

STATE OF OREGON
WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A

SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIPT # **136266**

RECEIVED FROM: Wood Family Vineyards
BY: James F. Wood

APPLICATION 6-18602
PERMIT
TRANSFER

CASH: ☐ CHECK.# 1150 OTHER: (IDENTIFY) ☐

TOTAL REC'D \$ 230.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$
OTHER: (IDENTIFY) \$
0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water

4270 WRD OPERATING ACCT

MISCELLANEOUS 46 111
0407 COPY & TAPE FEES \$
0410 RESEARCH FEES \$
0408 MISC REVENUE: (IDENTIFY) \$
TC162 DEPOSIT LIAB. (IDENTIFY) \$
0240 EXTENSION OF TIME \$
WATER RIGHTS: EXAM FEE RECORD FEE
0201 SURFACE WATER \$ 0202 \$
0203 GROUND WATER \$ 0204 \$
0205 TRANSFER \$
WELL CONSTRUCTION EXAM FEE LICENSE FEE
0218 WELL DRILL CONSTRUCTOR \$ 0219 \$
LANDOWNER'S PERMIT \$ 0220 \$
0200 OTHER (IDENTIFY) COBOL \$ 230.00

0536 TREASURY 0437 WELL CONST. START FEE

0211 WELL CONST START FEE \$ CARD#
0210 MONITORING WELLS \$ CARD#
OTHER (IDENTIFY)

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233 POWER LICENSE FEE (FWWRD) \$
0231 HYDRO LICENSE FEE (FWWRD) \$
HYDRO APPLICATION \$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____ \$

RECEIPT: **136266**

DATED: 8-26-2021 BY: [Signature]

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-18602	WRD Reviewer: <i>Judy</i>
Transfer #:	
Date Received: 08/26/2021	
CWRE Name: Kenna Clay Jordan	
Priority Date (s): 01/26/2018	

Fees Required:

- ☒ YES ☐ NO ☐ A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- ☐ YES ☐ NO ☐ A fee of \$230 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.

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)

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

MONEY SLIP

DATE: _____		RECEIPT #:	
RECEIVED FROM: _____		APPLICATION: _____	
CASH CHECK # _____		OTHER (IDENTIFY) _____	
☐ ☐		TOTAL RECEIVED: \$ _____	
1983 TREASURY 4118 MISC CASH ACCT			
0457 COPIES	(IDENTIFY)	\$	
0458 OTHER	(IDENTIFY)	\$	
0243 Instream (6854) 0244 Min Water Mgmt Plan 0245 Const Water			
1983 TREASURY 4278 WRD OPERATING ACCT			
MISCELLANEOUS 4611			
0457 COPIES & TAPE FEES		\$	
0458 RESEARCH FEES		\$	
0459 MISC REVENUE (IDENTIFY)		\$	
1012 DEPOSIT LIAB (IDENTIFY)		\$	
0462 EXTENSION OF TERM		\$	
WATER RIGHTS		EXAM FEE	0257
0201 SURFACE WATER	\$		0254
0203 GROUND WATER	\$		
0205 TRANSFER	\$		
WELL CONSTRUCTION		EXAM FEE	0219
0215 WELL DRILL CONSTRUCTION	\$		0220
0216 LANDOWNERS PERMIT	\$		
0217 OTHER (IDENTIFY)	\$		
1987 TREASURY 0487 HYDROELECTRIC		LIC NUMBER: _____	
0223 POWER LICENSE FEE (HYDRO)	\$		
0224 HYDRO LICENSE FEE (HYDRO)	\$		
HYDRO APPLICATION _____			
SPECIAL INSTRUCTIONS:			

☐ RETURN TO APPLICANT - LETTER ATTACHED

Fill in App
or Transfer
Number

**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.

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-18602	PERMIT # (IF APPLICABLE) G-18484	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME James J. Wood, Tuckaway Vineyard		PHONE NO. 707-738-0234	ADDITIONAL CONTACT NO.
ADDRESS 5830 Henderer Road			
CITY Elkton	STATE OR	ZIP 97436	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. Permitholder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Same as applicant		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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4.Date of Site Inspection:

7-12-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jim Wood	7-12-2021	Owner / permittee

6.County:

Douglas

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		
NA		
ADDRESS		
CITY	STATE	ZIP

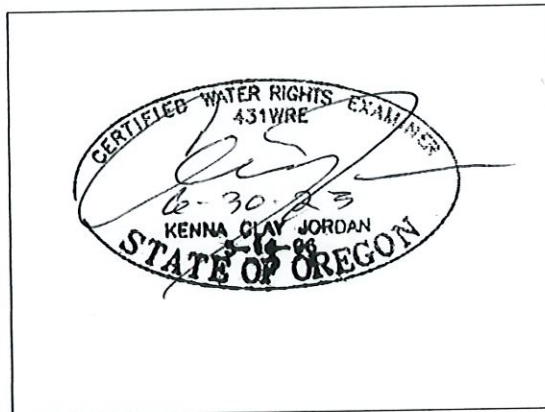
Add additional tables for owners of record as needed

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.



