

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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 any Transfer final orders 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.

A separate form shall be completed for each transfer.

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**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

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APPLICATION # T-11896

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Cameron S. Kerns		PHONE No. 541-403-0829	ADDITIONAL CONTACT No.
ADDRESS 45306 Schoolhouse Rd.			
CITY Haines	STATE OR	ZIP 97833	E-MAIL beaverrgr@aol.com

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

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

TRANSFER HOLDER OF RECORD Cameron S. Kerns			
ADDRESS 45306 Schoolhouse Rd.			
CITY Haines	STATE OR	ZIP 97833	

4. Date of Site Inspection:

4/28/21

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Cameron S. Kerns	4/28/21	Owner/Irrigator

6. County:

Baker

7. If any property described in the place of use of the transfer 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**

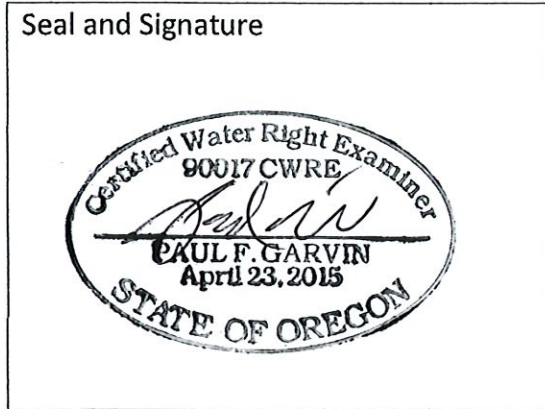
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CWRE Statement, Seal and Signature

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



CWRE NAME Paul F. Garvin		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS 1705 Main St. Ste. 101			
CITY Baker City	STATE OR	ZIP 97814	E-MAIL Garvin.hydrogeo@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
<i>Cameron Kerns</i>	Cameron Kerns	<i>Owner</i>	<i>6-23-21</i>

SECTION 3
CLAIM DESCRIPTION

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Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
New Well	BAKE 52440	L-119426	Rock Creek Basin

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

--

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
New Well	1.40 cfs	1.71 cfs	

SECTION 4
SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES **NO**

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

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

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Paco (booster)	10-40957-040001-1822	PS_72707060 5kw	Centrifugal	4"	4"
Berkeley (main)	7T50-450	NA	Turbine	6"	4"

2. Motor Information

MANUFACTURER	HORSEPOWER
Paco (booster)	15
Berkeley (main)	50

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)
50 + 15 = 65	5	255'	346'	1.71

4. Provide pump calculations:

Data:
Lift = 255'; Efficiency = 7.04; hp = (50+15) = 65; psi head = (2.54*5) = 12.7

Calculation:
Theoretical pump capacity (cfs) = (65 * 7.04)/(255 + 12.7) = **1.71 cfs**

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)

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

B. Groundwater Source Information (Well and Sump)

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YES NO

**SECTION 5
CONDITIONS**

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All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	3/9/2015	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	9/1/2015

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES NO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
New Well	Aquamaster	50414	working	1,158	9/2017

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

4. Recording and reporting conditions

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

5. Other conditions required by the transfer 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. 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):

The New Well shall acquire water from the basin-fill sediments aquifer. According to the well log (BAKE 52440), the well is screened only in the basin-fill sediments and the well did not reach the bedrock formations that are typically found beneath the basin-fill sediments.

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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
Well Log	Well Log (BAKE 52440)

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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.

The map was created using publicly available GIS data, google satellite imagery, and ground truthing.

Map Checklist

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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.) ***Not required for this type of Claim of Beneficial Use**
- 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

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765 & OAR 690-205-0210)

BAKE 52440

WELL I.D. LABEL# I 119426
START CARD # 1027218
ORIGINAL LOG #

8/18/2015

(1) LAND OWNER Owner Well I.D.
First Name CAMERON Last Name KERNS
Company _____
Address 15288 MUDDY CR. LN.
City HAINES State OR Zip 97833

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 530.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
18	0	22	Bentonite Chips	0	65	11000 P
12	22	530			Calculated	3900
					Calculated	

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from 65 ft. to 180 ft. Material 24000# BENTONITE
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Inside Outside Other Location of shoe(s) 530
Temp casing Yes Dia 16 From 0 To 21

(7) PERFORATIONS/SCREENS
Perforations Method AIR KNIFE
Screens Type _____ Material _____
Perf/ Casing/Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/ width length slots pipe size
Perf Casing 12 220 340 .25 1 3600
Perf Casing 12 380 530 .25 1 4500

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
700 525 2

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 324
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 7.00 S N/S Range 30 E E/W WM
Sec 25 SE 1/4 of the NE 1/4 Tax Lot 400
Tax Map Number 6900 Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
15288 MUDDY CR. LN.
HAINES, OR 97833

