

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water and Groundwater



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.

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SECTION 1

GENERAL INFORMATION Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

- | | |
|--|--|
| 1. <input type="checkbox"/> Change in POD(s) or Additional POD(s) | 4. <input checked="" type="checkbox"/> Change in Character of Use |
| 2. <input checked="" type="checkbox"/> Change in POA(s) or Additional POA(s) | 5. <input type="checkbox"/> Change in Character of Use – Reservoir |
| 3. <input type="checkbox"/> Change in Place of Use | |

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION # T-13182

2a. Property Owner (current owner information) **TL 06 1W 32 601**

APPLICANT/BUSINESS NAME Johnfam Farms LLC		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS 10404 Hazelgreen Rd				
CITY Silverton	STATE OR	ZIP 97381	E-MAIL	

2b. Property Owner (current owner information) **TL 06 1W 32 800 and 801**

APPLICANT/BUSINESS NAME Steven and Constance Johnson		PHONE NO. 503-781-3170	ADDITIONAL CONTACT NO.	
ADDRESS 10404 Hazelgreen Rd				
CITY Silverton	STATE OR	ZIP 97381	E-MAIL Steve.j@vipsinc.net	

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 Steven and Constance Johnson		
ADDRESS 10404 Hazelgreen Rd		
CITY Silverton	STATE OR	ZIP 97381

4. Date of Site Inspection:

July 3, 2024 – former Certificate 94117
July 24, 2024 – former Certificate 40143

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Steve Johnson	July 3, 2024, July 24, 2024	Owner / Operator

6. County

Marion County

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

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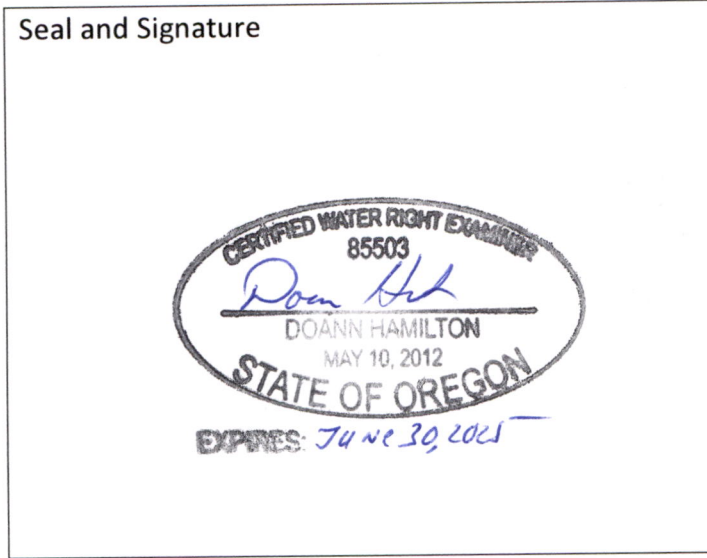
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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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




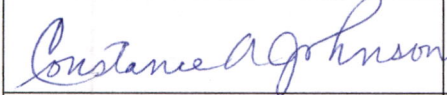
CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT No. (503) 349-6946	
ADDRESS 18487 S. Valley Vista Road				
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com	

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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 V. JOHNSON	HOLDER OF RECORD	10-18-24
	CONSTANCE A. JOHNSON	HOLDER OF RECORD	10-18-24

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion?

NO

If "NO", this Section can be deleted.

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Change #2

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

YES

If "NO", this Section can be deleted.

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)
Authorized Well 4	Not Drilled	Not Drilled	NA
Authorized Well 5	Not Drilled	Not Drilled	NA

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

A. 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
Not Drilled						
Not Drilled						

B. In addition to the information requested in item "A" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

None

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 authorized Wells 4 and 5 have not been constructed and are, therefore, not included in this Claim of Beneficial Use. The new place of use is being irrigated from the three original wells.**

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Authorized Well 4	NA	NA	NA
Authorized Well 5	NA	NA	NA

System Description 1a of 1b

Are there multiple new or additional Points of Appropriation (POA)? **YES**

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Authorized Well 4 – not drilled

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
NA					

2. Motor Information

MANUFACTURER	HORSEPOWER
NA	

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)
NA				

4. Provide pump calculations:

NA

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			

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)

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1. Is the appropriation from a dug well (sump)? YES NO

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

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

2. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL:
NA	

4. Provide sump volume calculations:

NA

C. Additional notes or comments related to the system:

The authorized Well 4 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.

System Description 1b of 1b

Are there multiple new or additional Points of Appropriation (POA)? YES

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Authorized Well 5 – not drilled

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
NA					

2. Motor Information

MANUFACTURER	HORSEPOWER
NA	

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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)
NA				

4. Provide pump calculations:

NA

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			

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

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)? YES NO

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

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

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

4. Provide sump volume calculations:

NA

C. Additional notes or comments related to the system:

The authorized Well 5 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.

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Change #3

Change in Place of Use

Did the transfer order authorize a change in the place of use? **YES**

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:
If Irrigation or Nursery Use:

FORMER CERTIFICATE	THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
Former Certificate 40143	26.0	18.3
Former Certificate 94117	40.0	40.0

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

NEW USE(S)	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	NA
NA	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **YES**
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.")

