

**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>

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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** **NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-13212

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Quiet Meadow Farms		PHONE NO. (541) 327-7853	ADDITIONAL CONTACT NO.
ADDRESS PO Box 717			
CITY Jefferson	STATE OR	ZIP 97352	E-MAIL rick.poot@agricare.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 Quiet Meadow Farms			
ADDRESS PO Box 717			
CITY Jefferson	STATE OR	ZIP 97352	

4. Date of Site Inspection:

9/7/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Rick Poot	9/7/2023	General Manager

6. County:

Linn

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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**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
*	Thomas Avinelis	OWNER	9/18/23

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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)
New Well 3	LINN 62681	L-128949	North Santiam River

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.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
New Well 3	0.57 cfs	1.28 cfs	*
*System not running at time of site inspection.			

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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):

New Well 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
Wolf Pumps Inc.	WP-T8LL8B-2		Submersible		4"

2. Motor Information

MANUFACTURER	HORSEPOWER
Wolf Pumps Inc.	30

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)
30	60	0'	13'	1.28

4. Provide pump calculations:

$Q = (30 * 7.04) / (152.4 + 13) = 1.28 \text{ cfs}$

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 not running at time of site inspection.			

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

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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 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	12/13/2019	
COMPLETENESS DATE FROM ORDER (C)	10/1/2024	June 2020

* 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

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

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):

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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	LINN 62681 (New Well 3) 1 pg.
Photos (x2)	Taken during site inspection 9/7/2023.

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: 10/30/2021

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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.) ***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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New Well 3

LINN 62681

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# 128949
START CARD # 1042218
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. 5980
First Name _____ Last Name _____
Company Quiet Meadow Farms
Address P.O. Box 717
City Jefferson State OR Zip 97352

(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 Thr
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 60 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs
16 0 63 Bentonite 0 18 20 S
Calculated 14.9
Calculated

How was seal placed: Method A B C D E
 Other Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
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 Thr
12 2 60 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 63

(7) PERFORATIONS/SCREENS
Perforations Method Torch (acetylene)
Screens Type _____ Material _____
Perf/S Casing/Screen Scm/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size
Perf Casing 12 21 60 375 10 500

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
600 _____ 60 1
Temperature 52 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 85
From To Description Amount Units
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(9) LOCATION OF WELL (legal description)
County Linn Twp 10 S N/S Range 2 W E/W/W
Sec 17 SE 1/4 of the NW 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
Densmore Rd. - Jefferson, OR 97352

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 03-27-2019 _____ 17
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 20
SWL Date From To Est Flow SWL(psi) + SWL(ft)
03-28-2019 20 63 600 _____ 17

(11) WELL LOG Ground Elevation _____
Material From To
Brown clay 0 2
Brown sandy loam 2 8
Cemented sand & gravel 8 15
Sand & gravel 15 40
Sand & large gravel 40 63
Hole naturally caved to 18' between 16" & 12"
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JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
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Date Started 03-27-2019 Completed 03-29-2019
(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 1888 1411 Date 5/16/19
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 1684 Date 5/16/19
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com

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QMF COBU 9/7/23 - Well



OREGON
WATER RESOURCES DEPT
WELL #
L128949
DO NOT REMOVE LABEL

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9/7/23

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Well Tag