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 8/13/2015 _____ 25
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 15.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
7/17/2015	58	62	8		25
7/20/2015	77	83	15		25
7/20/2015	155	173	40		25
7/20/2015	191	205	50		25
7/20/2015	218	226	150		25

(11) WELL LOG Ground Elevation _____

Material	From	To
SOIL	0	3
TAN CLAY, GRAVEL	3	14
BROWN CLAY, GRAVEL	14	58
GRAVEL, BROWN CLAY	58	62
TAN CLAY, GRAVEL	62	77
GRAVEL, TAN CLAY	77	83
BROWN CLAY, GRAVEL	83	121
TAN CLAY, GRAVEL	121	146
BROWN CLAY, GRAVEL	146	155
GRAVEL, SAND, TAN CLAY	155	164
TAN CLAY, GRAVEL	164	173
BROWN CLAY, GRAVEL	173	183
TAN CLAY, GRAVEL	183	191
GRAVEL, SAND, TAN CLAY	191	205
TAN CLAY, GRAVEL, SAND	205	218
GRAVEL, SAND, TAN CLAY	218	226
TAN CLAY, SAND, GRAVEL	226	234
SAND, GRAVEL, BROWN CLAY	234	252
GRAVEL, SAND, TAN CLAY	252	275

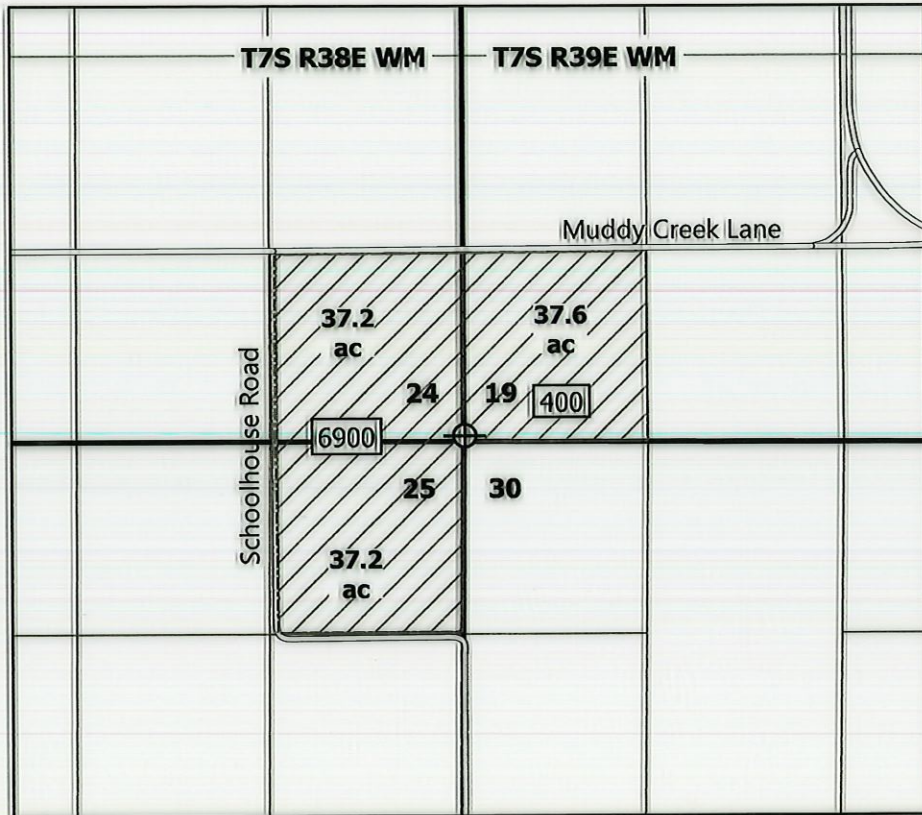
Date Started 7/17/2015 Completed 8/13/2015

(unbonded) Water Well Constructor Certification
I certify that the work performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number _____ Date SEP 09 2015

Signed _____ SALEM, OR

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1775 Date 8/18/2015

Signed JASON ACQUISTAPACE (E-filed)
Contact Info (optional) _____



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LEGEND

- Baker County Taxlot Boundary 6900
- Irrigated Area
- Well

**Garvin
 HydroGeo
 LLC**

**Claim of Beneficial Use Map
 Transfer T-11896**

Prepared on behalf of Cameron S. Kerns



Drawn by: Paul F. Garvin, RG CWRE
 Date: 6/21/21

1 inch = 1,320 feet

Notes:

This map is not intended to provide legal dimensions or locations of property ownership lines.

Well is located 40 feet North and 7 feet East from the SW Corner of Section 19

Totalizing flow meter is located 5 feet east of the well



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

July 2, 2021

Cameron S Kerns
45306 Schoolhouse Rd
Haines OR 97833

On June 25, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following Transfer(s):

T-11896

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>

For all other questions please call our Customer Service phone: (503) 986-0900.

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 T-11896
Paul F Garvin, 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 \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

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