



Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

April 5, 2020

Iverson Brothers Bulb Farm, Inc
Barbara Iverson
33739 Meridian Rd
Woodburn, OR 97071

On April 6, 2020, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following Transfer(s):

T-8290

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx>

For all other questions please call our Customer Service phone: (503) 986-0900.

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

cc: file
William McGill, CWRE.

COPY

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Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	WRD Reviewer <i>Cory M.</i>
Transfer # 8290	
Date Received 4-6-2020	
CWRE Name Will McGill	

Priority Date: 1950/1956

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 #
CASH CHECK #	PERMIT CONTROL
OTHER (IDENTIFY)	TRANSFER #
TOTAL RECEIVED	
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
10102 DEPOSIT LMB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	\$
0203 GROUND WATER	\$
0205 TRANSFER	\$
WELL CONSTRUCTION	
0210 WELL DRILL CONSTRUCTION	\$
LANDOWNER'S PERMIT	\$
OTHER (IDENTIFY)	\$
0202 POWER LICENSE FEE (FURNISH)	\$
0201 HYDRO LICENSE FEE (FURNISH)	\$
HYDRO APPLICATION	\$
SPECIAL INSTRUCTIONS:	

RETURN TO APPLICANT - LETTER ATTACHED

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

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

**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.wrd.state.or.us

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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.

Claims received without the correct fee of \$200 will be returned.

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: http://www.oregon.gov/owrd/pages/wr/cwre_info.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 7" 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 503-986-0900 and ask for the Certificate Section.

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:

http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

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

YES

NO

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

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1. File Information

APPLICATION # T-8290

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Dan Ruffing		PHONE NO. (503) 706-5113	ADDITIONAL CONTACT No.
ADDRESS 4904 Elliot Prairie Rd.			
CITY Woodburn	STATE OR	ZIP 97071	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.***

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

TRANSFER HOLDER OF RECORD Iverson Brothers Bulb Farm, Inc.			
ADDRESS 33739 Meridian Rd.			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dan Ruffing	3/4/2020	Receiving Land Owner
Barb Iverson	3/4/2020	Registered Agent, Iverson Family Farms

6. County:

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(4)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

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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.	
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
	Barbara Iverson	Co Owner	3/23/2020

SECTION 3
EXTENT OF CHANGE COMPLETED

1. Claim Summary – Authorized Use:

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If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
22.0 Irrigation	22.0 Irrigation
10.9 Supplemental Irrigation	10.9 Supplemental Irrigation

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)
	YES NO NA

2. Variations:

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

YES 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:

Transfers and extension final orders contain the date when the full beneficial use of water was to be made:

	DATE FROM TRANSFER	DATE THE NEW USE WAS MADE TO THE FULL PLACE OF USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "FULL USE MADE DATE"
ISSUANCE DATE	10/5/2007	
COMPLETENESS DATE FROM ORDER (C)	10/1/2009	6/1/2008

2. Measurement Conditions:

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

YES NO

3. Other conditions required by the transfer final order:

a. 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 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Map	COBU Map
Authorization to Sign	Documents showing authorization to sign and business name change to Iverson Family Farms, Inc.

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 basis of the survey is aerial photo. Current aerial photo was shown to the user to ensure current POU is the same as POU before C date.

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community.

Source Date: 8/1/2018

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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
- 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
- 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")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

Business Registry Business Name Search

[New Search](#)

Business Entity Data

03-10-2020 10:48

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
074232-88	DBC	ACT	OREGON	05-01-1987	05-01-2020	
Entity Name IVERSON FAMILY FARMS, INC.						RECEIVED
Foreign Name						

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Associated Names

QWRD

Type	PPB		PRINCIPAL PLACE OF BUSINESS		Country	UNITED STATES OF AMERICA
Addr 1	33739 S MERIDIAN RD					
Addr 2						
CSZ	WOODBURN	OR	97071		Country	UNITED STATES OF AMERICA

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

Type	AGT	REGISTERED AGENT	Start Date	03-29-2019	Resign Date
Name	BARB		IVERSON		
Addr 1	33739 S MERIDIAN RD				
Addr 2					
CSZ	WOODBURN	OR	97071		Country UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS	Country	UNITED STATES OF AMERICA
Addr 1	33739 S MERIDIAN RD			
Addr 2				
CSZ	WOODBURN	OR	97071	Country UNITED STATES OF AMERICA

Type	PRE	PRESIDENT	Resign Date
Name	KENNETH	M	IVERSON
Addr 1	33739 S MERIDIAN RD		
Addr 2			
CSZ	WOODBURN	OR	97071
Country	UNITED STATES OF AMERICA		

Type	SEC	SECRETARY	Resign Date
Name	NELS	R	IVERSON
Addr 1	33739 S MERIDIAN RD		
Addr 2			
CSZ	WOODBURN	OR	97071
Country	UNITED STATES OF AMERICA		








[New Search](#)

Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
IVERSON FAMILY FARMS, INC.	EN	CUR	09-28-1999	
IVERSON BROTHERS BULB FARM, INC.	EN	PRE	05-01-1987	09-28-1999

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	03-29-2019		FI	Agent	
	AMENDED ANNUAL REPORT	05-08-2018		FI		
	AMENDED ANNUAL REPORT	03-26-2017		FI		
	AMENDED ANNUAL REPORT	04-04-2016		FI		
	AMENDED ANNUAL REPORT	04-08-2015		FI		
	AMENDED ANNUAL REPORT	04-24-2014		FI		
	AMENDED ANNUAL REPORT	03-21-2013		FI		
	ANNUAL REPORT PAYMENT	04-20-2012		SYS		

074232-88

ARTICLES OF AMENDMENT

By Shareholders

FILED
SEP 28 1999
SECRETARY OF STATE

REGISTRY NO.: 074232-88

Pursuant to the provisions of the Oregon Business Corporations Act, the undersigned Corporation adopts the following Articles of Amendment:

1. Name.

The name of the Corporation prior to amendment is: Iverson Brothers Bulb Farms, Inc.

2. Amendment.

The article(s), article number(s), and the date of adoption is as follows:

Article 1 is changed to read as follows: "The name of this corporation is: Iverson Family Farms, Inc."

3. Shareholder Action.

Shareholder action was required to adopt the amendment(s). The Shareholder vote was as follows:

CLASS OF SHARES	NO. OF SHARES	NO. OF VOTES ENTITLED TO BE CAST	NO. OF VOTES CAST FOR	NO. OF VOTES CAST AGAINST
Common	1,000	105	105	-0-

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EXECUTION:

IVERSON BROTHERS BULB FARMS, INC.

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By:


Kenneth M. Iverson, President

PERSON TO CONTACT ABOUT THIS FILING:

Douglas C. Alexander, II
(503) 399-1070