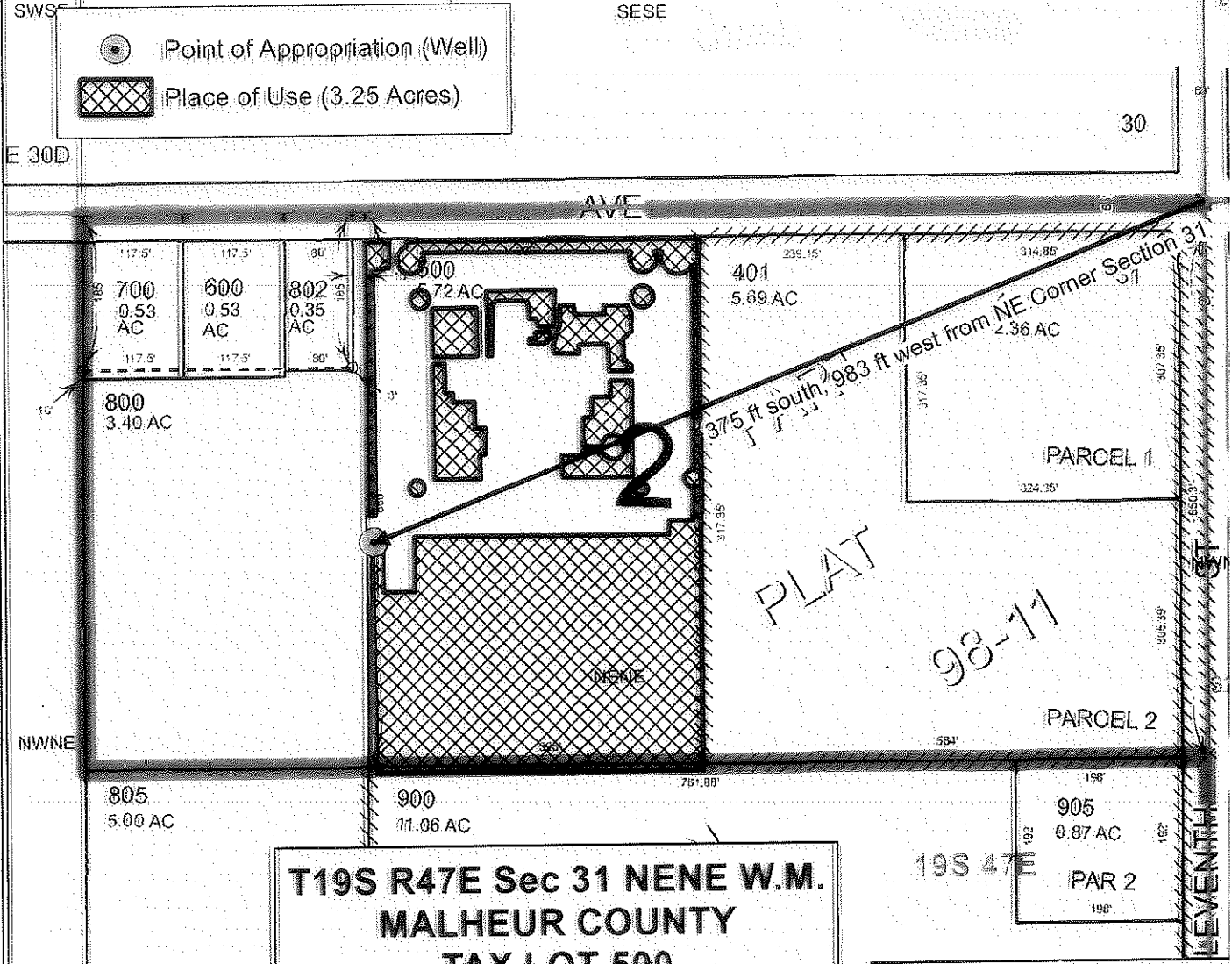
(Reminder: Incomplete maps and/or claims may be returned.)

- 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 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

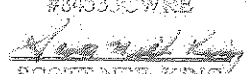
.31 T.19S. R.47E. W.M.
 HEUR COUNTY

1" = 200'


 Point of Appropriation (Well)
 Place of Use (3.25 Acres)



**T19S R47E Sec 31 NENE W.M.
 MALHEUR COUNTY
 TAX LOT 500**

Certified Water Right Examiner
 #34333CWRE

 SCOTT NEIL KING
 MAY 3, 2011
 STATE OF OREGON
 EXPIRES: June 30, 2021

Map Preparer's Statement:
 This map is not intended to
 provide legal dimensions or
 locations of property
 ownership lines.