CWRE NAME Kenna Clay Jordan		PHONE NO. 541-673-1931	ADDITIONAL CONTACT NO.
ADDRESS 460 Jordan Lane			
CITY Roseburg	STATE OR	ZIP 97471	E-MAIL

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
	JAMES J. WOOD	OWNER	8/18/21

SECTION 3
CLAIM DESCRIPTION

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	Doug 58102	L-124505

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	Grapes, olive trees	3/1 – 7/31	0.03 CFS
Total Quantity of Water Used				0.03 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:

Water is pumped from the well via a ¾ HP submersible pump and into a 1 ½ inch line to two 2500 gallon holding tanks. Water is pumped from the tanks via a 1 HP centrifugal pump into a mainline that connects to 3 zones with ¾ inch risers then to ½ inch drip laterals with emitters. All three zones have been on at once.

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 water user developed 4.7 acres of the 5.4 acres allowed.

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	0.068 CFS	0.03 CFS		irrigation	5.4	4.7

SECTION 4

SYSTEM DESCRIPTION

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):

3. 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.

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

½ inch vent

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 L-124505

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?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Goulds (in well)	10HS07	K1956778	submersible
Goulds (aux. pump)	GT-10		centrifugal

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)
3/4	50	40+	12	0.03
1.0	35±	0	-6	0.079

4. Provide pump calculations:

$$Q = \frac{(\text{HP}) (\text{Pump Efficiency})}{(\text{Total Head in feet})} = \frac{(.75)(7.04)}{(52 + 127)} = \frac{5.28}{179} = 0.03 \text{ CFS} \quad \text{Well pump (to tanks)}$$

$$Q = \frac{(\text{HP}) (\text{Pump Efficiency})}{(\text{Total Head in feet})} = \frac{(1)(6.61)}{(-6 + 88.9)} = \frac{6.61}{82.9} = 0.079 \text{ CFS} \quad \text{Aux. pump (from tanks)}$$

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.

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)
½ gph	25±	.0083	4040	4040	0.075

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)?

YES

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

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

YES

NO

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

2.Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Poly	2500 x 2	above

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. GravityFlowCanal 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:**

Well location is described north and east of 1/16 corner rather than from north/south center section line which is not due north and south.

Meter measures water from well prior to holding tanks.

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	9/15/2020		
BEGIN CONSTRUCTION (A)	9/15/2025	5/24/2017	Well construction began
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF	9/15/2025	4/2021	Water used under terms and

* MUST BE WITHIN PERIOD BETWEEN PERMITOR 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? YES

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

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

March

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES

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

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

March

c. Were the static water level measurements taken in the month(s) required? YES

d. If "YES", were those measurements submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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

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? YES

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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	BMN Zenner	00886902	working	00886902 gal.	2020

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

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 YES to the well?

WELL ID #	DATE ATTACHED TO WELL
L-124505	5/25/2017

d. Other conditions? YES

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

Riparian restoration. This well is not located in a riparian area

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION

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.

Survey maps M87-33, M138-59 & M8-77, used to adjust and orient Douglas County GIS tax lots. Scaled 4-29-2019 Google aerial photo and 7-20-2021 ORmap overlaid on County GIS for assumed best fit.

