CLAIM OF BENEFICIAL USE for Transfer New or Additional **POA Only**



OREGON Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

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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 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

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

 File Information 	on
--------------------------------------	----

APPLICATION # T-12895

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO	D. ADDITIONAL CONTACT NO.
Sequoia Street Brooks LLC Attn: Bill Frisbie			
ADDRESS			
1521 Westbranch Dr #	200		
Сіту	STATE	ZIP	E-MAIL
McLean	VA	22102	

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			
Sandy Ridge Berry Farms			
ADDRESS			
New address: 7495 Seque	oia St N		
CITY	STATE	ZIP	
Brooks	OR	97305	

4. Date of Site Inspection:

May 1, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT	
Hector Verdejo	May 1, 2023	Ranch Manager Junior	

6. County

Marion 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(5)):

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

Transfer Holder of Record Signature or Acknowledgement

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Each transfer holder of record must sign this form in the space provided below.

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The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. request that the Department issue a water right certificate.

Signature	PRINT OR TYPE NAME	TITLE	DATE
DocuSigned by:	Daniel Balbas	Vice President	July 20, 2023
——4862F7CAF7R1407			

SECTION 3

CLAIM DESCRIPTION

Note: The Claim <u>only</u> 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 5	MARI 68598	L-133615	A well within the Little Pudding River Basin

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

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

2. Variations:

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

YES

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If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

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1. The authorized Wells 3, 4, 6 and 7 have not been constructed and are, therefore, not included in this Claim of Beneficial Use.

3. Claim Summary:

CERTIFICATE	NEW OR ADDITIONAL POA	MAXIMUM	CALCULATED	AMOUNT OF WATER
	NAME OR #	RATE	THEORETICAL	MEASURED
		AUTHORIZED	RATE BASED ON	
			SYSTEM	
Was Certificate 85732	W-II F	1.14 cfs	2.62 cfs	1.35 cfs (not running at
Was Certificate 85733	Well 5	1.46 cfs		full capacity)

SECTION 4

SYSTEM DESCRIPTION

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

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 5				
1 44 611 3				

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
Goulds	9RCHC	MG-3092	Submersible	Unknown	8 inch

2. Motor Information

Programme Colored		
Hitachi	100 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)
100 Hp	85 psi	52.6 feet (from pump test recorded on well log)	0 feet	2.62 cfs

4. Provide pump calculations:

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)		
25,630,156 gallons	25,640,522 gallons	19 minutes	1.21 cfs (545.6 gpm) (not running at full capacity)		

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

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

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

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C. Additional notes or comments related to the system:

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Note: Certificate 85732 was issued to make up deficiency in rate on 207.9 acres.

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	January 31, 2019				
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023	June 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)? If "NO", you may delete the following table.

NO

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3. Measurement Conditions:

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

YES

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per original certificates conditions

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

c. Meter Information

POA NAME	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER	DATE
OR#			(WORKING OR NOT)	READING	INSTALLED
Well 5	Seametrics	052019004805	Working	25,640,522 gallons	June 2019

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:

Certificate 87532 and 87533:

Original Well 1 (MARI 4004, 3752) develops water from the alluvial aquifer between the depths of 124 and 153 feet, and 162 and 232 feet within shale with a gravel lens.

Original Well 2 (MARI 4023) develops water from the alluvial aquifer between the depths of 141 and 158 feet, 170 and 188 feet, and 222 and 238 feet within sand and gravel layers.

New approved Well 5 (MARI 68598) develops water from the alluvial aquifer between the depths of 172 and 290 feet within a sand and gravel lens.

It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

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SECTION 6

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 – MARI 68598	Well log and driller's notes for MARI 68598 – Well 5

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.

