

**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.wrd.state.or.us

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A fee of ²³⁰~~\$200~~ must accompany this form for permits
with priority dates of July 9, 1987, or later.

Claims received without the correct fee of \$200 will be returned.

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:
http://www.oregon.gov/owrd/pages/wr/cwre_info.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 http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

**SECTION 1
GENERAL INFORMATION**

1. File Information

APPLICATION # G-14001	PERMIT # (IF APPLICABLE) G-12753	PERMIT AMENDMENT # (IF APPLICABLE) N/A
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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME PHOENIX-TALENT SCHOOL DIST. NO. 4		PHONE No. 541-535-3009	ADDITIONAL CONTACT No.
ADDRESS PO BOX 698			
CITY PHOENIX	STATE OR	ZIP 97535	E-MAIL JON.MCCALIP@PHOENIX.K12.OR.US

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 SAME AS OWNER			RECEIVED
ADDRESS			
CITY	STATE	ZIP	FEB 18 2022

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ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jon McCalip	05/15/2017	DIRECTOR OF FACILITY MAINTENANCE

6. County:

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(4)):

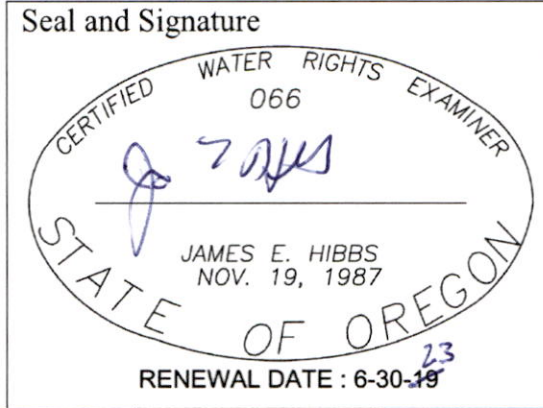
OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

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.



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CWRE NAME JAMES E. HIBBS, CWRE 066		PHONE No. 541-772-2782	ADDITIONAL CONTACT No.
ADDRESS PO BOX 1947			
CITY PHOENIX	STATE OR	ZIP 97535	E-MAIL ljfriarandassociates@charter.net

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
	JOHN MCCALIP	DIRECTOR OF FACILITY MAINTENANCE	<i>2-11-2022</i>

**SECTION 3
CLAIM DESCRIPTION**

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)
POA #1	JACK 33635	

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)
POA #1	SUPL IRRIG	GRASS	APR-OCT	30 GPM
Total Quantity of Water Used				

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:

FROM POA #1 WELL WATER IS PUMPED FROM WELL THROUGH BURIED PIPE TO FAUCET. WATER IS THEN HAND APPLIED TO FIELD USING 3/4" HOSE.

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 NUMBER OF ACRES BEING SUPPLEMENTED IS SMALLER THAN LISTED IN PERMIT.

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
POA #1	0.073 CFS	0.082 CFS	N/A	SUPL IRRIG	21.84	1.00

SECTION 4 SYSTEM DESCRIPTION

Are there multiple POAs?

NO

If "YES" you will need to copy and complete Sections 4B through 4F for each POA.

POA Name or Number this section describes (only needed if there is more than one):

N/A

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A. Place of Use

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. 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)
FRANKLIN	2823008110		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)
1.5	45	15	0	0.082

4. Provide pump calculations:

0.082=(1.5)(7.04)/(114.3+15)

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)
N/A			

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)
N/A					

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

7. Additional notes or comments related to the system:

WATER IS APPLIED TO FIELD USING HAND HELD HOSE & NOZZLE. TO DETERMINE RATE OF FLOW, I MET ON SITE WITH MAINTENANCE SUPERVISOR RICH BROWN, AND MEASURED THE TIME IT TOOK TO FILL A 5 GALLON BUCKET. THE AVERAGE TO FILL 5 GALLONS WAS 30 SECONDS WHICH COMPUTES TO 10 GPM OR 0.02 CFS.

C. Groundwater Source Information (Well and Sump)

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

ACCESS PORT ON TOP OF WELL CASING

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2. 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"	39'	439'	08/31/1994		OWNER	WWC #679

3. In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

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

NO

If "NO", items 5 through 7 relating to this section may be deleted.

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

D. Storage

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

NO

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

E. 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?

NO

F. Gravity Flow Canal or Ditch

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

1. Provide description and calculations if necessary:

N/A

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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 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	08/28/1996		
BEGIN CONSTRUCTION (A)	08/28/1997	08/28/1996	PIPES BURIED & WELL DRILLED
COMPLETE CONSTRUCTION (B)	10/01/1998	09/01/1996	WELL OPERATIONAL
COMPLETE APPLICATION OF WATER (C)	10/01/2002 VIA EXTENSION	09/01/1996	WATER APPLIED TO FIELD

* 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
 - 3. Initial Water Level Measurements:
 - a. Was the water user required to submit an initial static water level measurement? NO
 - 4. Annual Static Water Level Measurements:
 - a. Was the water user required to submit annual static water level measurements? NO
 - 5. Pump Test (Required for most ground water permits prior to issuance of a certificate)
 - a. Did the permit require the submittal of a pump test? YES
 - If "NO", items 5b through 5e 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? N/A
- **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

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. 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):

[Empty rectangular box for condition details]

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
PUMP TEST	REQUIRED PUMP TEST

**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.

USING SURVEY MONUMENTS AS BASIS MADE MEASUREMENTS USING TOTAL STATION TO WELL AND AREA IRRIGATED.

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 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

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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

SEP 12 1994

(START CARD) # 69219

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name Phoenix High School
Address P.O. Box 697
City Phoenix State OR Zip 97535

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 482 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	38	Cement	0	38	25 sacks
6	38	482				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1 1/2	38 1/2	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: RECOMMENDED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
LINER RECOMMENDED							

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

Yield gal/min	Drawdown	Drill stem at	Time
10		481	1 hr.

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Jackson Latitude _____ Longitude _____
Township 38S N or S Range 1W E or W. WM.
Section 22 1/4 1/4
Tax Lot 04600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6450 Colver Rd.
Phoenix OR

(10) STATIC WATER LEVEL:
Flow _____ ft. below land surface. Date 8/31/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 61'

From	To	Estimated Flow Rate	SWL
26	30	25	15
61	62	1 1/4	0
243	271	2	0
438	439	6 3/4	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	Brown	0	12
Clay	Brown	12	26
Sandstone	Brown	26	30
Sandstone Fine	Grey	30	482 Flow

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Date started 8/26/94 Completed 8/31/94

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WVC Number 679
Signed John Stubb Date 9/7/94