

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.

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.

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

1. File Information:

APPLICATION # G-18173	PERMIT # (IF APPLICABLE) G-17669	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Osprey Corner LLC		PHONE NO. (505) 400-3397	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 4967				
CITY Kansas City	STATE MO	ZIP 64120	E-MAIL shonda@chesscapitalpartners.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 Osprey Corner LLC			RECEIVED
ADDRESS PO Box 4967			
CITY Kansas City	STATE MO	ZIP 64120	

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ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

10-12-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Shonda Warner	10-12-2021	Managing Partner
Scott Kramer	12-13-2021	Irrigation Installer

6. County:

Linn

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 Stanley & Lori Boshart		
ADDRESS 34877 Knox Butte Rd. NE		
CITY Albany	STATE OR	ZIP 97322

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 William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

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
	Shonda Vance	Accountant partner	10/12/21

**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 1	LINN 61994	L-124596

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 1	South Santiam River Basin	Santiam 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 1	Irrigation	Blueberries, Hazelnuts, Hemp, Misc. Trees	Mar. 1 – Oct. 31	0.71 cfs
Total Quantity of Water Used				0.71 cfs

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:

Water is pumped from Well 1 by a 20 HP submersible pump, delivered to the places of use through 6" down to 2" buried PVC pipe, and applied to crops through drip irrigation.

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 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.")

The acreage North of Mill Creek in the NW corner of the farm was sold, so some of the permitted water rights on this area was not developed. Some of the other wooded and brushy areas scattered throughout the farm were not developed and irrigated.

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	0.95 cfs	0.82 cfs	System not operating at time of inspection.	Irrigation	75.86	56.7

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

OWRD 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):

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
11S	2W	WM	5	SWNE		40		2.7	
11S	2W	WM	5	SWNE				0.6	
11S	2W	WM	5	SENE				0.05	
11S	2W	WM	5	SESW		39		1.6	
11S	2W	WM	5	SESW		40		6.4	
11S	2W	WM	5	NESE				1.4	
11S	2W	WM	5	NWSE		40		0.7	
11S	2W	WM	5	NWSE				2.0	
11S	2W	WM	5	SWSE		40		12.9	
11S	2W	WM	5	SWSE				0.4	
11S	2W	WM	5	SESE				0.05	
11S	2W	WM	8	NWNE		40		2.6	
11S	2W	WM	8	NENW		39		7.1	
11S	2W	WM	8	NENW		40		18.2	
Total Acres Irrigated								56.7	

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:

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 attached						

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.

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C. Groundwater Source Information (Sump)

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

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YES NO

D. Diversion and Delivery System Information

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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
Hitachi			Submersible		4.25" O.D.

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi (mfg. no. G28216E)	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)
20	40	70'	0'	0.82 cfs

5. Provide pump calculations:

$Q = (20 * 7.04) / (101.6 + 70) = 140.8 / 171.6 = 0.82 \text{ cfs}$

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)
System not operating at time of inspection.			

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

7. Is the distribution system piped?

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	4,100'	PVC	Buried
4"	1,950'	PVC	Buried
3"	3,200'	PVC	Buried
2"	2,533'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

10. Sprinkler Information:

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

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Hazelnuts 1.5'x20' spacing, 0.42 gph	8	0.007	66,937	Irrigated by blocks. Some blocks share coverage with GR 476.	1.04
Blueberries 1.5'x11' spacing, 0.42 gph	8	0.007	16,368		0.26
Hemp 1.5'x4' spacing, 0.42 gph	8	0.007	10,890	10,890	0.017
Misc. Trees 1.5'x20' spacing, 0.42 gph	8	0.007	5,808	5,808	0.01

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

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

YES NO

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

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?

YES 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	10-13-2016		
BEGIN CONSTRUCTION (A)	10-13-2021	5-25-2017	Began drilling well.
COMPLETE CONSTRUCTION (B)	10-13-2021	August 2021	PP&L connected power for pump.
COMPLETE APPLICATION OF WATER (C)	10-13-2021	10-3-2021	Irrigated all areas being claimed from Well 1.

