

**CLAIM OF  
BENEFICIAL USE  
for Transfer Surface to  
Groundwater POA**



**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**

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**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a change from surface water point(s) of diversion to groundwater point(s) of appropriation.

YES  NO

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

**1. File Information:**

APPLICATION # <b>T-12793</b>
---------------------------------

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>William Radke</b>		PHONE NO. <b>(541) 905-6130</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 15</b>			
CITY <b>Shedd</b>	STATE <b>OR</b>	ZIP <b>97377</b>	E-MAIL <b>wildbill@alryca.net</b>

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>William Radke</b>			
ADDRESS <b>PO Box 15</b>			
CITY <b>Shedd</b>	STATE <b>OR</b>	ZIP <b>97377</b>	

**4. Date of Site Inspection:**

<b>8/16/2024</b>
------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>William Radke</b>	<b>8/16/2024</b>	<b>Owner</b>

**6. County:**

<b>Linn</b>
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**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		
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>William E. McGill</b>		PHONE NO. <b>(503) 510-3026</b>	ADDITIONAL CONTACT NO. <b>(503) 931-0210</b>
ADDRESS <b>15333 Pletzer Rd. SE</b>			
CITY <b>Turner</b>	STATE <b>OR</b>	ZIP <b>97392</b>	E-MAIL <b>willmcgill.surveying@gmail.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
<i>William Radke</i>	<i>William Radke</i>	<i>OWNER</i>	<i>11-5-24</i>

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## SECTION 3

### CLAIM DESCRIPTION

**Note: The Claim only needs to describe the new point(s) of appropriation. This Claim does not need to provide information for the original point(s) of diversion involved in the transfer.**

**1. New point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP) WELL OR SUMP	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
<b>Well 4</b>	<b>LINN 63229</b>	<b>L-137191</b>	<b>Owl Creek</b>

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

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?  YES  NO

If yes, describe below.

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

**T-12793 Final Order authorized Wells 1, 2, 3, and 4. Only Well 4 was constructed and used.**

**3. Claim Summary:**

NEW POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
<b>Well 4</b>	<b>0.45 cfs</b>	<b>0.65 cfs</b>	<b>*</b>

**\*System not running at time of site inspection.**

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES  NO

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

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

Well 4

**A. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES  NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

¾" threaded port on North edge of well cap

3. 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
See attached well log LINN 63229.						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

**B. Groundwater Source Information (Sump)**

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

YES  NO

**C. 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
			Submersible		4"

2. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	20

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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)
20	80	0'	13.5'	0.65

**4. Provide pump calculations:**

$Q = (20 * 7.04) / (203.2 + 13.5) = 0.65 \text{ cfs}$

**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)
System not running at time of site inspection.			

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

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

**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 POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	7/1/2019	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	June 2023

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\* 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

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 appropriation.**

b. Has a meter been installed? YES  NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 4	McCrometer	22-06491	Working	2331200	June 2023

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES  NO

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

a. Were there special well construction standards? YES  NO

b. Was submittal of a ground water monitoring plan required? YES  NO

c. Other conditions? YES  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
Well Log	LINN 63229 (Well 4)
Pictures (x6)	Taken at the 8/16/2024 site inspection

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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.

**Survey method used was aerial photo provided by Maxar Technologies.**

**Source Date: 5/11/2023**

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

**LINN 63229**

WELL I.D. LABEL# L 137191  
START CARD # 1048111  
ORIGINAL LOG #

(1) **LAND OWNER** Owner Well I.D. 6132  
First Name William Last Name Radke  
Company \_\_\_\_\_  
Address P.O. Box 15  
City Shedd State OR Zip 97377

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

(2a) **PRE-ALTERATION**  
Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
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** Special Standard  (Attach copy)  
Depth of Completed Well 40 ft.  
**BORE HOLE**  
Dia From To Material From To Amt sacks/lbs  
16 1 19 Bentonite 0 39 52 S  
12 19 40 Calculated 15  
Calculated \_\_\_\_\_

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry  
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 Pounds Actual Amount Pounds

(6) **CASING/LINER**  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
12 1 39.5 250  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia 16 From 0 To 38

(7) **PERFORATIONS/SCREENS**  
Perforations Method Torch cut  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/ Screen  
green Liner Dia From To Scrn/slot Slot # of Tele/  
Perf Casing 12 19 39.5 375 10 400  
pipe size

(8) **WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
400 \_\_\_\_\_ 40 1  
Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 97  
From To Description Amount Units

(9) **LOCATION OF WELL (legal description)**  
County LINN Twp 11 S N/S Range 4 W E/W WM  
Sec 31 NW 1/4 of the SE 1/4 Tax Lot 1100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Behi8nd Whispering Pines Mobile Home Park Hwy. 34 - Corvallis, OR

(10) **STATIC WATER LEVEL**  
Date SWL (psi) + SWL (ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 09-02-2020 \_\_\_\_\_ 15  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 15

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-02-2020	15	35	400		15

(11) **WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	1	2
Brown sandy loam	2	5
Brown clay	5	10
Cemented sand & gravel	10	15
Sand & gravel	15	35
Blue clay	35	40

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**RECEIVED**  
JONES DRILLING CO., INC.  
29400 SANTIAMI HWY.  
LEBANON, OR 97355  
541-367-2560 541-451-2686  
1-800-915-8388  
**OWRD**

Date Started 09-01-2020 Completed 09-02-2020  
(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 1888 Date 09-05-2020  
Signed Ken Gillett  
(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 1684 Date 09-05-2020  
Signed \_\_\_\_\_  
Contact Info (optional) jonesdrilling@hotmail.com



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Radke Cobu - well - 8/16/24



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*Radke COBU - well tag - 8/16/24*



**McCROMETER**  
 Item #: MF104      OD:  
 Serial#: 22-06491      ID: 4.026  
 Unit Ttl/Rte: GAL / GPM Ratio: 2000  
 Mount: Standard      Bearing: B0610-80-PH  
 Orien: HORIZONTAL      Reg: R0100-10-P  
 COMPONENT  
 McCrometer  
 NSF / ANSI 61  
 &  
 NSF / ANSI 372

**DANGER**  
**DO NOT REMOVE**  
 UNDER PRESSURE

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*Radke COBU - flow meter tag - 8/16/24*



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*Radke Cobu - Flow meter - 8/16/24*

# DUAL VOLTAGE SUBMERSIBLE MOTOR HITACHI

TYPE	VCTI	H P	20	20	20	20	20
FORM	KK	VOLTS	460/230	380	380	400	415
PHASE	3	HERTZ	60	60	50	50	50
POLES	2	min <sup>-1</sup>	3450	3380	2810	2820	2840
RATING	S1	AMP'S	27/54	31	32	32	32
TEMP.RISE	80K	CODE	J	F	G	H	H
AMB.TEMP.	35°C	S.F.	1.15	1.0	1.0	1.0	1.0
DATE	822	S.F.A.	30/60				
MADE IN JAPAN	MFG.No.	G26858E					

Hitachi Industrial Equipment Systems Co., Ltd.

NDC00009

Radke  
Cobu

Submersible  
motor  
tag

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80/8  
20HP 2P 460V 3PH  
DV



\*G26838 27080\*

G26838E

371200



\*12371200\*



Radke  
CoBU

—  
pump  
info

—  
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