

This form is subject to revision. Begin each new claim by checking for a new version of this form and downloading a new one if necessary.

If you have questions regarding the completion of this form, contact:

Gerry Clark by e-mail at Gerald.E.CLARK@wrд.state.or.us or by phone at 503-986-0811,

Or Jerry Gainey by e-mail at Jerry.W.GAINEY@wrд.state.or.us or by phone at 503-986-0812.

The Department has a new program that allows a permit holder to pay the cost to have a private contractor review of the claim and, if appropriate, prepare a certificate. This new program means a certificate can be issued in about a month. The Department has a list of trained contractors that are selected on a rotating basis. For more information on this program see:

http://www.wrд.state.or.us/OWRD/mgmt_reimbursement.shtml.

**This box can be deleted

Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, OR 97301-1266

CLAIM OF BENEFICIAL USE

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 numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. **A separate form shall be completed for each permit or transfer final order.**

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
G-13853	G-13739

2. Property owner (current owner information)

a. Individuals

Name	PERRY PARMELEE	
Mailing Address	90397 HIGHWAY 140 WEST	
City/State/Zip	LAKEVIEW, OR 97630	
Phone #	(541) 947-4873	
Fax #		
e-mail address		

b. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	
Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department. The COBU must be signed by the permit/transfer holder of record.

3. Permittee / Transferee of record (this may, or may not, be the current property owner)

c. Individuals

	Individual 1	Individual 2
Name	PERRY PARMELEE	
Mailing Address	90397 HIGHWAY 140 WEST	
City/State/Zip	LAKEVIEW, OR 97630	

d. Businesses/Organizations

Name	
Contact Person and Title	
Mailing Address	
City/State/Zip	

4. Date of Site Inspection: 7/24/06 AND 9/25/06

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

Name	Date	Association with the project
PERRY PARMELEE	7/24/06	LAND OWNER

6. County: LAKE

7. Tax Lot Information:

Tax map number	Tax lot number
39-19-22	1400

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)):

**Mark "NA" if there are no owners of property not included in this claim

Name	NA
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

Name	NA
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

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II. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

WATER IS PUMPED FROM WELL INTO MAINLINES WITH ~~TA~~ RISERS TO ATTACH WHEEL LINES. ALL LANDS SHOWN ARE IRRIGATED WITH WHEEL LINES, ALL WHEEL LINES HAVE SPRINKLERS ~~WHT~~ THAT ARE 1/64" NOZZLE SIZE.

2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable) O.W.R.D. #
EXISTING WELL		L22643

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

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to

4. Point of diversion/appropriation location:

(DLC, Government Lot, 1/4 1/4, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
SE 1/4 NW 1/4 SEC. 22 T39S R19E, W.M. LAKE CO. OREGON	1317 FEET SOUTH + 1993 FEET EAST FROM NW CORNER OF SECTION 22.

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
IRRIGATION	ALFALFA		

Total Quantity of Water _____

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
			ATTACHMENT		A			

Total Acres Irrigated _____

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Groundwater Source Information (Well and Sump)

**If the appropriation is not from ground water (well or sump), this section, items 1-5, can be deleted.

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

1 1/2 INCH ACCESS PORT VISIBLE ON SW'LY SIDE OF CASING

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

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.

WATER RESOURCES DEPARTMENT NO. L22643

**If the appropriation is not from a sump, the following section, items 3-4, can be deleted. Construction standards for sumps can be found in OAR 690-210-0400.

3. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

Length	Width	Average diameter	Maximum depth	Surface area (in acres)	Volume in cubic feet or acre feet

4. If the sump is curbed constructed with watertight surface curbing, describe the curbing in the table below:

Curbing material (concrete, concrete tiles, or steel)	If concrete, provide the thickness of the wall

5. Provide sump volume calculations in the box below:

Reservoir Data

**If this claim is not for a reservoir, or the system does not involve a reservoir as part of the distribution system, this section, items 1-7, can be deleted.

1. If the reservoir required the submittal of as-built plans and specifications, complete the table below:

Have the documents been submitted? yes or no	When were the documents submitted	Have they been approved by the Department?

2. If the reservoir stores less than 9.2 acre-feet of water or if the dam is less than 10 feet in height, and as-built plans and specifications are not required, complete the table below.