1. For former Certificate 40143, place of use was reduced based on field verification:

Original authorized place of use:

6S	1W	Sec 31	SE NE	DLC 42	1.7
6S	1W	Sec 32	SW NW	DLC 42	16.6
6S	1W	Sec 32	SW NW		3.9
6S	1W	Sec 32	NW SW		3.8
Total:					26.0

Revised place of use:

6S	1W	Sec 31	SE NE	DLC 42	1.7
6S	1W	Sec 32	SW NW	DLC 42	16.6
Total:					18.3

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Change #4

Change in Character of Use

Did the transfer order authorize a change in character of use? **NO**

If "NO", this Section can be deleted.

Change #5

Change in Character of Use – Reservoir

Did the transfer order authorize a change in character of use for a reservoir? **NO**

If "NO", this Section can be deleted.

SECTION 4

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	November 25, 2019	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2024	July 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**

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

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**

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c. Meter Information

POD/PO A NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	11-00238-04	Working	26,899,900 gallons (July 3, 2024)	January 2011
Well 2	McCrometer	11-00237-04	Working	48,238,600 gallons (July 3, 2024)	January 2011
Well 3	McCrometer	11-00239-04	Working	67,430,000 gallons (July 3, 2024)	January 2011

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? **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? **NO**

If "NO", items b through e relating to this section may be deleted.

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? **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. 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):

None

**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
BLM Cadastral Map	BLM Cadastral Map T. 6S. R. 1W. showing DLC and Government Lot locations

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SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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 COBU map was prepared using tax assessor's maps 06 1W 31 and 32, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>**

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.)

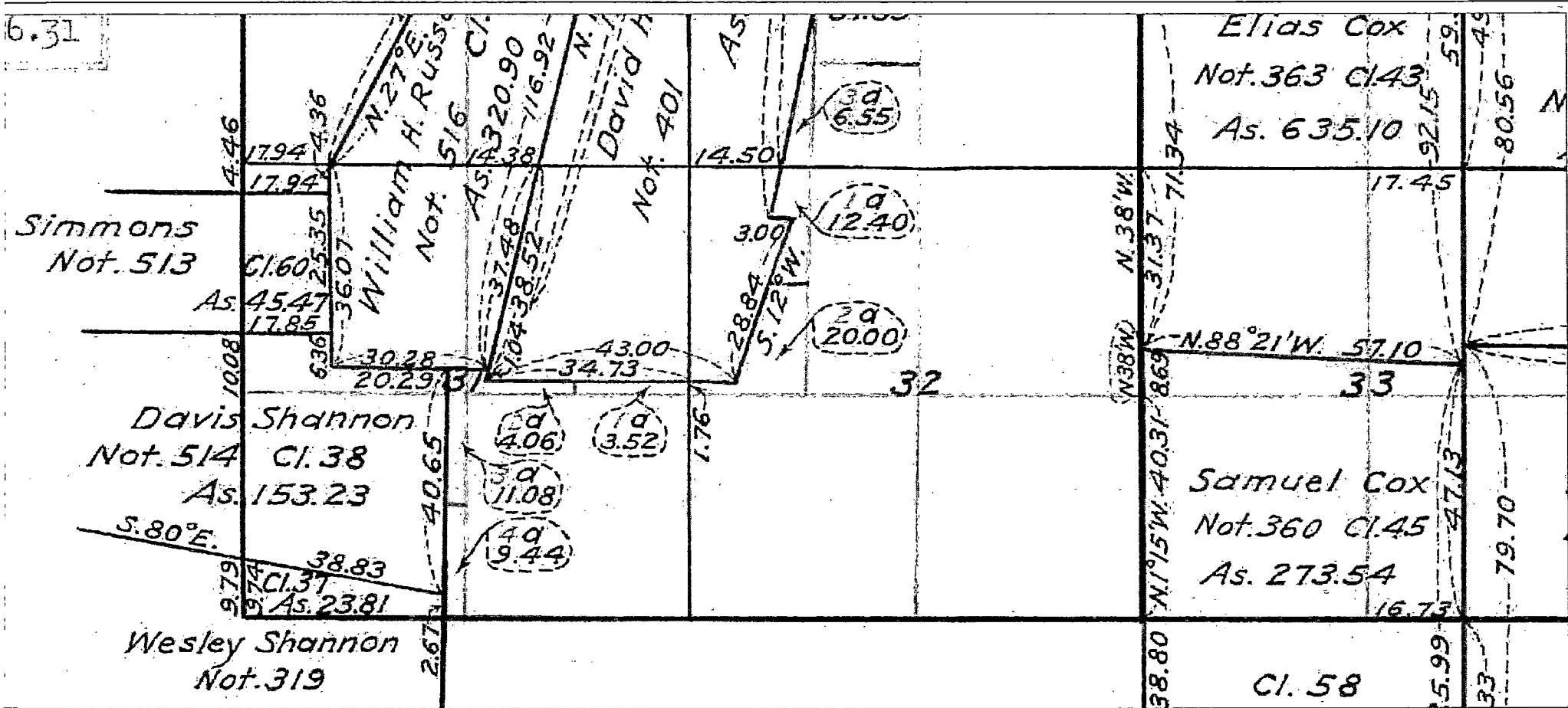
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation

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- 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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6.31



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: John Tim Farms LLC

10404 Hazelgreen Rd Silverton OR 97581

Transaction Type: BU

Fees Received: \$ 230⁰⁰

Cash

Check:

Check No. 4528

Name(s) on Check: Steven V Johnson

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: Nick Reese

(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 submission (application/other document) in the top drawer of filing cabinet.