

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 <input type="checkbox"/>	CHECK # <input type="checkbox"/>	OTHER (IDENTIFY) <input type="checkbox"/>	TOTAL RECD \$ _____
1083 TREASURY 4178 MISC CASH ACCT.			
0407 COPIES _____	OTHER: (IDENTIFY) _____	\$ _____	\$ _____
0243 Instream Lease _____		0244 Muni Water Mgmt. Plan _____	0245 Cons. Water _____
1083 TREASURY 4270 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	\$ _____
0410 RESEARCH FEES		\$ _____	\$ _____
0409 MISC REVENUE (IDENTIFY)		\$ _____	\$ _____
TC162 DEPOSIT LIAB. (IDENTIFY)		\$ _____	\$ _____
0240 EXTENSION OF TIME		\$ _____	\$ _____
WATER RIGHTS			
0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ _____	\$ _____	\$ _____
0205 TRANSFER	\$ _____	0204	\$ _____
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT	EXAM FEE	0219	RECORD FEE
OTHER (IDENTIFY)	\$ _____	\$ _____	\$ _____
0220	COBU	\$ 230.00	\$ _____
0607 TREASURY 0487 HYDROELECTRIC			
		LIC NUMBER	\$ _____
0233 POWER LICENSE FEE (FWWRD)		\$ _____	\$ _____
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	\$ _____
HYDRO APPLICATION			
\$ _____			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

Groundwater File Review:

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

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-15809	PERMIT # (IF APPLICABLE) G-15512	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Patrick and Helen Doherty		PHONE NO. (541) 969-6304	ADDITIONAL CONTACT NO.	
ADDRESS P.O. Box 28				
CITY Pilot Rock	STATE OREGON	ZIP 97868	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 Patrick Doherty				
ADDRESS P.O. Box 28				
CITY Pilot Rock	STATE OREGON	ZIP 97868		

ADDITIONAL PERMIT HOLDER OF RECORD Helen Doherty				
ADDRESS P.O. Box 28				
CITY Pilot Rock	STATE OREGON	ZIP 97868		

4. Date of Site Inspection:

October 1st, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Patrick Doherty	10/1/2021	Owner / operator

6. County:

Umatilla

**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.



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CWRE NAME Dr. Paul Wattenburger, PE CWRE		PHONE NO. (541) 567-0252	ADDITIONAL CONTACT NO. (541) 571-1112
ADDRESS IRZ Consulting; 500 North 1st Street			
CITY Hermiston	STATE OR	ZIP 97838	E-MAIL paul@irz.com

Permit Holder of Record Signature or Acknowledgement

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
	Patrick Doherty	Owner	10-1-21
	Helen Doherty	Owner	10-1-21

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64"	35	3.1	12	13	37.2
					Controlled by a VFD

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

11. Drip Emitter Information: **Not Applicable**

12. Drip Tape Information: **Not Applicable**

13. Pivot Information: **Not Applicable**

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E. Storage

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

YES NO

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
 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
Steel	81	Above Ground

3. Bulge in System / Reservoir:

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

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?

YES NO

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

G. Gravity Flow Canal or Ditch

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

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

H. Additional notes or comments related to the system:

Pump is controlled by a Variable Frequency Drive (VFD).

**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 extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	10/31/2003		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	10/1/2008	1994	The well was drilled in 1979 and historical aerial images indicate fields irrigated by 1994

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES NO

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

b. Has the pump test been previously submitted to the Department? Not Sure YES NO

c. Is the pump test attached to this claim? YES NO

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

e. Has a pump test exemption been approved by the Department? YES NO



D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
	7.5

4. 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)
7.5	40	94	0	0.24

5. Provide pump calculations:

BHP = 7.5hp. Assuming a Pump Efficiency of 70%; WHP = BHP x Eff_{pump} = 7.5hp x .70 = 5.25hp
TDH = (PSI x 2.31) + Lift + Losses = (40 psi x 2.31) + 94 + 8 = 194 feet
WHP = [Q(gpm) * TDH(ft)/3960, or , Q(gpm) = WHP x 3960 /TDH(ft)
Q(gpm) = 5.25 hp x 3960 / 194 feet = 107 gpm = 0.24 cfs

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
			0.17

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	840'	PVC	Buried with 3" risers
3"	640'	Aluminum	Portable with 3" risers

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	480'	Aluminum	Portable

SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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):

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A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1N	32E	W.M.	34	NW NE	8502		Irrigation	2.0	
1N	32E	W.M.	34	SW NE	8502		Irrigation	15.3	
Total Acres Irrigated								17.3	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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:

Top cap on well can be removed.

