

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.

SECTION 1 GENERAL INFORMATION

Type of Authorized Change

RECEIVED
OCT 05 2023
OWRD

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.

1. File Information

APPLICATION # T-13449

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME MDD Holding LLC		PHONE NO.	ADDITIONAL CONTACT No.
ADDRESS 4386 Desart Rd NE			
CITY Silverton	STATE OR	ZIP 97381	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 MDD Holding LLC c/o David King			
ADDRESS 4386 Desart Rd NE			
CITY Silverton	STATE OR	ZIP 97381	

4. Date of Site Inspection:

July 19, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
David King	July 19, 2023	Secretary of MDD Holding LLC / operator

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		
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.



RECEIVED
OCT 05 2023
OWRD

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

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
<i>David King</i>	David King	Secretary, member	9/23/23

**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)
Well	MARI 6109	NA	A Well, a tributary of Pudding River

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

RECEIVED
OCT 05 2023
OWRD

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	0.13 cfs	0.95 cfs	Not Measured

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

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

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Main pump	Jacuzzi Bros.	6C/5X5X1/T 452	SUE 20163	Turbine	8 inch	6 inch
Booster pump	Paco	3070-030001	01B00219	Centrifugal	4 inch	3 inch

2. Motor Information

SOURCE	MANUFACTURER	HORSEPOWER
Main pump	Newman	30 Hp
Booster pump	Baldor	15 Hp

RECEIVED
OCT 05 2023
OWRD

3. Theoretical Pump Capacity

SOURCE	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)
Main pump	30 Hp	90 psi	96 feet (estimated from pump test recorded on well log)	0 feet	0.65 cfs
Booster pump	15 Hp	90 psi	99 feet (combined with main pump, estimated from pump test recorded on well log)	0 feet	0.95 cfs

4. Provide pump calculations:

Main pump	$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(96 \text{ ft lift} + 228.6 \text{ ft pressure head})} = 0.65 \text{ cfs}$
Main pump – plus Booster pump	$Q \text{ Pump} = \frac{[(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})] + [(15 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp})]}{(99 \text{ ft lift} + 228.6 \text{ ft pressure head})} = 0.95 \text{ cfs}$

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)
Not running during site visit			

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.

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

C. Additional notes or comments related to the system:

This well also supplies Certificates 39805, 46796, 51897, and 68209.
The well has a turbine pump with an option of using a centrifugal pump as a booster when needed.

RECEIVED
OCT 05 2023
OWRD

**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	June 22, 2022	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023	May 2023

* 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)? **NO**
If "NO", you may delete the following table.

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? **NO**

If "NO", items b 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 52663:
Original Well (MARI 6470) develops water from the alluvial aquifer between the depths of

105 and 175 feet within large conglomerate.

New approved Well (MARI 6109) develops water from the alluvial aquifer between the depths of 83 and 137 feet within loose gravel with sand.

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

**SECTION 6
ATTACHMENTS**

RECEIVED
OCT 05 2023

OWRD

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 6109	Well log and driller’s notes for MARI 6109 – Well
BLM Cadastral Map	BLM Cadastral Map T. 7S. R. 1W. showing DLC and Government Lot locations

**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 maps 07 1W 01 and 06, 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>.

