

**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](http://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.

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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.*

**1. File Information**

APPLICATION # <b>T-11857</b>
---------------------------------

**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Kit Johnston</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>11320 SE Lafayette Hwy</b>			
CITY <b>Dayton</b>	STATE <b>OR</b>	ZIP <b>97114</b>	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 <b>Kit Johnston</b>			
ADDRESS <b>11320 SE Lafayette Hwy</b>			
CITY <b>Dayton</b>	STATE <b>OR</b>	ZIP <b>97114</b>	

4. Date of Site Inspection:

August 1, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kit Johnston	August 1, 2023	Owner / Operator

6. County

Yamhill 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.



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

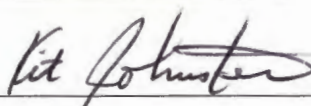
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*Each transfer holder of record must sign this form in the space provided below.*

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

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SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	KIT JOHNSTON	owner	10/18/23

**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	YAMH 56804	L-108247	Well

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

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

2. Variations:

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

If yes, describe below.

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

**1. The location of Well (YAMH 56804) is more correctly placed at: 75 feet south and 1,995 feet west from the NE corner, Section 1.**

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well	0.234 cfs	0.69 to 0.86 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

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	4 inch	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	30 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)
30 Hp	Variable speed drive 70-95 psi	67.0 feet (from pump test recorded on well log)	0 feet	0.69 to 0.86 cfs

4. Provide pump calculations:

PSI 70	$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(67 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.86 \text{ cfs}$
PSI 95	$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(67 \text{ ft lift} + 241.3 \text{ ft pressure head})} = 0.69 \text{ cfs}$

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

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

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**C. Additional notes or comments related to the system:**

None
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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	April 20, 2015	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2017	Spring 2017

\* 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 28281 Well (YAMH 6819) develops water from the alluvial aquifer within the depth intervals of 80 to 147 feet within layers of sand and gravel.**

**Well (YAMH 56804) develops water from the alluvial aquifer within the screened intervals of 152 to 162 feet, 168 to 173 feet, 189 to 199 feet, 206 to 216 feet and 226 to 231 feet within layers of sand and gravel.**

**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 – YAMH 56804	Well log and driller's notes for YAMH 56804 – Well

**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 4 4 36 and 5 4 1, 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

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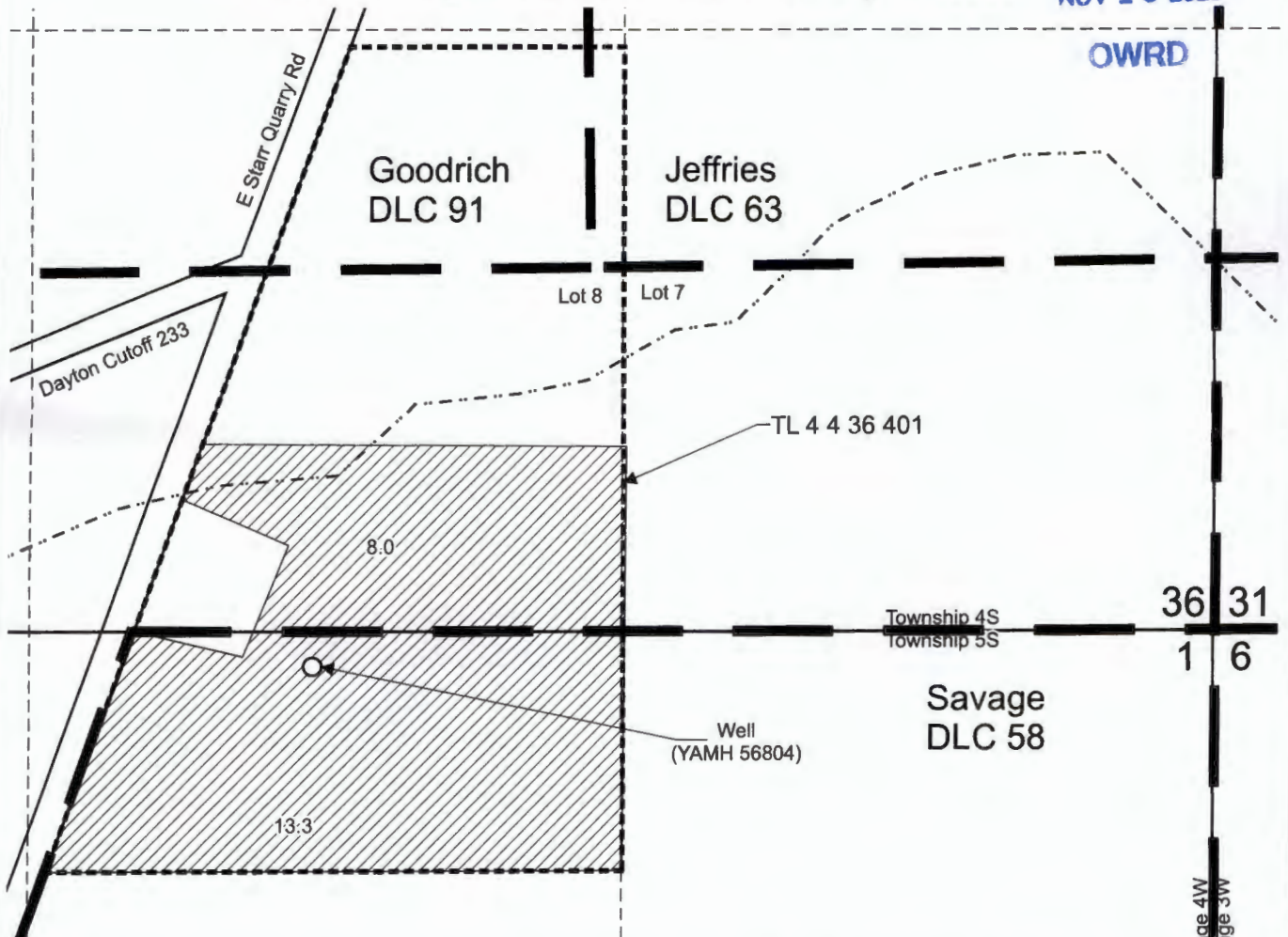
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# T.4S. R.4W. Section 36 and T.5S. R.4W. Section 1, W.M.

