

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	WRD Reviewer <i>CM</i>
Transfer # <i>8115</i>	
Date Received <i>6/30/2021</i>	
CWRE Name <i>Malia Kupillas</i>	

Priority Date: *1981, 1983,*

Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$200 must accompany this form for any transfers 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.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION: PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL RECD \$	
1583 TREASURY 4378 MISC CASH ACCT.	
0407 COPIES	\$
OTHER (IDENTIFY)	\$
0243 Indwrm Lease	0244 Mnu Water Mgmt Plan
0245 Cons Water	
1583 TREASURY 4270 WRD OPERATING ACCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	<i>4611</i> \$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
1C162 DEPOSIT LAB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE \$ RECORD FEE \$
0203 GROUND WATER	\$ \$
0205 TRANSFER	\$ \$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ RECORD FEE \$
LANDOWNER'S PERMIT	0219 \$ 0220 \$
OTHER (IDENTIFY)	<i>COBU</i> \$ <i>200.00</i>
0687 TREASURY 0487 HYDROLECTRIC	
0233 POWER LICENSE FEE (FWWRD)	LIC NUMBER \$
0231 HYDRO LICENSE FEE (FWWRD)	\$
HYDRO APPLICATION \$	
SPECIAL INSTRUCTIONS:	

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)


Groundwater File Review: *MA*

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

RETURN TO APPLICANT – LETTER ATTACHED

CLAIM OF BENEFICIAL USE for Transfers Place of Use 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 \$200 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.

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

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YES

This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-8115/T-6948

2a. Property Owner (current owner information)

TL 06 1E 08 500, TL 06 1E 17 300, 500 – Divert and convey

APPLICANT/BUSINESS NAME Harold Kraemer Family Trust and Ann Kraemer Family Trust, Harold Kraemer Trustee		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS 13318 Dominic Rd. NE				
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL	

2b. Property Owner (current owner information) **TL 06 1E 08 600 – Convey**

APPLICANT/BUSINESS NAME Mary Kraemer Family Trust, Mary Kraemer Trustee		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS 10011 Wagon Rd NE				
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL	

2c. Property Owner (current owner information)

TL 06 1E 17 200 and TL 06 1E 17A 200 – Convey and/or use

APPLICANT/BUSINESS NAME Harold Kraemer Farms Inc.		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS 13318 Dominic Rd. NE			
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL

2d. Property Owner (current owner information)

TL 06 1E 17 1601 and TL 061E 17A 800 – Convey and use

APPLICANT/BUSINESS NAME Knoll Butte Farms LLC		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS 13318 Dominic Rd. NE			
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL

2e. Property Owner (current owner information) **TL 06 1E 17A 100 – Convey and use**

APPLICANT/BUSINESS NAME Keda Tora Properties LLC		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS PO Box 230			
CITY Mt. Angel	STATE OR	ZIP 97362	E-MAIL

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.***

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

TRANSFER HOLDER OF RECORD Kraemer Farms LLC			
ADDRESS 13318 Dominic Rd NE			
CITY Mount Angel	STATE OR	ZIP 97362	

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

TRANSFER HOLDER OF RECORD Tiverton AgriFinance II, LLP		
ADDRESS 911 North West St Suite 207		
CITY Raleigh	STATE NC	ZIP 27603

4. Date of Site Inspection:

May 21, 2015

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ray Stafford	May 21, 2015	Field Manager

6. County

Marion

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

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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.



CWRE NAME Malia R. Kupillas		PHONE No. (503) 632-5016	ADDITIONAL CONTACT No. (503) 310-5553(cell)
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	CWRE NAME Malia R. Kupillas

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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>Thomas Davis LLC by Tom Kraemer</i>	KRAEMER FARMS, LLC BY TOM KRAEMER	member	31/19/2021
Tiverton AgriFinance II, LP by Tiverton Advisors, LLC <i>David Chatteleton</i>	David Chatteleton	Managing Partner	Jun-28-2021

SECTION 3

EXTENT OF CHANGE COMPLETED

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1. Claim Summary:

If Irrigation or Nursery Use:

CERTIFICATE	TRANSFER	THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
83084	T-6948	35.0	35.0
	T-8115	39.2	39.2
83085	T-6948	35.0	35.0
	T-8115	39.2	39.2

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP) NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

SECTION 4 CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	September 20, 2010	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2011	September 1, 2011

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

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2. Is there an extension final order(s)?
If "NO", you may delete the following table.

NO

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3. Measurement Conditions:

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

YES

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Butte Creek POD	McCrometer	15-08804	Was working in 2011	309.480 acre feet x .001	2015 replaced previous meter
Well 1	Seametrics	04200693	Was working in 2011	235.75 acre feet X .001	2021 Replaced previous meter
Lone Pine or Well 2	Seameterics	09201700 2098	Was working in 2011	216.66 acre feet X .001	Replaced previous meter unknown year

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

4. Other conditions required by the transfer final order:

a. 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):

None

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**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
BLM Cadastral Map	BLM Cadastral Map T. 6S. R. 1E. showing DLC and Government Lot locations

**SECTION 6
CLAIM OF BENEFICIAL USE MAP**

A 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 polyester 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.