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
10"	20	300	1979		Lavella Hoeft	Ladd Horn

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 compiled by Karl C. Wozniak on 12-1-2004

C. Groundwater Source Information (Sump)

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

YES NO

5. 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 NO

(e.g. "The permit allowed three points of appropriation. 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.")

There are three variations.

- 1. The Permit was for the entire tax lot acreage of 18.4 acre, but only 17.3 acres are irrigated. A house, a shop, driveways, parking areas, and a steep hillside account for the non-irrigated acres.**
- 2. The Permit allowed for a maximum capacity of 0.23 cfs (103 gpm), but the maximum measured pump capacity was 75 gpm (0.17 cfs).**
- 3. The Permit locates the well in the SW ¼ NE ¼, Section 34, T1N, R32E, W.M.; 1815 feet South & 1567 feet West from the NE Corner, Section 34. I found the well to be 1977 feet South & 1504 feet West from the NE Corner, Section 34.**

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.23 CFS	0.24 CFS	0.17 CFS	Irrigation	18.4	17.3

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SECTION 3
CLAIM DESCRIPTION

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1. 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)
Well	UMAT 55296	

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

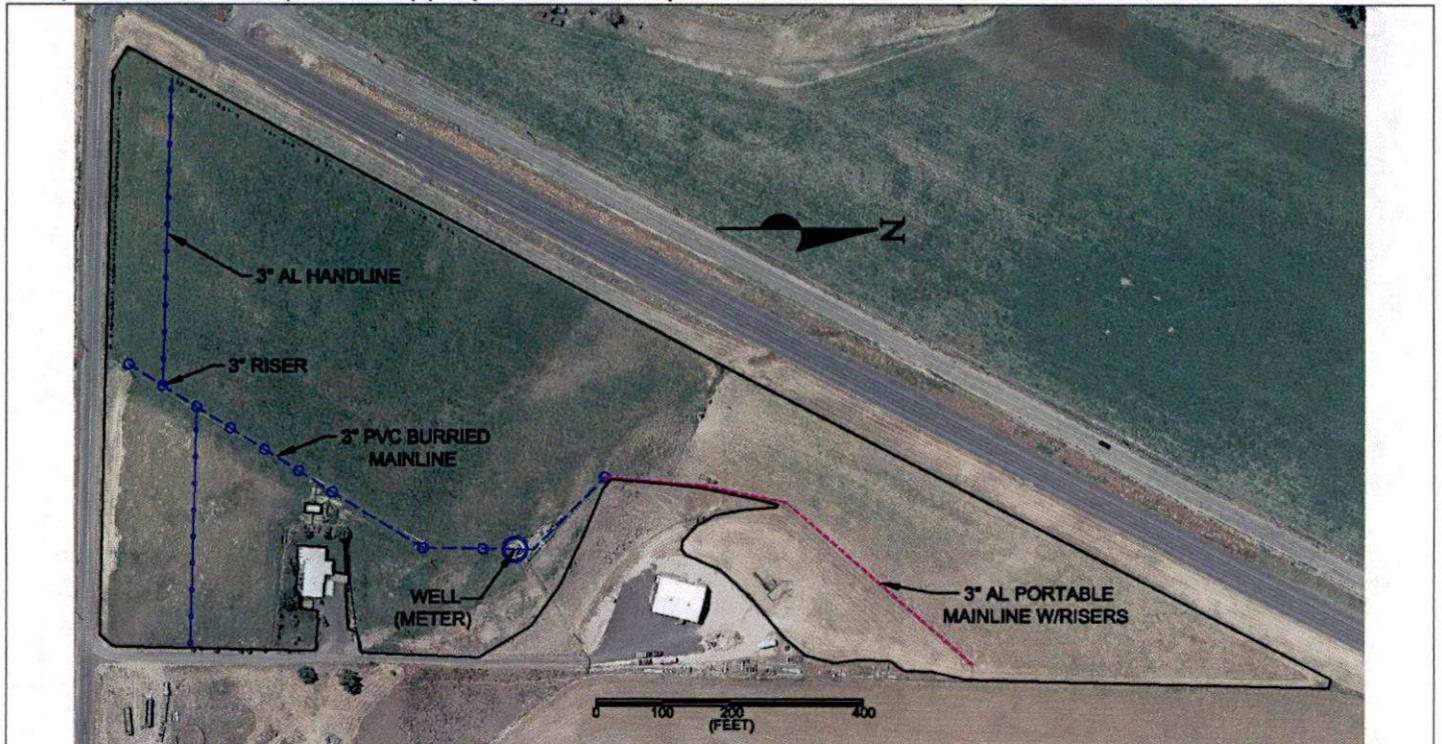
2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well	Birch Creek Basin	Umatilla River