The COBU map was prepared using tax assessor's map 06 2W 14 and 15A, 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:

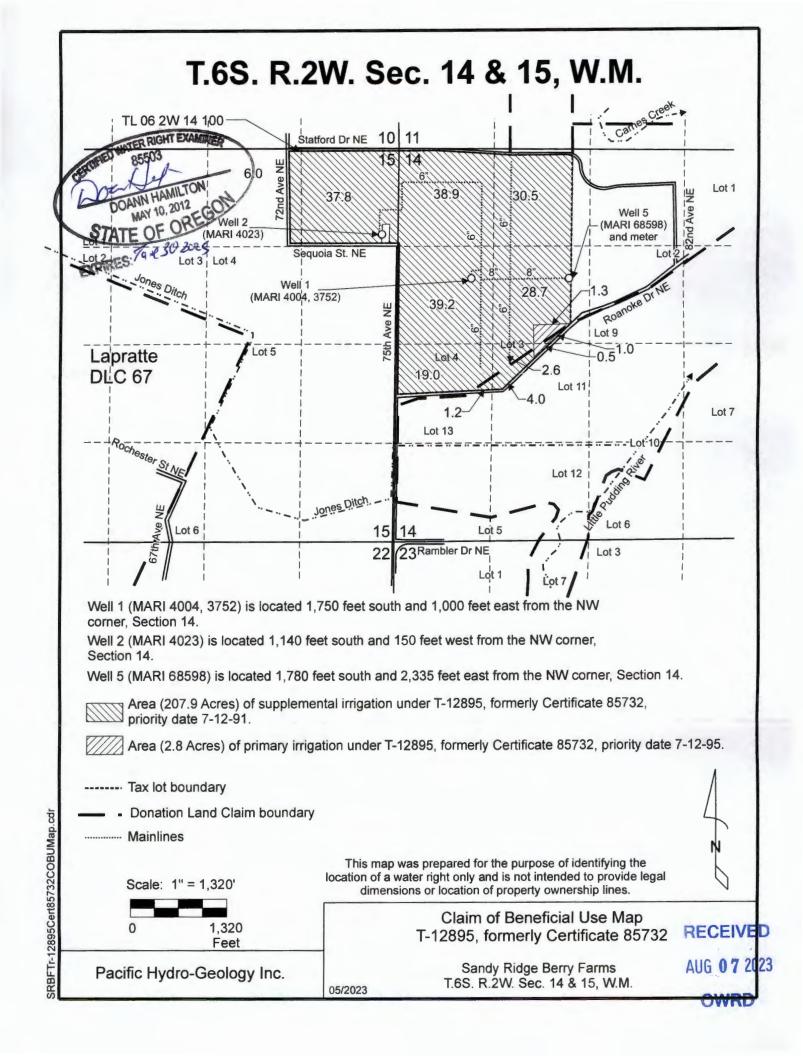
http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

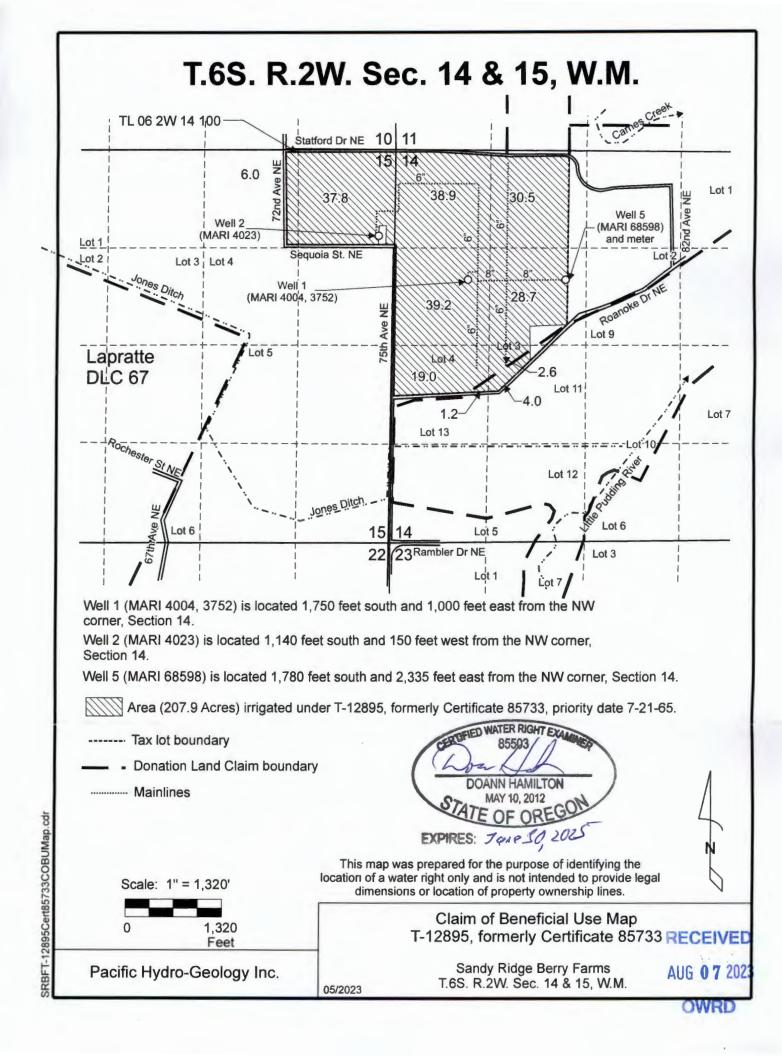
Please be sure that the map you submit includes ALL the items listed below.