 **SPF WATER ENGINEERING**
 300 East Mallard Drive, Suite 350
 Boise, Idaho 83706
 Tel (208) 383-4140 Fax (208) 383-4156
 Permit G-16566, Application G-17170
 Church of Jesus Christ of Latter Day Sair
 Nyssa Meeting House Water Right
 DATE: 4/26/2021
 CREATOR: SKING
 PROJECT: 212.0420
 Absolute Scale: 1:2,400
 0 60 120 240 Feet

Path: S:\PROJECTS\Irru L Projects\Projects\LDs Church_2120420_Nyssa Mtg House\COBU\PROJECT\GIS\Map\Projects\Nyssa GIS COBU Map.mxd

COORDINATE REFERENCE SYSTEM: OCRS Ontario NAD 1983 CORS96 TM Feet Intl

.31 T.19S. R.47E. W.M.
MALHEUR COUNTY

1" = 200'



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SWSW

29

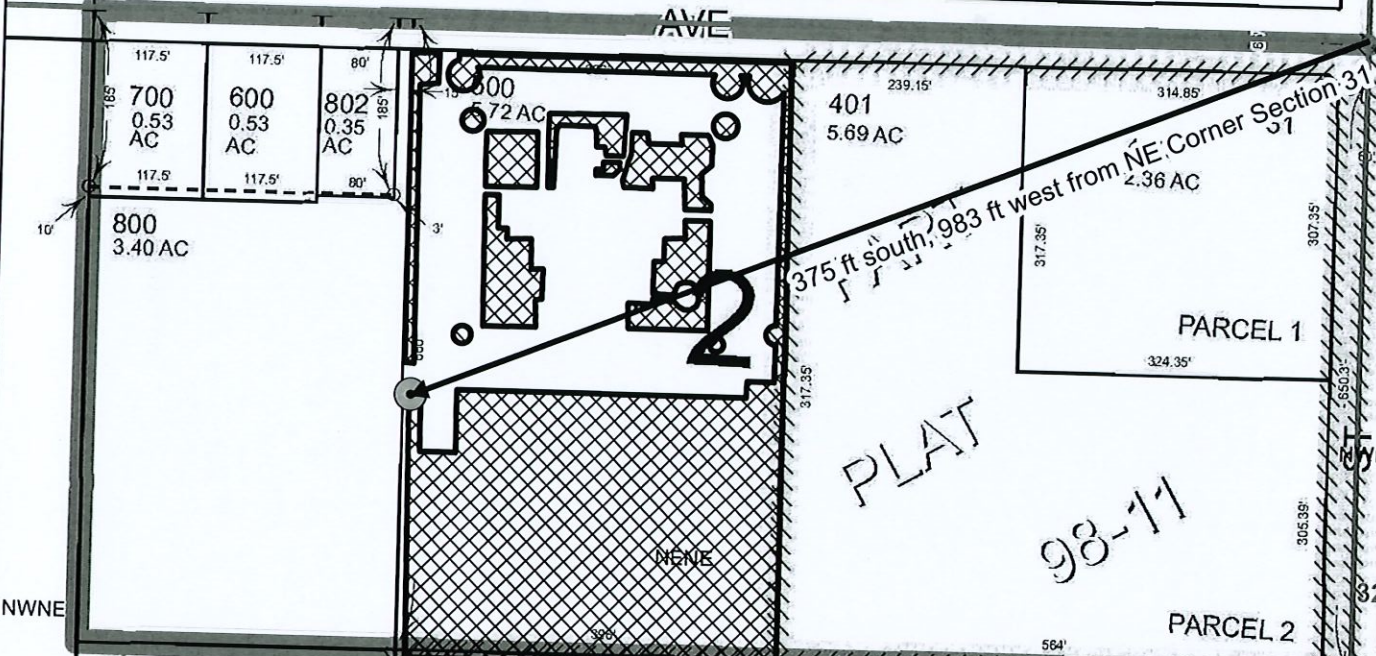
-  Point of Appropriation (Well)
-  Place of Use (3.25 Acres)

SWS

SESE

30

E 30D



**T19S R47E Sec 31 NENE W.M.
MALHEUR COUNTY
TAX LOT 500**

PLAT 98-11

19S 47E



300 East Mallard Drive, Suite 350
Boise, Idaho 83706
Tel (208) 383-4140 Fax (208) 383-4156

Permit G-16566, Application G-17170
Church of Jesus Christ of Latter Day Saints

Nyssa Meeting House Water Rights

DATE: 4/26/2021
CREATOR: SKing
PROJECT: 212.0420



Absolute Scale: 1:2,400
0 60 120 240 Feet



EXPIRES: *June 30, 2021*

Map Preparer's Statement:
This map is not intended to
provide legal dimensions or
locations of property
ownership lines.

Path: S:\PROJECTS\Irru L\Projects\L\Projects\L\Nyssa Mtg House COBU\PROJECT\GIS\ArcMap_P\Projects\Nyssa GIS COBU Map.mxd

COORDINATE REFERENCE SYSTEM: OCRS Ontario NAD 1983 CORS96 TM Feet Intl



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April 26, 2021

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

Subject: Claim of Beneficial Use Report for Permit G-16566, Application G-17170

Enclosed please find a claim of beneficial use report for the above-referenced permit and application, and check no. 008 800412644 in the amount of \$200 for the claim fee. This report describes irrigation use from water diverted from a groundwater source. If you have questions, or need additional information such as a GIS shapefile of the place of use or point of appropriation, please let me know.

Sincerely,

A handwritten signature in blue ink that reads "Scott N. King". The signature is fluid and cursive.

Scott N. King, P.E.
Project Manager

cc: Jonathan M. Clegg (via email)

File: 212.0420