

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



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 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.

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

1. File Information:

APPLICATION # G-16745	PERMIT # (IF APPLICABLE) G-16287	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Terrence Kirk		PHONE No. (503) 507-3237	ADDITIONAL CONTACT No.
ADDRESS 4686 St. Paul Hwy. NE			
CITY St. Paul	STATE OR	ZIP 97137	E-MAIL tjkirk@stpaultel.com

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 Terrence Kirk			
ADDRESS 4686 St. Paul Hwy.			
CITY St. Paul	STATE OR	ZIP 97137	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

11-2-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Terrence Kirk	11-2-2022	Owner

6. County:

Marion

7. If any property described in the place of use of the permit 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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**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

Permit Holder 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.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	TERRENCE J. KIRK	Permit	11-2-22

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SECTION 3
CLAIM DESCRIPTION

1. 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)
POA 1	MARI 1188	

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
POA 1	Murphy Creek Basin	Champoeg Creek

3. 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)
POA 1	Nursery	Hazelnuts	Year Round	2.1 cfs
Total Quantity of Water Used				2.1 cfs

4. 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 POA 1 by a 75 HP turbine pump, delivered to the field through 8" and 6" buried PVC mainline and applied to the crop by a hose reel traveler and big gun.

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).

5. 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. YES NO

(e.g. "The permit allowed three points of appropriation. 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.")

The permit allowed 30.0 acres of irrigation. The water user only developed 28.8 acres.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA 1	2.1 cfs	2.26 cfs	*	Nursery	30.0	28.8

***System not running at time of onsite inspection.**

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4S	2W	WM	15	SWSW		99	Nursery	16.0	
4S	2W	WM	16	SESE		99	Nursery	2.55	
4S	2W	WM	21	NENE		99	Nursery	2.25	
4S	2W	WM	22	NWNW		99	Nursery	8.0	
Total Acres Irrigated								28.8	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

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
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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.

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C. Groundwater Source Information (Sump)

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

YES NO

D. Diversion and Delivery System Information

Provide the following information concerning the diversion 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 NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Turbine		8" O.D.

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	75

4. 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)
75	80	27'	3'	2.26

5. Provide pump calculations:

$Q = (75 * 7.04) / (203.2 + 27 + 3) = 2.26 \text{ cfs}$

6. 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 not running at time of onsite inspection.			

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	1,500'	PVC	Buried
6"	1,500'	PVC	Buried

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9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information: Ag-Rain hose reel and Nelson big gun

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1" nozzle	125	327	1	1	0.73 cfs

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

12. 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
N/A					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

E. Storage

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

YES 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?

YES 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?

YES NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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 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 permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	1-17-2008		
BEGIN CONSTRUCTION (A)	N/A	N/A	Application on an existing system.
COMPLETE CONSTRUCTION (B)	10-1-2012	April 2022	Installed flow meter.
COMPLETE APPLICATION OF WATER (C)	10-1-2012	June 2012	Irrigated all acres being claimed.

* 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)?

YES NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

If "NO", items b through d relating to this section may be deleted.

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

March

c. Was the measurement submitted to the Department?

YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES NO

If "NO", items b through e relating to this section may be deleted.

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b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) 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:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

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? YES NO

c. Is the pump test attached to this claim? YES NO

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

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

**** Claims 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? 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 diversion or appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 1	Seametrics	06200019	Working	4611	April 2022

7. 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.

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b. Have the reports been submitted? YES NO

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

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? YES NO

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

WELL ID #	DATE ATTACHED TO WELL

e. 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):

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	MARI 1188 (3 pages)
Pictures (x7)	Taken at onsite inspection 11-2-2022

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 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 method used was aerial photo provided by Maxar Technologies.
Source Date: 6-4-2021

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NOTICE TO WATER WELL CONTRACTOR

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

RECEIVED WATER WELL REPORT OCT 21 1970 STATE OF OREGON STATE ENGINEER SALEM, OREGON

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

(Please type or print) Write above this line

MARI. 1188 4/2W-16 State Well No. State Permit No.

(1) OWNER:

Name Ralph Schuetz Address 372 Woodburn Ave 97071

(2) TYPE OF WORK (check):

New Well [x] Deepening [] Reconditioning [] Abandon []

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [x] Cable [] Dug [] Driven [] Jetted [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [] Irrigation [x] Test Well [] Other []

CASING INSTALLED:

18" Diam. from +2- ft. to 2.15 1/2 ft. Gage 1250 * 6" Diam. from 0 ft. to 70 ft. Gage 1250 6" Diam. from +2- ft. to 116-9" ft. Gage 1250

PERFORATIONS:

Perforated? [x] Yes [] No. Type of perforator used touch Size of perforations 3/8 in. by 6 in. 1280 perforations from 125 1/2 ft. to 205 1/2 ft.