3. 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	Irrigation	Pasture	March 1 thru Oct 31	52 AF
Total Quantity of Water Used				52 AF

4. 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:



From the well a 3-in buried PVC mainline with risers runs south then southwest 660 feet. Also, from the well a second 3-in buried PVC mainline with risers run northwest 180 feet. From the end of this second buried mainline portable 3-in aluminum mainline with risers continues north 640 feet. Portable 3-inch aluminum handlines with sprinklers every 40 feet are moved from riser to riser along the mainlines.

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 NO
- b. Has a meter been installed? YES NO
- c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well			Working	37.4 gpm	

7. Recording and reporting conditions:

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

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL

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- e. 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):

There was an order dated November 7th, 2018 to Cancel this Permit.

There was a second order dated December 5th, 2018 to Reinstate the Permit.

Pat had difficulty acquiring the services of a CWRE to complete a COBU. He was allowed until December 31st, 2021 to have a COBU completed.

Pat contacted me in late September of this year and I was able to make the site visit on October 1st.

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
UMAT 55296	Well Log compiled by Karl Wozniak
Final Proof Survey	COBU Map on Mylar
Pump Test Report	Report completed by Purswell's Pump Co., Inc. on May 11 th , 2017. This report may have already been submitted.

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.

The base map was prepared using geo-referenced, high-resolution aerial imagery from USDA-NAIP (2020) and Section Lines from the Bureau of Land Management database. Reference as confirmed using a GPS and distances were checked against the county tax lot map.

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Map Checklist

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

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

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- The scale of the map for the size of the property is too small to accurately show the mainlines and handlines; a detailed map showing the pipelines is included in this report on page 3.
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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PURSWELL'S PUMP CO., INC.

30268 Feedville Rd./PO Box 264
Hermiston, OR 97838

OR C.C.B. # 49914
E-mail: pumpguys@comet.net

Phone (541) 567-2640
Fax (541) 567-6348

Water Analysis Informational Form for Residential Applications

Completed by Jenna Dwyer Date sample was taken: 5-11-17

Job location: Customer Name Patrick Doherty
Address 43921 Rockwell RD
City Pendleton State OR Zip 97801
Phone 541-969-6304 Email _____

Bill to: Patrick Doherty
Address 43921 Rockwell RD
City Pendleton State OR Zip 97801
Phone 541-969-6304 Email _____

Water Source and Characteristics

Please check the answer that best describes your water sample.

