

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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 permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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.

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>

(See Certificate Resources)

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18335	G-17824	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME MWL ARCHITECTS INC		PHONE NO. 225.571.6626	ADDITIONAL CONTACT NO. 541.499.2538
ADDRESS 4024 WOODLAKE DR			
CITY BATON ROUGE	STATE LA	ZIP 70816	E-MAIL MICHAEL@GROUNDUPFARMS.COM

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

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

PERMIT HOLDER OF RECORD GROUND UP FARMS LLC		
ADDRESS 3279 FISH HATCHERY RD		
CITY GRANTS PASS	STATE OR	ZIP 97527

ADDITIONAL PERMIT HOLDER OF RECORD MATT LEBLANC		
ADDRESS 4024 WOODLAKE DR		
CITY BATON ROUGE	STATE LA	ZIP 70816

4. Date of Site Inspection:

JULY 27, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
TYLER COMPTON	7/27/2023	MANAGER

6. County:

JOSEPHINE

7. If any property described in the place of use of the permit 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

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.

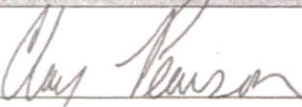
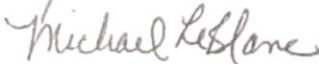


CWRE NAME RICK PARSONS/PARSONSWATER CONSULTING LLC		PHONE No. 541.499.0257	ADDITIONAL CONTACT No. 303.667.5067
ADDRESS 1619 MINEAR RD			
CITY MEDFORD	STATE OR	ZIP 97501	E-MAIL RICK.PARSONS@PARSONSWATER.COM

Permit Holder's of Record Signature or Acknowledgement

Each permit 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
	CLAY PEARSON / GROUND UP FARMS LLC	PERMITTEE	9/28/23
	MICHAEL LEBLANC	PERMITTEE	9/24/23

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SECTION 3 CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
JOSE 59901	JOSE 59901	L-123961

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

2. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
JOSE 59901	NURSERY USE	MARIJUANA, PASTURE	YEAR-ROUND	0.02 CFS
Total Quantity of Water Used				0.02 CFS

3. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

WELL CONVEYS WATER VIA ½ HP SUBMERSIBLE PUMP DIRECTLY TO 2500 GAL BELOW-GROUND STORAGE TANK. A ½ HP CENTRIFUGAL PUMP CONVEYS WATER FROM THE BELOW-GROUND TANK TO A 2500 GAL ABOVE-GROUND STORAGE TANK; DOM/COMM USE AT OFFICES; AND DIRECT IRRIGATION TO ~1.2 ACS PASTURE VIA IMPACT SPRINKLERS. A 1.5 HP PUMP DELIVERS WATER FROM THE ABOVE-GROUND TANK TO IRRIGATE ABOUT 1.2 ACS OF CONTAINERIZED INSIDE AND OUTSIDE NURSERY MARIJUANA PLANTS (~1500 TOTAL PLANTS VIA DRIP TAPE).

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES ☐ NO ☒

(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
JOSE 55901	0.02 CFS	0.02 CFS (10 GPM)	11 GPM MAX; 9.6 GPM AVG	NURSERY, IRRIGATION	2.4	2.4

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

☒ NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

☒ YES

NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

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

YES

☒ 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.

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

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YES

NO

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1. Is a pump used?

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
BERKELEY	B10P4MS05231-03	UNKNOWN	SUBMERSIBLE

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)
1/2	60	17	-28	0.02

4. Provide pump calculations:

$Q = (HP)(EFFICIENCY) / \text{TOTAL DYNAMIC HEAD} = (0.5 * 7.04) / [\text{LIFT } (-11) + \text{FRICTION } (16) + \text{HEAD } ((60/0.433) * 1.1)] = 0.02 \text{ CFS} / 10 \text{ GPM} \rightarrow \text{THIS REPRESENTS THE MAXIMUM DELIVERY BASED ON THE OPEN DISCHARGE TO THE UNDERGROUND STORAGE TANK}$
 LIFT BASED ON 17' DTW LESS 28' ELEV DROP FROM GROUND SURFACE TO UNDERGROUND TANK
 FRICTION BASED ON 1240' OF 2" PVC PIPE AT 1.27 FT LOSS / 100 FT OF PIPE

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)

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/4"	50	5	6	6	0.068 CFS (30 GPM)

Reminder: For sprinkler output determination use the reference information at the end of this document.

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

8. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
12	0.433	3000 FT	2000 FT	0.0193	

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E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)?