* 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

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

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

March

c. Was the measurement submitted to the Department?

YES 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 NO

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?

YES NO

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

YES 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 NO

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.

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For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department?

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

**** 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 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 diversion or appropriation.

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 1	Seametrics	0620180 05309	Working	75909	July 2018

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES NO

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

b. Have the reports been submitted?

YES NO

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

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

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WELL ID #	DATE ATTACHED TO WELL
L-124596	5-26-2017

OWRD YES NO

- e. Other conditions?

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

Groundwater production shall be only from the alluvial groundwater reservoir between approximately 0 feet and 200 feet below land surface.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	LINN 61994
5 Pictures	Pictures taken at onsite inspection.

SECTION 7 CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 6/28/2021

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

WELL I.D. LABEL # I 124596 START CARD # 1033676 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 5762 First Name Last Name Company 7 Dog Farm Address 145 Delta Ave. City Clarksdale State MS Zip 38614

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 160 ft. BORE HOLE Dia From To Material From To Amt sacks/lbs

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [X] Yes Dia 16 From 0 To 19

(7) PERFORATIONS/SCREENS Perforations Method Holte air perforator Screens Type Material Perf/S Casing/Screen Liner Dia From To Scrn/slot width Slot length # of slots Tel/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 53 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 119 From To Description Amount Units

(9) LOCATION OF WELL (legal description) County LINN Twp 11 S N/S Range 2 W E/W WM Sec 8 NW 1/4 of the NE 1/4 Tax Lot 300 Tax Map Number Lot Lat ' " or DMS or DD Long ' " or DMS or DD [X] Street address of well [] Nearest address 35764 Knox Butte Rd. E - Albany, OR 97321

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 05-26-2017 5 Flowing Artesian? [] Dry Hole? [] WATER BEARING ZONES Depth water was first found 22 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Brown clay 0 12 Brown sand & gravel 12 25 Cemented sand & gravel 25 30 Brown clay 30 35 Cemented sand & gravel 35 40 Brown clay 40 50 Blue cemented sand & gravel 50 55 Blue sand & gravel 55 70 Gray clay 70 75 Blue sand & gravel 75 85 Gray clay 85 100 Blue clay 100 105 Gray clay 105 160 RECEIVED BY OWRD JUN 15 2017 SALEM, OR RECEIVED JAN 07 2022

Date Started 05-25-2017 Completed 05-26-2017 (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. License Number 1888 Date 06-06-2017 Signed Ken Stellett

(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. License Number 1684 Date 06-06-2017 Signed Contact Info (optional) jonesdrilling@hotmail.com

