

**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

**A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. Begin each new claim by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month.

For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17944	G-17586	NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Roy Vardanega		PHONE NO. 541-421-3036	ADDITIONAL CONTACT NO. NA
ADDRESS 29496 Hwy 395			
CITY Fox	STATE OR	ZIP 97856	E-MAIL NA

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 Roy Vardanega			
ADDRESS 29496 Hwy 395			RECEIVED
CITY Fox	STATE OR	ZIP 97856	SEP 16 2021

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ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS NA		
CITY NA	STATE NA	ZIP NA

4. Date of Site Inspection:

January 22, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Roy Vardanega	January 22, 2021	Owner/operator

6. County:

Grant

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 NA		
CITY NA	STATE NA	ZIP NA

Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

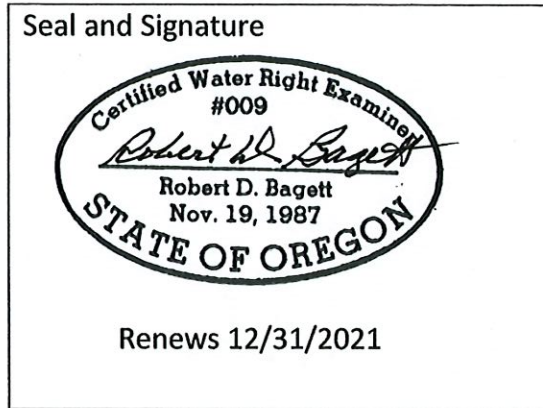
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CWRE Statement, Seal and Signature

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



CWRE NAME 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

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
	Roy Vardanega	Owner	9-14-21

SECTION 3

CLAIM DESCRIPTION

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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	GRAN 197	L144410

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	Pond maintenance: Pond 1 & Pond 2	NA	March 1-October 31	
Total Quantity of Water Used				0.08 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 westerly and northwesterly 1,035 ft. from Well 1 via buried 1 inch PVC pipeline to Pond 1. From Pond 1, water is delivered via buried 3 inch PVC gravity flow pipeline, 555 ft. to Pond 2.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed three ponds. The water user only developed 2 Ponds.

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	0.08 cfs	0.08 cfs	NA	Pond Maintenance	NA	NA

SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

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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NA

A. Place of Use

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Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

The access port is a 1" pipe located on top of well casing 19.5" above ground level.

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
6"	20'	107'	8/19/1966	NA	Robert Hyatt	Roy French

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.

NA

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)
Unknown	Unknown	Unknown	Turbine

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	30	7 ft.	-47 ft.	0.08cfs

4. Provide pump calculations:

See Attached Exhibit A. From Well 1 to Pond 1.

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.

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA	NA	NA	NA	NA	NA

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)
NA	NA	NA	NA	NA	NA

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
NA	NA	NA	NA	NA	NA

E. Storage

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

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YES

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

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

NO

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YES

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
NA	NA	NA

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond 1	10 ft.	3.98 Ac. Ft.
Pond 2	9.8 ft.	9.19 Ac. Ft.

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

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
3"	PVC	150-	15 ft.	555 ft.	-2.7%	0.241 cfs

3. Provide calculations:

From Pond 1 to Pond 2: See Attached Exhibit B.

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
NA	NA	NA	NA

Attach measurement notes.

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NO

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

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

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

H. Additional notes or comments related to the system:

This system is in place and works very well.

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	5/17/2016		
BEGIN CONSTRUCTION (A)	5/17/2016	Prior to permit issuance	NA
COMPLETE CONSTRUCTION (B)	5/17/2021	5/1/2020	Completed Construction
COMPLETE APPLICATION OF WATER (C)	5/17/2021	5/6/2020	Full beneficial use of water

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

2. Is there an extension final order(s)?

NO

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

NO

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

4. Annual Static Water Level Measurements:

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

NO

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

5. Pump Test:

a. Is a pump test required?

YES

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

- b. Has the pump test been previously submitted to the Department? **NO**
- c. Is the pump test attached to this claim? **NO**
- d. Has the pump test been approved by the Department? **NO**
- e. Has a pump test exemption been approved by the Department? **NO**

****The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **NO**

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.

7. Recording and reporting conditions:

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

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L144410	8/30/2021

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- d. Other conditions? **NO**

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

NA

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Exhibit A	Pump Capacity Calculations
Exhibit B	Gravity Flow Pipe Calculations
Exhibit C	Well Log

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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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.

Used GPS in RTK mode to locate Well 1, Pond 1, Pond 2, pipelines and the N1/4 Corner, Section 19, T.11 S., R.30 E., W.M.

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
- NA If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- X Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- 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

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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: 6.61

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 0.75
Efficiency = 7.04
Lift = 7
PSI = 23

Results Calculated

$(hp)(\text{efficiency}) = 5.28$
Head based on psi = 58.4
Total dynamic head = 65.4
(head + lift)

Pump Capacity = 0.08 feet per second

ROY VARDANEGA

PERMIT G-17586

WELL 1

EXHIBIT A

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Pipe Capacity Calculator

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 3 inches, or 0.25 feet
Roughness Coefficient (C) = 150
Fall = 15 feet per 555 feet of distance
Grade = 0.02702703, or 2.7%

Results calculated

Area of cross-section = 0.04909 square feet
Wetted Perimeter = 0.7854 feet
Hydraulic Radius = 0.0625
Velocity = 4.90436 feet per second

Pipe Capacity = 0.241 cubic feet per second

ROY VARDANEGA

PERMIT G-17586

WELL 1

EXHIBIT B

The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97110
within 30 days from the date
of well completion.

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DEC 27 1966 State Wen No

11/30-20

STATE OF OREGON

STATE ENGINEER

Name Robert H. Adams OREGON
Address Frank Ore,

County Grant Driller's well number _____
N. 21. 1/2 1/4 Section 20 T. 11 S. R. 30 E. W.M.
 Bearing and distance from section or subdivision corner _____

Very Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
 abandonment, describe material and procedure in Item 12.

Domestic ☒ Industrial ☐ Municipal ☐ Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Irrigation ☐ Test Well ☐ Other ☐ Dug ☐ Bored ☐

6" Diam. from 0 ft. to 20 ft. Gage 250
 " Diam. from ft. to ft. Gage
 " Diam. from ft. to ft. Gage

Size of perforations	in. by	in.
perforations from	ft. to	ft.
perforations from	ft. to	ft.
perforations from	ft. to	ft.
perforations from	ft. to	ft.
perforations from	ft. to	ft.

i n. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

Well seal—Material used in seal Cement
Depth of seal 18 to 20 ft. Was a packer used? no
Diameter of well bore to bottom of seal 9 1/2 in.
Were any loose strata cemented off? ☐ Yes ☒ No Depth
Was a drive shoe used? ☒ Yes ☐ No
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.

Method of sealing strata off

Static level 10 ft. below land surface Date 8, 19, 66
Artesian pressure _____ lbs. per square inch Date _____

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated. with at least one entry for each change of formation.

[illegible]

Work started 8, 18, 19 66 Completed 8, 19, 19 66
Date well drilling machine moved off of well 8, 19, 19 66

Manufacturer's Name Submersible
Type: H.P.

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME ROY J FRENCH
(Person, firm or corporation) (Type or print)
Address 1015 8th W Fargo North Dakota

Drilling Machine Operator's License No. 209

[Signed] Ray J. Jensen

Contractor's License No. 107 Date 10, 8, 19 66

(USE ADDITIONAL SHEETS IF NECESSARY)

EXHIBIT C