

**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 \$230 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 503-979-9103.

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**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-12869

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME M Martin and Andrea Davies		PHONE NO. 541-493-2431	ADDITIONAL CONTACT NO. 541-589-4185
ADDRESS 48647 Hwy 78			
CITY Princeton	STATE OR	ZIP 97721	E-MAIL

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 M Martin and Andrea Davies		
ADDRESS 48647 Hwy 78		
CITY Princeton	STATE OR	ZIP 97721

4. Date of Site Inspection:

9/16/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Martin Davies	9/2/2021 & 9/16/21	Owner

6. County:

Harney

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)):

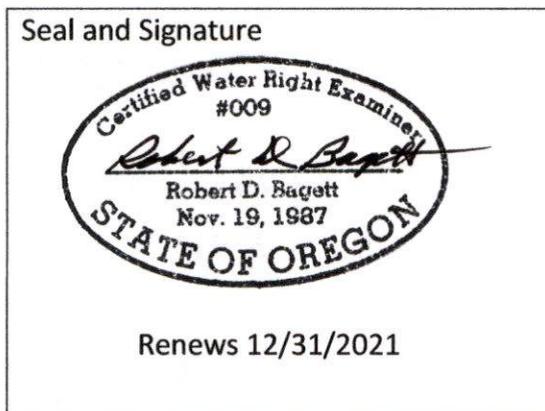
OWNER OF RECORD NA		
ADDRESS NA		
CITY NA	STATE NA	ZIP NA

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 Robert D. Baggett		PHONE NO. 541-620-0717	ADDITIONAL CONTACT NO. 541-575-1251
ADDRESS P. O. Box 476			
CITY John Day	STATE OR	ZIP 97845	E-MAIL bob@johndaysurveyors.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>M. Martin Davies</i>	M. Martin Davies	Owner	<i>9 Oct. 21</i>
<i>Andrea Davies</i>	Andrea Davies	Owner	<i>9 Oct. 2021</i>

SECTION 3
CLAIM DESCRIPTION

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)
Well #1	HARN 51842	L-96835	South Fork Malheur River
Well #2	HARN 51787	L-95143	South Fork Malheur River

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

A. 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
NA						

B. In addition to the information requested in item "A" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **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.")

NA

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #1	0.97 cfs	3.56 cfs	NA
Well #2	0.97 cfs	0.97 cfs	NA

SECTION 4

SYSTEM DESCRIPTION

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

YES

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):

Well #1

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
US Electric	BF69	Unknown	Turbine	Unknown	Unknown

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electric Motors	100

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)
100	38	100 ft	+1 FT.	3.56 CFS

4. Provide pump calculations:

See attached Exhibit A.

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)
NA	NA	NA	NA

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

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NO

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

C. Additional notes or comments related to the system:

None.

**SECTION 5
CONDITIONS**

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	10/27/2020	
COMPLETENESS DATE FROM ORDER ©	10/1/2021	9/16/2021

* 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)?

NO

If "NO", you may delete the following table.

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**

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	Aquamaster	50249	Working	0166131	2012
Well #2	Aquamaster	50245	Working	77760000	2012

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

4. Recording and reporting conditions

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

NO

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? **NO**

NO

b. Was submittal of a ground water monitoring plan required? **NO**

NO

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. 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):

NA

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Exhibit A	Well #1 Pump Capacity Calculations
Exhibit B	Well #2 Pump Capacity Calculations
Exhibit C	Well #1 Well Log
Exhibit D	Well #2 Well Log

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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.

Used GPS in RTK mode to locate Well #1 and Well #2 and associated meters.

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.)

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- NA Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

**SECTION 4
SYSTEM DESCRIPTION**

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

YES

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):

Well #2

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
Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

2. Motor Information

MANUFACTURER	HORSEPOWER
Slectric	40

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)
40	55	147	+3	0.97 CFS

4. Provide pump calculations:

See attached Exhibit B.

