



A fee of \$230 must accompany this form for any <u>Transfer final orders</u> 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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

Received

NOV 18 2024

**OWRD** 

#### **Type of Authorized Change**

This Claim is being submitted for a transfer where the <u>only</u> 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.

APPLICATION #				
T-13350				
		١.		
. Property Owner (current of APPLICANT/BUSINESS NAME	wner information	PHONE NO		ADDITIONAL CONTACT NO
Shaundele Leatherberry & Sh	irley Radecki	541-688-		541-913-5980
ADDRESS	mey nauccki	342-000-		3.12.010
215 Hilman Lane				
CITY	STATE	ZIP	E-MAIL	
Eugene	OR	97404		berry@gmail.com
TRANSFER HOLDER OF RECORD  Address	31-			
L. Date of Site Inspection:	STATE	ZIP		
Date of Site Inspection: October 21, 2024  Decrease interviewed and	description of the	eir association		
Date of Site Inspection: October 21, 2024  Person(s) interviewed and NAME	description of the	eir association	ASSOCIA	ect: TION WITH THE PROJECT
1. Date of Site Inspection: October 21, 2024 5. Person(s) interviewed and	description of the	eir association		
1. Date of Site Inspection: October 21, 2024 5. Person(s) interviewed and NAME	description of the	eir association	ASSOCIA	
October 21, 2024  Person(s) interviewed and NAME Shaundele Leatherberry	description of the	eir association	ASSOCIA	
A. Date of Site Inspection:  October 21, 2024  5. Person(s) interviewed and NAME  Shaundele Leatherberry  6. County:	description of the	eir association	ASSOCIA	
October 21, 2024  Person(s) interviewed and NAME Shaundele Leatherberry	description of the	eir association	ASSOCIA	
A. Date of Site Inspection:  October 21, 2024  5. Person(s) interviewed and NAME  Shaundele Leatherberry  6. County:	description of the Octobe 2024	eir association PATE r 21, Ov	ASSOCIA wner	TION WITH THE PROJECT
Date of Site Inspection: October 21, 2024  December 22, 2024  December 21, 2024  December	description of the Octobe 2024	eir association PATE r 21, Ov	ASSOCIA wner	TION WITH THE PROJECT
Date of Site Inspection: October 21, 2024  December 22, 2024  December 21, 2024  December 22, 2024  December	description of the Octobe 2024	eir association PATE r 21, Ov	ASSOCIA wner	TION WITH THE PROJECT
3. Date of Site Inspection: October 21, 2024 5. Person(s) interviewed and NAME Shaundele Leatherberry 6. County: Lane 7. If any property described in report, identify the owner of recommend of the Owner of Record	description of the Octobe 2024	eir association PATE r 21, Ov	ASSOCIA wner	TION WITH THE PROJECT
Date of Site Inspection: October 21, 2024  December	description of the Octobe 2024  The place of use ecord for that pro	eir association ATE r 21, Over 1 of the transfer operty (ORS 53	ASSOCIA wner	TION WITH THE PROJECT

# 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.



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

## Transfer Holder of Record Signature or Acknowledgement

**<u>Each</u>** 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
Leather	Shaudele Leatherberry	Owner	12-11-24
Shiller Baka	Shirley Radecki	Owner	1 12/11

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DEC 1 6 2024

#### **CLAIM DESCRIPTION**

Note: The Claim <u>only</u> 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?

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

### 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
Received	
	Received

Transfer Surface to GW POA Only - Page 6 of 13

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Revised 7/1/2021

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 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

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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:
----	-----------	-----	-----------	-------------

а	Is the water user	required to repor	t the water use to t	he Department?	NC
a.	13 file Marci asci	required to repor	t tile water use to t	ile Department:	

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

2	Were there special	well con	struction stand	dards?	NO
a.	AAELE LITELE SDECIGI	AA CII COII	Struction stant	uai us:	110

b. Was submittal of a ground water monitoring plan required?

c. Other conditions?

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

## **ATTACHMENTS**

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

DESCRIPTION

#### **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 <u>additional</u> 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

easis of the survey is an aerial photo, provide the source, date, series and the aerial photo dentification 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.)  $\boxtimes$ Map on polyester film  $\boxtimes$ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)  $\boxtimes$ Township, Range, Section, Donation Land Claims, and Government Lots  $\boxtimes$ 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  $\boxtimes$ 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  $\mathbb{M}$ Point(s) of diversion or appropriation (illustrated and coordinates)  $\boxtimes$ Tax lot boundaries and numbers Source illustrated if surface water X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")  $\boxtimes$ Application and permit number or transfer number  $\boxtimes$ North arrow

> Received NOV 1 8 2024 OWRD

 $\boxtimes$ 

 $\boxtimes$ 

Legend

CWRE stamp and signature

#### SYSTEM DESCRIPTION

Are there multiple POAs	5
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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 DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION  DATES OF  ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
			DEPTH DATE OF	DEPTH DATE OF DATES OF	DEPTH DEPTH DATE OF DATES OF WAS DRILLED FOR

- 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)
- 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	INTAKE SIZE	DISCHARGE
			SUBMERSIBLE)		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	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 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:

## WATER WELL REPORT STATE OF OREGON

# RECEIVED

SEP 10 1980
WATER RESOURCES DEPT 8366 State Permit No.

