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PUMP TEST FORM
DATA SHEET

OWRD

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Lake 2193	L- 2193	1	100	Elmer Peterson	4/26/1976	7/20/22

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
7/20/22	8:50	0	6.84'	0	Pre-test	N/A	N/A	
7/20/22	9:10	0	6.84'	0	Pre-test			
7/20/22	9:30	0	6.84'	0	Pre-test			
7/20/22	9:32	2	17.94'	15	Pumping <input type="checkbox"/>			
7/20/22	9:34	4	20.73'	15	Pumping <input type="checkbox"/>			
7/20/22	9:36	6	22.68'	15	Pumping <input type="checkbox"/>			
7/20/22	9:38	8	23.97'	15	Pumping <input type="checkbox"/>			
7/20/22	9:40	10	24.49'	15	Pumping <input type="checkbox"/>			
7/20/22	9:45	15	25.31'	15	Pumping <input type="checkbox"/>			
7/20/22	10:00	20	25.69'	15	Pumping <input type="checkbox"/>			
7/20/22	10:15	25	26.07'	15	Pumping <input type="checkbox"/>			
7/20/22	10:30	30	26.33'	15	Pumping <input type="checkbox"/>			
7/20/22	10:45	45	27.10'	15	Pumping <input type="checkbox"/>			
7/20/22	10:30	60	27.81'	15	Pumping <input type="checkbox"/>			
7/20/22	10:45	75	27.99'	15	Pumping <input type="checkbox"/>			
7/20/22	11:00	90	28.09'	15	Pumping <input type="checkbox"/>			
7/20/22	11:15	105	28.11'	15	Pumping <input type="checkbox"/>			
7/20/22	11:30	120	28.12'	15	Pumping <input type="checkbox"/>			
7/20/22	11:45	135	28.16'	15	Pumping <input type="checkbox"/>			
7/20/22	12:00	150	28.21'	15	Pumping <input type="checkbox"/>			
7/20/22	12:15	165	28.54'	15	Pumping <input type="checkbox"/>			
7/20/22	12:30	180	28.56'	15	Pumping <input type="checkbox"/>			
7/20/22	12:45	195	28.71'	15	Pumping <input type="checkbox"/>			
7/20/22	13:00	210	28.77'	15	Pumping <input type="checkbox"/>			
7/20/22	13:15	225	28.79'	15	Pumping <input type="checkbox"/>			
7/20/22	13:30	240	28.80'	15	Pumping <input type="checkbox"/>			
7/20/22	13:32	242	25.61'	0	Recovery <input type="checkbox"/>			
7/20/22	13:34	244	13.35'	0	Recovery <input type="checkbox"/>			
7/20/22	13:36	246	8.37'	0	Recovery <input type="checkbox"/>			
7/20/22	13:38	248	7.69'	0	Recovery <input type="checkbox"/>			
7/20/22	13:40	250	7.46'	0	Recovery <input type="checkbox"/>			
7/20/22	13:45	255	7.29'	0	Recovery <input type="checkbox"/>			
7/20/22	13:50	260	7.18'	0	Recovery <input type="checkbox"/>			
7/20/22	13:55	265	7.15'	0	Recovery <input type="checkbox"/>			
7/20/22								

Oregon Department of Water Resources

725 Summer Street
 Suite A
 Salem, Oregon 97301-1266

DATE: 7/28/22	JOB NO: 2017-063
ATTENTION:	
RE: Claim of Beneficial Use Permit G-15169	

WE ARE SENDING YOU ATTACHED:

PRINTS PLANS
 OTHER _____

COPIES	DATE	DESCRIPTION
1		Request for Assignment G15169 with fee of \$120.00
1		Claim of Beneficial Use for Ground Water Permit G-15169 with fee of \$230.00 (with Map)
1		Pump Test - Lake 2193 - G-15169



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 OWRD

PUMP TEST FORM
 COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { Airline: _____ psi _____ feet.
 Length of air line (if used): _____ E-Tape: 500 _____ feet.
 *Airline measurements must be verified by an E-Tape measurement
 Pressure transducer (if used):
 Manufacturer: _____ Serial #: _____ Pump Type: Submersible
 Date Last Calibrated: _____ Units: _____ HP: 1/2 _____ Pump set at: _____ feet.
 Discharge Measurement Method: Vol/Time Pump idle time: 72 hours
 Flowmeter (if used):
 Manufacturer: _____ Serial #: _____ Note: Well must be idle for at least 16 hours prior to the
 Date Last Calibrated: _____ Units: _____ test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 0.9 feet.
 Description (e.g., top port of 1 inch port pipe, west side) 1/2" port on the south side of the wellhead