The water was drawn from: Well _____ City/District _____ Lake/Reservoir/River _____ Other _____
Gallons per minute from water source (if known): 75 GPM
The incoming pipe size is: 3
When the sample was collected it was: Clear _____ Cloudy _____ Colored _____
The odor of the water is: None _____ Musty _____ Metallic _____ Rotten Eggs _____
The visible particles in the water are: _____ Sand _____ Silt/Mud _____ Other _____

Analysis Results

Hardness 26 GPG

Iron 0 PPM

PH 8

Sulphur _____

Other _____

Recommendations _____

Wastes soap, forms scale, clogs hot water heater and pipes.
0-3 gpg soft, 3-6 gpg moderately hard, 6-9 gpg hard water,
9+ gpg extremely hard. (1 gpg = 17.1 ppm)
The E.P.A. recommends under 0.3 ppm. Over 0.3 ppm may
cause red staining on plumbing fixtures and clothes.
7.0 indicates water is neutral, under 7.0 is acidic, over 7.0 is
alkaline, 6.8 or under is corrosive to fixtures and piping.

How to draw a sample: Use outlet nearest pump (not from bottom of pressure tank). Run water for 5 minutes, then fill CLEAN bottle to neck and cap immediately. Never use hot water.

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Danahy
43921 Ackerly Rd
Pendleton OR

PUMP TEST DATA SHEET

APPLICATION NO. _____

PERMIT NO. _____

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

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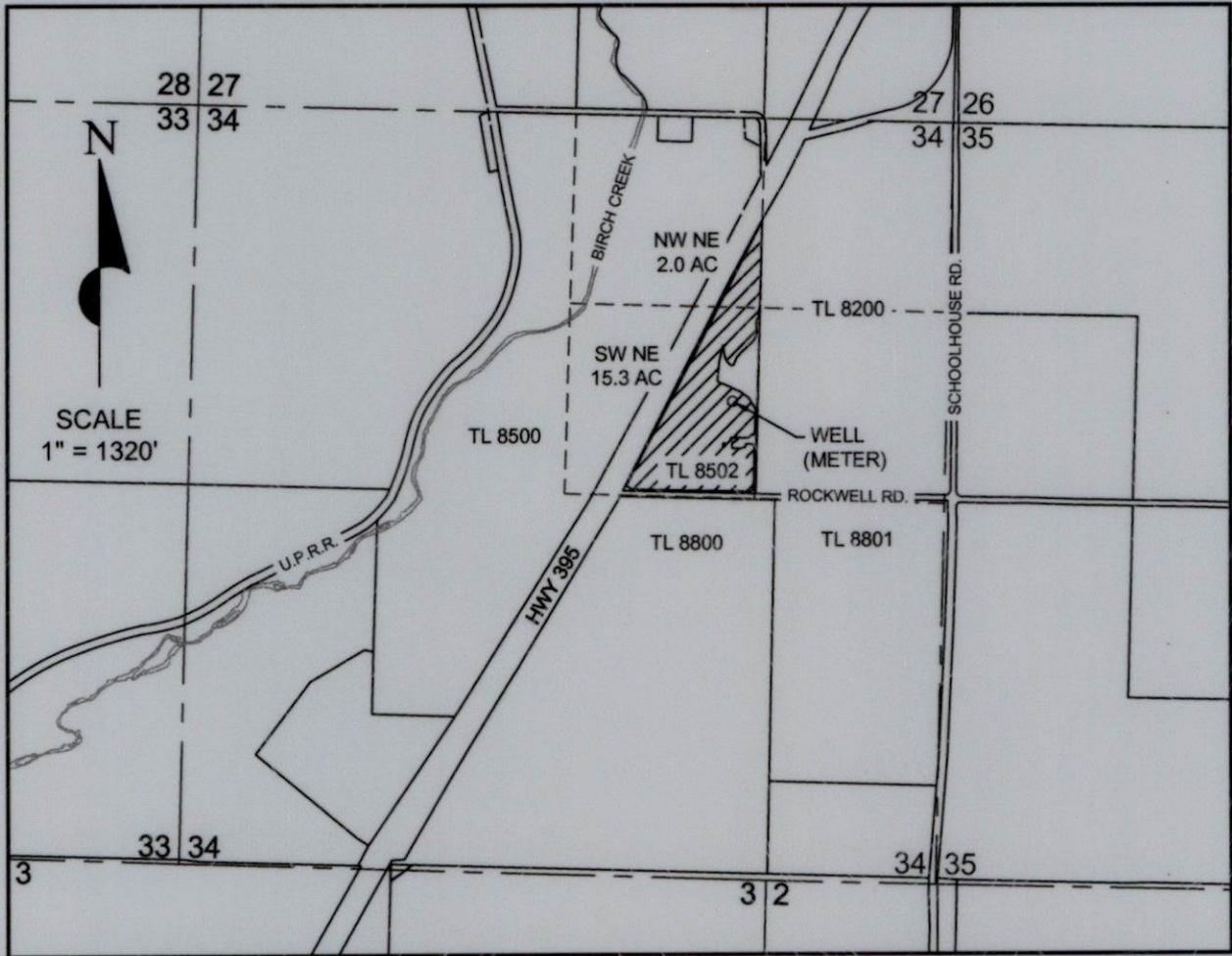
DRAWDOWN DATA					RECOVERY DATA								
DATE	TIME	TIME SINCE PUMP STARTED (Minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS	DATE	TIME	TIME SINCE PUM STOPPED (Minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
		0	76			6 P.M.			0	94			
		2	93			75			2	94			
		4	93			75			4	93			
		6	93			75			6	93			
		8	93			75			8	93			
		10	93			75			10	93			
		15	93			75			15	91			
		20	93			75			20	89			
		25	93			75			25	88			
		20	93			75			21	87			
		35	94			75			35	86			
		40	94			75			40	84			
		45	94			75			45	83			
		50	94			75			50	83			
		55	94			75			55	81			
		60	94			75			60	81			
		70	94			75			70	79			
		80	94			75			80	77			
		90	94			75							
		100	94			75							
		110	94			75							
		120	94			75							
		135	94			75							
		150	94			75							
		165	94			75							
		180	94			75							
		195	94			75							
		210	94			75							
		225	94			75							
		240	94			75							