SALEM, OREGON

Well ID #: L 32148

(1) OWNER:	(10) LOCATION OF WELL:			
Name Mr. L. B. Craytor	County Lane Driller's well	number		
Address 215 Hileman Lane, Eugene, Oregon	*	R. 4W W.M.		
City Eugene State Oregon	Tax Lot # 40 Lot Blk	Subdivision		
(2) TYPE OF WORK (check):	Address at well location: Same			
Y				
	(11) WATER LEVEL: Completed we	ell.		
If abandonment, describe material and procedure in Item 12.	_	1		
(3) TYPE OF WELL: (4) PROPOSED USE (check):	1.	nd surface. Date 8/5/80		
Air Driven Domestic Dindustrial Municipal		r square inch. Date		
Mud Dug		_		
	22	asingQ		
(5) CASING INSTALLED: Steel D Plastic	Depth drilled JC ft. Depth of c Formation: Describe color, texture, grain size and struc-			
Threaded Welded 12	thickness and nature of each stratum and aquifer penet	rated, with at least one entry		
Diam from	for each change of formation. Report each change in p and indicate principal water-bearing strata.	osition of Static Water Level		
"Diam from		-		
LINER INSTALLED:	MATERIAL	From To SWL		
ft. to ft. Gauge	Soil & sand	0 8		
(6) PERFORATIONS: Perforated?  Yes  No	Sand, gravel & clay	8 20		
Type of perforator used Torch	Sand, gravel, loose	20   25   4'		
Size of perforations 3/8 in. by 6 in.	Sand, gravel, clay	25   28		
90 perforations from 31 ft. to 18 ft.	Sand, gravel, little clay	28 31		
perforations from	Sand, gravel, clay	31 32 4'		
perforations fromft. toft.				
(7) SCREENS: Well screen installed? ☐ Yes ☑ No				
Manufacturer's Name	- 1			
Type Model No Model No.				
Diam. Slot Size Set from ft. to ft.				
Diam. Slot Size Set from ft. to ft.				
WELL TESTS: Drawdown is amount water level is lowered below static level	Received			
		•		
mas a pump test made? □ Yes ♣ No If yes, by whom?	NOV 1 8 2024			
Yield: gal./min. with ft. drawdown after hrs.				
Air test 300 gal/min, with drill stem at 10 ft. 1 hrs.	OMBD			
	OAND			
er test gal/min. with ft. drawdown after hrs.	graph .			
g.p.m.				
Temperature of water Depth artesian flow encountered ft.	Work started 8/1 1980 Complete	d 8/5 180		
(9) CONSTRUCTION: Special standards: Yes \(\sigma\) No \(\text{D}\)	Date well drilling machine moved off of well	075 19 00		
Well seal—Material used Cement grout	Drilling Machine Operator's Certifications			
Well sealed from land surface to	This well was constructed under my direct so	upervision. Materials used		
Diameter of well bore to bottom of seal14 in.	and information reported above are true to my be	est knowledge and belief.		
Diameter of well bore below seal	[Signed]	Date 8/11, 1980		
Number of sacks of cement used in well seal10	Drilling Machine Operator's License No.	386		
How was cement grout placed?Pressure grouted				
CONTRACTOR OF CONTRACTOR OF CONTRACTOR AND ANALYSIS OF CONTRACTOR AND ANALYSIS AND	Water Well Contractor's Certification:	a do 18 Million o a see of		
T.	This well was drilled under my jurisdiction	and this report is true to		
Was pump installed?	the best of my knowledge and belief. Name Pitcher Pump & Drilling	Company		
Was a drive shoe used? El Yes No Plugs Size: location ft.	(Person, firm or corporation)	(Type or print)		
Did any strata contain unusable water?   Yes No	Address 0/929 Greenhill Rd Hinge	ne/Or 97402		
Type of Water? depth of strata	[Signed] Carl III	les		
Method of sealing strate off	[Signed] License No. (Water Well Contract	(T) <sub>T</sub>		
Was well gravel packed? ☐ Yes □XNo Size of gravel:	Contractor's License No	, 19.00		
Gravel placed from ft. to ft.				