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Well (YAMH 56804) is located 75 feet south and 1,995 feet west from the NE corner, Section 1.

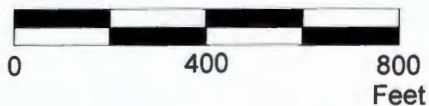
 Area (21.3 Acres) irrigated under T-11857, formerly Certificate 28281, priority date: 2-27-1956.

 Tax lot boundary

 Donation Land Claim boundary

CERTIFIED WATER RIGHT EXAMINER  
85503  
*Doann Hamilton*  
DOANN HAMILTON  
MAY 10, 2012  
STATE OF OREGON  
EXPIRES: *JUN 30, 2025*

Scale: 1" = 400'



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.

Claim of Beneficial Use Map  
T-11857, formerly Certificate 28281

Kit Johnston  
T.4S. R.4W. Section 36  
T.5S. R.4W. Section 1, W.M.

Pacific Hydro-Geology Inc.

10/2023

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

WELL LABEL # L 108247

START CARD # 208757

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(1) LAND OWNER

Owner Well I.D.

First Name Kit Last Name Johnston
Company
Address 11320 SE Lafayette Hwy
City Dayton State OR Zip 97114

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] 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 236 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows include Bentonite and Cement.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[X] Other poured bentonite

Backfill placed from ft. to ft. Material

Filter pack from 126 ft. to 242 ft. Material CSSI Size 6/9

Explosives used: [ ] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Includes rows for 10, 10, 10, 10, 10 inch diameters.

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type V-wire wrap Material 204SS

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Includes rows for 10 inch casing diameters.

(8) WELL TESTS: Minimum testing time is 1 hour

[X] Pump (LRC) [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 200, 36, 235, 4.

Temperature 55 F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes a 'RECEIVED BY OWRD' stamp.

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 5 S N/S Range 4 W E/W WM
Sec 1 NW 1/4 of the NE 1/4 Tax Lot 401
Tax Map Number 4 4 36 Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[ ] Street address of well [X] Nearest address

12000 SE Starr Quarry Rd, Dayton, OR 97114

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL (psi), + SWL (ft). Row 1: Completed Well, 05-16-2014, 31.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), + SWL (ft). Includes rows for 'all sand/gravel zones?' and 'all sand/gravel zones?'.

(11) WELL LOG

Table with columns: Material, From, To. Lists various soil and rock layers from 0 to 139 feet depth.

Date Started 04-21-2014 Completed 05-16-2014

(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.

License Number 1927 Date 05-27-2014

Password: (if filing electronically)

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.

License Number 649 Date 05-27-2014

Password: (if filing electronically)

Signed [Signature]

Contact Info (optional)

# YAMH 56804

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WATER SUPPLY WELL REPORT -  
continuation page

WELL I.D. # L 108247

NOV 13 2023

START CARD # 208757

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**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Am't	

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	231	236	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**(7) PERFORATIONS/SCREENS**

Perf/ Screen	Casing/ Screen Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

**(8) WELL TESTS: Minimum testing time is 1 hour**

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

**Water Bearing Zones**

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

**(11) WELL LOG**

Material	From	To
Sand, black, medium-coarse & gravel, 3"-, some cem.	139	147
Clay, blue-grey, medium, sandy	147	149
Sand, black, medium-coarse	149	154
Gravel, 2"-, some sandy, cementation & clay, grey	154	156
Sand, black, medium-coarse & gravel, 1"-, some cem	156	163
Clay, grey, medium, silty	163	165
Sand, black, medium & some gravel, small	165	169
Gravel, 1.5"- & sand, black, medium-coarse w/cem.	169	174
Clay, grey, medium	174	186
Gravel, 2"- & sand, black, coarse, some cementation	186	200
Clay, grey, medium-soft	200	204
Gravel, 2"- & sand, black, medium w/cementation	204	217
Clay, greenish grey, medium	217	224
Gravel, 1"- & sand, black, coarse & some cementation	224	232
Clay, grey & blue-grey, medium	232	242

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MAY 28 2014

SALEM, OR

**Comments/Remarks**

Bottom of casing has welded steel plate.