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)
NA	NA	NA	NA

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

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

C. Additional notes or comments related to the system:

None

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Pump Capacity Calculation Sheet

using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 100
Efficiency = 7.04
Lift = 101
PSI = 38

Results Calculated

$(hp)(\text{efficiency}) = 704$
Head based on psi = 96.5
Total dynamic head = 197.5
(head + lift)

Pump Capacity = 3.56 feet per second

MARTIN & ANDREA DAVIES

T-12869

WELL #1

EXHIBIT A

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Pump Capacity Calculation Sheet

using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 40
Efficiency = 7.04
Lift = 150
PSI = 55

Results Calculated

$(hp)(\text{efficiency}) = 281.6$
Head based on psi = 139.7
Total dynamic head = 289.7
(head + lift)

Pump Capacity = 0.97 feet per second

MARTIN & ANDREA DAVIES

T-12869

WELL #2

EXHIBIT B

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WELL LABEL # L 96835

START CARD # 1013986

(1) LAND OWNER Owner Well I.D. _____
 First Name Martin & Andy Last Name Davies
 Company _____
 Address 48647 Highway 78
 City Princeton State OR Zip 97721

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other Well completion Rig

(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 _____ ft.

BORE HOLE			SEAL			sacks/ Amt	lbs
Dia	From	To	Material	From	To		
16	1	217					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Dia	From	To	Gauge	Std	Plstc	Wld	Thrd
<input type="checkbox"/> Lin								
	14	107	137	.250			<input checked="" type="checkbox"/>	
	14	137	217	SDR17				<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type slotted Material PVC

Perf/Screen	Casing/Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Scr Lin	14	137	217	.125			

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Harney Twp 27.00 S N/S Range 35.00 E E/W WM
 Sec 17 NW 1/4 of the SW 1/4 Tax Lot 2800
 Tax Map Number _____ Lot _____
 Lat _____ or 43.22540000 DMS or DD
 Long _____ or -118.44438200 DMS or DD
 Street address of well Nearest address
 48647 Highway 78, Princeton, OR 97721

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	09-19-2010			46
Completed Well	04-26-2012			46

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
casing had been cut to 1' above ground	1	217
set in PVC screen & headpipe	137	217
using a well completion rig		
See (5) existing start card # 1011401 Harney Co.		

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Date Started 04-25-2012 Completed 04-26-2012

(unbonded) Water Well Constructor Certification
 I certify that the work I 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 1896 Date 05-21-2012
 Electronically Filed
 Signed TONY HACKETT (E-filed)

(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 1899 Date 05-21-2012
 Electronically Filed
 Signed SAMP KINGREY (E-filed) ALTERATION
 Contact Info (optional) _____

HARN 51787
HARN 51787

well #2

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 95143
START CARD # _____
ORIGINAL LOG # _____

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER Owner Well I.D.
First Name MARTIN ANDREA Last Name DAVIES
Company _____
Address 48647 HIGHWAY 78
City PRINCETON State OR Zip 97721

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____, Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 230 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	18	CEMENT	0	18	9	SKS
12	18	230					

How was seal placed: Method A B C D E
 Other GRAUT, POURED THROUGH TREMIE PIPE
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	12	+	2	118	.250	X		X	

Shoe Inside Outside (Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scm	Casing/Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 27S N or S Range 35E E or W W.M.
Sec 17 NE 1/4 of the SE 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>12-20-1987</u>			<u>52</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>12-1987</u>	<u>190</u>	<u>230</u>				

(11) WELL LOG Ground Elevation _____

Material	From	To
BROWN CLAY	0	2
BROWN CLAY/SAND	2	13
YELLOW CLAY	13	67
BLUE CLAY	67	93
BLUE CLAY/BLACK SAND	93	169
BRKN GRAY BASALT	169	230

Date Started JULY 1989 Completed 12-20-1989

(unbonded) Water Well Constructor Certification
I certify that the work I 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 _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction period 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 773 Date 5-20-2011
Signed John Patton
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