Time pump turned on: Date 7/20/22 Time 9:30
Time pump turned off: Date 7/20/22 Time 13:30
 Total pumping time: 4 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department
 725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: _____ DATE: 7/20/22
 OWNER SIGNATURE: _____ DATE: 7/28/2022



Owner Information:

OWRD

OWNER NAME/BUSINESS NAME: Steven and Deborah Weaver		PHONE NO.: 415-812-0177	ADDITIONAL CONTACT NO.:
ADDRESS: 94345 Stockdrive Lane			
CITY: Lakeview	STATE: OR	ZIP: 97630	E-MAIL: srweaver@sonic.net

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Nicole Braudy	QUALIFICATION: (SELECT) RG <input checked="" type="checkbox"/>	LICENSE #: G2739
COMPANY: Anderson Engineering & Surveying, Inc.	PHONE NO.: 541-947-4407	ADDITIONAL CONTACT NO.:
ADDRESS: 17681 HWY 395		
CITY: Lakeview	STATE: OR	ZIP: 97630
E-MAIL: nicoleb@andersonengineering.com		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LAKE 2193	L- 2193	1	100'	Elmer Peterson	4/26/1976	7/20/2022

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
39S	19E	13	SE/SE	633.71 ft, bearing N79deg 51' 54" W from sec cor 33-34-4-3	42.17908611N	120.417691389W

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-15545	G-15169	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.

Well elevation is the surface water body. Approximate distance: _____ ft.

Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: To surrounding lands from three standard spigots with hoses

How far from the pumped well was water discharged? 60', 120', and 350', respectively ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

Theoretical Pump Capacity

Weaver Well Permit G-15169

Flow	0.03 CFS
Head	40 PSI see calculations on loss
LIFT	28.8 Feet
Efficiency	85% Turbine Pump
HP	0.5 OK 1/2 HP

NOTICE TO WATER WELL CONTRACTOR

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

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

Lake 2193

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

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APR 28 1976

State Well No. 398/19E-13

State Permit No. _____

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER:

Name Elmer Peterson
Address Rte. 6, Box 884, Lakeview, OR 97630

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cased Jetted
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
6" Diam. from 0 ft. to 80 ft. Gage .250
" Diam. from " ft. to " ft. Gage
" Diam. from " ft. to " ft. Gage

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used torch-cut
Size of perforations 1/8 in. by 6 in.
60 perforations from 60 ft. to 70 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? driller
Yield: 15 gal./min. with 4 ft. drawdown after 3 hrs.
" " " " " "
" " " " " "
Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water 48 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used cement w/8" conductor pipe
Well sealed from land surface to 21 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 12 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Lake Driller's well number _____
SE 1/4 SE 1/4 Section 13 T. 39 R. 19E W.M.
Bearing and distance from section or subdivision corner
5 miles west of Lakeview, OR

(11) WATER LEVEL: Completed well.

Depth at which water was first found 35 ft.
Static level 8 ft. below land surface. Date 4/26/76
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6 ft.
Depth drilled 100 ft. Depth of completed well 100 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
soil zone, sandy	0	4	
clay, brn.	4	14	
clay & gravel, brn.	14	18	
clay, blue	18	30	
gravel, fine, blue	30	42	
clay & gravel, blue	42	65	
gravel, fine, blue	65	70	8
clay, blue	70	100	

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Work started 4/20 19 76 Completed 4/26 19 76
Date well drilling machine moved off of well 4/27 19 76

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Jack Stooksberry Jr. Date 4/26, 1976
(Drilling Machine Operator)
Drilling Machine Operator's License No. 45

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 Jack Stooksberry, Jr.
(Person, firm or corporation) (Type or print)
Address Rte. 2, Box 47, Lakeview, OR 97630
[Signed] Jack Stooksberry Jr.
(Water Well Contractor)
Contractor's License No. 211 Date 4/26, 1976

CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-15169

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Job: 2022-120
Date: 7/19/2022



Place of Use – Primary Rights



Place of Use – Primary Rights



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs
Permit G-15169

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Job: 2022-120
Date: 7/19/2022



Place of Use – Supplemental Rights



**Irrigation Ditch Used For Surface Water Primary Right
No Groundwater Use**



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P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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CLAIM OF BENEFICIAL USE

Inspection Photographs

Permit G-15169

Job: 2022-120

Date: 7/19/2022



Piping to Place of Use



Place of Use – Supplemental Rights



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE

Inspection Photographs
Permit G-15169

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Job: 2022-120
Date: 7/19/2022



Well Access Port



Frost Free Hydrant & Piping for Distribution to Place of Use



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P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

CLAIM OF BENEFICIAL USE
Inspection Photographs
Permit G-15169

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Job: 2022-120
Date: 7/19/2022



Wellhouse



Well



Anderson Engineering & Surveying, Inc.
P.O. Box 28
17681 Hwy 395
Lakeview, Oregon 97630

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.

