

**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>

Received

SEP 20 2024

OWRD

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.

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

YES NO

1. File Information

APPLICATION #

T-14119

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Ricketts Family Farm/Nick Ricketts		PHONE NO. 541-280-5773	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 130				
CITY Silver Lake	STATE OR	ZIP 97638	E-MAIL Rickettsfamilyfarm@gmail.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 Same as above		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8/16/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Nick Ricketts	8/16/2024	Owner/Applicant

6. County:

Lake

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 above		
ADDRESS		
CITY	STATE	ZIP

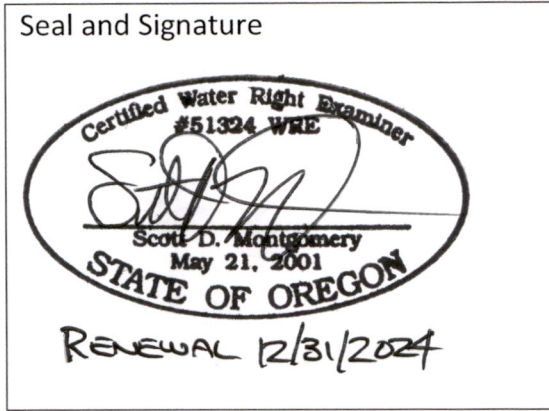
Add additional tables for owners of record as needed

Received
SEP 20 2024
OWRD

**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 Scott D Montgomery		PHONE NO. 541-548-5833	ADDITIONAL CONTACT NO. 541-420-0401
ADDRESS PO Box 767			
CITY Terrebonne	STATE OR	ZIP 97760	E-MAIL swcott@apeands.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
	Nick Ricketts	Owner	9-5-2024

Received
SEP 20 2024
OWRD

SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
45.5	45.5

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)
NA

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.")

--

Received
SEP 20 2024
OWRD

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	7/12/2024	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	8/16/2024

* 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**

3. Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device? **YES**

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
#1	Lindsay	GA22062141	Off	25543.9 gal x 1000	2024

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):

Received
SEP 20 2024
OWRD

SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	LAKE 1385
Site photos	Location/time stamped photos from irrigation system & POU

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.

The irrigation system & place of use "POU" were tied to approximate boundaries using a Topcon FC 6000 data collector. Point data was imported into Topcon Magnet Tools Software & converted to Statewide Lambert Projection

Received
SEP 20 2024
OWRD

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

Received
SEP 20 2024
OWRD

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

RECEIVED
AUG 17 1971

WATER WELL REPORT

STATE OF OREGON

State Well No. 28/16-10dc

STATE ENGINEER, SALEM, OREGON 97301
within 30 days from the date
of well completion.

ENGINEER
SALEM, OREGON

(Please type or print)

State Permit No. _____

(Do not write above this line)

Lake
1385
G5702

(1) OWNER:

Name Emil Wolfstrom
Address Box 222 Silverlake Ore 97683

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
12" Diam. from 0 ft. to 36 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No

Type of perforator used _____

Size of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) 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.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? Driller
Yield: 1425 gal./min. with 98 ft. drawdown after 12 hrs.

Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow g.p.m. _____

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Grout
Well sealed from land surface to 34 FE ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 2 sacks
Number of sacks of bentonite used in well seal None sacks
Brand name of bentonite B.S.
Number of pounds of bentonite per 100 gallons _____
of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Lake Driller's well number _____
E 1/2 SW 1/4 SE 1/4 Section 10 T. 28 S. R. 16 E W.M.
Bearing and distance from section or subdivision corner 920 FT
N of 19 FT W of the SE corner
of above described property

(11) WATER LEVEL: Completed well.

Depth at which water was first found 32 ft.
Static level 22 ft. ft. below land surface. Date 6-28-71
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 12 1/8
Depth drilled 114 ft. Depth of completed well 114 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	2	
white Chalk	2	11	
Diatomaceous earth	11	33	
Lava Rock (Broken)	33	36	
Solid lava	36	72	
sand stone (water)	72	76	
lava (solid)	76	88	
lava sinders (water)	88	94	
Gray lava Rock	94	99	
Red lava Rock	99	103	
Black lava Rock	103	108	
lava cinders (water)	108	114	

Received
SEP 20 2024
OWRD

Work started 5-29 1971 Completed 6-28 1971
Date well drilling machine moved off of well 6-28 1971

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] John W Beck Date 6-14, 1971
(Drilling Machine Operator)

Drilling Machine Operator's License No. 437

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name J W Beck Well Drilling
(Person, firm or corporation) (Type or print)