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

The COBU map was prepared using tax assessor's map 06 1E 08, 17, and 17A, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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

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
T.6S. R.1E. Sec. 8 & 17, W.M.

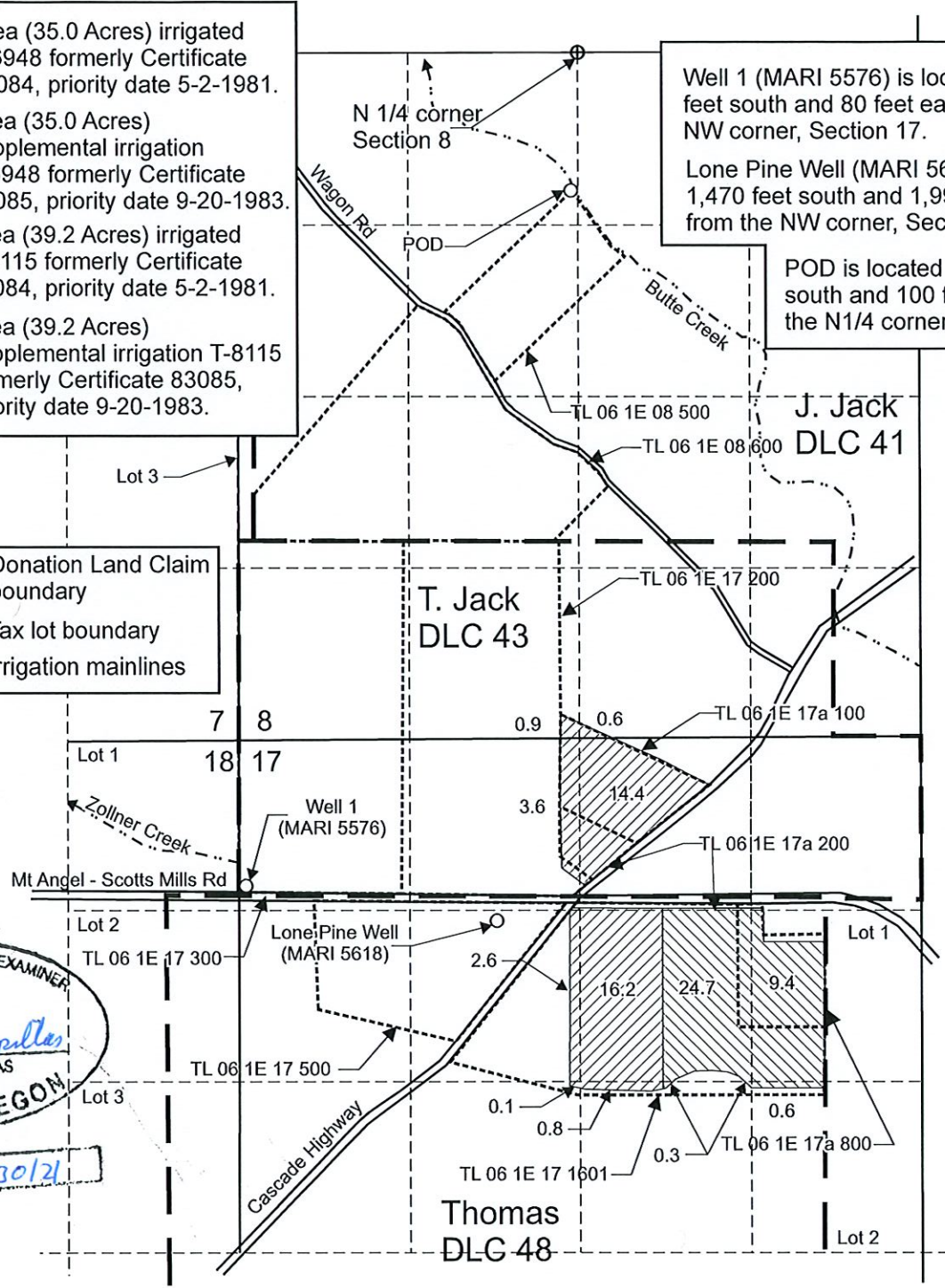
-  Area (35.0 Acres) irrigated T-6948 formerly Certificate 83084, priority date 5-2-1981.
-  Area (35.0 Acres) supplemental irrigation T-6948 formerly Certificate 83085, priority date 9-20-1983.
-  Area (39.2 Acres) irrigated T-8115 formerly Certificate 83084, priority date 5-2-1981.
-  Area (39.2 Acres) supplemental irrigation T-8115 formerly Certificate 83085, priority date 9-20-1983.

Well 1 (MARI 5576) is located 1,200 feet south and 80 feet east from the NW corner, Section 17.

Lone Pine Well (MARI 5618) is located 1,470 feet south and 1,990 feet east from the NW corner, Section 17.

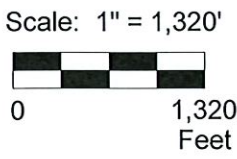
POD is located 1,130 feet south and 100 feet west from the N1/4 corner, Section 8.

