

**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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 permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-18416	PERMIT # (IF APPLICABLE) G-18174	PERMIT AMENDMENT # (IF APPLICABLE) T-13065
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Jackass Mountain Holdings LLC		PHONE NO. 509-531-7061	ADDITIONAL CONTACT NO.
ADDRESS 660 Dogwood Rd			
CITY Pasco	STATE WA	ZIP 99301	E-MAIL cliff@jackassmtnranch.com

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Same information as property owner above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

September 9, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Cliff MacHugh	9/9/2022	Owner

6. County:

Linn

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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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 Kyle W. Latimer	PHONE NO. 541-451-5125	ADDITIONAL CONTACT NO.
ADDRESS 63 E Ash Street		
CITY Lebanon	STATE OR	ZIP 97355
E-MAIL kyle@udelleng.com		

Permit Holder of Record Signature or Acknowledgement

***Each** permit 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
See attached signature page			
			RECEIVED NOV 14 2024
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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.

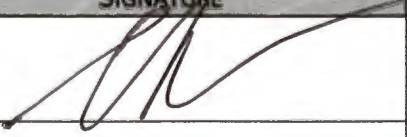
Seal and Signature

CWRE NAME	PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS			
CITY	STATE	ZIP	E-MAIL

Permit Holder of Record Signature or Acknowledgement

Each permit 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
	Cliff McHugh	MANAGER	9/10/22
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SECTION 3
CLAIM DESCRIPTION

1. 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)
Well 4	L-156038	

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 4	Santiam River Basin	

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 4	Irrigation	Hazelnuts	March 1–October 31	36.91 AF
Total Quantity of Water Used				

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Well 4 supplies a 2100' orchard 4" underground PVC mainline via an offsite 5" underground PVC mainline. Four blocks of trees on 20' row spacing are then irrigated by buried 20 mm drip line with 30" emitter spacing supplied either by a buried 2" or 3" secondary supply line connected to the 4" main. Well 4 is a 35' deep 8" steel cased drilled well with an electronic totalizing flow meter

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES** **NO**

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed for 144.4 acres of irrigated area. The water user only developed 74.71 acres

6. Claim Summary:

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POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 4	1.8 cfs	.245 cfs	36.91 AF	Irrigation	144.4	74.71

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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. Place of Use

1. Is the right for municipal use?

YES **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
10S	3W	WM	19	SE, NE	N/A	58/55	Irrigation	8.05	
10S	3W	WM	19	NE, SE	N/A	55	Irrigation	0.15	
10S	3W	WM	20	SW, NW	N/A	58/55	Irrigation	34.52	
10S	3W	WM	20	NW, SW	N/A	55	Irrigation	0.99	
10S	3W	WM	20	SE, NW	N/A	58/55	Irrigation	30.19	
10S	3W	Wm	20	NE, SW	N/A	58/55	Irrigation	0.81	
Total Acres Irrigated									74.71

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. 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:

1/2" vent cap in casing lid

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
8"	35'	35'	10/3/1954	N/A	George Schwab	Nicolas Klaus

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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.

C. Groundwater Source Information (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.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Preferred Pump	6TMH40	unknown	submersible	unknown	unknown

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	10

4. 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)
10	60	25'	0'	.245 cfs

5. Provide pump calculations:

$$(10hp)(7.04)/(152.4' \text{ psi head loss} + 110' \text{ friction loss} + 25' \text{ lift}) = 0.245 \text{ cfs}$$

Assuming 3.15' of friction loss per 100' of 5" PVC mainline @ 450 CFS for 3500' = 110' of friction head

6. 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 in operation at time of site visit			

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

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7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	3500'	PVC	Buried
4"	2100'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1380'	PVC	Buried
2"	1353'	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
n/a					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
n/a					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
30"				1.0 cfs	6.09 GPM/acre

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
n/a				

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E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES **NO**

If "NO", item 2 and 3 relating to this section may be deleted.

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES **NO**

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES **NO**

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

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	12/12/2016		
BEGIN CONSTRUCTION (A)	10/10/2022	7/2019	Main line and lateral excavation began
COMPLETE CONSTRUCTION (B)	10/10/2022	9/2019	Main line, laterals and drip tape installed
COMPLETE APPLICATION OF WATER (C)	10/10/2022	8/2020	Orchard planted and water applied

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES **NO**

If "NO", items a and b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department?

YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES NO

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

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b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES** **NO**

d. If "YES", were those measurements submitted to the Department? **YES** **NO**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES** **NO**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

b. Has the pump test been previously submitted to the Department? **YES** **NO**

c. Is the pump test attached to this claim? **YES** **NO**

d. Has the pump test been approved by the Department? **YES** **NO**

e. Has a pump test exemption been approved by the Department? **YES** **NO**

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or 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 diversion or appropriation.

b. Has a meter been installed? **YES** **NO**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 4	Seametrics	0320180 01124	working	36.91 acre/feet	9/2019

If a meter has been installed, items d through f relating to this section may be deleted.

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7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **YES** **NO**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? **YES** **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** **NO**

WELL ID #	DATE ATTACHED TO WELL
L-156038	11/2024

e. 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	

**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 poly 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.

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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.

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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
- 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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STATE ENGINEER
Salem, Oregon

LINN
4878

Well Record

STATE WELL NO. 10/3W-18Q(1)
COUNTY Linn
APPLICATION NO. GR-143

OWNER: George W. & Elsie Schwab

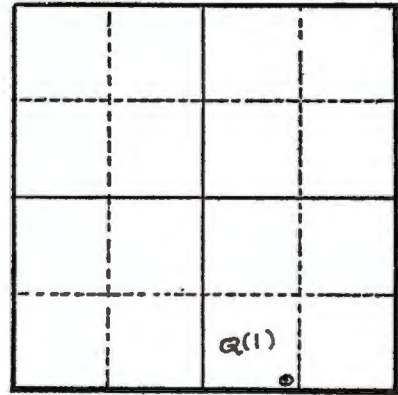
MAILING ADDRESS: Rt. 2, Box 293

LOCATION OF WELL: Owner's No. 1

CITY AND STATE: Albany, Oregon

SW 1/4 SE 1/4 Sec. 18 T. 10 N. S., R. 3 E. W., W.M.

Bearing and distance from section or subdivision
corner 18.6 chs. W. from SE cor. Edmond C. McClain
DLC 70



Section 18

Altitude at well 197 ft. Interpolated

TYPE OF WELL: drilled Date Constructed 10/3/54

Depth drilled 35 ft. Depth cased 35 ft.

CASING RECORD: 8 inch casing set from 0 to 35 ft.

FINISH: slit perforations from 25 to 35 ft.

AQUIFERS: unknown

WATER LEVEL: 6 ft. below land surface Oct. 5, 1954

PUMPING EQUIPMENT: Type Fairbanks Morse centrifugal 2" H.P. 10
Capacity 250 G.P.M.

WELL TESTS:
Drawdown 18 ft. after 600 hours G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation 40 acres Temp. °F. 19

SOURCE OF INFORMATION Reg. St. GR-143

DRILLER or DIGGER Nicholas Klaus; Rt. 4, Albany, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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Do not complete if the well already has a Well Identification Number.

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I. OWNER INFORMATION

Current Owner Name (please print): Martin and Melisa Miller Trust
Mailing Address: 32450 Millersburg Dr NE
City, State, Zip: Albany, OR 97321
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: Udell Engineering and Land Surveying c/o Kyle Latimer 63 E Ash St
City, State, Zip: Lebanon, OR 97355

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 10 South (North / South) Range: 3 West (East / West) Section: 18 SW 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 902 (map10s03w18) County Linn
GPS Coordinates: 44.69388° North 123.09736° West
Street Address of Well, City: 32450 Millersburg Dr NE
If the property had a different street address in the past: unknown

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation
Date Well Constructed (or property built): 10/3/1954 Total Well Depth: 35' Casing Diameter: 8"
Owner at time the well was constructed (if known): George and Elsie Schwab Well Report # (if known): Linn 4878
Other Information:

SUBMITTED BY (please print): Kyle Latimer
PHONE: 541-451-5125 EMAIL &/or FAX: kyle@udelleng.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
10-29-2024

Well Report Number:
LINN 4878

Well Identification #:
L-156038