

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POD 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.**

**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 either point(s) of diversion or additional point(s) of diversion, 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-11434**

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Pan American Berry Growers, LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>6826 55<sup>th</sup> Avenue NE</b>			
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97305</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>Same as Applicant</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

**June 30, 2023**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Steve Erickson</b>	<b>May 24, 2023</b>	<b>Member Manager, Pan American Berry Growers, LLC</b>

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)): **N/A**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

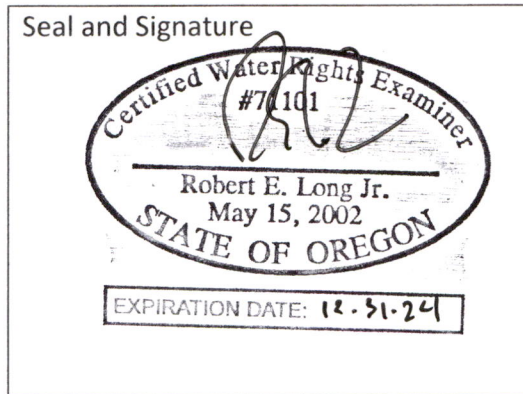
Add additional tables for owners of record as needed

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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.

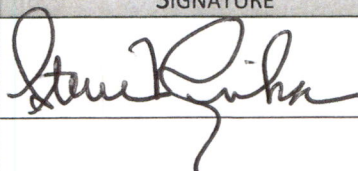


CWRE NAME <b>Bob Long</b>		PHONE NO. <b>(503) 954 - 1326</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>1319 SE Martin Luther King Jr Blvd, Suite 204</b>				
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97214</b>	E-MAIL <b>Bob.long@cwmh2o.com</b>	

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
	Steven M Erickson	President/CEO	2/28/24

**SIGN**

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**SECTION 3  
CLAIM DESCRIPTION**

**Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.**

**1. New or additional point of diversion name or number:**

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
<b>POA #2 (Van Cleave Well #2 / MARI-65681)</b>	<b>Troutdale Aquifer System</b>

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, **YES** ~~NO~~ or extension final? If yes, describe below.

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

The Applicant has developed 65.78 acres of the 71.2 acres that were included in the transfer place of use (POU). The POU as drawn in the transfer map is fully within the NE quarter of Section 32. However, the section boundaries in the original map are slightly offset. The actual POU, in the same dimensions and configuration on the ground as proposed in the transfer, includes a small sliver of land within the NW quarter of Section 33 (Attachment 1). This portion of the POU in Section 33 includes the proposed POA #2, which was originally stated to be in the NENE quarter-quarter of Section 32. The apparent eastward shift in the location of POA #2 is due to the offset of the section boundaries, not due to an actual change in the location of the POA from that which was proposed.

The developed 65.78 acres includes 0.44 acres that are outside of the original transfer place of use boundary on Taxlot 200. This small deviation from the transfer is located along the northern boundary of the place of use and is a contiguous portion of the larger agricultural field. It is believed that the u-shaped deviation on the northern transfer boundary was an error, as it does not correlate with any physical boundary or structure that was in place at the time, to the knowledge of the Applicant. The Applicant has irrigated a grassy buffer strip along the drainage ditch that flows through the POU as part of crop management. A 15-ft non-irrigated buffer has been left on either side of the ditch, as noted on the map.

**3. Claim Summary:**

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
<b>POA #2</b>	<b>0.66 cfs (296 gpm)</b>	<b>0.75 cfs<sup>1</sup> (337 gpm)</b>	-

1. Minimum based on irrigation rotation. The well is capable of producing more than 2.0 cfs. A reasonable rotation across the irrigation blocks within the POU would be able to use up to 0.75 cfs.

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SECTION 4  
SYSTEM DESCRIPTION

OWRD **YES** **NO**

Are there multiple new or additional Points of Diversion (POD)s?