-  Donation Land Claim boundary
-  Tax lot boundary
-  Irrigation mainlines



CERTIFIED WATER RIGHTS EXAMINER
#60772WRE
Maria R. Kupillas
MARIA R. KUPILLAS
JUNE 08, 1999
STATE OF OREGON

EXPIRATION DATE: 6/30/21



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.





Claim of Beneficial Use Map
T-8115

Kraemer Farms
T.6S., R.1E., Sec. 8 & 17 W.M.

01/2021

Kraemer Farm T-8115 COBU Map.cdr




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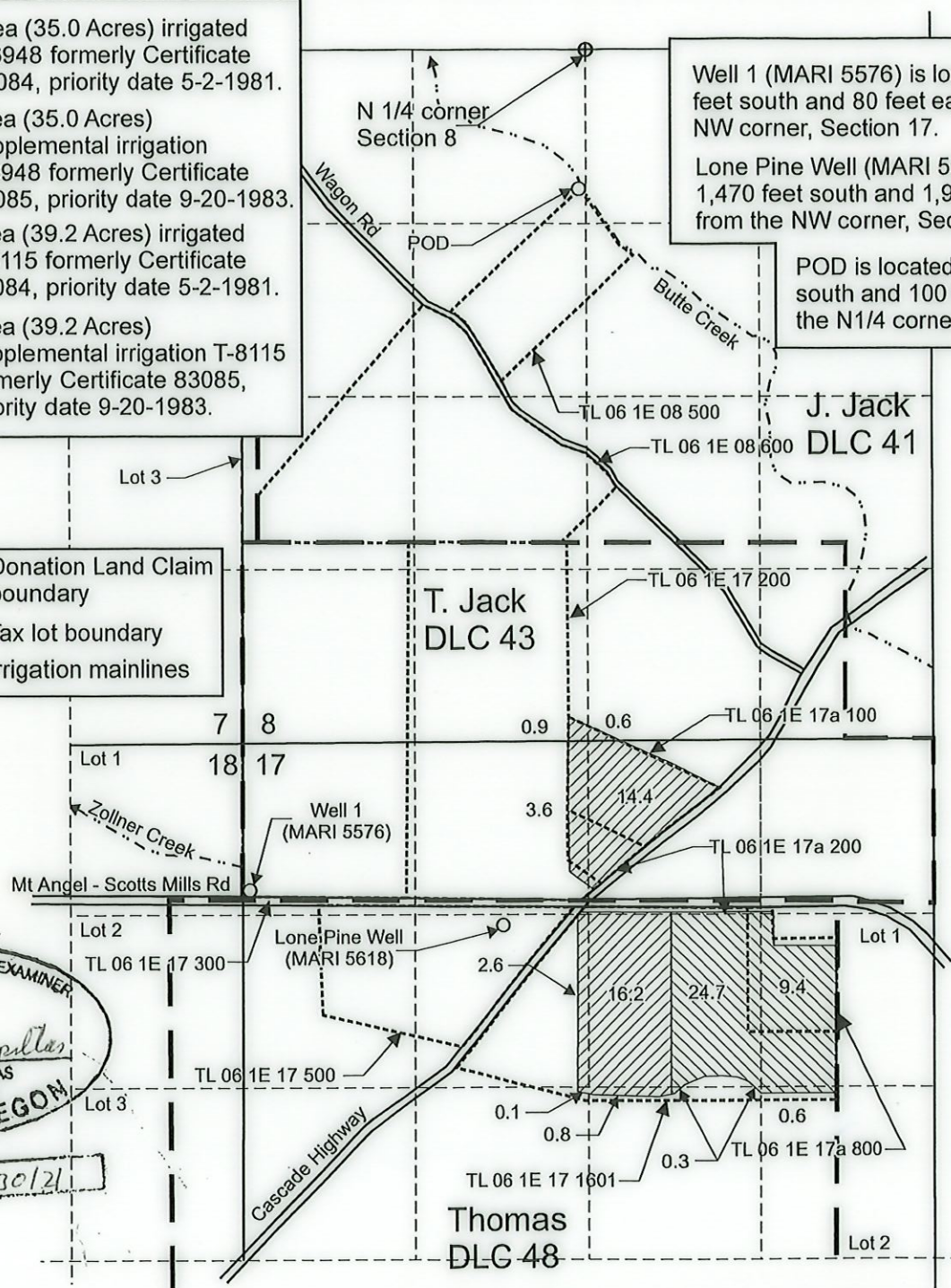
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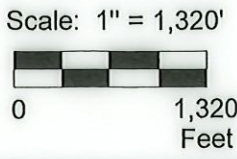
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-  Donation Land Claim boundary
-  Tax lot boundary
-  Irrigation mainlines



CERTIFIED WATER RIGHTS EXAMINER
#80772VRE
Maria R. Kupillas
MARIA R. KUPILLAS
JUNE 08, 1999
STATE OF OREGON

EXPIRATION DATE: 6/30/21



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.



Claim of Beneficial Use Map
T-8115

Kraemer Farms
T.6S., R.1E., Sec. 8 & 17 W.M.

01/2021

Kraemer Farm T-8115 COBU Map.cdr

Pacific Hydro-Geology Inc.