

**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

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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.

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>

**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-12855 |
|---------------------------------|

2. Property Owner (current owner information)

| | | | |
|--|--------------------|------------------------------------|---|
| APPLICANT/BUSINESS NAME Roderick J. Sonnen | | PHONE NO. (503) 710-7372 | ADDITIONAL CONTACT NO. (503) 793-6989 |
| ADDRESS 8644 Broadacres Rd. SE | | | |
| CITY Aurora | STATE OR | ZIP 97002 | E-MAIL sonnenfarm@yahoo.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 Roderick J. Sonnen | | |
| ADDRESS 8644 Broadacres Rd. SE | | |
| CITY Aurora | STATE OR | ZIP 97002 |

4. Date of Site Inspection:

| |
|------------------|
| 9/11/2023 |
|------------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|---------------------------|------------------|------------------------------|
| Roderick J. Sonnen | 9/11/2023 | Owner |
| | | |

6. County:

| |
|---------------|
| Marion |
|---------------|

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 |
|--------------------|--------------------|-------|----------|
| <i>Rick Sommer</i> | Rick Sommer | OWNER | 10-31-23 |
| | | | |
| | | | |

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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) |
|---|--|----------------------------|--|
| APOA 2 | MARI 67950/MARI 68377 | L-126921 | Case Creek Basin |

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 |
|---------------------------------|-------------------------|---|--------------------------|
| APOA 2 | 0.54 cfs | 0.94 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):

APOA 2

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 |
|--------------|-----------|---------------|--|-------------|----------------|
| Grundfos | 300S300-8 | | Submersible | | 4" |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Hitachi | 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 | 70 | 0' | 46' | 0.94 |

4. Provide pump calculations:

$$Q = (30 * 7.04) / (177.8 + 46) = 0.94 \text{ cfs}$$

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 | 6/18/2018 | |
| COMPLETENESS DATE FROM ORDER (C) | 10/1/2023 | August 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)? 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 Logs | MARI 67950 (2 pgs.) & MARI 68377 (1 pg.) |
| Pictures (x2) | Taken at 9/11/2023 site inspection |
| | |

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: 4/29/2023

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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
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- N/A Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- N/A 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
- N/A 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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MARI 67950

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 126921
START CARD # 1038758
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 5879
First Name Rick Last Name Sonnen
Company
Address 8644 Broadacres Rd. NE
City Aurora State OR Zip 97002

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] []

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 240 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows show seal data for different diameters and materials like Bentonite.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] 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 Thrd
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [X] Yes Dia 16 From 0 To 19

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/S Casing/ Screen Scrn/slot Slot # of Tel/
green Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 500, 180, 1.

Temperature 52 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 90
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 4 S N/S Range 2 W E/W WM
Sec 25 SW 1/4 of the SW 1/4 Tax Lot 3100
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[] Street address of well [] Nearest address

8644 Broadacres Rd. NE - Aurora, OR 97002

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 05-25-2018 40
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 90
SWL Date From To Est Flow SWL(psi) + SWL(ft)
05-23-2018 90 110 20
05-23-2018 130 140 15 40
05-23-2018 195 215 500 40

(11) WELL LOG Ground Elevation
Material From To
Topsoil 0 2
Brown clay 2 7
Brown silty clay 7 12
Cemented sand 12 15
Fine sand & clay 15 40
Gray clay 40 65
Cemented sand 65 70
Gray sand 70 80
Soft & silty gray clay 80 90
Sand 90 100
Sand & gravel 100 110
Soft brittle gray clay 110 120
Sticky gray clay 120 135
Compact sand with wood 135 140
Gray clay 140 145
Compacted sand 145 155
Gray sticky clay 155 157
Hard gray clay 157 160
Hard gray clay 160 165

Date Started 05-21-2018 Completed 05-25-2018

(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 Date 05-30-2018
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 1604 Date 05-30-2018
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com

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

WELL I.D. LABEL# 126921
START CARD # 1041500
ORIGINAL LOG # MARI 167950

(1) LAND OWNER Owner Well I.D. 5965
First Name Rick Last Name Sonnen
Company _____
Address 8644 Broadacres Rd. NE
City Aurora State OR Zip 97002

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stil Plstc Wld Thrd
Casing: 12 1.3 288.7 250
Material From To Amt sacks/lbs
Seal: Undisturbed

(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 320 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs
12 189 289 Undisturbed
10 289 320 Calculated

How was seal placed: Method A B C D E
 Other
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 Stil Plstc Wld Thrd
12 1.3 288.7 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/ Screen Dia From To Scrn/slot Slot # of Tel/ green Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1,000 41 300 1
400 40 160 1

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 240
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 4 S N/S Range 2 W E/W WM
Sec 25 SW 1/4 of the SW 1/4 Tax Lot 3100
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
8644 Broadacres Rd. NE - Aurora, OR 97002