(7) SCREENS:

Well screen installed? [] Yes [x] No

Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to

(8) WATER LEVEL: Completed well.

Static level 27 ft. below land surface Date 6-8-70 Artesian pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [] Yes [] No If yes, by whom? Yield: gal./min. with ft. drawdown after hrs. see attached sheet

(10) CONSTRUCTION:

Well seal—Material used Cement Depth of seal 0.75 114 - 17 yds ft. Diameter of well bore to bottom of seal 3.6 in. Were any loose strata cemented off? [] Yes [x] No

(11) LOCATION OF WELL:

County Marion Driller's well number 7004 1/4 Section 16 T. 4S R. 2W W.M. Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing 0 Depth drilled 215 ft. Depth of completed well 205 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.

Table with columns: MATERIAL, From, To, SWL. Includes handwritten entries: * Perforated casing is 375 well 6" is gravel feed 8" " " "

log see attached sheet RECEIVED NOV 18 2022 OWRD

set 75 hp Turbine

Work started 10-28 1968 Completed 6-15 1970 Date well drilling machine moved off of well 6-15 1970

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] Edger J. Muller Date , 19. Drilling Machine Operator

Drilling Machine Operator's License No. 581

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 Milo Schneider Equipment (Person, firm or corporation) (Type or print)

Address Star Rt., Box 97 St. Paul, O

[Signed] (Water Well Contractor)

Contractor's License No. 387 Date 10-8, 1970

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OCT 21 1970

STATE ENGINEER
SALEM, OREGON

Ralph Schuetz
Rt. 1, Box 372
Woodburn, Ore. 97071

Driller's # 7004

Material	From	To
Top soil	0	2
Brown clay	2	34
blue clay	34	55
brown sand	55	57
brown clay	57	61
dark blue clay	61	63
brown sand	63	68
black sand	68	70
blue silt	70	79
black sand	79	81
blue clay	81	89
black sand	89	110
brown clay	110	117
black sand & wood	117	118
blue clay	118	119
black sand	119	120
blue silt & wood	120	136
black sand	136	145
blue clay	145	150
sand & gravel	150	158
blue clay sand layers	158	189
coarse sand & gravel 2"	189	190
soft brown clay	190	203
gravel	203	204
blue clay	204 215	215

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Investigation Well test - 7-22-69 Ralph Schuyler

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Starts 7-22-69 9:00 AM. Stopped Pump

7:45 702.0'
7:55 734.8'
8:05 752.2'
8:15 782.0'
8:25 812.9'
8:35 852.6'
8:45 903.1'

BY - MILD SCHNEIDER EQUIPMENT CO.
STAR ROUTE BOX 97
ST. PAUL, OREGON - PH 683-2666

well # 7008

1:05 PM - 103'

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OCT 21 1970
STATE ENGINEER
SALEM OREGON

695 GPM - 103' - 7:14 PM

940 GPM - 118' - 6:50 PM

1390 GPM - 130' - 6:06 PM

1560 GPM - 142' - 5:17 PM



0 200 400 600 800 1000 1200 1400 1600 1800 GPM



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Kirk Cobu onsite 11/2/22
Well with Turbine pump

11



HOLLOSHAFT®

ASBESTOS PROTECTED

PUMP MOTOR

HIGH THRUST

HP	75	PH	3		60	CYCLES
FRAME	365TP	NRR		V220	184	A
TYPE	RU			440	92	M
DESIGN	B	CODE	G			S
CONT. RATING	60 °C		175 / .5BT		1770	R.P.M.
BEARING SIZES	UPPER THRU	ATBMA100BTO2M		LOWER GUIDE	ATBMA55BCO 2	
OIL CAPACITY	UPPER BEARING	3 1/4		QTS.	LOWER BEARING	QTS.
©		HR1030909			SERIAL	

U.S. ELECTRICAL MOTORS

DIVISION OF EMERSON ELECTRIC

LOS ANGELES, CALIF. MILFORD, CONN.

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Kirk COBU onsite 11/2/22
Pump/Motor Tag



Kirk COBU onsite 11/2/22
Seametrics Flow meter reading

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OWRPD

Kirk COBU onsite w/2/22
Flow meter serial/model #



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Kirk COBU onsite 11/2/22
Hose reel and big gun.



