

**CLAIM OF
BENEFICIAL USE
for Transfers
Place of Use Only**



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 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 7" 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 place of use.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #

T-14141

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Same as transfer holder below		PHONE NO. 503.559.1471	ADDITIONAL CONTACT NO. N/A
ADDRESS			
CITY	STATE	ZIP	E-MAIL tomf@woodburnnursery.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 Fessler Family, LLC			
ADDRESS 13009 McKee School Road			
CITY Woodburn	STATE OR	ZIP 97071	

4. Date of Site Inspection:

8 FEB 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tom Fessler	Dec 2023	managing member of LLC
Craig Hopkins	Feb 2024	Key farm person

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 Same as transfer holder above			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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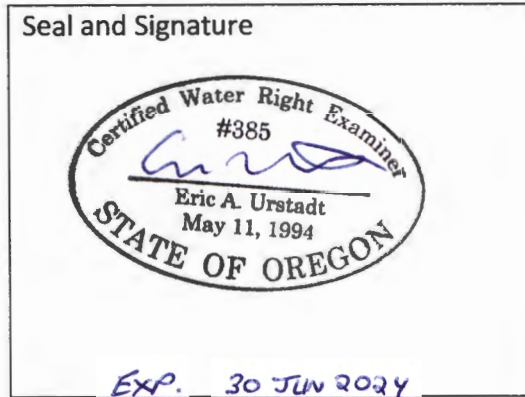
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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



19/FEB/2024

CWRE NAME Eric Urstadt, PE, PLS, CWRE		PHONE NO. 971.250.1520	ADDITIONAL CONTACT NO. N/A
ADDRESS 39290 NW Murtaugh Road			
CITY North Plains	STATE OR	ZIP 97133	E-MAIL ericurstadt@hotmail.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>Tom Fessler</i>	Tom Fessler	Managing Member	<i>2-12-24</i>

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SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
5.2	5.2

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
YES

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

N/A

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SECTION 4 CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	6 SEP 2023	
COMPLETENESS DATE FROM ORDER (C)	1 OCT 2024	Mid-SEP 2023

* 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. Table Deleted.

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device? NO
If "NO", items b through f relating to this section may be deleted. Items Deleted.

4. Other conditions required by the transfer final order:

a. Other conditions? NO

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

N/A

SECTION 5

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ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
A	Claim of Beneficial Use Map
B	Reimbursement Authority Application

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

This map was prepared using the tax assessor map for the tax lot boundary. A May 2023 Google aerial photo was used to confirm planting and watering at the site along with a site visit.

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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
- 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
- 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")
- Transfer application number
- North arrow
- Legend
- CWRE stamp and signature

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Aspen

Rural Land Consulting

Water Resources, Water Rights, Land
Surveying, Engineering, Land Use Planning

ERICURSTADT@HOTMAIL.COM
971-250-1520 (MOBILE)

Water Resources Department
Attn: Certificate Section – Reimbursement Authority
725 Summer Street NE, Ste. A
Salem, OR, 97301

9 FEB 2024

Subject: Claim of Beneficial Use and Reimbursement Authority (RA) application for T-14141

To Whom It May Concern,

Enclosed is an application for a Claim of Beneficial Use (COBU) T-14141 together with the following attachments:

- A. COBU Map
- B. Reimbursement Authority (RA) application
- C. A check for RA fee made out to "Oregon Water Resources Department" for \$125.00.
- D. A check for COBU fee made out to "Oregon Water Resources Department" for \$230.00.

Please let me know if there are any concerns or you need any more information.