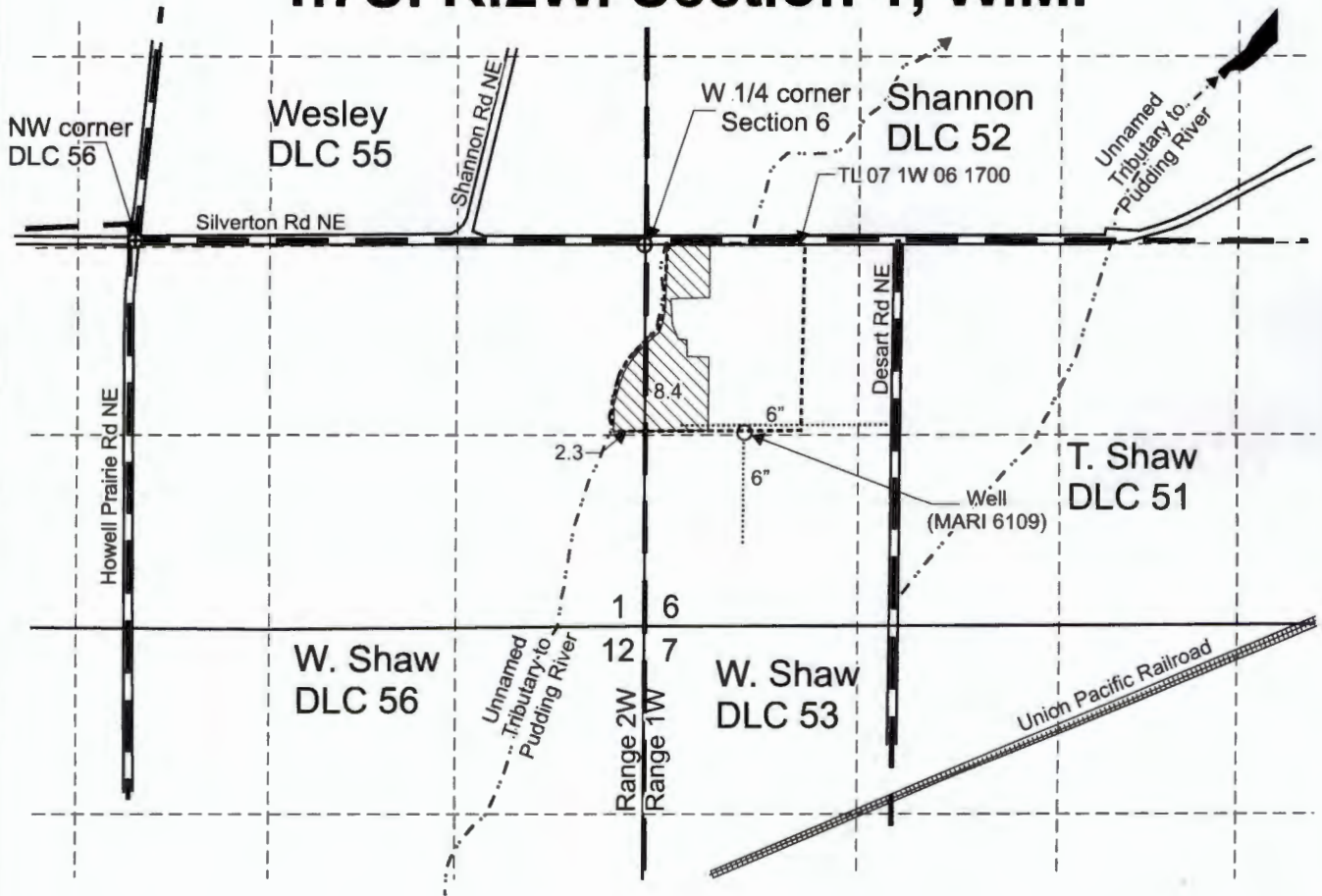
Map Checklist

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

RECEIVED
OCT 05 2023
OWRD

T.7S. R.1W. Section 6 T.7S. R.2W. Section 1, W.M.



Well (MARI 6109) is located 1,320 feet south and 700 feet east from the W 1/4 corner, Section 6.

Area (10.7 Acres) irrigated under T-13449 formerly Certificate 52663, priority date May 23, 1979.

----- Tax lot boundary

— . Donation Land Claim boundary

..... Water main line

RECEIVED

OCT. 05 2023

OWRD



EXPIRES: *June 30, 2025*

Scale: 1" = 1,320'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.



Pacific Hydro-Geology Inc.

09/2023

**Claim of Beneficial Use Map
T-13449 formerly Certificate 52663**

MDD Holding LLC c/o David King
T.7S. R.1W. Section 6,
T.7S, R.2W. Section 1, W.M.

NOTICE TO WATER WELL CONTRACTOR

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

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date of well completion

RECEIVED MARI... WATER WELL REP... RECEIVED
 MAY 5 1969 STATE OF OREGON JUN 2 1969
 STATE ENGINEER SALEM, OREGON (Please type or print) STATE ENGINEER SALEM, OREGON
 G-4905

No. 7/1W-6 cca

(1) OWNER:

Name M.E. King
 Address Rt. 2 Box 280 B. Silverton, Ore

G-6798

(11) LOCATION OF WELL:

County Marion Driller's well number 7/1W-6M
 SW $\frac{1}{4}$ SW $\frac{1}{4}$ Section T. R. W.M.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
 10 3/4" diam. from 1-0 ft. to 139 ft. Gage 250
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No
 Type of perforator used Mills
 Size of perforations 3/8 in. by 2 in.
1090 perforations from 83 ft. to 137 ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
 Manufacturer's Name _____ Model No. _____
 Type _____ Slot size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Static level 28 ft. below land surface Date 4/8/69
 Man 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? Stettler
 Yield: 600 gal./min. with 76 ft. drawdown after 1 hrs.
500 " " 74 " " 1 "
400 " " 71 " " 1 "
 Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Clay
 Depth of seal 18 ft.
 Diameter of well bore to bottom of seal 14 in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

(12) WELL LOG:

Diameter of well below casing 10
 Depth drilled 139 ft. Depth of completed well 139 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. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Top soil	0	2	
Yellow clay	2	28	
Grey clay	28	43	
Brown clay	43	48	
Brown sand	48	58	
Brown clay	58	68	
Cemented gravel	68	83	
Loose gravel with brwn sand	83	137	
Grey clay	137	140	

RECEIVED
 OCT 05 2023
 OWRD

Work started 3/17 1969 Completed 4/8/69 19
 Date well drilling machine moved off of well 4/8/69 19

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] Harry A. Robinson Date 4/14, 1969
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 63

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.