Map Checklist

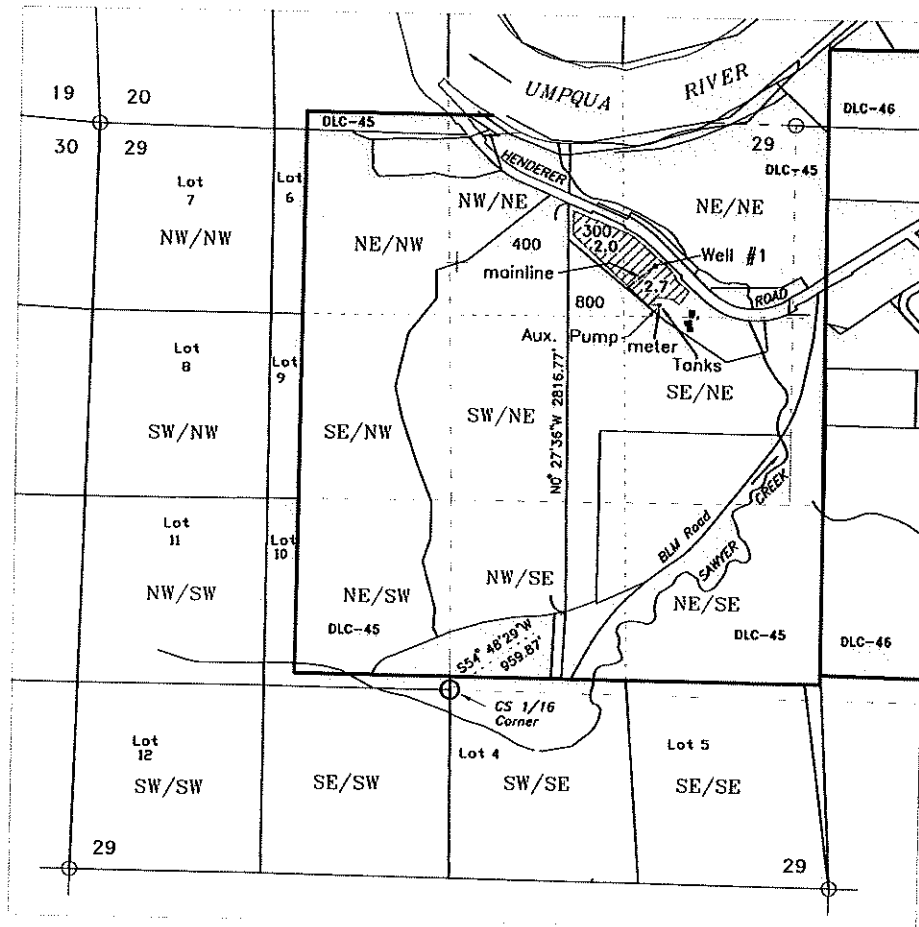
Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ 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.)

- ☒ 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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CLAIM OF BENEFICIAL USE
APPLICATION G-18602 PERMIT G-18484
SECTION 29, T 22 S, R 8 W, WM.
DOUGLAS COUNTY, OREGON



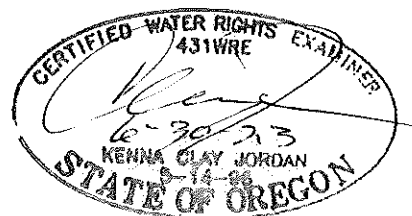
LEGEND

Well-1 NE/NE, DLC-45, 2950 feet North & 1365 feet East from the Center South 1/16 Corner, Section 29

PREPARED FOR:

James J. Wood
Tuckaway Vineyard
5830 Henderer Road
Elkton, OR 97436

 Irrigation 4.7 Ac.
Tax Lot 300



Scale

1" = 1320'

JORDAN ENGINEERING
460 JORDAN LANE
DOUGLAS COUNTY, OREGON

Jordan Engineering

Structural-Civil-Geotech
460 Jordan Lane
Roseburg, OR 97471
541-673-1931

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Water Resources Department
Mr. Gerry Clark
725 Summer St. NE, Suite A
Salem, OR 97301

Claim Of Beneficial Use:
Application: G-18602
Permit: G-18484

August 23, 2021

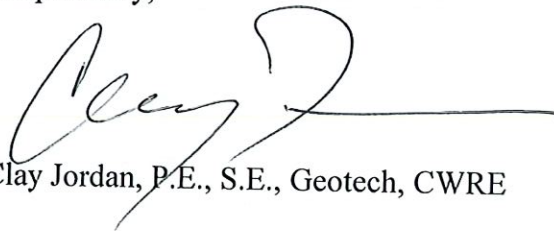
Mr. Clark:

Inclosed are the Claim of Beneficial Use (COBU) form, Mylar map and a check #1150 in the sum of \$230 made out to the Department.

Please note that the applicant, Mr. James J. Wood has the two Departmental pump test forms (cover and data sheets) and is in the process of procuring a test. Upon completion he will mail the completed forms to the Departmental address above.

If there are any questions please officially contact the applicant with a copy to me.

Respectfully,



Clay Jordan, P.E., S.E., Geotech, CWRE

cc: Mr. James Wood

file: Wood G-18484 cobu-WRDcl.wpd