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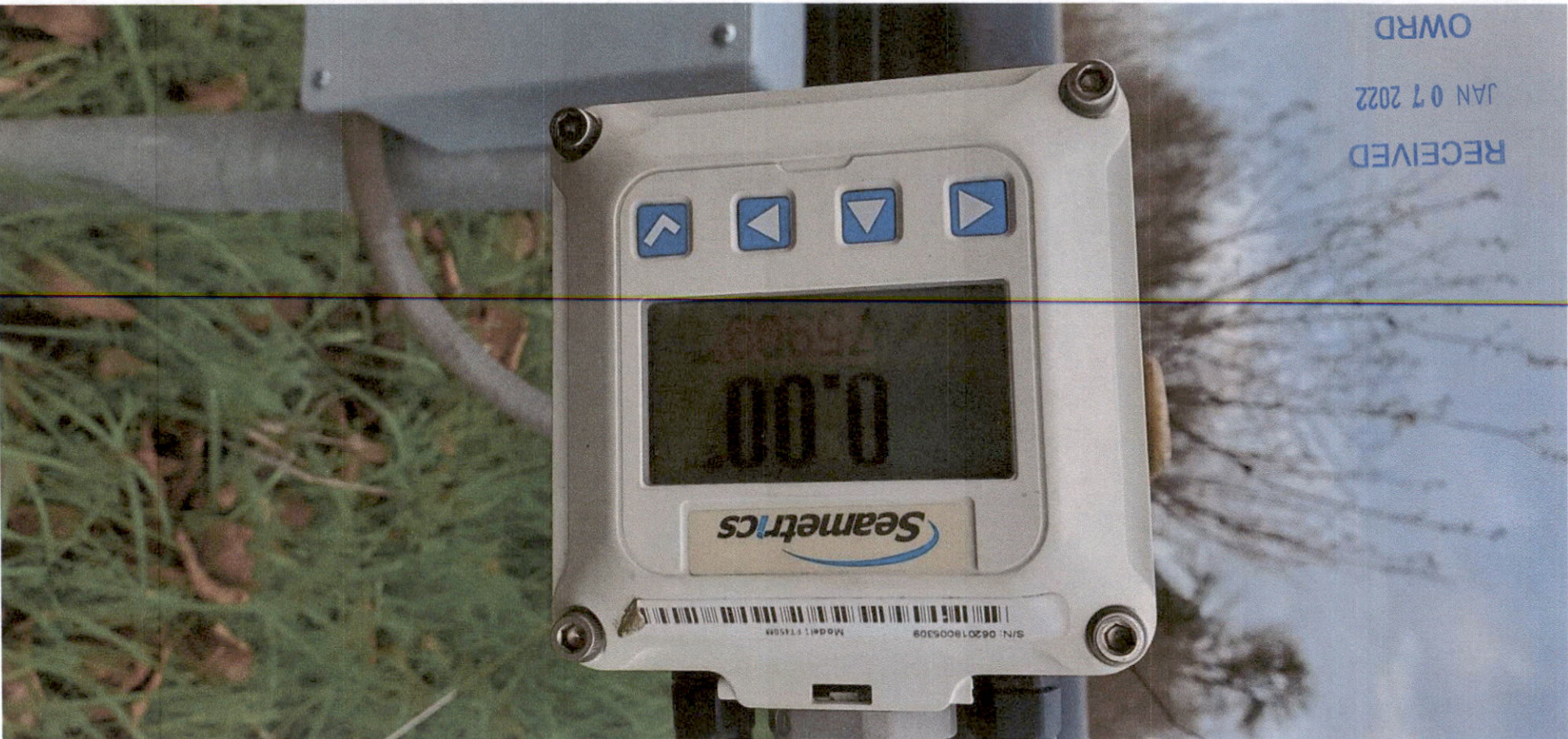
Well 1 site - power in background

Dspray corner LLC (7 Dog Farm)

10/12/21 CABU onsite



12-7-21 BM Flow Meter
OSPrey corner LLC (7 Dog Farm)





10/12/21 COBU onsite
Oprey Corner LLC (7 Dog Farm)
Well 1 Tag L-124596

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DUAL VOLTAGE SUBMERSIBLE MOTOR HITACHI

TYPE	VCTI	HP	20	20	20	20	20	
FORM	KK	VOLTS	460/230	380	380	400	415	
PHASE	3	HERTZ	60	60	50	50	50	
POLES	2	min ⁻¹	3450	3380	2810	2820	2840	
RATING	S1	AMP'S	27/54	31	32	32	32	
TEMP.RISE	80K	CODE	J	F	G	H	H	
AMB.TEMP.	35°C	S.F.	1.15	1.0	1.0	1.0	1.0	
DATE	M14	S.F.A.	30/60					
MADE IN JAPAN	MFG.No.	628216E						