Address 140 Sky Lane Dr Canby Ore

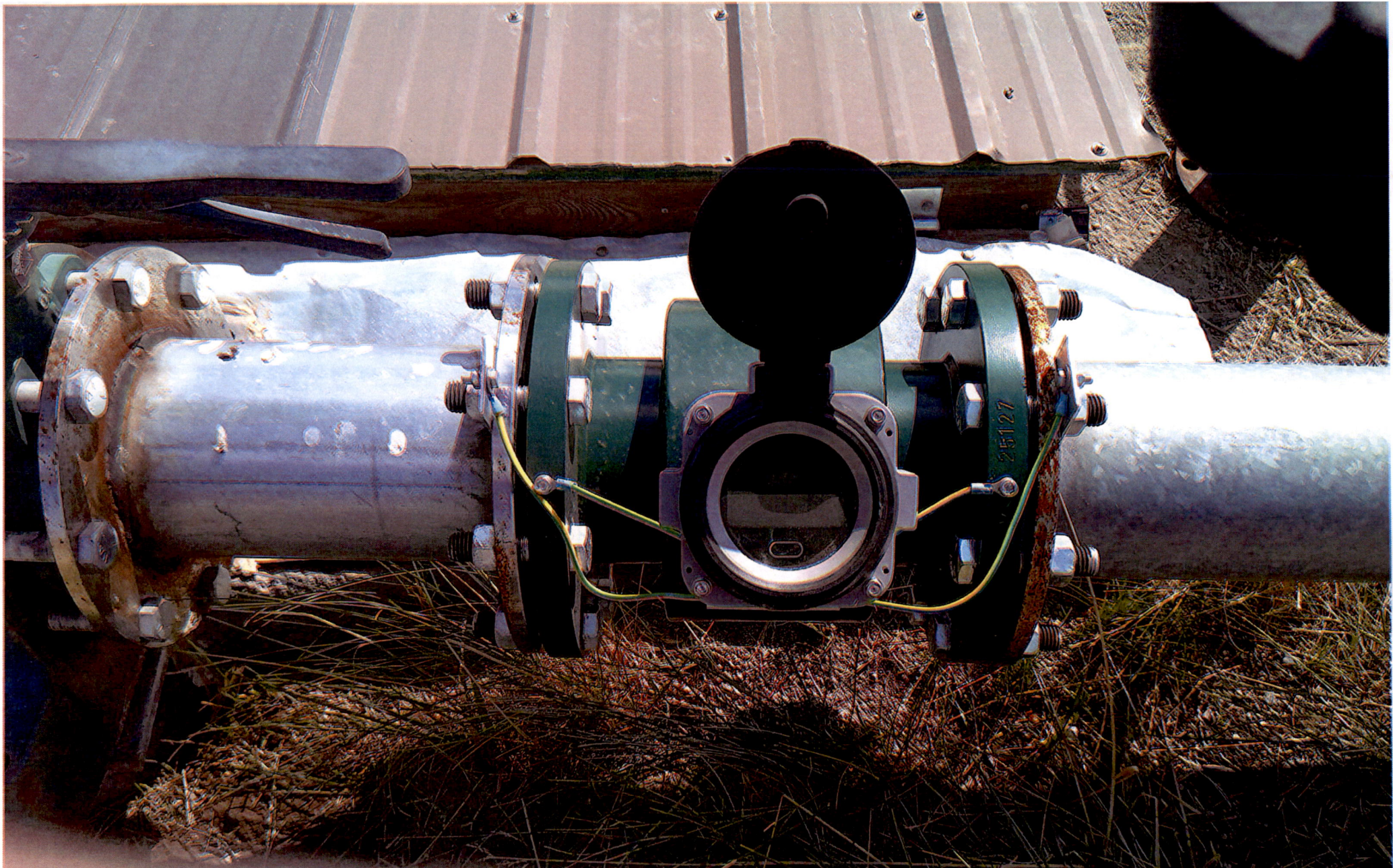
[Signed] John W Beck
(Water Well Contractor)

Contractor's License No. 449 Date 6-14, 1971



Received
SEP 20 2024
OWRD

2024-08-16 14:55:26
Lat: 43°09'05.35080", Lon: -120°48'18.96600"



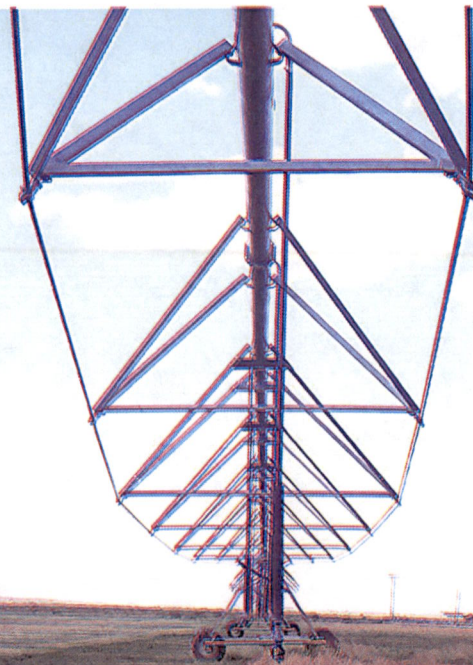
SEP 20 2024

OWRD

2024-08-16 14:57:26

Lat: 43°09'05.38080", Lon: -120°48'18.95340"

Received
SEP 20 2024
OWRD



2024-08-16 14:59:05

Lat: 43°09'04.17011", Lon: -120°48'21.14214"

Received
SEP 20 2024
OWRD

2024-08-16 15:04:12

Lat: 43°09'15.77940", Lon: -120°48'19.89420"



ALL POINTS
ENGINEERING & SURVEYING, INC.
P.O. Box 767 (CRR)
Terrebonne, Oregon 97760

TRANSMITTAL

To: Oregon Water Resources Dept
725 Summer St NE, Suite A
Salem, OR 97301-1266

Date: 9/17/2024
Attention: Certificates
RE: COBU

Prints Plans Plat Specifications.

Attached is a Claims of Beneficial Use & Final Proof map on T-14119.

If you have any questions please don't hesitate to call or email me.

Copies	No.	Description
1	1	Claim of Beneficial Use (7 pages letter bond)
1	2	COBU Map (1 page mylar)
1	3	Wello log (1 page letter bond)
1	7	Site photos (4 pages letter bond)

Signed: _____

Devin Montson

Received
SEP 20 2024
OWRD