

MONEY SLIP

DATE: 10/14/2022 RECEIPT #: 139345

RECEIVED FROM: Will McGill
Surveying, LLC

APPLICATION	<u>T-11523</u>
PERMIT	
TRANSFER	

CASH CHECK # 2064 OTHER (IDENTIFY) _____

TOTAL REC'D \$ 230.00

1083 TREASURY **4170 MISC CASH ACCT.**

0407 COPIES \$ _____
OTHER: (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY **4270 WRD OPERATING ACCT.**

MISCELLANEOUS

0407 COPY & TAPE FEES \$ _____
0410 RESEARCH FEES \$ _____
0408 MISC REVENUE (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS

	EXAM FEE		RECORD FEE
0201 SURFACE WATER	\$ _____	0202	\$ _____
0203 GROUND WATER	\$ _____	0204	\$ _____
0205 TRANSFER	\$ _____		

WELL CONSTRUCTION

	EXAM FEE		RECORD FEE
0218 WELL DRILL CONSTRUCTOR	\$ _____	0219	\$ _____
LANDOWNER'S PERMIT		0220	\$ _____
OTHER (IDENTIFY) <u>CORU</u>			<u>\$230.00</u>

0607 TREASURY **0467 HYDROELECTRIC**

0233 POWER LICENSE FEE (FW/WRD)

LIC NUMBER	
	\$ _____

0231 HYDRO LICENSE FEE (FW/WRD)

	\$ _____
--	----------

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

**RECEIVED
OVER THE COUNTER**

RETURN TO APPLICANT -- LETTER ATTACHED

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer: Dante Luongo
Transfer #: T-11523	
Date Received: 10-14-2022	
CWRE Name: Will McGill	
Priority Date (s): 12-1-1977	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 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) _____ TOTAL AMOUNT \$ _____

001 TREASURY - 419 BASIC CASH/ACCT. _____

002 OTHER (IDENTIFY) _____

003 Inflow Loan - 6241 New Water Right Fee _____ 6242 Dam Value _____

004 TREASURY - 4174 WRD OPERATING ACCT. _____

MISCELLANEOUS

0407 COPY & TAPES FEES	4611	\$	
0410 RESEARCH FEES		\$	
0486 MISS REVENUE (IDENTIFY)		\$	
TC183 DEPOSIT LAG (IDENTIFY)		\$	
0240 EXTENSION OF TERM		\$	

WATER RIGHTS

6201 SURFACE WATER	EXAM FEE	6202	RECORD FEE
6203 GROUND WATER			
6205 TRANSFER			

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTION	EXAM FEE	0219	RECORD FEE
LANDOWNERS PERMIT		0220	
OTHER (IDENTIFY)	COBU		2222.00

0047 TREASURY - 6447 HYDROLYSIS FEE _____

0223 POWER LICENSE FEE (IF APPLICABLE) _____

0221 HYDRO LICENSE FEE (IF APPLICABLE) _____

HYDRO APPLICATION _____

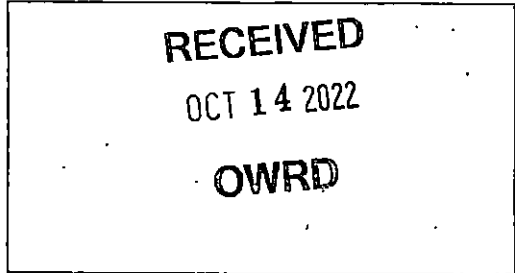
SPECIAL INSTRUCTIONS:

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:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Ditchen Berry Company LLC
9712 NUSOM RD NE, SILVERTON OR 97381

Transaction Type: COBY

Fees Received: \$ 236.00

Cash Check: Check No. 2064

Name(s) on Check: Will McGill Surveying

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Corie Laurien
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.