NOTICE TO WATER WELL CONTRACTOR The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT. SALEM, OREGON 97310 within 30 days from the date of wall o

SP\*12658-690

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

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

LANE 50657

Well ID #: L 32149

(START CARD) # 79595

(1) OWNER: Well Number		(9) LOCATION OF W				
Name B CRATER		County LANG	Latitude	Lo	ongitude	
Address 215 HILEMAN		Township 165	N or S Range_	460	E or	W. WM.
City EUGENE State OR		Section 36	SE 1/4	NUI	1/4	
(2) TYPE OF WORK		Tax Lot 40/ Lo	Block	S	Subdivision	
New Well Deepening Alteration (repair/recondition)	Abandonment	Street Address of Well				
(3) DRILL METHOD:	Abundonment	SHEET AGGICSS OF WELL	of ileatest addiess)	-	-	2/1/4
Rotary Air   Rotary Mud   Cable   Auger		(10) STATIC WATER	I EVEL .			
					- Z. /	1
Other		ft. below			Date	57
(4) PROPOSED USE:		Artesian pressure	lb. per squa	re inch.	Date	
Domestic Community Industrial Irrigation	ion	(11) WATER BEARIN	G ZONES:			
Thermal Injection Livestock Other				1.		
(5) BORE HOLE CONSTRUCTION:		Depth at which water was f	irst found	21		
Special Construction approval Yes 476 Depth of Complete	d Well 60 ft.					
Explosives used Yes Yes Type Amount		From	То	Estimate	d Flow Rate	
HOLE SEAL		21	62	3	C	19
Diagneter From To Material From To Sac	ks or pounds					
16" CV9 BENTOUILE 019 8.	SACKS				***	
9" 10 12	mens					
V 17 600						
		(12) WELL LOG:				
How was seal placed: Method A B C	D DE	Ground E	levation			
Other						
Backfill placed from ft. to ft. Material		Material		From	To	SWL
Gravel placed from ft. to ft. Size of grave	el	Soil	BROWN	0	4	
6) CASING/LINER:		CLAY		4	17	
Diameter From To Gauge Steel Plastic We	lded Threaded	CLAYAGA	dere "	17	21	
	<u> </u>	SAND FEE	WE	21	62	14
		ZAGO VOS	NUEZ	-	600	/
				-	1	1
		222 54			-	1
		a contract of the contract of			-	
iner:		2 B 3	bull I		-	-
		8.60		-	-	-
Final location of shoe(s)		APR	2 2 1996			
7) PERFORATIONS/SCREENS:			2 .000			
Perforations Method		WATER REQ	OF COCES OF DE			
Screens Type Material		SALEM	OREGON			
Slot Tele/pipe	Codes II					
From To size Number Diameter size	Casing Liner	Received		1		
		4.0.1.1.0			-	
		NOV 18 202	4		-	
				-	+	-
		CIAIDE		-	-	-
		OWRD		-		
The state of the s						
3) WELLTESTS: Minimum testing time is 1 hour		Date started 5-/	3 -9 Compl	eted 5	-15-	96
	Flowing	(unbonded) Water Well Co	onstructor Certificati	on:		
Pump Bailer Air	Artesian	I certify that the work I p	erformed on the const	ruction, alter	ration, or ab	andonme
Yield gal/min Drawdown Drill_stem at	Time	of this well is in compliance	with Oregon water st	apply well co	enstruction s	tandards.
9. /2		Materials used and informat and belief.	ion reported above an	true to the b	best of my k	nowledge
30 62	1 hr	and ocher.		Willes St	. 1-	-72
		ARI I	m 1/4	WWC Nur		14
		Signed J	"with		Date 4	-14-9
Temperature of water 5 9 Depth Artesian Flow Found		(bonded) Water Well Cons	tructor Certification	:		
Was a water analysis done? Yes By whom		I accept responsibility fo				
	Too little	performed on this well durin	ig the construction dat	les reported a	bove. All v	vork
Salty Muddy Odor Colored Other		performed during this time is construction standards. This	s in computance with the report is true to the h	est of my kn	owledge and	d belief.
Depth of strata:				WWC No.	mber /	-/2
Apai or suara.		Signed A Many	mark	Z" "C Nu	Date	-100
	1	SIMPLE OF CONTRACT I			1.7MUC	-101

APPLICATION #			0	
T-13350	Superseded			
2. Property Owner (current o	vner information	1):		3.00
APPLICANT/BUSINESS NAME		PHONE N	0.	ADDITIONAL CONTACT NO
Shaundele Leatherberry		541-688-3350		541-913-5980
ADDRESS				
215 Hilman Lane				
Сіту	STATE	ZIP	E-MAIL	
Eugene	OR	97404	sh.leat	herberry@gmail.com
. Transfer holder of record (t Transfer Holder of Record	his may, or may	not, be the cu	rrent prope	erty owner):
Address				
Сіту	STATE	E ZIP		
1. Date of Site Inspection:				
October 21, 2024				
5. Person(s) interviewed and	description of the	eir association	with the p	roject:
NAME		DATE	Asso	OCIATION WITH THE PROJECT
Shaundele Leatherberry	Octobe 2024	er 21, C	wner	
6. County:				
Lane				
Lane 7. If any property described in	the place of use	of the transfe	er final orde	er is excluded from this
report, identify the owner of re Owner of Record	ecord for that pro	operty (ORS 5	37.230(5)):	
Address				

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 Fassbende	r	PHONE NO 541-485-	and the second s
ADDRESS 2896 Sarah Lane			
CITY	STATE	ZIP	E-MAIL
Eugene	OR	97408	htimfass@aol.com

# Transfer Holder of Record Signature or Acknowledgement

**<u>Each</u>** 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
Leather berry	Shaudele Leatherberry	Owner	11-15-24

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