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

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

**POA #2**

**A. POD System Information**

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
-	-	-	Submersible	8"	6"

*\*Information provided by the water right holder suggests that the pump installed in this well is the same as in Well-3 (MARI-73355) on T-12546: Berkeley 8T-950 Submersible, though this could not be confirmed during the site visit.*

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Hitachi	75 HP

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75 HP	50-60 PSI	~100 ft	<5 ft	2.17 cfs

**4. Provide pump calculations:**

$Q_{\text{Pump}} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$

Pump efficiency factor for turbine & submersible pump (80%) = 7.04

$Q_{\text{Pump}} = \frac{(75 \text{ HP})(7.04)}{(100 \text{ ft} + 5 \text{ ft} + 60 \text{ PSI} \cdot 2.31)} = 2.17 \text{ cfs (974 gpm)}$

**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)

*\*Well not in operation during the site visit.*

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**B. Gravity Flow Pipe**

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

1. Does the diversion involve a gravity flow pipe?

OWRD ~~YES~~ **NO**

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

**C. Gravity Flow Canal or Ditch**

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

1. Does the diversion involve a gravity flow ditch or canal?

**YES** **NO**

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

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

**Historical Summary:** Transfer T-11434 was proposed in an application in June of 2012. The transfer proposed changes to a portion of Certificate 28424 (now cancelled). Specifically, the transfer proposed a new POA #2 (MARI-65681). However, the new POA #2 would only apply to a portion of the POU of Certificate 28424. The remaining portion of Certificate 28424 was eventually reissued as Certificate 89322, which kept POA #1 (MARI-4672) as its source. This claim of beneficial use is intended to confirm the change in POA to POA #2 over the proposed acreage in T-11434.

**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 POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	<b>2/14/2013</b>	
COMPLETENESS DATE FROM ORDER (C)	<b>10/1/2016</b>	<b>May 2015 (POA #2 constructed)</b>

\* 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**

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information: **N/A**

VOLUME	PAGE	DATE EXTENDED TO

**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**

*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 diversion.**

- b. Has a meter been installed? **YES** **NO**

**c. Meter Information**

POD NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #2	Netafim 6"	16-150007400	Working	159,744,000	Summer 2015 (soon after POA #2 construction was completed)

*If a meter has been installed, items d 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? **YES** **NO**

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

**5. Fish Screening**

- a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES** **NO**

**6. By-pass Devices**

- a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **YES** **NO**

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

**7. Other conditions required by the transfer final order or extension final order:**

- a. Was the water user required to restore the riparian area if it was disturbed? **YES** **NO**
- b. Was a fishway required? **YES** **NO**
- c. Other conditions? **YES** **NO**

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

- **The Watermaster shall have access to the meter or measurement device with reasonable notice.** – This condition is met by the installation of the meter and availability to the Watermaster given appropriate notice.
- **Water shall be acquired from the same aquifer as the original POA.** – This condition is met due to the construction of POA #2 (MARI-65681). The original POA #1 (MARI-4672) was built to a depth of 146 ft and was open to the Troutdale Aquifer sand, clay, and gravel below 67 ft bgs. The new POA #2 is built to a depth of 144 ft and is open to the same sands, clays, and gravels below 124 ft bgs.

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Attachment 1</b>	Transfer CBU Map
<b>Attachment 2</b>	Well Logs for Original POA #1 and New POA #2

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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 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 diversion, 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 CBU map was prepared using satellite imagery (including historic imagery), water distribution system figures provided by the Applicant, the original water right maps, and information gathered during an in-person walk through of the place of use. The imagery used as reference included:

- 2012, 2014, 2016, and 2020 NAIP imagery
- 2018 OSIP imagery

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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
- Locations of fish screens and/or fish by-pass devices in relationship to PODs – N/A
- 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 – N/A
- 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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ORIGINAL  
File Original and  
Duplicate with the  
STATE ENGINEER,  
SALEM, OREGON

MAR 4672

# WATER WELL REPORT Well-1

State Well No. 6/2W-32A(1)

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STATE OF OREGON 6558

State Permlt No. G.458

(1) OWNER: Alvin J. VanCleave  
Name  
Address Route 2 Box 404  
Salem, Oregon

(11) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom? Max Wymore  
Yield: gal./min. with ft. drawdown after hrs.  
Pump Test Below " " "

(2) LOCATION OF WELL:  
County Marion Owner's number, if any—  
NE 1/4 NE 1/4 Section 32 T. 6S. R. 2W. W.M.  
Bearing and distance from section or subdivision corner  
203.0 ft. South and 1248.9 ft. West from  
the Section corner common to Sections  
28, 29, 32 and 33

Baller test gal./min. with ft. drawdown after hrs.  
Artesian flow g.p.m. Date  
Temperature of water 57 Was a chemical analysis made?  Yes  No

(3) TYPE OF WORK (check):  
New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 11.