Map Checklist

Dami	index Incomplete mans and /ex eleims way be returned \	
	inder: Incomplete maps and/or claims may be returned.)	AUG 07 2023
\boxtimes	Map on polyester film	OWRD
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the assessor map)	
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots	
\boxtimes	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 dive	rsion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of diversion appropriation	or
	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not for this type of Claim of Beneficial Use	required
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)	
\boxtimes	Tax lot boundaries and numbers	
	Source illustrated if surface water	
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of provide legal dimensions or locations or	operty
\boxtimes	Application and permit number or transfer number	
	North arrow	
\boxtimes	Legend	
\boxtimes	CWRE stamp and signature	

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MARI 68598

STATE OF OREGON WE	STERBERG	DRILLING IN	GWELL	LD. LABEL	# L 133	615	
	PO BO	X 1228		ART CARD			
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)						1	
	IOLALLA,	OK 9/03	o orac	MAL LUG	m		
1) LAND OWNER Owner Well I.D.							
First Name Last Name	-	(9) LOCATI					
Company Gladstone Company						W E/W WM	
Address 4902 River Rd N		Sec 14 SI	3 1/4	of the NW	1/4	Tax Lot 10	0
City Keizer State OR Zip 97303	Tax Map Number				Lot		
(2) TYPE OF WORK New Well Deepening Conversion		Lat°_	1	or			DMS or DD
Alteration (complete 2a & 10) A lepton	nenti (donniete ja)	Long	1	" or			DMS or DD
a) PRE-ALTERATION Dia + From To Gauge Sti Piste Wid	Thrd		et address o	f well	Nearest a	ddress	
Casing: Gauge St Plste Wid Casing:	27 2019						
Material From To Amt sacks/lbs	- FO 10	Well is on Roans	oke Dr. Add	iress is 7495 Se	equoia NI	Brooks, OR	
Seal:							
3) DRILL METHOD	WRD	(10) STATIC	WATER				
3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable	Wing I	FD-2-1 322	1 (Dec. 23)		ate ST	WL(psi) +	SWL(ft)
Reverse Rotary Other		Existing Well Completed V			010		24 6261
Prod Prod Prod		Completed V		05-30-2			21.625'
PROPOSED USE Domestic Irrigation Com	munity			ng Artesian?		y Hole?	00
Industrial/Commericial Livestock Dewatering		WATER BEARIN	IG ZONES			s first found	
ThermalInjectionOther		SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(fl)
BORE HOLE CONSTRUCTION Special Standard	(Attach copy)		80	132	200+		
Depth of Completed Well 295 ft.	(ztrach copy)		138	154	100	1	1
BORE HOLE SEAL	sacks/	-	177		1,000	-	
	To Amt lbs	05-30-2019		-	1,000	-	21,625
20 0 60 Bentonite 0 15		03-30-2019	246				21.020
16 60 295 Calcule			2/0	290	1,000		L. L
Cement 15 60		(11) WELL L	OC				
Calcula	- Innered	(II) WELL L	JG	Ground Eleva	tion		
	D E		Material		-	From	То
X OtherBentonite Poured & Probed		Top Soil				0	1
Backfill placed from ft. to ft. Material		Silt Brown w/occ				1 50	52
Filter pack from 131 ft. to 295 ft. Material Sand	Size 6/9	Gravel Grey/Brown w/Brown Sand & Small Gravel			52	80	
Explosives used: Yes Type Amount		Sand & Gravel G				80	120
	ONTE	Sand & Gravel B		Clauster		120	132