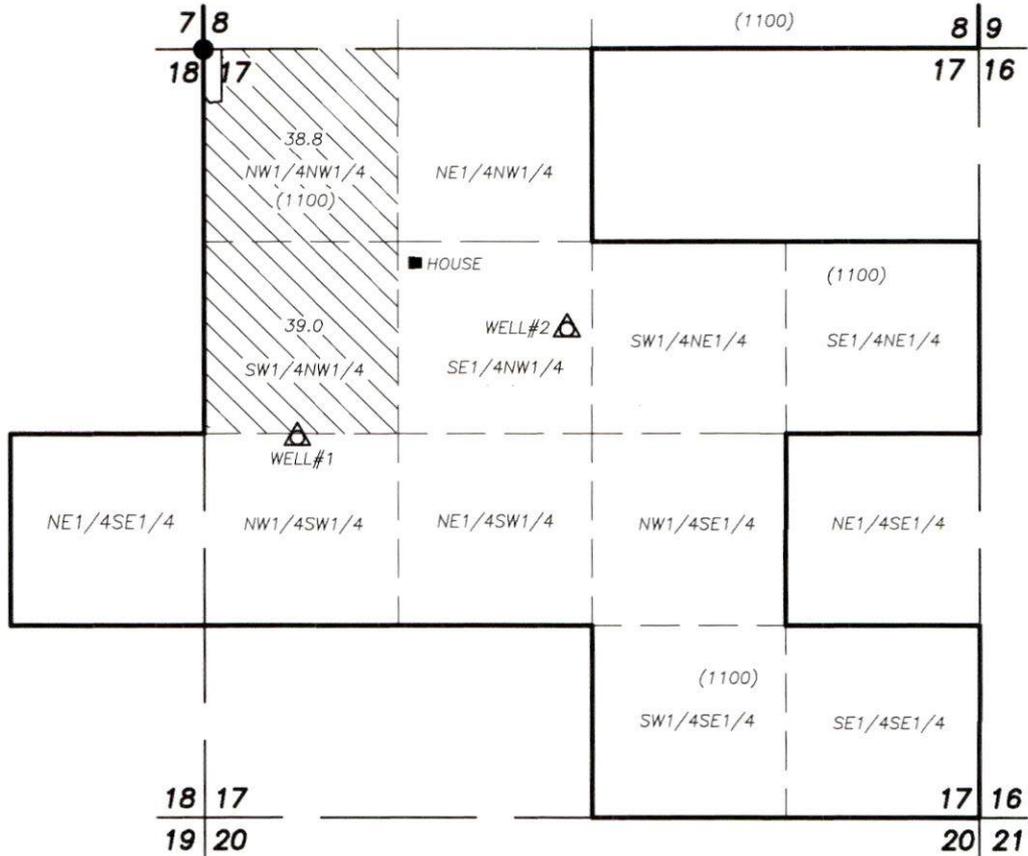
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JUN 03 2011

EXHIBIT D

T.27S., R.35E., W.M.



SCALE: 1" = 1320'

CLAIM OF BENEFICIAL USE MAP
 UNDER
 T-12869
 IN NAME OF
 M. MARTIN AND ANDREA DAVIES

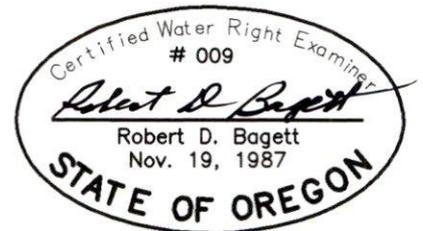
- △ WELL #1 & FLOW METER: 2670 FT. SOUTH & 630 FT. EAST FROM THE NW COR. SECTION 17
- △ WELL #2 & FLOW METER: 1920 FT. SOUTH & 2470 FT. EAST FROM THE NW COR. SECTION 17

PREPARED BY:
 ROBERT D. BAGETT, PLS, CWRE
 217 N. CANYON BLVD.
 JOHN DAY, OREGON 97845
 (541) 575-1251

SEPTEMBER 16, 2021

-  PLACE OF USE
- () TAX LOT
- FOUND SECTION COR. MONUMENT

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

RENEWS: 12/31/2021

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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 \$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.

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 _____ 0220 _____ \$ 230.00

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