(12) WELL LOG: Diameter of well 10 inches.  
Depth drilled 146 ft. Depth of completed well 146 ft.  
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top Soil	0	3
Brown Clay	3	18
Brown sandy clay	18	63
Brown Sand (Water)	63	67
(Water) Brown Sand & Gravel	67	97
Blue Sandy Clay	97	110
(Water) Black Sand & Gravel	110	120
Blue clay & Gravel	120	125
(Water) Black Sand & Gravel	125	146

(4) PROPOSED USE (check):  
Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

(5) TYPE OF WELL:  
Rotary  Driven   
Cable  Jetted   
Dug  Bored

(6) CASING INSTALLED: Threaded  Welded   
10 ID " Diam. from top ft. to 146 ft. Gage 31.20"  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

\*\*\*Pump Test\*\*\*  
840 G.P.M. @ 86 ft.  
600 " @ 70 ft.  
420 " @ 60 ft.  
310 " @ 52 ft.

(7) PERFORATIONS: Perforated?  Yes  No  
Type of perforator used MILLS  
SIZE of perforations in. by in.  
520 perforations from 67 ft. to 97 ft.  
450 perforations from 110 ft. to 146 ft.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

After 4 hours pumping

(8) SCREENS: Well screen installed  Yes  No  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Work started 4-8-57 19 \_\_\_\_\_ Completed 4-20-57 19 \_\_\_\_\_

(9) CONSTRUCTION:  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Was a surface seal provided?  Yes  No To what depth? 20 ft.  
Material used in seal— Puddled Clay  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(13) PUMP:  
Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

Well Driller's Statement:  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(10) WATER LEVELS:  
Static level 32 ft. below land surface Date 4-20-57  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

NAME Max Wymore (Person, firm, or corporation) (Type or print)  
Address Rt. 2 Salem, Oregon  
Driller's well number 331  
[Signed] Max Wymore (Well Driller)  
License No. 24 Date 4-20-57, 19 \_\_\_\_\_

Log Accepted by: \_\_\_\_\_  
[Signed] Alvin J. VanCleave Date May 16, 1957  
by Max Wymore (Owner)

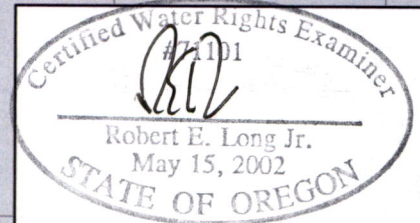
(USE ADDITIONAL SHEETS IF NECESSARY)