Respectfully,
Aspen Rural Land Consulting

Eric Urstadt, PE, PLS

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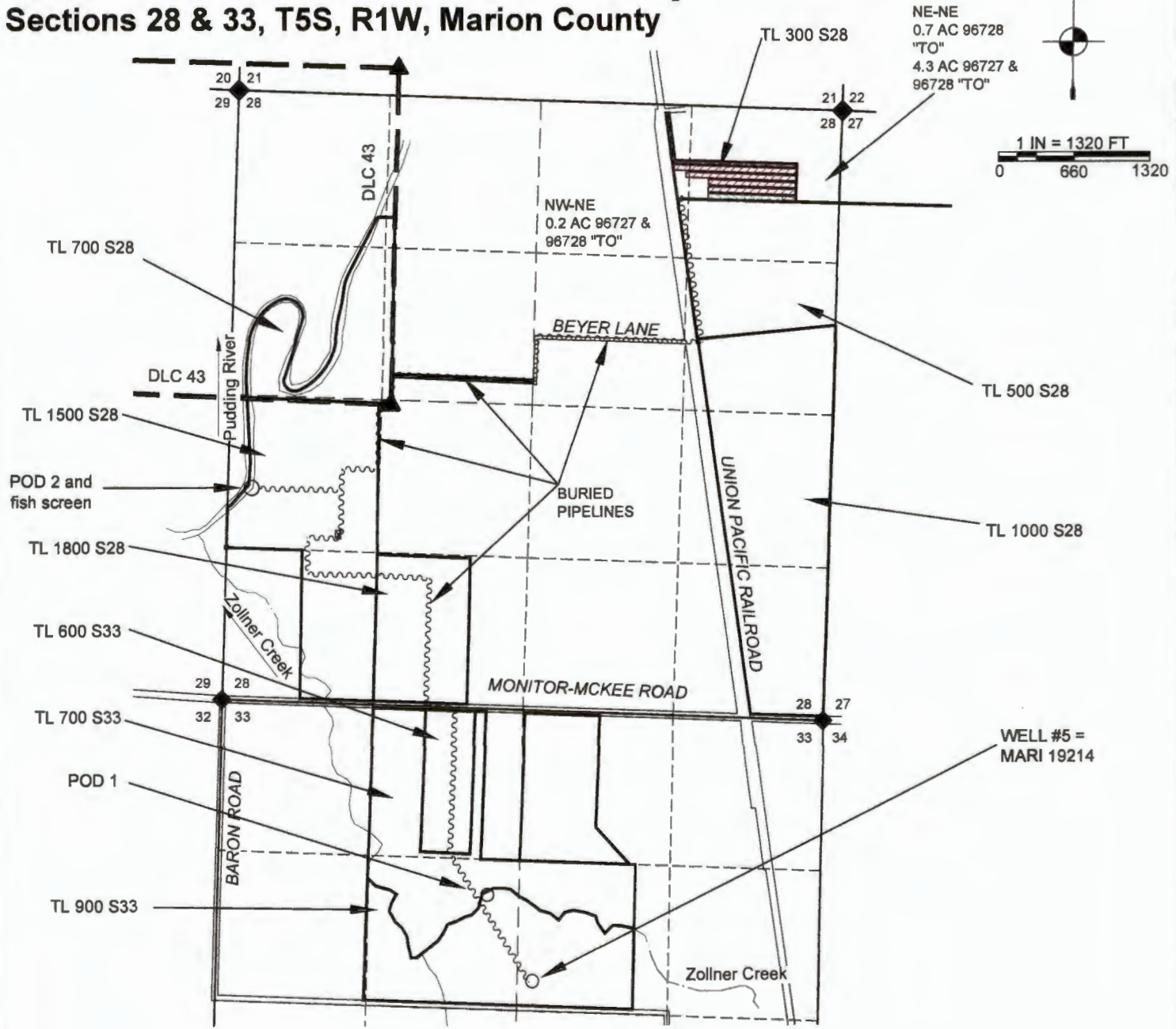


Claim of Beneficial Use Map

Sections 28 & 33, T5S, R1W, Marion County



1 IN = 1320 FT
0 660 1320



LOCATIONS OF POINTS OF DIVERSION (POD) AND WELL:
POD 1 IS 1695' SOUTH AND 2295' EAST FROM NW S33.
POD 2 IS 1830' NORTH AND 260' EAST FROM NW S33.
WELL #5 IS 2390' SOUTH & 2800' EAST FROM NW S33**.
** PER CERT. 96728

THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.