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 01-22-2019 _____ 35
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found Existing
SWL Date From To Est Flow SWL(psi) + SWL(ft)

| | | | | | |
|------------|-----|-----|-------|--|----|
| 01-22-2019 | 195 | 320 | 1,000 | | 35 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|---|------|-----|
| silt and fine sand | 240 | 255 |
| Cemented sand with strips of large gravel | 255 | 257 |
| Cemented sand with strips of clay | 257 | 287 |
| Cemented sand with wood | 287 | 295 |
| Cemented sand and small gravel | 295 | 307 |
| Cemented sand and large gravel | 307 | 320 |

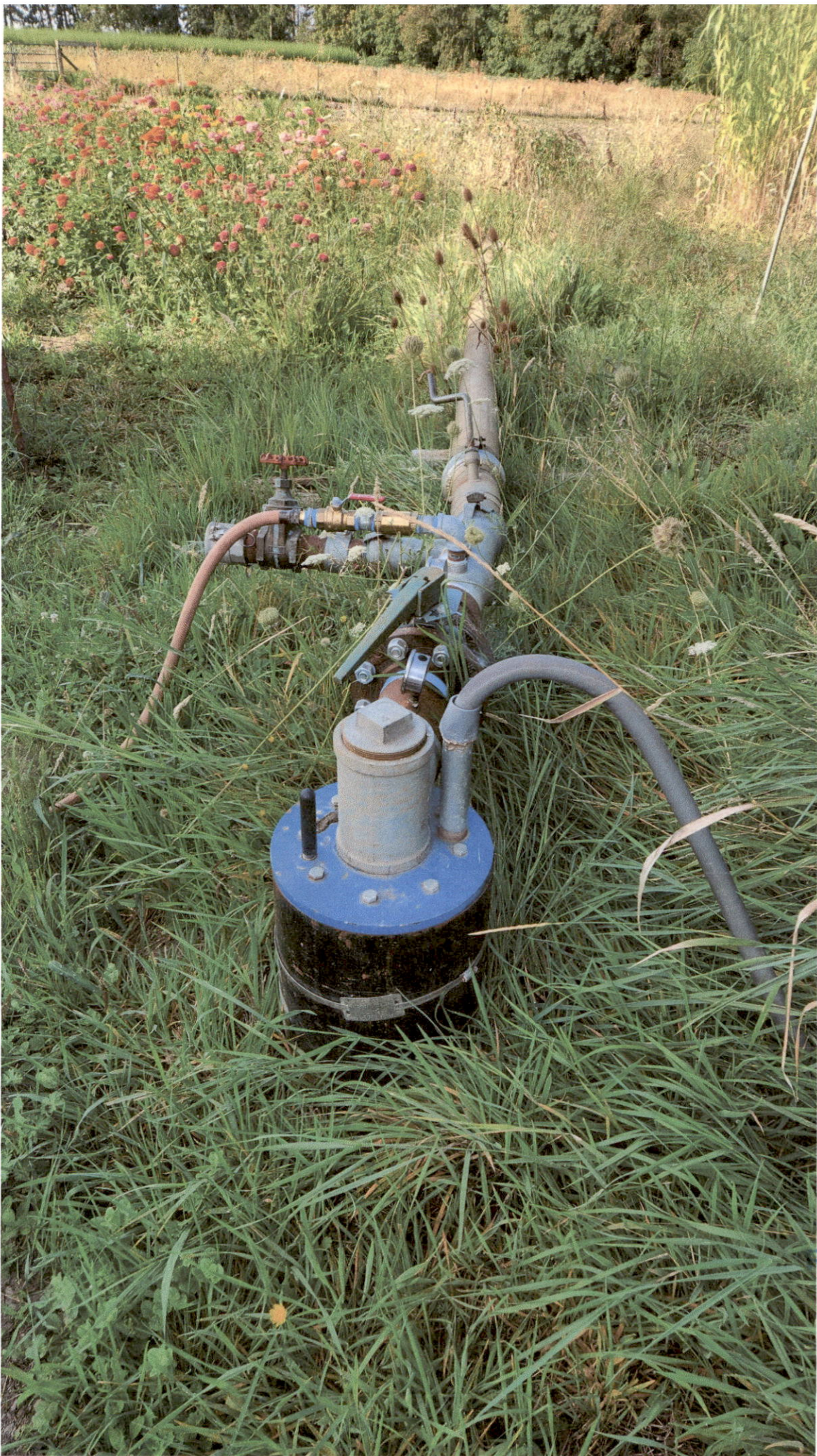
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OWRD RECEIVED FEB 07 2019
JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
OWRD

Date Started 01-14-2019 Completed 01-22-2019

(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 Date 01-29-2019
Signed Tom Kellett

(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 01-29-2019
Signed _____
Contact Info (optional) _____
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9/11/23

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COBU

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OREGON
WATER RESOURCES DEPT
WELL #
126921
DO NOT REMOVE LABEL

9/11/23

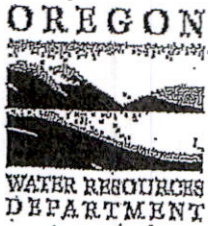
Sonnen
COBU

Well Tag

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Roderick Sonnen
8044 Broadacres Rd SE, Aurora OR 97002

Transaction Type: Cash

Fees Received: \$ N/A

Cash Check; Check No. NO fee required

Name(s) on Check: _____

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Corie Lovrien
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in _____

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