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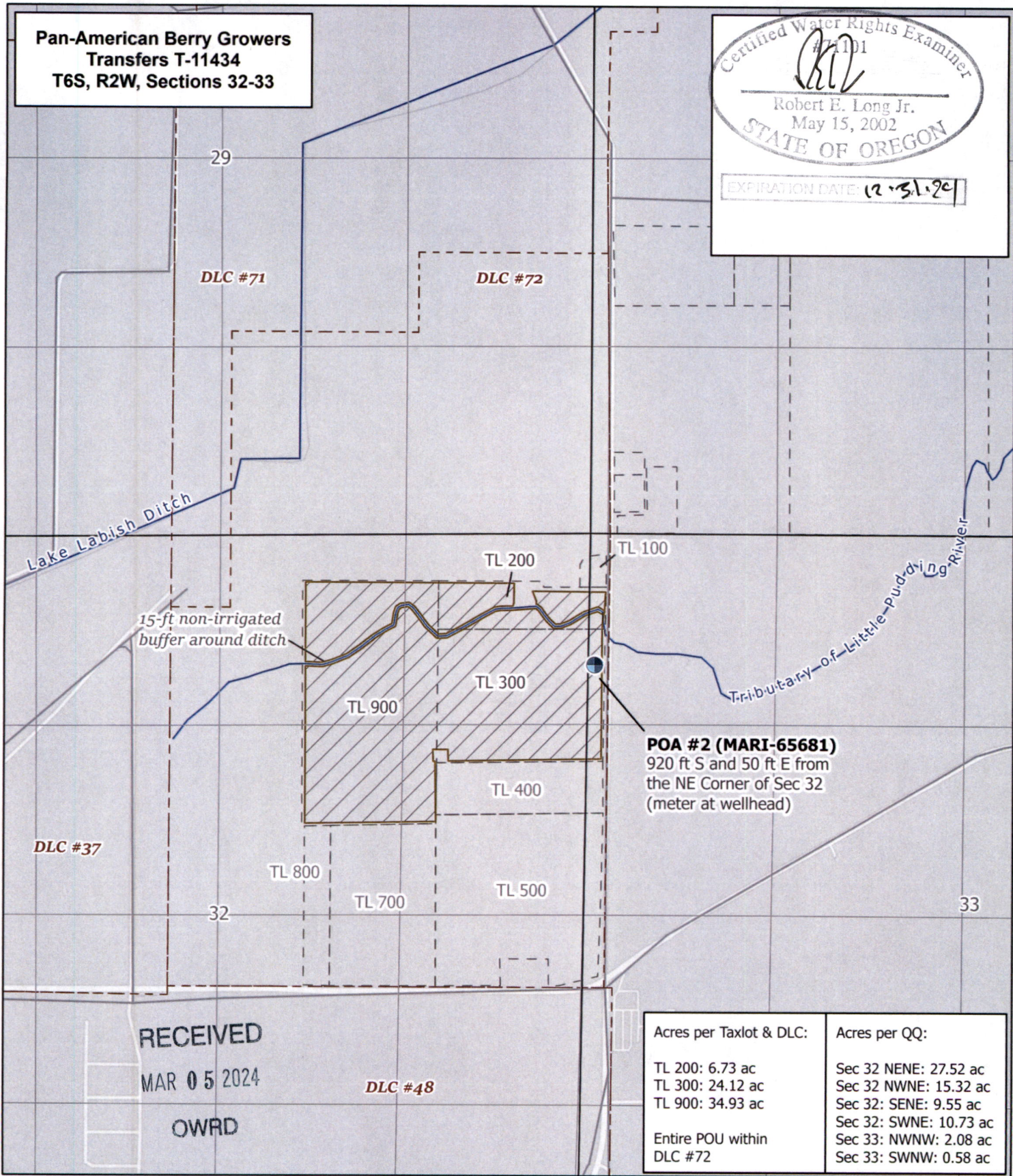
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**Pan-American Berry Growers  
Transfers T-11434  
T6S, R2W, Sections 32-33**



EXPIRATION DATE: 12-31-20



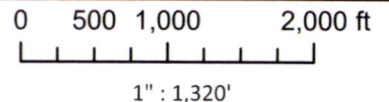
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Acres per Taxlot & DLC:	Acres per QQ:
TL 200: 6.73 ac	Sec 32 NENE: 27.52 ac
TL 300: 24.12 ac	Sec 32 NWNE: 15.32 ac
TL 900: 34.93 ac	Sec 32: SENE: 9.55 ac
Entire POU within DLC #72	Sec 32: SWNE: 10.73 ac
	Sec 33: NWNW: 2.08 ac
	Sec 33: SWNW: 0.58 ac



311 B Avenue, Suite P  
Lake Oswego, Oregon 97034  
(503) 954-1326

This map is not intended to provide legal dimensions or locations of property ownership lines.



