

**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

**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)

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**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18337	G-17863	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME CURRENT PROPERTY OWNER Robert J. Mason & Barbara Fox Mason		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 40399 Rueben Leigh Road			
CITY Lowell	STATE Oregon	ZIP 97452	E-MAIL

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 Grateful Greenery		
ADDRESS 40399 Rueben Leigh Road		
CITY Lowell	STATE Oregon	ZIP 97452

ADDITIONAL PERMIT HOLDER OF RECORD None		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

September 27, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Brian Chase	September 27, 2023	Project Manager

6. County:

Lane

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 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.

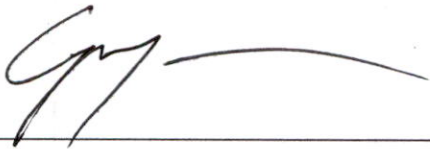


CWRE NAME Corbey Boatwright		PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.
ADDRESS Boatwright Engineering, Inc. 2613 12th Street SE			
CITY Salem	STATE Oregon	ZIP 97302	E-MAIL corbey@boatwrightengr.com

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
	Gregory Marshall Mason	Member, Mason Family Farm, LLC owner of Grateful Greenery	11/20/2023

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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)
Well 1	LANE 75512	L125994

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)
Well 1	Nursery Use	Marijuana	Year-Round	64.5 GPM
Total Quantity of Water Used				64.5 GPM (0.146 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:

7.5 Hp pump on the well to a 2" pipeline to a 14-gallon Amtrol WX-201 pressure tank and 2" meter. From there into a 2" line, uphill, to the attached sheds at the nursery greenhouse and the maturing greenhouse. In the sheds the pipe is reduced to 1" PVC, and then to 1/8" hose to the emitters at the plants.

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

(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.")

The permit allowed for 5.0 acres of irrigation. The water user only developed 0.33 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
Well 1	0.05 cfs (22.44 gpm)	65.5 gpm (0.146cfs)	----	NU	5.0	0.33

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

Well 1

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 LANE 75512

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

Remove the 6" aluminum cap which is held on by 5 bolts

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.

NA

C. Groundwater Source Information (Sump)

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

NO

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.

1. Is a pump used?

YES

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

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos	A98924052	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)
7.5	90	110	20' & 30'	65 GPM (0.145 CFS)

4. Provide pump calculations:

90 psi at well head and 80 psi at nursery building

$$\frac{7.5(7.04)}{110+25+2.54(90)} = \frac{52.8}{363.6} = 0.145 \text{ CFS} = 65 \text{ GPM}$$

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)
053887 x 100	Pump did not run during site visit	-----	-----

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)
-----	-----	-----	-----	-----	-----

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

7. Drip Emitter Information:

GREEN HOUSE	SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
1	NA	89	0.3 gph	6,510	2,170	10.9 GPM (0.024 CFS)
2	NA	89	0.3 gph	14,840	2,120	10.6 GPM (0.024 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
-----	-----	-----	-----	-----	-----

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E. Storage

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

NO

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?

NO

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?

NO

H. Additional notes or comments related to the system:

NURSURY BUILDING HAS:

3 ZONES, 15 TABLE, 217 POTS/TABLE, 434 DRIP EMITTER/TABLE
5 TABLES/ZONE,

5(434).3 GPM = 651 GAL/HR or 10.85 Gal/Min runs for 2 minutes every 4 hours

MATURING BUILDING HAS:

7 ZONES, 35 TABLES, 212 POTS/TABLE, 424 DRIP EMITTER/TABLE
5 TABLES/ZONE,

5(424).3 GPM = 636 GAL/HR or 10.6 Gal/Min runs for 2 minutes every 4 hours

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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	Oct 10, 2017		
BEGIN CONSTRUCTION (A)	Oct 10, 2022	Sept 7, 2017	Commenced construction of source well
COMPLETE CONSTRUCTION (B)	Oct 10, 2022	Sept 2018	2 Greenhouses constructed with pipe installed for irrigation system
COMPLETE APPLICATION OF WATER (C)	Oct 10, 2022	Sept 2019	Water used to fullest capacity on all plants in 2 greenhouses, in compliance with all permit conditions

* 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)?

NO

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

NO

5. Pump Test:

a. Is a pump test required?

YES

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>

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

NO

c. Is the pump test attached to this claim?

NO

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

NO

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

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**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Master Meter	8942396	Working	053887 x 100 Gal	Oct 2017

7. Recording and reporting conditions:

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

b. Have the reports been submitted? **YES**

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**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L-125994	Sep 7, 2017

d. Other conditions? **YES**

e. If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

8.a. Groundwater production shall be allowed only from a single aquifer. – In Compliance. Per well log LANE 75512, the well is screened from 52 to 265 BLS, all in a continuous blue sandstone formation.
8.d. Irrigation allowed under this permit shall be by drip irrigation or by an equally efficient method. – In Compliance. The application system consists of only drip emitters in both greenhouses.

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use	Map

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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.

Lane County Survey Record CS 20842, which found or set all of the property corners, was used to establish the boundary. This survey also tied the most northerly northwest property corner to a brass cap at the ¼ corner common to Sections 35 & 36, which was not accessible due to poison oak in the area. The locations of the two greenhouses and the well were measured off of the west fence line with a rag tape. The meter and pipelines were also measured with a rag tape. A Google Earth aerial photo, dated 7-22-2021, was used to confirm the development and locations.

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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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Robert & Barbara Mason
46329 Ruben Leigh Rd, Lowell OR 97452

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check

Check No. 311

Name(s) on Check: Same as above

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 Lounen
(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 the submission.