



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

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**

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

1. File Information:

APPLICATION #

T-13350**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME Shaundele Leatherberry & Shirley Radecki		PHONE NO. 541-688-3350	ADDITIONAL CONTACT NO. 541-913-5980
ADDRESS 215 Hilman Lane			
CITY Eugene	STATE OR	ZIP 97404	E-MAIL sh.leatherberry@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		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**October 21, 2024****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Shaundele Leatherberry	October 21, 2024	Owner

6. County:**Lane****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

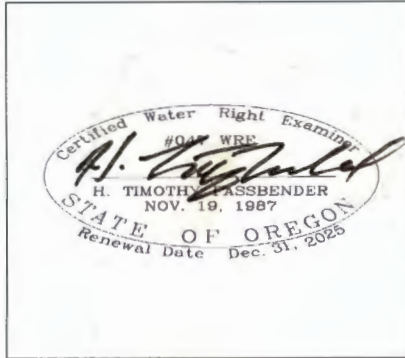
Add additional tables for owners of record as needed

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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 H. Timothy Fassbender		PHONE NO. 541-485-3136	ADDITIONAL CONTACT NO. 541-913-0216
ADDRESS 2896 Sarah Lane			
CITY Eugene	STATE OR	ZIP 97408	E-MAIL htimfass@aol.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
	(SL) Shaudele Leatherberry	Owner	12-11-24
	Shirley Radecki	Owner	12/11/24

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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)
POA 1	Lane 50657	L 32149	Slough of Willamette River
POA 2	Lane 8366	L 32148	Slough of Willamette River

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? **NO**

If yes, describe below.

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

3. Claim Summary:

NEW POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA 1	0.142 CFS	0.213 CSF	0.06 CSF
POA 2	0.142 CFS	0.177 CFS	0.02 CSF

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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):

POA 1

A. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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:

Inspection port on top of well head

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 well log						

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)?

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
Leeson			Centrifugal	2"	2"

2. Motor Information:

MANUFACTURER	HORSEPOWER
Leeson	5 HP

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)
5 HP	60 PSI	5'	0'	0.213 CFS

4. Provide pump calculations:

$(5)(6.61)/5+150.15 = 0.213 \text{ CFS}$

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)
20067877	20068265	15 min	0.06 CFS

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

D. Additional notes or comments related to the system:

Not all irrigation system running during pumping test.

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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 POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	February 1, 2021	
COMPLETENESS DATE FROM ORDER (C)	March 30, 2021	Well and pumps in place and operating

* 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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 1	Netafim	20- 506382	Working	20068265	March 2021
POA 2	Master Meter	2121104 14	Working	1695347	March 2021

4. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

NO

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):

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log 8366	
Well Log 50657	

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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.

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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
- ☐ 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.) ***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")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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):

POA 2

A. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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:

Inspection port on top of well head

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 well log						

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)?

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
Leeson			Centrifugal	1"	1"

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2. Motor Information:

MANUFACTURER	HORSEPOWER
Leeson	2.05 HP

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)
2.5 HP	40 PSI	0	0	0.177 CFS

4. Provide pump calculations:

$$(2.5)(6.61)/1+92.4 = 0.177 \text{ CFS}$$

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)
1695185	1695347	15 min	0.024 CFS

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

D. Additional notes or comments related to the system:

Not all irrigation system running during pumping test.

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State Well No. 16140-30

State Permit No. _____

Well ID #: L 32148

SP*12658-690

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

LANE
50657

Well ID #: L 32149

(START CARD) # 79595

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name LB CRATER Well Number _____
Address 215 HILEMAN
City EUGENE State OR Zip _____

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 62 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	19	BENIGNITE	0	19	8 SACKS
6"	19	62				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	11	62	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input checked="" type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
30		62	1 hr.

Temperature of water 54 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County LANE Latitude _____ Longitude _____
Township 16S N or S Range 4W E or W. WM.
Section 36 SE 1/4 NW 1/4
Tax Lot 00401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 00401 SAME

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 3-15-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found <u>21</u>			
From	To	Estimated Flow Rate	SWL
21	62	30	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	BROWN	0	4
CLAY	BROWN	4	17
CLAY & GRAVEL	"	17	21
SAND & GRAVEL		21	62 14'
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APR 22 1996			
WATER RESOURCES DEPT.			
SALEM, OREGON			
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Date started 3-13-96 Completed 3-15-96

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed Rob Meltz WWC Number 1572
Date 4-14-96

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed Rob Meltz WWC Number 1563
Date 4-14-96

1. File Information:

APPLICATION # T-13350

Superseded

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Shaundele Leatherberry		PHONE NO. 541-688-3350	ADDITIONAL CONTACT NO. 541-913-5980
ADDRESS 215 Hilman Lane			
CITY Eugene	STATE OR	ZIP 97404	E-MAIL sh.leatherberry@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		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

October 21, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Shaundele Leatherberry	October 21, 2024	Owner

6. County:

Lane

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

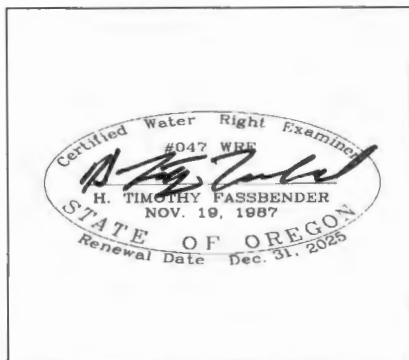
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SECTION 2
SIGNATURES

Superseded

CWRE Statement, Seal and Signature

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

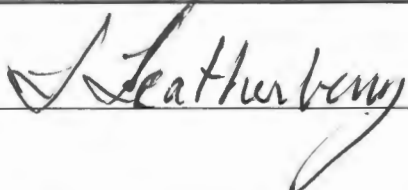


CWRE NAME H. Timothy Fassbender		PHONE NO. 541-485-3136	ADDITIONAL CONTACT NO. 541-913-0216
ADDRESS 2896 Sarah Lane			
CITY Eugene	STATE OR	ZIP 97408	E-MAIL htimfass@aol.com

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
	Shaudele Leatherberry	Owner	11-15-24

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