No.	Date	By	Revisions
1	DATE	AUTH	DRAFT

Proj#: 2311001  
Pan-America  
Pan-American Berry Growers  
6826 55th Avenue NE  
Salem, OR 97035



**ATTACHMENT 2**  
**Well-1 and Well-2 Logs**

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STATE OF OREGON Well-2 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

MARI 65681

WELL I.D. LABEL# 117564 START CARD # 1026087 ORIGINAL LOG #

5/19/2015

(1) LAND OWNER Owner Well I.D. First Name Last Name Company PAN AMERICAN BERRY GROWERS LLC Address 6826 55TH AVENUE N.E. City SALEM State OR Zip 97305

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

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

(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 144.00 ft. BORE HOLE SEAL sacks/lbs

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Std Plstc Wld Thrd Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 144 Temp casing [X] Yes Dia 16 From 0 To 39

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

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 54 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount From To Description Amount Units

(9) LOCATION OF WELL (legal description) County MARION Twp 6.00 S N/S Range 2.00 W E/W WM Sec 32 1/4 of the 1/4 Tax Lot 100 Tax Map Number Lot Lat " or 45.01034000 DMS or DD Long " or -122.94880000 DMS or DD [ ] Street address of well [X] Nearest address FARM LAND WEST OF 6226 55TH AVENUE N.E. SALEM, OREGON.

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 5/5/2015 40 Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 54.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 5/5/2015 54 144 800 40

(11) WELL LOG Ground Elevation Material From To Top soil 0 5 Silty brown clay 5 25 Brown clay 25 50 Brown clay and gray sand 50 54 Medium sand and gravel gray 54 95 Very coarse sand with loose gravel 95 105 Medium to large sand and gravel gray 105 135 Medium to large gravel 135 144

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Date Started 4/13/2015 Completed 5/5/2015

(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 1629 Date 5/6/2015

Signed JAMES GUNN (E-filed)

(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 1273 Date 5/19/2015

Signed FLOYD G SIPPEN (E-filed) Contact Info (optional)



**OREGON WATER RESOURCES DEPARTMENT  
CERTIFICATE REIMBURSEMENT AUTHORITY  
ESTIMATE APPLICATION**

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**MAR 05 2024**

**OWRD**

*ORS 536.055 authorizes the Oregon Water Resources Department to expedite or enhance regulatory processes voluntarily requested under the agreement.*

*The purpose of this application is to obtain estimates of the cost and time required to process a Certificate Request. A separate estimate application is required for each application and/or transfer number. There is a non-refundable application fee of \$125.00 per request.*

<u>REQUEST</u>	<u>TYPE</u>	<u>FILE NUMBER</u>
<input checked="" type="checkbox"/>	Certificate Request	Application Number _____ Permit Number _____ Transfer Number/Permit Amendment (if applicable) <b>T-11434</b>

	<u>Applicant Information</u>	<u>Applicant's Representative/Contact</u>
Name:	<u>Pan American Berry Growers, LLC</u>	<u>Robert Long, CWRE (CwM-H2O, LLC)</u>
Address:	<u>6826 55<sup>th</sup> Avenue NE</u> <u>Salem, OR 97305</u>	<u>1319 SE Martin Luther King Jr Blvd, Suite 204</u> <u>Portland, OR 97214</u>
Phone:		<u>(503) 954 – 1326</u>
Fax:		
E-Mail Address:		<u>Bob.long@cwmmh2o.com</u>

I certify that I (check one):

- I have previously filed a Claim of Beneficial Use
- I am attaching the Claim of Beneficial Use with this request and have included the appropriate claim fee.

I understand the following:

- That upon receipt of my non-refundable application fee in the amount of **\$ 125.00**, OWRD will, within fourteen (14) days, notify me in writing of the estimates of cost and time frame for the expedited service.
- That this fee covers the reimbursement authority staff to evaluate and provide the estimate for processing of the request.
- That upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost in advance to initiate the expedited service.
- An incomplete or inaccurate Claim of Beneficial Use may delay the process and increase the cost to process my request.
- Expedited processing does not guarantee a favorable review of my request.
- Send completed Application and payment to:  
**Oregon Water Resources Department  
Certificate Reimbursement Authority Program  
725 Summer St. NE, Suite A  
Salem, OR 97301-1271**

I certify that I am the (check one):

- Applicant
- Applicant's Representative
- Other (Please specify) \_\_\_\_\_

Name: \_\_\_\_\_ **Pan-American Berry Growers**  
**by Steven M Etickson President/CEO**

Signature: \_\_\_\_\_ *Steven M Etickson*

**OWRD USE ONLY: Reimbursement Authority Number: R12 \_\_\_\_\_ 19**