Township 1 North, Range 32 East, W.M.
 NW1/4 NE1/4 & SW1/4 NE1/4 of SECTION 34
 UMATILLA COUNTY

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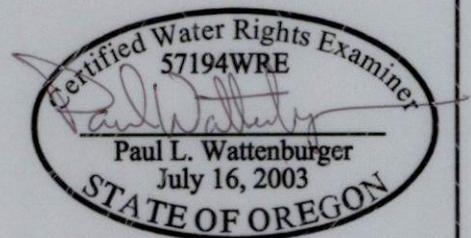
WELL: LOCATED 1977 FEET SOUTH & 1504 FEET WEST FROM NE CORNER OF SECTION 34.

LEGEND

- — — — — SECTIONS
- - - - - Q-Q SECTS
- — — — — TAX LOTS
- WELL

17.3 ACRES OF PRIMARY IRRIGATION

FINAL PROOF SURVEY
 Application G-15809
 Permit G-15515
 in the names of
 Patrick & Helen Doherty
 October 4th, 2021



THIS MAP WAS PREPARED FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF A WATER RIGHT ONLY AND IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATION OF PROPERTY OWNERSHIP LINES.

EXPIRES: 6/30/22

October 15th, 2021

Oregon Water Resources Department
Water Rights Division
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
ATTN: Codi Holmes

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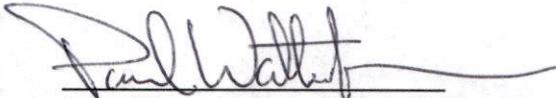
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RE: Claim of Beneficial Use Reports for Permit G-15515 – for Patrick and Helen Doherty

In accordance with the conditions for Water Right Permit G-15515 a Claim of Beneficial Use has been completed. Enclosed are the Claim of Beneficial Use Report, a Final Proof Map, Well Log UMAT 55296, a copy of the Pump Test Report from 2017, and a check for \$230.

Please call or email me if you have any questions.

Sincerely,



Paul Wattenburger; PE, CWRE
IRZ Consulting, LLC
(541) 571-1112
paul@irz.com

Enclosures (5)