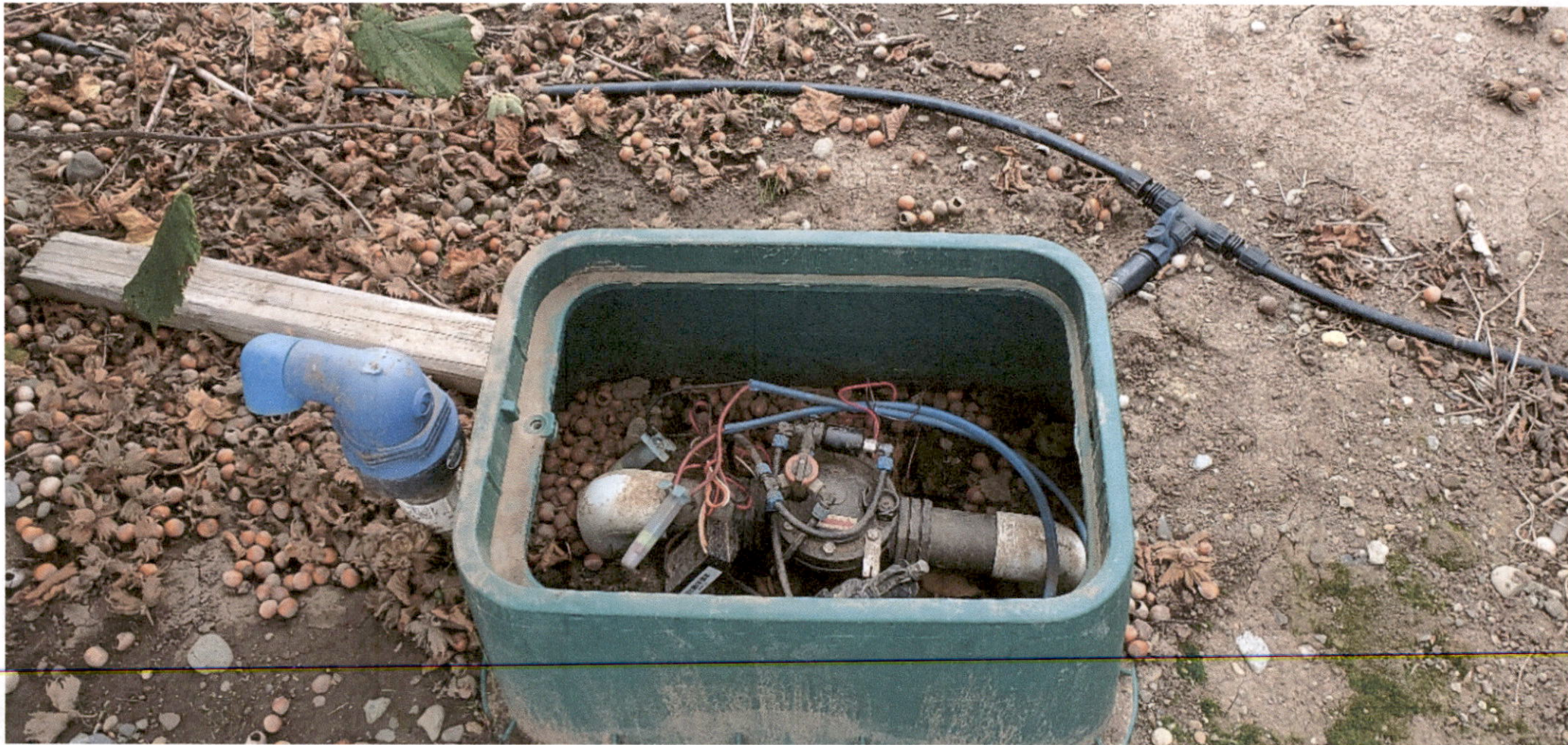
Hitachi Industrial Equipment Systems Co., Ltd.

ND200009

THIS MOTOR IS CONNECTED FOR THREE PHASE **460/380V**
ND60439

*12-7-21 WEM Pump Motor Tag
Osprey Corner LLC (7 Dog Farm)*

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10/12/21 COBU onsite

Osprey Corner LLC (7 Day Farm)

Control box / drip tube in hazelnuts

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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.)
- 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