Maximum depth	Average depth	Surface area (in acres)	Volume in acre feet

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1. If the system involves a gravity canal or ditch, complete the table below.

Canal or ditch type (material)	Top width of canal or ditch	Bottom width of canal or ditch	Depth	"N" factor	Amount of fall	Length of canal/ditch	Slope	Computed volume

2. Provide calculations in the box below:

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

Date of Measurement	Who made the measurement	Measurement method	Measured quantity of water

Attach measurements notes

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
INGERSOLL DRESSER		0010CGC-74075			

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage
US MOTORS		75		

3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition (working or not)	Current meter reading	Notes
m ^c CROMETER	00-9129-10	WORKING	289 211 ACRE FEET x .001	READING TAKEN ON 9/25/06

4. Measurement device description

Device description	Condition (working or not)	Notes

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
RUNNING ON 9/25/06-	FLOWMETER SHOWS	700-750 GPM	

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output

7. Provide pump calculations in the box below:

**This box can be deleted from the form

$$Q_{\text{pump}} = \frac{(\text{Hp})(550 \text{ ft lb/sec/Hp})(\text{efficiency})}{(62.4 \text{ lb/cu ft})(\text{lift} + \text{press})} = \frac{(\text{efficiency})(\text{Hp})}{\text{total head}} = \text{cfs}$$

in feet in feet

or

$$Q_{\text{pump}} = \frac{(\text{Hp})(\text{conversion factor})}{(\text{lift} + \text{pressure})} = \text{cfs}$$

total head in feet

Conversion factors:

Centrifugal Pump, 75% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.75)}{(62.4 \text{ lb/cu ft})} = 6.61 \text{ ft}^4/\text{sec/Hp}$

Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4/\text{sec/Hp}$

Efficiencies have been assumed to be 75% for centrifugal pump installations and 80% for turbine or submersible pumps. See the list below of converted psi's to feet of head. These figures account for minor friction losses. If the system involves unusually long pipelines friction losses should be accounted for by using standard charts and formulas.

Refer to the conversion table below to compute PSI to head for pump pressure in feet.

$$[(\text{psi}/.433)(1.1)] = \text{head (in feet/psi)} = 2.54 \text{ feet head/psi}$$

PSI	HEAD	PSI	HEAD
25	63.5	55	139.7
30	76.2	60	152.4
35	88.9	65	165.1
40	101.6	70	177.8
45	114.3	75	190.5
50	127.0	80	203.2

8. Mainline information

Mainline size	Length	Type of pipe	Buried or above ground
	SEE SYSTEM DIAGRAM		MAP

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9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground

10. Sprinkler information Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
		1 1/2				

Refer to the chart of sprinkler output at various pressures for most nozzle sizes attached to this document.

$$Q_{\text{sprinklers}} = \frac{(\text{max \# heads})(\text{gpm/head})}{448.8 \text{ gpm/cfs}} = \text{cfs}$$

11. Additional notes or comments related to the system:

III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

a. Permits or transfer 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 is to be completed by. 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 transfer final order:

	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits
Begin construction	9/1999		
Complete construction			
Complete application of water			

2. Initial Water Level Measurements:

****If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.**

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

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

c. Did an authorized individual (as stated in the permit or transfer final order) make the initial static water level measurement in the month required?

YES NO

d. If "YES", was the measurement submitted to the Department? YES NO

e. If the initial measurement not been submitted, provide that measurement now if available:

Date of measurement	Who made measurement	Method	Measurement

3. Annual Static Water Level Measurements:

****If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.**

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

b. In the box below, provide the month in which the static water level was to be made:

--

c. Were the static water level measurements taken in the month 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 in the box below:

Year	Month	Measurement made by	Measurement

4. Measurement, recording, and reporting conditions:

a. Does the permit or transfer final order require the installation of a meter or approved measuring device?

YES NO

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.

****If "NO", items b through g relating to this section can be deleted.**

b. Has a meter been installed? YES NO

c. Provide the date the meter was installed:

--

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate date

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

g. Have the reports been submitted? YES NO

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

5. Fish Screening and/or By-pass Devices

a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? YES NO NA

If fish screening and/or by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

**If "NO", items b through i relating to this section can be deleted

b. Has the fish screening been installed? YES NO

c. When was the fish screening installed?