YES

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NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES
YESNO
NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	2500	BURIED
FIBERGLASS	2500	ABOVE GROUND

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES

NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES

NO

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

H. Additional notes or comments related to the system:

SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	8/16/2017		
BEGIN CONSTRUCTION (A)	8/16/2022	9/2016	WELL DRILLED; PUMP INSTALLED
COMPLETE CONSTRUCTION (B)	8/16/2022	MAY 2021	METER INSTALLED
COMPLETE APPLICATION OF WATER (C)	8/16/2022	2017-2022	PASTURE IRRIGATION THROUGHOUT; HOOP IRRIGATION INCREASED OVER TIME WITH GREENHOUSE AND INDOOR PRODUCTION EXPANDING IN 2021 AND 2022

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES ☒ NO

If "NO", items a and b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? YES ☒ NO

If "NO", items b through d relating to this section may be deleted.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES ☒ NO

If "NO", items b through e relating to this section may be deleted.

5. Pump Test:

a. Is a pump test required? ☒ YES ☐ NO

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

b. Has the pump test been previously submitted to the Department?

YES ☒ NO

c. Is the pump test attached to this claim?

☒ YES NO

d. Has the pump test been approved by the Department?

YES ☒ NO

e. Has a pump test exemption been approved by the Department?

YES ☒ NO

**The Claim will not be reviewed until a pump test or exemption has been approved by the Department.

6. Measurement Conditions:

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

☒ YES NO

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 NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
JOSE 59901	MASTER METER	212088770	WORKING	635,950	2021

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

7. Recording and reporting conditions:

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

☒ YES NO

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

b. Have the reports been submitted?

☒ YES NO

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment 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. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

☒ YES NO

WELL ID #	DATE ATTACHED TO WELL
L-123961	9/28/2016

d. 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	WELL LOG
PUMP TEST REPORT	PUMP TEST REPORT

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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 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.

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.

BASED ON GPS MEASUREMENTS; GPS POSITION CORROBORATED BY REVIEW
OF MULTIPLE AERIAL PHOTOS

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 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

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Well Flow Test



Test ID: 8834
Street Address: 3279 Fish Hatchery Rd
GRANTS PASS, Or 97526
Name: FARM MGR TYLER COMPTON
Billing Address: 3279 Fish Hatchery Rd
GRANTS PASS, Or 97526
Telephone: 541-499-2538

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Test Date: Sep 25, 2023
Service Tech: JIM HENDERSON

Test Requirements: 4-HOUR OPEN FLOW.

Remarks:

Equipment Used: EXISTING PUMP SYSTEM 1/2HP Source: WELL L-123961
Well Depth: 140 Pumping Level: 120 Diameter: 6 Seal: Yes Vent: Yes Pop Off Valve: No
Water Color: CLEAR Odor: NONE

Flow Data:

Time	Flow	Level	Meter
01:00 PM	10 GPM	18 feet	150.00
01:15 PM	10 GPM	38 feet	300.00
01:30 PM	10 GPM	41 feet	450.00
01:45 PM	10 GPM	43.5 feet	600.00
02:00 PM	10 GPM	44.5 feet	750.00
02:15 PM	10 GPM	45 feet	900.00
02:30 PM	10 GPM	45 feet	1050.00
02:45 PM	10 GPM	45.5 feet	1200.00
03:00 PM	10 GPM	45.5 feet	1350.00
03:15 PM	10 GPM	46 feet	1500.00
03:30 PM	10 GPM	46 feet	1650.00
03:45 PM	10 GPM	46 feet	1800.00
04:00 PM	10 GPM	46.25 feet	1950.00
04:15 PM	10 GPM	46.25 feet	2100.00
04:30 PM	10 GPM	46.25 feet	2250.00
04:45 PM	10 GPM	46.25 feet	2400.00
05:00 PM	10 GPM	46.25 feet	2550.00

LOVRIEN Corie L * WRD

From: CLARK Gerald E * WRD
Sent: Thursday, October 12, 2023 5:25 AM
To: ParsonsWater
Cc: LOVRIEN Corie L * WRD
Subject: IRE: COBU intake

Rick,

I am sending you message to Corrie at our Customer Service Group. She can merge this email with the Claim.

Have a great day!

Gerry

Gerry Clark
He/Him/His
Oregon Water Resources Department
Program Analyst, Certificate Section, Water Right Services Division
725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

-----Original Message-----

From: ParsonsWater <rick.parsons@parsonswater.com>
Sent: Wednesday, October 11, 2023 5:08 PM
To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>
Subject: COBU intake

Get - who does intake of COBU submittals?

I put the wrong first name in Section 1.3 for the G-17824 COBU.

The Permittee's name is Michael LeBlanc as shown in Section 2; not Matt LeBlancs that I entered in Section 1.3

Thanks,
Rick

ParsonsWater Consulting LLC
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