

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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.

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**SECTION 1
GENERAL INFORMATION**
Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

1. ☒ Change in POA(s) or Additional POA(s) 2. ☒ Change in Place of Use
3. ☐ Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #

T-9974

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Victoria V Guevara Trust U/A/D, Victoria V Guevara Trustee		PHONE NO. (503) 651-3535	ADDITIONAL CONTACT NO. (503) 519-3599
ADDRESS PO Box 610			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL vlygrwrs@web-ster.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)

PERMIT HOLDER OF RECORD Valley Growers Nursery Inc.			
ADDRESS PO Box 610			
CITY Hubbard	STATE OR	ZIP 97032	

Note: on WRIS Efim Zyryanoff is listed as an applicant but this was the original certificate holder prior to the transfer. Reviewing the transfer application, the only applicant was Valley Growers Nursery Inc.

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4. Date of Site Inspection:

March 22, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Nate Fox	March 22, 2022	Nursery Operations Manager

6. County

Clackamas

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		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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.

Seal and Signature



CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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Permit 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
	Victoria V Guevara, / Pres/Owner	Valley Growers Nursery & Landscape, Inc.	2/15/23

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

YES

If "NO", this Section can be deleted.

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 2	CLAC 65758	L-97863	A well in Rock Creek Basin

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

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

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.")

None

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.24 cfs	0.42 cfs	Not Measured

System Description

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

NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 2

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
Franklin	150ST20D6A	Unknown	Submersible	6 inch	3 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	20 Hp

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)
20 Hp	68 psi	161.5 feet (from permit condition pump test)	0 feet	0.42 cfs

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4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(161.5 \text{ ft lift} + 172.7 \text{ ft pressure head})} = 0.42 \text{ cfs cfs}$$

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)
Not running during site visit			

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

6. Additional notes or comments related to the system:

This well also supplies house, barn and Permit G-15817

B. Groundwater Source Information (Well and Sump)

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

NO

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

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

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
19.55 acres	19.55

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

NEW USE(s)	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	NA
NA	NA

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES

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.")

1. After field verifying the location of crops being irrigated, the 5.69 acres of revised place of use was re-revised but the total number of acres remains the same. Also the acres were revised to reflect which well irrigated which acres.

Original authorized place of use:

				Both Wells
5S	1E	5	SW NW	5.69
5S	1E	5	NW SW	<u>13.86</u>
Total:				19.55

Revised place of use:

				Well 1 and Well 2	Well 2 only
5S	1E	5	SW NW	2.6	0.15
5S	1E	5	NW SW	<u>16.8</u>	<u>0.0</u>
Total:				19.4	0.15

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

If "NO", this Section can be deleted.

SECTION 4

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	January 19, 2007	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2008 extended to: October 1, 2010 extended to: October 1, 2022	2014

* 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

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

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

VOLUME	PAGE	DATE EXTENDED TO
76	468	October 1, 2010
87	858	October 1, 2022

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

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.

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b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	Netafim – WST pl-3"	12-15153	Working	64,908,119.5 gallons (March 22, 2022)	2013

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department?

NO

If "NO", item b relating to this section may be deleted.

5. Other conditions required by the transfer 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. Other conditions?

YES

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

c) Condition:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance:

Well 1 (CLAC 2356) develops water from the alluvial aquifer between the depths of 95 to

129 and 148 to 152 feet with in cemented sand and gravel with layers of blue clay.

Well 2 (CLAC 65758) develops water from the alluvial aquifer between the depths of 252 to 263 and 288 to 298 feet with in silty-clay with a sand lens.

It is our understanding that the OWRD considers the entire saturated column of alluvium in this part of the Willamette Valley to be a single aquifer. It appears both wells obtain water from the alluvial aquifer; therefore, this condition has been met.

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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
State Water Well Report – CLAC 65758	Well log and driller's notes for CLAC 65758 – Well 2

SECTION 6 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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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.

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CLAC 65758

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 97863

START CARD # 198570

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company VALLEY GROWERS NURSERY INC.

Address PO BOX 610

City HUBBARD

State OR

Zip 97032

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(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 309 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14	0	30	Cement	0	110	69	S
12	30	110	Cement				
8	110	310					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other _____

Backfill placed from 309 ft. to 310 ft. Material sand

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
☒	☒	8	☒	1.5	252	.250	☒	☒	☒	☒
☐	☐	8	☐	299	311	.250	☐	☐	☐	☐
☐	☐	7	☐	237	253	.188	☐	☐	☐	☐
☐	☐	7	☐	263	288	.188	☐	☐	☐	☐
☐	☐	7	☐	298	309	.188	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 311Temp casing ☒ Yes Dia 14 1/2 From 0 To 99

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson - tele Material Stainless

Perf/S	Casing/	Screen	Dia	From	To	Scm/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size
Screen			8	253	263	15			
Screen			8	288	298	7			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	111.5	200	4

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 5 S N/S Range 1 E E/W WM

Sec 5 NW 1/4 of the SW 1/4 Tax Lot 1905

Tax Map Number _____

Lot _____

Lat _____ " or 0 DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30570 S BARLOW RD HUBBARD OR

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 03-04-2009 _____

54

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 12

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-03-2008	12	19	5		8
11-04-2008	30	48	15		19
11-11-2008	72	93			42
	110	122			63
	136	155			63

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	1
Brown clay and top soil	1	12
Gray and brown silt	12	18
Dark brown clay	18	25
Soft gray clay	25	30
Soft silty brown clay with fine sand	30	48
Brown clay and gravel	48	50
Brown silty clay	50	60
Sandy brown clay	60	72
Fine gray sand	72	79
Blue-gray fine sandy clay with small gravel	79	93
Blue-gray clay	93	105
Cemented sand medium coarse	105	110
Black sand and gravel	110	116
Medium to fine sand dark gray	116	120
Tight sand and gravel	120	122
Sandy gray clay	122	124
Brown gray and yellow clay	124	134
Blue clay and gravel	134	136

Date Started 11-01-2008

Completed 03-04-2009

(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 1629

Date 03-10-2009

Password: (if filing electronically)

Signed _____

(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 1273

Date 03-10-2009

Password: (if filing electronically)

Signed _____

Contact Info (optional) _____

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ORIGINAL: WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER RESOURCES DEPT

SALEM, OREGON

Form Version: 0.89

WATER SUPPLY WELL REPORT -
continuation page

WELL I.D. # L 97863

MAR 27 2023

START CARD # 198570

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(5) BORE HOLE CONSTRUCTION

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

FILTER PACK
From To Material Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrm/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

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(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	185	205			63
	224	250			63
	253	262			63
	277	297			63

(11) WELL LOG

Material	From	To
Very fine sand with silty blue clay	136	143
Dark blue clay	143	148
Fine silty sand	148	150
Semi-cemented coarse sand	150	155
Sandy gray clay	155	157
Sandy blue clay	157	169
Blue clay	169	185
Blue-gray silty soft clay	185	205
Hard gray clay (hole caved over night)	205	224
Semi-fine sandy blue-gray clay	224	250
Gray clay semi-firm	250	253
Gray medium to coarse sand	253	262
Soft brown silty clay	262	277
Semi-packed fine sand with some loose seams	277	290
Semi-tight sand fine	290	297
Gray silty clay	297	299
Gray clay	299	310

Comments/Remarks

Dates were not entered into Water Bearing Zones due to several days to complete this well. Water level came up after exposing screens and developing well.

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The COBU map was prepared using tax assessor's map 5 1E 05, 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>

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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