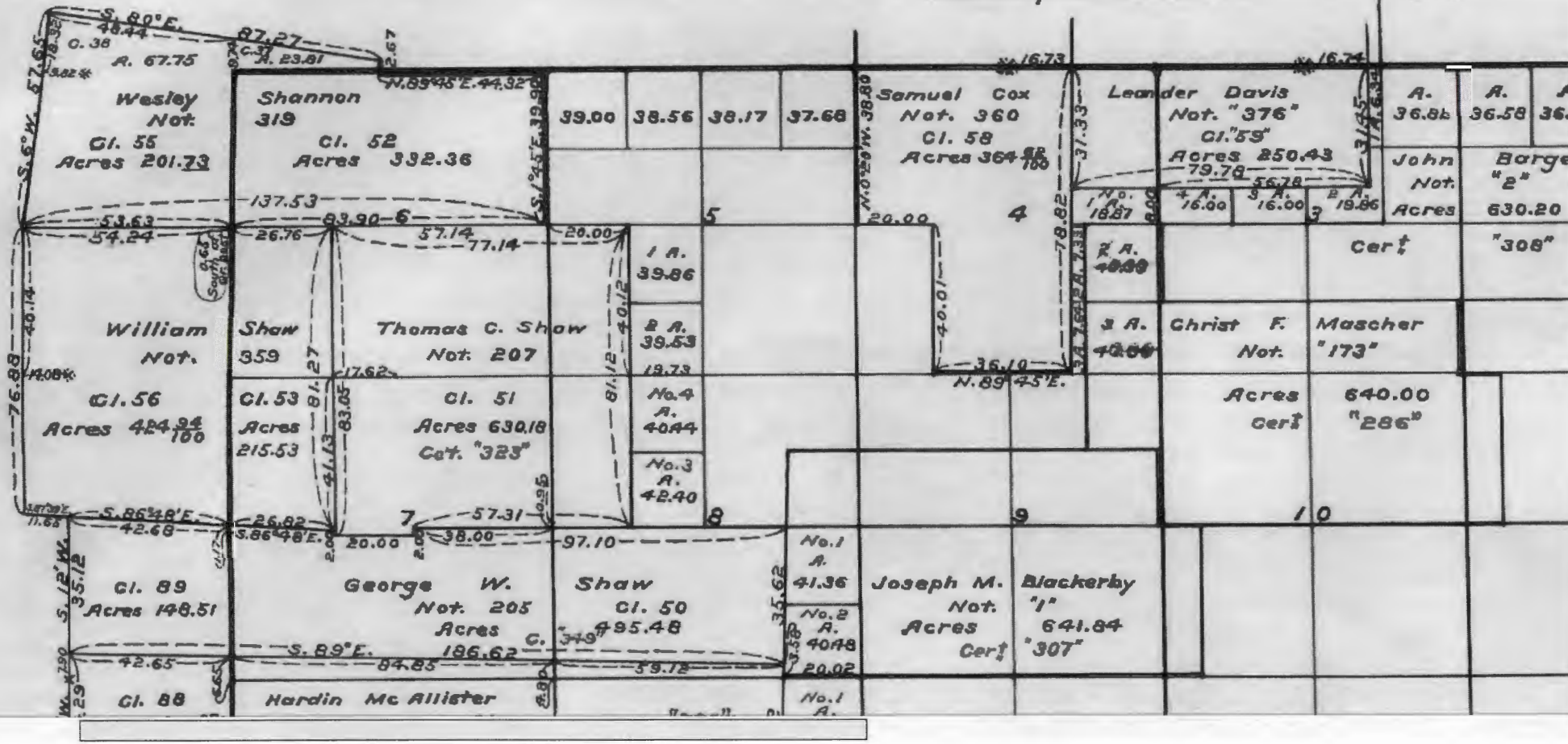
NAME Harry A. Robinson
 (Person, firm or corporation) (Type or print)

Address 2214 Front NE Salem, Ore.

[Signed] Harry A. Robinson
 (Water Well Contractor)

Contractor's License No. 22 Date 4/14/69, 1969

See Map of T. 63. N. 1 W.



RECEIVED
 OCT 05 2023
 OWRD