Survey performed with Real Time GPS – Corner tie is a County Surveyor brass cap located at the southeast corner of Section 13, T39S 19E, 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.)

- 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

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

WELL ID #	DATE ATTACHED TO WELL
NA	

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):

Pump test completed as part of this claim and is attached.

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim map
Photos	Site photos
Well Log	Well log LAKE 2193
Pump Calculations	Theoretical pump capacities for Well
Pump Test	Cover and datasheets for pump test completed on 7/20/22

SECTION 5
CONDITIONS

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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	8/22/2002		
BEGIN CONSTRUCTION (A)	8/22/2002	8/22/2002	Well drilled in 1976
COMPLETE CONSTRUCTION (B)	10/1/2006	8/2006	Piping/hoses for water application installed
COMPLETE APPLICATION OF WATER (C)	10/1/2006	8/2006	Water used

* 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

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:

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? YES

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

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

H. Additional notes or comments related to the system:

Flow rate measured as part of pump test. Rate measured at 15 gpm (0.033 cfs). Water is applied with flooding out of piping and hoses manually moved around the place of use.

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Water Ace Pump Co.	R303B	NA	submersible

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)
1/2	40	28.8	0	0.033 cfs

4. Provide pump calculations:

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See Attached	AUG 01 2022
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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			

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					

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					

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					

E. Storage

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

NO

**SECTION 4
SYSTEM DESCRIPTION**

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Are there multiple POAs?

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

Well

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. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

Access port is a 3/4" threaded opening through the top of the 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
6"	0-60	100	4/26/1976	NA	Elmer Peterson	Jack Stooksberry Jr.

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.

Well log LAKE 2193

C. Groundwater Source Information (Sump)

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

NO

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

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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	LAKE 2193	NA

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	Irrigation	Pasture	March 1 – October 1	0.033 cfs
Total Quantity of Water Used				0.033 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 from the well into a series of pipes that feed the house and a series of frost-free hydrants. A pvc pipe is connected to a hydrant and is moved around the irrigation areas to provide flood 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).

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. **NO**

(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.")

NA

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	0.05 cfs	0.033 cfs	0.033 cfs	Irrigation	4.0	4.0

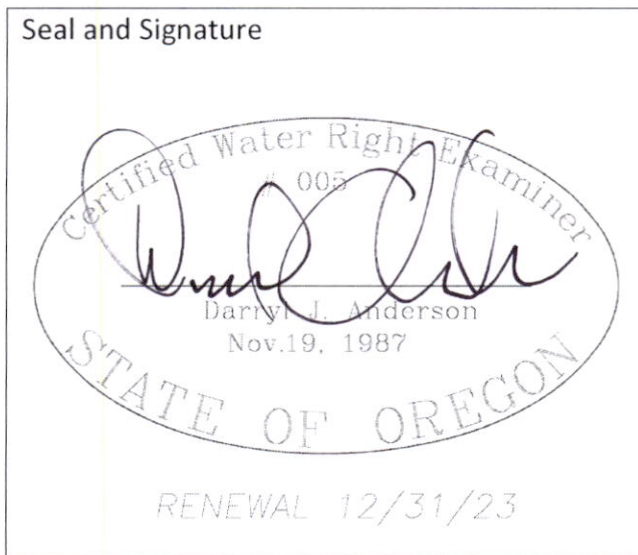
SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Steven R. Weaver</i>	STEVEN R. WEAVER	OWNER	07/28/2022
<i>Deborah Weaver</i>	DEBORAH WEAVER	owner	7/28/22

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**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 Darryl Anderson		PHONE NO. 541-947-4407	ADDITIONAL CONTACT NO.	
ADDRESS 17681 Highway 395				
CITY Lakeview	STATE OR	ZIP 97630	CITY Lakeview	

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.

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Steven & Deborah Weaver		PHONE NO. 415-812-0177	ADDITIONAL CONTACT No.
ADDRESS 94345 Stock Drive Lane			
CITY Lakeview	STATE OR	ZIP 97630	E-MAIL

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 Dennis & Joyce Mooney			
ADDRESS PO Box 928			
CITY Lakeview	STATE OR	ZIP 97630	

ADDITIONAL PERMIT HOLDER OF RECORD NA			
ADDRESS			
CITY	STATE	ZIP	

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4. Date of Site Inspection:

7/19/2022

AUG 01 2022

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

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NAME	DATE	ASSOCIATION WITH THE PROJECT
Steven Weaver	7-15-2022	Owner

6. County:

Lake

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			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**

OREGON 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.

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>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15545	G-15169	NA