S/N: 112017000010

Model: FT430W-126-140



Seametrics

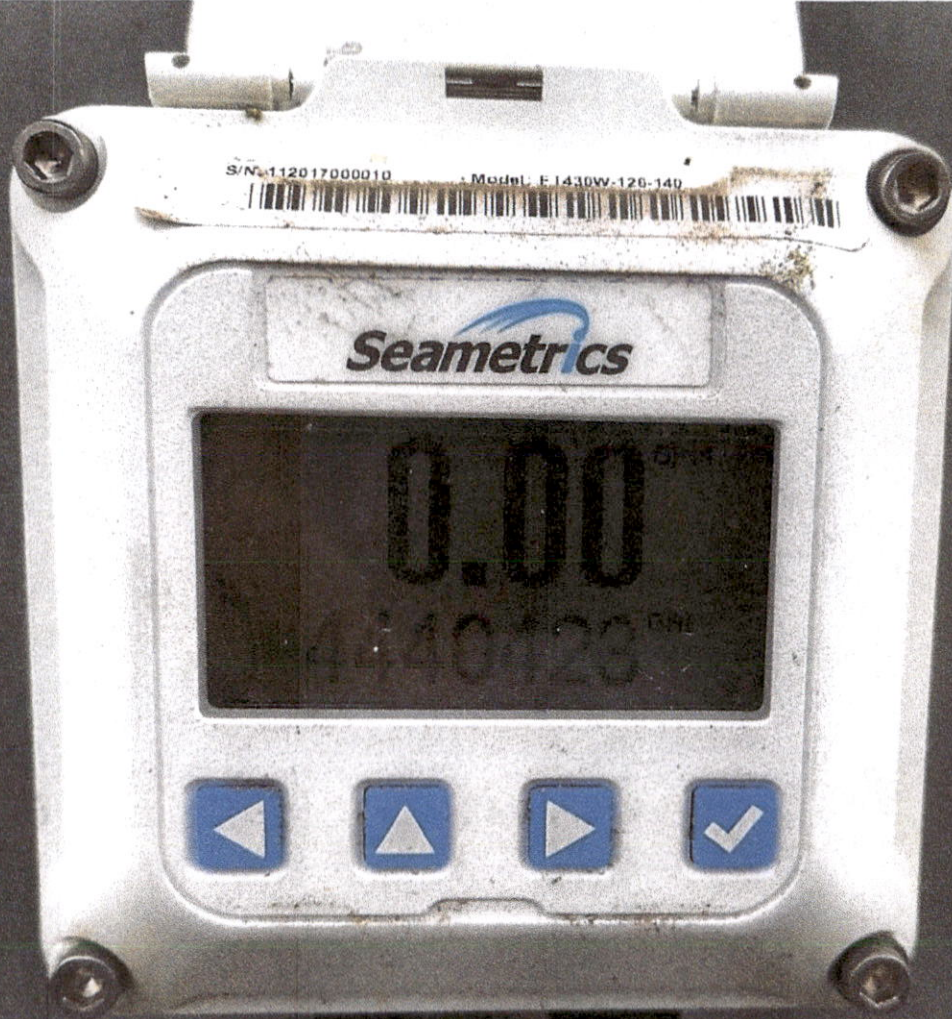
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B/26/22 Ditchen onsite - COBU
Flow meter Tag

(4)



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8/26/22

Ditchen onsite - COBU

Seametrics flow meter w/ reading



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8/26/22 Ditcher onsite - COBU

Well tag

②



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8/26/22 - Ditchen onsite - Cobu
Well site

①

Addr 2					
CSZ	SILVERTON	OR	97381		Country UNITED STATES OF AMERICA

Type	MGR	MANAGER			Resign Date	
Name	GREGG	R	DITCHEN			
Addr 1	9712 NUSOM RD NE					
Addr 2						
CSZ	SILVERTON	OR	97381		Country UNITED STATES OF AMERICA	

Type	MGR	MANAGER			Resign Date	
Name	ROBERT	A	DITCHEN			
Addr 1	9712 NUSOM RD NE					
Addr 2						
CSZ	SILVERTON	OR	97381		Country UNITED STATES OF AMERICA	

[New Search](#)







Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
DITCHEN BERRY COMPANY, LLC	EN	CUR	12-20-2012	

Please [read](#) before ordering [Copies](#).

[New Search](#)

Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	11-10-2021		FI		
	AMENDED ANNUAL REPORT	11-13-2020		FI		
	AMENDED ANNUAL REPORT	12-18-2019		FI		
	AMENDED ANNUAL REPORT	11-26-2018		FI		
	ANNUAL REPORT PAYMENT	11-29-2017		SYS		
	ANNUAL REPORT PAYMENT	11-15-2016		SYS		
	ANNUAL REPORT PAYMENT	11-09-2015		SYS		
	ANNUAL REPORT PAYMENT	12-30-2014		SYS		
	AMENDED ANNUAL REPORT	11-27-2013		FI		
	ARTICLES OF ORGANIZATION	12-20-2012		FI	Agent	

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Business Registry Business Name Search

[New Search](#)

Business Entity Data

10-06-2022
08:02

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
902446-91	DLLC	ACT	OREGON	12-20-2012	12-20-2022	
Entity Name DITCHEN BERRY COMPANY, LLC						
Foreign Name						

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[New Search](#)

Associated Names

Type						
PPB	PRINCIPAL PLACE OF BUSINESS					
Addr 1	9712 NUSOM RD NE					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

Please click [here](#) for general information about registered agents and service of process.