Date	By whom

d. Is the **total** diversion rate of all rights at the point of diversion less than 0.5 cfs? YES NO

e. If the total diversion rate is less than 0.5 cfs, has the water user self certified the fish screen. YES NO

f. Has a self certification form been previously submitted to the Department? YES NO

g. If not, is the self certification form attached to this Claim? YES NO

h. If the total diversion rate is greater than 0.5 cfs, has ODFW approved the screening? YES NO

i. Has the water user previously submitted a letter from ODFW approving the screening? YES NO

j. If not, is the approval letter attached to the Claim? YES NO

k. Has the by-pass device been installed? YES NO

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1. Describe the by-pass device:

When installed	By whom	Approved by ODFW	Description

6. **Pump Test** (Required for ground permits prior to issuance of a certificate, but not a requirement of permit development)

- a. Did the permit require the submittal of a pump test? YES NO NA
- b. Has the pump test been previously submitted to the Department? YES NO
- c. Has the pump test been approved by the Department? YES NO
- d. If no, is the pump test attached to this Claim? YES NO

7. **Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

IV. Variations, Attachments, Conclusions, Map and Signatures

Variations

Include a description of variations from the permit or transfer final order

Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
ATTACHMENT A	AREA OF USE

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed

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', 1" = 400', or the original full-size scale of the county assessor map for the location.

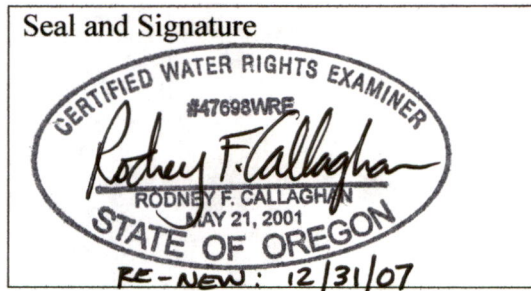
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In the following box, provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial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

LAND IRRIGATED AND WELL TIE WERE PERFORMED WITH A NIKON DTM-530 TOTAL STATION.

CWRE Statement, Seal and Signature

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



Permit or Transfer Holders 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.

Perry O. Parmelee PERRY O. PARMELEE 9-26-06
Signature Print or type name Date

Signature Print or type name Date

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ATTACHMENT A

II. Points of Diversion / Appropriation and Place of Use

6. Place of use for point of diversion or appropriation:

1/41/4	Section	Township	Range	Use	# of primary acres
NE1/4NW1/4	22	39	19	IRR. CROPS	5.9
SE1/4NW1/4	22	39	19	IRR. CROPS	25.0
SE1/4NW1/4	22	39	19	IRR. PASTURE	7.5
SW1/4NW1/4	22	39	19	IRR. PASTURE	7.9
NW1/4NE1/4	22	39	19	IRR. CROPS	6.8
SW1/4NE1/4	22	39	19	IRR. CROPS	22.6
NW1/4SW1/4	22	39	19	IRR. PASTURE	38.8
NE1/4SW1/4	22	39	19	IRR. CROPS	25.2
NE1/4SW1/4	22	39	19	IRR. PASTURE	5.8
SW1/4SW1/4	22	39	19	IRR. PASTURE	0.03
SE1/4SW1/4	22	39	19	IRR. PASTURE	0.05
SE1/4SW1/4	22	39	19	IRR. CROPS	0.80
NW1/4SE1/4	22	39	19	IRR. CROPS	14.0
SW1/4SE1/4	22	39	19	IRR. CROPS	0.5