a) ABANDONMENT USING UNHYDRATED BENT		Cemented Grave		Ciaystone		132	138
Proposed Amount Pounds Actual Amount	Pounds	Cemented Grave				138	154
CASING/LINER Casing Liner Dia + From To Gauge St		Cemented Grave))		162	177
Casing Liner Dia + From To Gauge Stl	Plstc Wld Thrd	Cemented Grave				177	230
● 16 X 1.5 174 .375 ●		Cemented Grave				230	242
ser Pipe 12 132 172 .250 O	QX	Clay Grey				242	246
fall Pipe 12 290 295 250	Q X L	Cemented Grave	Green & G	rey		246	250
		Coarse Grey San				250	265
		Cemented Grave				265	268
Shoe Inside Outside Other Location of shoe	c(s) 295	Clay Grey				268	270
The state of the s	°o 55	Packed Silt & Sa	nd Green			270	272
	- 40	Silt Grey				272	276
PERFORATIONS/SCREENS Perforations Method		Packed Silt & Sa	nd			276	285
Screens Type Wire Wrap Material State	inless Steel	Date Started0	13,2010	C	mplete	d 05-31-2019)
Perf/S Casing/ Screen Scrn/slot Slot	# of Tele/	Date Startedo:	13-2017		mpiere	u_05-51-2015	
creen Liner Dia From To width length	slots pipe size	(unbonded) Wa	ter Well Co	nstructor Cer	tification	1	
Screen 12 172 290 .070	12						ng, alteration, or
		abandonment of	this well	is in complia	mce with	h Oregon wa	nter supply well
					informa	tion reported	above are true to
		the best of my ki	iowledge an	d belief.			
		License Number	71358	1-1	Date (05-31-2019	
WELL TESTS: Minimum testing time is 1 hour		1 K	440	1	-	2	
	wing Artesian	Signed	my	2/14)	
		(bonded) Water	Well Cons	ructor Certifi	cation		
Yield gal/min Drawdown Drill stem/Pump depth Dun 1,000 31 147	4					ina alternti	or chandeness
22 A T 1		accept respons	on this well	during the con-	truction	dates reported	, or abandonment above. All work
							ater supply well
т		construction stan					
Temperature 53.8 °F Lab analysis Yes By	100						-0
Water quality concerns? Yes (describe below) TDS amount From To Description Ar	182 ppm nount Units	License Number	688		Date 06	17-2019	
Description A	I Ollies	Signed A	Comme	71	151	adil.	. RECEIV
		pro-	ional)	- Maria		man de	
		Contact Info (opt	10ffal)				4110 0 =
CONTRACT WILL	TED DESCUIDANCE I	ED A DOWN OTHER					- AUG 0-7

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

MARI 68598

1, , , ,

WESTERBERG DRILLING INC. WELL I.D. LABEL# L 133615 WATER SUPPLY WELL REPORT -PO BOX 1228 START CARD # 215989 continuation page MOLALLA, OR 97038 ORIGINAL LOG# (2a) PRE-ALTERATION Water Quality Concerns Dia Gauge Sti Plstc Wld Thrd From Amount Units From Description Material From To Amt sacks/lbs (10) STATIC WATER LEVEL (5) BORE HOLE CONSTRUCTION SWL Date Est Flow SWL(psi) + SWL(ft) SEAL BORE HOLE sacks/ From To Material From Amt lbs Calculated Calculated Calculated Calculated FILTER PACK (11) WELL LOG Material Size From To Material From To Sand Grey Fine to Medium 285 290 295 Silt Grey 290 (6) CASING/LINER Casing Liner Dia From To Gauge Stl Pistc Wld Thrd + RECEIVED AUG 07 2023 OWRD (7) PERFORATIONS/SCREENS RECEIVED Perf/S Casing/Screen # of Tele/ Scm/slot Slot creen Liner width slots pipe size From To length JUN 27 2019 OWRD Comments/Remarks 12" drive shoe welded on top of 12" riser pipe (8) WELL TESTS: Minimum testing time is 1 hour Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)