

**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.

A separate form shall be completed for each permit.

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-15250	PERMIT # (IF APPLICABLE) G-15011	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME DOUGLAS & TRACEY JOHNSON	PHONE NO. 541-314-3443	ADDITIONAL CONTACT NO.
ADDRESS 65257 PIPER CANYON ROAD		
CITY HEPPNER	STATE OREGON	ZIP 97836
E-MAIL djohnson@jconstllc.com		

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 PAMELA PERRY-SCHMIDT, RICHARD R.SCHMIDT JR & SCHMIDT FAMILY ENTERPRISES, LLC		
ADDRESS P.O. BOX 647		
CITY HEPPNER	STATE OREGON	ZIP 97836

4. Date of Site Inspection:

07-22-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
DOUG JOHNSON	07-22-2021	OWNER

6. County:

MORROW

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD

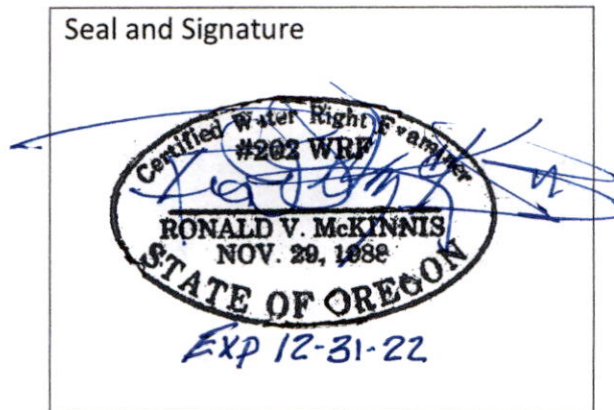
N/A

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.

Seal and Signature

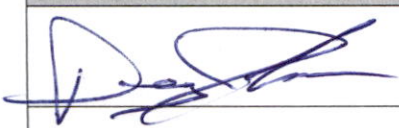
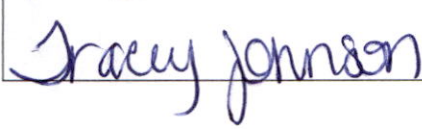


CWRE NAME RONALD V. McKINNIS		PHONE NO. 541-567-2017	ADDITIONAL CONTACT No. 541-571-1672
ADDRESS 79980 PRINDLE LOOP ROAD			
CITY HERMISTON	STATE OREGON	ZIP 97838	E-MAIL rvmeng@eotnet.net

Permit Holder 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
	DOUGLAS JOHNSON	OWNER	
	TRACEY JOHNSON	OWNER	

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SECTION 3 CLAIM DESCRIPTION

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	MORR 51363	L83492

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
WELL	WILLOW CREEK BASIN	COLUMBIA 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	ALFALFA/GRASS	MAR 1 – OCT 31	0.315 CFS
Total Quantity of Water Used				

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:

ONE WELL WITH 4" MAINLINE THAT SERVICES THE TOTAL IRRIGATED ACRES OF TAX LOT 6300

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).

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

(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.")

PERMIT CALLED FOR IRRIGATION TO OCCURE IN SW NE & SE NE. IRRIGATION WAS ALSO PERFECTED IN SE NW, NE SE, & NW SE

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	1.0 CFS	0.325 CFS	0.315 CFS	IRRIGATION	80.0 Ac.	80.0 Ac.

**SECTION 4
SYSTEM DESCRIPTION**

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Are there multiple POAs?

OWRD**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):

WELL

A. Place of Use

1. Is the right for municipal use?

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
1 S	25 E	WM	36	SW NE			Irrigation	32.8	0.0
1 S	25 E	WM	36	SE NE			Irrigation	18.2	0.0
1 S	25 E	WM	36	SE NW			Irrigation	1.8	0.0
1 S	25 E	WM	36	NE SE			Irrigation	24.8	0.0
1 S	25 E	WM	36	NW SE			Irrigation	2.4	0.0
Total Acres Irrigated								80.0	0.0

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

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:

PULL THE WELL CAP, ACCESS ALONG DROP PIPE FOR SUBMERSIBLE PUMP

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
WELL LOG						
MORR 51363						

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.

N/A

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. 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

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
UNKNOWN	N/A	N/A	SUBMERSIBLE		3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
UNKNOWN	20

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)
2	124	148 (BASED ON PUMP TEST)	0	0.325 cfs

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5. Provide pump calculations:

Static @ 48' During Pumping 148', Pump Set At Unknown Depth With Total Well Depth at 267 Feet
 $148' + 124 \times 2.31 = 434.4$ TDH Assume 20 HP $\times 0.8 = 16$ HP
 $16 \times 3960 / 434.4 = 145.8$ GPM = 0.325 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)
8409450	8412000	18:02	141.6 GPM (0.315 CFS)

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

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	VARIOUS	PVC	BURIED

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	VARIOUS	PVC	BURIED

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1"	92	145 +/-	1	1	145.0 GPM (0.323 CFS)

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

12. 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
N/A					

E. Storage

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

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

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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?

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

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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.

NO

H. Additional notes or comments related to the system:

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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	01-29-2002		
BEGIN CONSTRUCTION (A)		6-06-2006	WELL DRILLED
COMPLETE CONSTRUCTION (B)		10-01-2020	
COMPLETE APPLICATION OF WATER (C)	Ext to 10-1-20	10-01-2020	

* 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 (2)

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

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

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

b. Were the Progress Reports submitted?

NO

If the reports have not been submitted, attach a copy of the reports if available.

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?

NO

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, the static water level measurement(s) were to be made:

MARCH

- c. Were the static water level measurements taken in the month(s) required? **NO**

- d. If "YES", were those measurements submitted to the Department? **NO**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

- a. Did the permit require the submittal of a pump test? **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? **YES**

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

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

**** Claims 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.

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 diversion or appropriation.

- b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	McCrometer	16-07953	WORKING	8412000	2016
		3" meter			

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

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 submittal of a water management and conservation plan required? NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? NO

WELL ID #	DATE ATTACHED TO WELL
L83492	UNKNOWN

e. 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):

--

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU MAP	COBU MAP FOR PERMIT G-15011
MORR-51363	WELL LOG FOR WELL

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

06-06-2006

WELL LABEL # L 83492

START CARD # 187035

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHARD & PAM Last Name SCHMIDT

Company _____

Address PO BOX 647City HEPPNER State OR Zip 97836**(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 _____**(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 267.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Cement	0	18	12	S
10	18	96	Cement	18	96	58	S
10	96	218	Cement	195	218	5	S
7.5	218	267					

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	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	2	218	.25	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

400		267	1
150		147	1

Temperature 63 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County Morrow Twp 1.00 S N/S Range 25.00 E E/W WMSec 36 SW 1/4 of the NE 1/4 Tax Lot 6300

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

SW CORNER OF PIPER CANYON RD AND BLACK HORSE CANYON RD

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening		
Completed Well	06-05-2006	46

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-01-2006	122	200	100		50
06-05-2006	245	258	400		46

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	6
BROKEN BROWN BASALT	6	20
BLACK BASALT	20	45
BROWN BASALT	45	70
BLACK BASALT	70	122
BROKEN BLACK & BROWN BASALT	122	130
BROKEN BROWN BASALT/TAN CLAY	130	200
BLACK BASALT	200	245
BROKEN BROWN BASALT	245	250
BLACK SCORIA	250	258
BLACK BASALT	258	267

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Date Started 05-30-2006Completed 06-05-2006**(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 1735Date 06-06-2006

Electronically Filed

Signed CHAD COURTNEY (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 544Date 06-06-2006

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OR

Form Version: 0.86