

**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

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**

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Type of Authorized Change

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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.

Superseded

1. File Information

APPLICATION #
T-11981

2. Property Owner (current owner information)

Table with 3 columns: APPLICANT/BUSINESS NAME (Riley Creek Ranch, LLC), PHONE NO. (541-915-1477), ADDITIONAL CONTACT NO. (NA), ADDRESS (145 East 12th Alley), CITY (Eugene), STATE (OR), ZIP (97401), E-MAIL (todd@ymscorp.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)

Table with 3 columns: TRANSFER HOLDER OF RECORD (Mary Marciel), ADDRESS (54874 Hwy 26), CITY (Mt. Vernon), STATE (OR), ZIP (97865)

4. Date of Site Inspection:

August 1, 2024

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

Table with 3 columns: NAME (Tucker Wright), DATE (August 1, 2024), ASSOCIATION WITH THE PROJECT (Ranch Manager)

6. County:

Grant

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)):

Table with 3 columns: OWNER OF RECORD (NA), ADDRESS, CITY, STATE, ZIP

Add additional tables for owners of record as needed

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OCT 02 2024

Salem, OR

1. File Information

APPLICATION # T-11981

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Riley Creek Ranch, LLC		PHONE No. 541-915-1477	ADDITIONAL CONTACT No. NA
ADDRESS 145 East 12th Alley			
CITY Eugene	STATE OR	ZIP 97401	E-MAIL todd@ymscorp.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 Riley Creek Ranch LLC and Michael Todd Young		
ADDRESS 145 East 12th Alley		
CITY Eugene	STATE OR	ZIP 97401

4. Date of Site Inspection:

August 1, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tucker Wright	August 1, 2024	Ranch Manager

6. County:

Grant

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)):

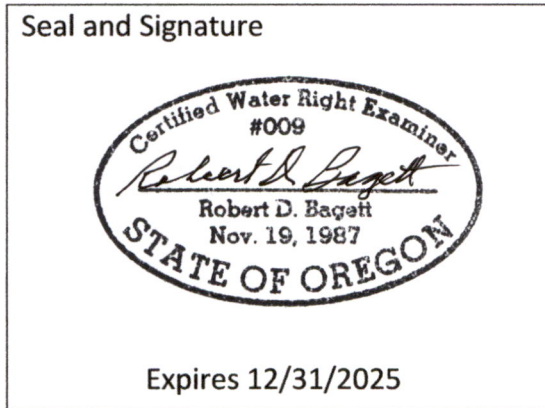
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

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 Robert D. Baggett	PHONE NO. 541-620-0717	ADDITIONAL CONTACT NO. 541-575-1251
ADDRESS P. O. Box 476		
CITY John Day	STATE OR	ZIP 97845
E-MAIL bobbagett@gmail.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
	Michael Todd Young	Member	9/26/24

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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 #2	GRAN 51369	L-132705	Riley Creek Basin

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

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? **YES**

If yes, describe below.

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

The order allowed three new points of appropriation. The water user only developed one of the points.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well #2	1.20 cfs	1.70 cfs	NA

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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):

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
Goulds	8FDLC7Stage	Unknown	Submersible	6"	6"

2. Motor Information

MANUFACTURER	HORSEPOWER
Nema	125

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)
125	70	300	+40	1.70

4. Provide pump calculations:

See Attached Exhibit A

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)
NA	NA	NA	NA

Reminder: For pump calculations use the reference information at the end of this document.

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B. Groundwater Source Information (Well and Sump)

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

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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	June 23, 2016	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2019	August 24, 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)? YES
If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
122	187	October 1, 2023

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

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 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 #2	Seametric	03222437	Working	476 GPM	April 11, 2023

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? Received NO

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

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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? NO

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Exhibit A	Pump Capacity Calculations
EXHIBIT B	Well Log: GRAN 51369

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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 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.

Used GPS in RTK mode to locate Well #3, the flow meter and the NE corner Section 30, T.13.S., R.29 E.

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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.)

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- NA Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- NA Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

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Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 125
Efficiency = 7.04
Lift = 340
PSI = 70

Results Calculated

(hp)(efficiency) = 880
Head based on psi = 177.8
Total dynamic head = 517.8
(head + lift)

Pump Capacity = 1.70 feet per second

RILEY CREEK RANCH

T-11981

WELL #2

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EXHIBIT A

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

GRAN 51369

WELL I.D. LABEL# L 132705
START CARD # 1039408
ORIGINAL LOG #

10/3/2019

(1) LAND OWNER

Owner Well I.D. _____
First Name MARY Last Name MARCIEL
Company _____
Address 54874 HWY 26
City MT.VERNON State OR Zip 97865

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] []

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 560.00 ft. Special Standard (Attach copy)

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
20	0	24	Cement	0	24	35	S
12	24	338			Calculated	29	
10	338	500					
6	500	560			Calculated		

How was seal placed: Method A B C D E
 Other _____

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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> 2	338	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/> 1	24	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/> 322	500	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 500

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holt perforator

Screens Type _____ Material _____

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

Perf	Casing	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		8	340	500	.25	1	9000	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1100		500	6

Temperature 56 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 26 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County GRAN Twp 13.00 S N/S Range 30.00 E E/W WM
Sec 30 SE 1/4 of the NW 1/4 Tax Lot 4900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
54874 HWY 26

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/4/2019		4

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 12.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/10/2019	12	14	10		11
8/29/2019	150	560	1100		4

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	3
Tan clay and gravel	3	12
Tan gravel soft	12	14
Tan clay med hard	14	150
Tan gravel med hard	150	280
Tan gravel med soft some clay	280	500
Tan gravel med hard	500	550
Tan gravel soft	550	560

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Date Started 8/8/2019 Completed 9/2/2019

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

(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. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1606 Date 10/3/2019

Signed JOHN MARCIEL (E-filed)

Contact Info (optional) _____

REECE Nick A * WRD

From: REECE Nick A * WRD
Sent: Wednesday, October 2, 2024 1:28 PM
To: bobbagett@gmail.com
Subject: Amended page needed on claim submitted for file T-11981

Good afternoon,

We have received the claim submitted for transfer file T-11981. It looks like Mary Marciel was left as the permit holder of record on page two. If you can provide an updated page two that reflects Ripley Creek Ranch LLC and Michael Todd Young as the permit holders of record, I will be able to add this claim to our system.

Thank you,

Nick Reece
Public Service Representative 4
725 Summer Street NE, Suite A, Salem, OR 97301 | Phone: 503-986-0810



Integrity | Service | Technical Excellence | Teamwork | Forward-Looking