PACO

PACO PUMPS
PORTLAND OREGON

CAT = PIP262

STOCK =

SER = 01B05356

IMDIA 2.10

GPM

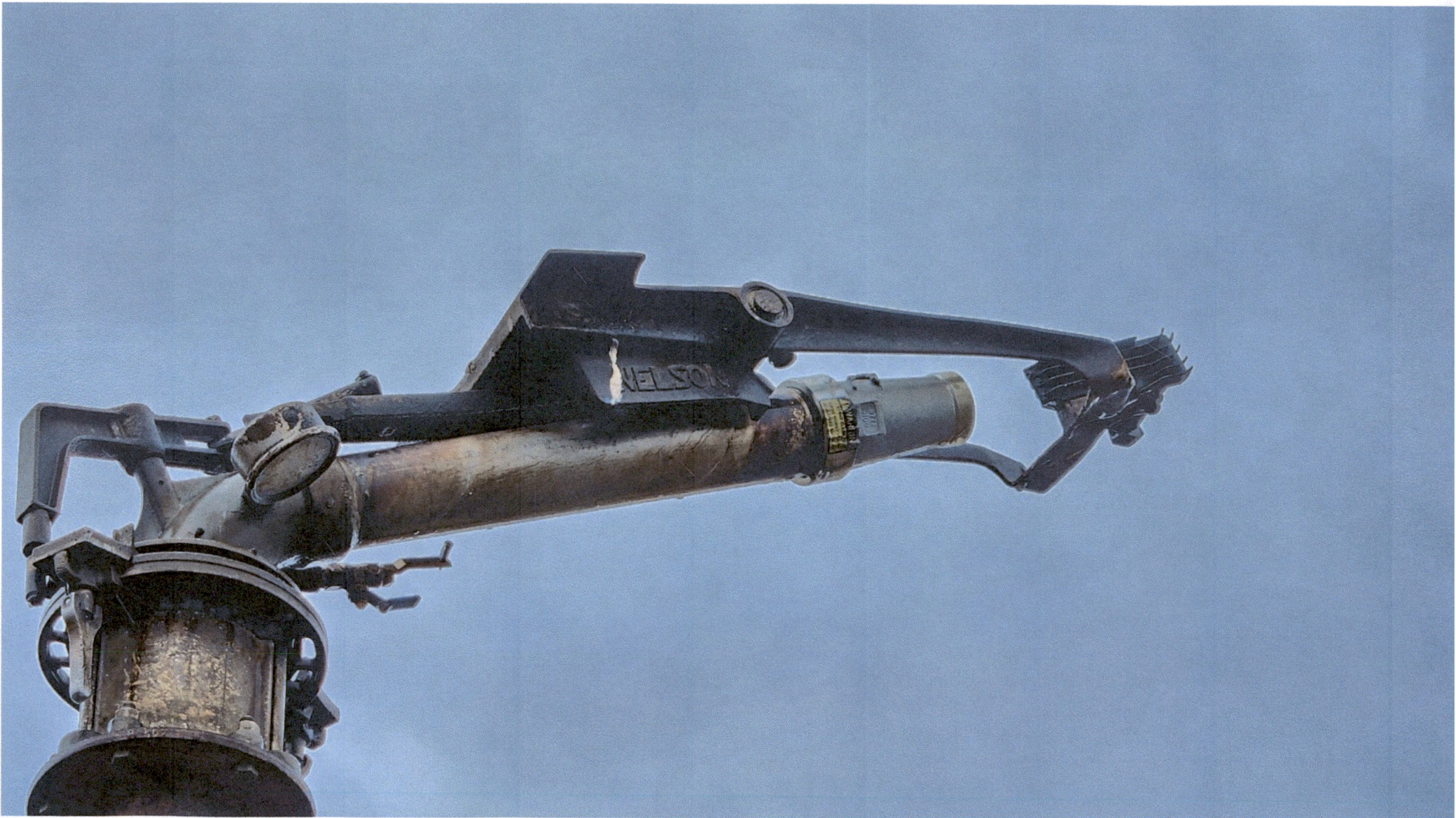
TDH:

14112

Kirk COBU
onsite
11/2/22

Hose reel
pump tag

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Kirk COBU onsite 11/2/22
Big gun (Nelson, 1" nozzle)

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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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Terrence Kirk

4686 St. Paul Hwy NE, St. Paul OR 97137

Transaction Type: Cobu

Fees Received: \$ 230.00

Cash Check: Check No. 2078

Name(s) on Check: Will McGill Surveying LLC

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 Lorrain
(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.