- LEGEND**
- DONATION LAND CLAIM (DLC) CORNER
 - SECTION CORNER
 - POINT OF DIVERSION OR APPROPRIATION
 - STREAM OR SURFACE DRAINAGE
 - TAX LOT LINE
 - SECTION LINE
 - QUARTER-QUARTER LINE
 - DLC LINES
 - CONVEYANCE PIPELINES
 - "TO" ACRES 96727 IRRIG & 96728 SUPPL
 - "TO" ACRES 96728 IRRIG



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MAP BY:
ASPEN RURAL LAND CONSULTING
ERIC URSTADT, PE, PLS
971-250-1520
FEB 2024
FesslerEbner5J



OREGON WATER RESOURCES DEPARTMENT
TRANSFER REIMBURSEMENT AUTHORITY
ESTIMATE APPLICATION

ATTACH 5-11



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

Please contact Transfer Staff before submitting this request, as the application fee of \$125.00 per request is non-refundable.

Checks submitted for this application must be separate from Transfer fees.

The purpose of this application is to obtain estimates of the cost and time required to process a Transfer Application Request. There is a non-refundable application fee of \$125.00 per request.

REQUEST	TYPE	FILE NUMBER
<input checked="" type="checkbox"/>	Transfer Application	Transfer Number T-14141

	Applicant Information	Applicant's Representative/Contact
Name:	Fessler Family, LLC	Eric Urstadt, PE, PLS, CWRE
Address:	13009 McKee School Road Woodburn, OR 97071	39290 NW Murtaugh Road North Plains, OR 97133
Phone:	503.634.2231	971.250.1520
Fax:	N/A	N/A
E-Mail Address:	tom@woodburnnursery.com	ericurstadt@hotmail.com

By signing this application, I understand:

- That upon receipt of my non-refundable application fee of \$125.00, OWRD will, within fourteen (14) days, notify me in writing of the estimate of costs 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.
- That an incomplete or inaccurate application may delay the process and increase the cost to process my request.
- That expedited processing does not guarantee a favorable review of my request.

I certify that I am the (check one):

Applicant Applicant's Representative Other (Please specify) _____

Name: Eric Urstadt

Signature: 

Send completed Application and payment to:

Oregon Water Resources Department
Transfer Reimbursement Authority Program
725 Summer St. NE, Suite A
Salem, OR 97301-1271

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OWRD USE ONLY: Reimbursement Authority Number: R11- -25

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Oregon

Tina Kotek, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

www.oregon.gov/owrd

February 23, 2024

Fessler Family, LLC
13009 McKee School RD
Woodburn, OR 97071

RE: Application: T-14141

Dear Permit Holder,

On February 22, 2024, the Department received the Claim of Beneficial Use that you submitted for the above referenced file.

The Department is returning your Claim at this time for the following reasons:

1. The Claim did not include the required map stamped and signed by the CWRE on polyester film. The Claim map is required to be submitted on polyester film. The map supplied with the Claim report is on paper.

Enclosed you will find your check in the amount of \$230.00, and your Claim materials. The Department has not retained a copy of the Claim. Because the claim is not acceptable, your reimbursement authority paperwork is being returned as well.

If you have any additional questions, please feel free to contact me at 503-979-9103.

Sincerely,

Gerry Clark
Water Rights Specialist
Certificates

cc: file T-14141
Eric Urstadt, CWRE

Enclosures: Claim, Reimbursement Authority Paperwork and Check #23191

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Rural Land Consulting

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ERICURSTADT@HOTMAIL.COM
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Eric Urstadt, PE, PLS

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