

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

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>

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**SECTION 1
GENERAL INFORMATION**

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Type of Authorized Change

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This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T- 12493

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME PERRY AND LOIS PARMELEE		PHONE NO. 541-417-0948	ADDITIONAL CONTACT No.
ADDRESS 90397 HWY 140			
CITY LAKEVIEW	STATE OR	ZIP 97630	E-MAIL parmranch@gmail.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. **Each** transfer holder of record must sign this form.

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD PERRY AND LOIS PARMELEE		
ADDRESS 90397 HWY 140		
CITY LAKEVIEW	STATE OR	ZIP 97630

4. Date of Site Inspection:

8/4/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
PERRY PARMELEE	8/4/2022	APPLICANT

6. County:

LAKE

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

OWNER OF RECORD PERRY AND LOIS PARMELEE		
ADDRESS 90397 HWY 140		
CITY LAKEVIEW	STATE OR	ZIP 97630

Add additional tables for owners of record as needed

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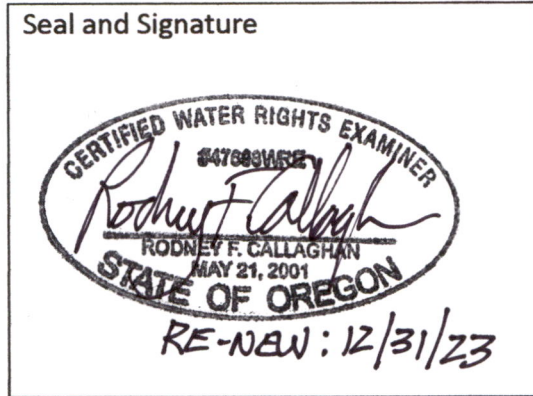
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**SECTION 2
SIGNATURES**

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 RODNEY F. CALLAGHAN		PHONE No. 541-219-0061	ADDITIONAL CONTACT No.
ADDRESS 435 SOUTH H STREET			
CITY LAKEVIEW	STATE OR	ZIP 97630	E-MAIL LKVSURVEYOR@YAHOO.COM

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
<i>Perry O Parmelee</i>	Perry O Parmelee		8/11/22
<i>Lois Parmelee</i>	Lois Parmelee		8/11/22

**SECTION 3
CLAIM DESCRIPTION**

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Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
POA#1		126398	

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

If well logs are available, items A and B below can be deleted

A. 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
SEE WELL LOG						

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA#1	2.01 CFS		

SECTION 4
SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES **NO**

If "YES" you will need to copy and complete a separate Section 4.

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

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
INGERSOLL	NP249A5564P009		SUBMERSIBLE		

2. Motor Information

MANUFACTURER	HORSEPOWER
GE MOTOR	100
MODEL: 5KSA04DAJ6008A	

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)

4. Provide pump calculations:

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)

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

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B. Groundwater Source Information (Well and Sump)

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

YES

NO

If "NO", items 4 through 6 relating to this section may be deleted.

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

4. 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

5. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL

6. Provide sump volume calculations:

C. Additional notes or comments related to the system:

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SECTION 5
CONDITIONS

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All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	5/18/2017	
COMPLETENESS DATE FROM ORDER (C)		

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?

YES NO

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA #1	METER	00-09129	WORKING	963372	
				ACRE FEET X .001	

If a meter has been installed, items d through f relating to this section may be deleted.

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. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

4. 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.

5. Other conditions required by the transfer 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. Other conditions? YES NO

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

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
CBU MAP	CLAIM OF BENEFICIAL USE MAP
WELL LOG	WELL LOG

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

LAKE 52800
9/28/2017

WELL I.D. LABEL# L 126398
START CARD # 1036028
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name PERRY AND LOIS Last Name PARMELEE
Company _____
Address HC 60 BOX 1992
City LAKEVIEW State OR Zip 97630

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

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 348.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	348	Cement	0	40	45	S
					Calculated	40	
					Calculated		

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 40 ft. to 348 ft. Material GRAVEL Size pea gravel
Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 12 1.5 348 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Plasma torch
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrm/slot width Slot # of Tele/ pipe size
Perf Casing 12 148 348 .125 3 4800

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400		160	1
600		220	1
800		260	

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 213 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LAKE Twp 39.00 S N/S Range 19.00 E E/W WM
Sec 22 NE 1/4 of the NW 1/4 Tax Lot 1400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
HIGHWAY 140 WEST BY MILEPOST 89 ON SOUTH SIDE OF HIGHWAY.

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration		
Completed Well	9/18/2017	47.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 101.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/25/2017	101	348	800		47.5

(11) WELL LOG Ground Elevation OWRD

Material	From	To
topsoil	0	4
tan clay w pea gravel	4	8
soft tan claystone	8	29
grey clay	29	60
black sand	60	64
soft grey claystone w sand	64	68
pea gravel w pumice and sand	68	73
grey clay	73	101
pea gravel w black sand	101	115
sandy grey clay	115	133
grey claystone w black sand	133	148
fractured grey claystone	148	171
sandy grey clay	171	185
broken grey claystone	185	195
sandy grey clay	195	211
broken grey claystone w black sand	211	261
sandy grey clay	261	263
broken grey claystone w black sand	263	315
grey sandy clay w soft claystone	315	321

Date Started 8/29/2017 Completed 9/25/2017

(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. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1940 Date 9/28/2017
Signed BENJAMIN FRY (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1355 Date 9/28/2017
Signed ARTHUR L FRY (E-filed)
Contact Info (optional) _____

WATER SUPPLY WELL REPORT - continuation page

LAKE 52800

WELL I.D. LABEL#

126398

START CARD #

1036028

ORIGINAL LOG #

9/28/2017

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	
						Calculated
						Calculated
						Calculated
						Calculated

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
sandy grey clay	321	323
broken gray claystone	323	348

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Comments/Remarks