Type	AGT REGISTERED AGENT			Start Date	Resign Date
Name	GREGG	R	DITCHEN		
Addr 1	9712 NUSOM RD NE				
Addr 2					
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA

Type	MAL MAILING ADDRESS					
Addr 1	9712 NUSOM RD NE					
Addr 2						
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA	

Type	MEM MEMBER						Resign Date
Name	GREGG	R	DITCHEN				
Addr 1	9712 NUSOM RD NE						
Addr 2							
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA		

Type	MEM MEMBER						Resign Date
Name	KEITH		DITCHEN				
Addr 1	9712 NUSOM RD NE						
Addr 2							
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA		

Type	MEM MEMBER						Resign Date
Name	JUSTIN	R	DITCHEN				
Addr 1	9712 NUSOM RD NE						
Addr 2							
CSZ	SILVERTON	OR	97381	Country	UNITED STATES OF AMERICA		

Type	MEM MEMBER						Resign Date
Name	ROBERT	A	DITCHEN				
Addr 1	9712 NUSOM RD NE						

MARI 66858
Westerberg Drilling, Inc.
 36728 S. Kropf Rd.
 Molalla, OR 97038

MARI 66858

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-265-0210)

WELL I.D. LABEL# 121540
 START CARD # 213211
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Ditchen Berry Farms LLC

Address 6712 Nusom Rd. NE
 City Silverton State OR Zip 97381

(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 208 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
16	0	65	Bentonite	0	3	3 S
10	65	216			Calculated	3.46
			Cement	3	65	70 S
					Calculated	42

How was seal placed: Method A B C D E
 Other Bentonite Poured Dry
 Backfill placed from 65 ft. to 70 ft. Material 3/8 pea gravel
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER

Casing/Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10	1.5	216	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 216
 Temp casing Yes Dia 16 From + 2 To 60

(7) PERFORATIONS/SCREENS Perforations Method Mills Knife

Perf/Screen	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	10	155	199	.375	3	660	
Perf	Casing	10	204	209	.375	3	75	
Perf	Casing	10	211	215	.375	3	60	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500	82	150	6

Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 200 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County MARION Twp 7 S N/S Range 2 W E/W WM
 Sec 3 NW 1/4 of the NE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 directly across from 72nd Ave from 4946 72nd Ave NE, Salem, OR 97305

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-25-2017		45.2

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 42

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	90	96	DNM		
	128	135	DNM		
	137	145	DNM		
	145	198	300+		45.2
	205	208	100+		45.2
	212	214	Cemented Off		

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	1
Soil Brown	1	6
Silt Dark Brown	6	12
Silt Brown	12	23
Clay Blue	23	42
Silt Blue Medium	42	54
Packed Silt Grey Firm	54	64
Clay Blue Stickey	64	70
Packed Silt Grey	70	74
Clay Brown Stickey	74	78
Gravel Brown Slightly Cemented	78	90
Sand & Gravel Brown	90	96
Clay Brown	96	102
Silt Brown	102	106
Gravel Cemented Grey	106	115
Cemented Gravel Brown	115	135
Cemented Gravel Grey	135	137
Slightly Cemented Sand Grey with Wood	137	145
Cmented Gravel & Sand Brown	145	198

Date Started 04-25-2017 Completed 05-26-2017

(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 1358 Date 05-26-2017
 Signed [Signature]

(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 688 Date 06-05-2017
 Signed [Signature]
 Contact Info (optional) _____

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 JUN 12 2017
 SALEM, OR

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.) ***Not required for this type of Claim of Beneficial Use**
- 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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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 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 identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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 method used was aerial photo provided by Maxar Technologies.
Source Date: 5/13/2021

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4. Recording and reporting conditions

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

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
Well Log	2 pages for MARI 66858
Authorization Doc.	Business registry showing authorization to sign for Ditchen Berry Co.
4x Pictures	Taken at 8/26/2022 onsite inspection

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SECTION 5 CONDITIONS

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	3/14/2014	
COMPLETENESS DATE FROM ORDER (C)	10/1/2021	3/31/2019

* 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
104	1010	10/1/2021

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
Well 1	Seametrics	1120170 00010	Working	4440423	3/31/2019

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

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B. Groundwater Source Information (Well and Sump)

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

YES NO

C. Additional notes or comments related to the system:

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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):

Well 1

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
Wolf	8LL8V-33T6		Submersible		6"

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	40

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)
40	60	N/A	77'	1.23

4. Provide pump calculations:

$$Q = 40(7.04) / (152.4 + 82 - 5) = 281.6 / 229.4 = 1.23 \text{ cfs}$$

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)
System was not running at time of onsite inspection.			

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

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SECTION 3
CLAIM DESCRIPTION

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)
Well 1	MARI 66858	L-121540	Well

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

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.")

N/A

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 1	0.278 cfs	1.49 cfs	System was off at time of onsite inspection.

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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 William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.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
	Keith Ditcher	member	10-14-22

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1. File Information

APPLICATION # T-11523

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Ditchen Berry Company, LLC		PHONE NO. (503) 999-7493	ADDITIONAL CONTACT NO.
ADDRESS 9712 Nusom Rd. NE			
CITY Silverton	STATE OR	ZIP 97381	E-MAIL keith.ditchen@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 Ditchen Berry Company, LLC			
ADDRESS 9712 Nusom Rd. NE			
CITY Silverton	STATE OR	ZIP 97381	

4. Date of Site Inspection:

8/26/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Keith Ditchen	8/26/2022	Owner
Robert Ditchen	8/26/2022	Owner

6. County:

Marion

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**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>

**SECTION 1
GENERAL INFORMATION**

RECEIVED

OCT 14 2022

Type of Authorized Change

OWRD

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.