TOTAL ACRES IRRIGATED: 160.88

IRR. CROPS= IRRIGATION OF ALFALFA
IRR. PASTURE= IRRIGATION OF PASTURE

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SYSTEM DIAGRAM

APPLICATION: G-13853 PERMIT: G-13739

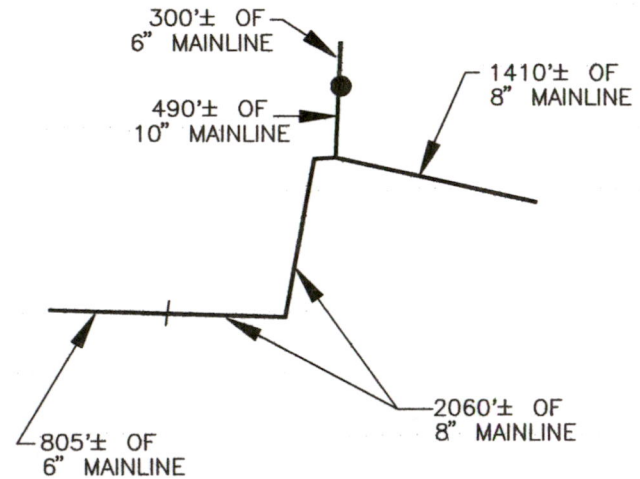
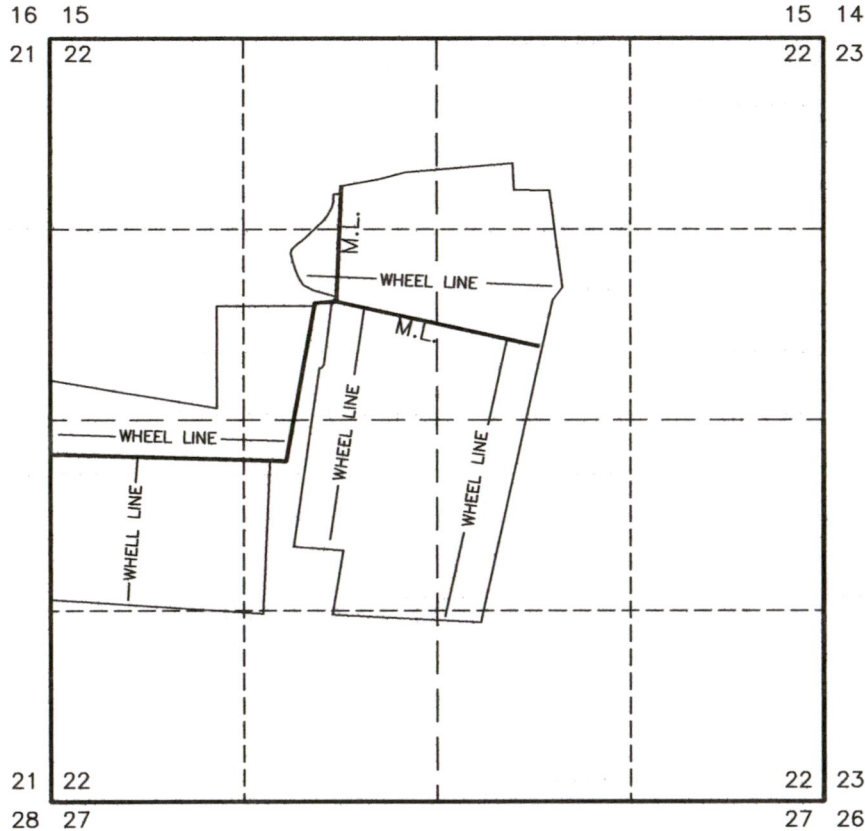
LOCATED WITHIN SECTION 22
TOWNSHIP 39 SOUTH, RANGE 19 EAST, W.M.,
LAKE COUNTY, OREGON

FOR
PERRY PARMELEE

● EXISTING WELL.

WHEEL LINE- EXISTING WHEEL LINES
IN PLACE.

M.L.- EXISTING MAINLINE IN PLACE.
ALUMINUM PIPE ABOVE
GROUND.



SCALE 1"=1320'

TAX LOT
TAX LOT 39-19-22-1400



1320 FEET | 1320 FEET

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RE-NEW: 12/31/07

THIS MAP IS FOR THE PURPOSE OF LOCATING
A WATER RIGHT ONLY AND HAS NO INTENT TO
PROVIDE LEGAL DIMENSIONS OR THE LOCATION
OF BOUNDARY LINES.

PREPARED BY:
CALLAGHAN LAND SURVEYING
427 SOUTH H STREET
LAKEVIEW, OR 97630
(541) 947-5841

CLS

DATE: 9/25/2006 DRAWING: 200642

PREPARED FOR: PERRY PARMELEE
90397 HIGHWAY 140 WEST
LAKEVIEW, OR 97630