

CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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.

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 in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

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

1. File Information

APPLICATION # T-14258

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Whiskey Hill Plants LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 1201			
CITY Canby	STATE OR	ZIP 97013	E-MAIL

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 Whiskey Hill Plants LLC c/o Paul Miles			
ADDRESS PO Box 1201			
CITY Canby	STATE OR	ZIP 97013	

4. Date of Site Inspection:

December 3, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Paul Miles	December 3, 2024	Owner / Operator

6. County

Clackamas 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

**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.




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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

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
	Paul Miles	President/owner	1/20/25

**SECTION 3
CLAIM DESCRIPTION**

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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)
Well 3	CLAC 78804	L-151671	A Well in the Pudding River Basin

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

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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/additional points of appropriation. The water user only developed one of the points.")

None

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 3	0.49 cfs	0.44 cfs	Not measured

SECTION 4

SYSTEM DESCRIPTION

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

NO

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

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

Well 3

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
Grundfos	150S200-10	PP8092724-11	Submersible	4 inch	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	20 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)
20 Hp	65 psi	156.6 feet (Based on specific capacity of the well from pumping test)	0 feet	0.44 cfs

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4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(156.6 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.44 \text{ cfs}$$

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is through 3/4-inch plug installed in the sanitary seal on the west side of the well casing.

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 AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	April 18, 2024	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2025	October 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.

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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
Well 2	McCrometer	00-??660 – 4 (meter cover damaged, could not read all the numbers)	working	31,511,100 gallons (December 3, 2024)	2000
Well 3	Netafim	24-100061195	working	20,996 gallons (December 3, 2024)	October 2024

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. 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? YES

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

c) Condition:
 Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance:
 Authorized Well 2 (CLAC 56004) develops water from the alluvial aquifer through perforations in the casing within the depth interval of 124 to 156 feet in a layer of cemented gravel over clay.

Well 3 (CLAC 78804) develops water from the alluvial aquifer within the screened depth interval of 388 to 428 feet in layers of siltstone, silt and sand.

It appears that both these wells obtain water from the same aquifer; therefore, this condition has been met.

SECTION 6 ATTACHMENTS

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 for this transfer
State Water Well Report – CLAC 78804	Well log and driller’s notes for CLAC 78804 – Well 3

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.

The COBU map was prepared using tax assessor’s map 51W01, 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.)

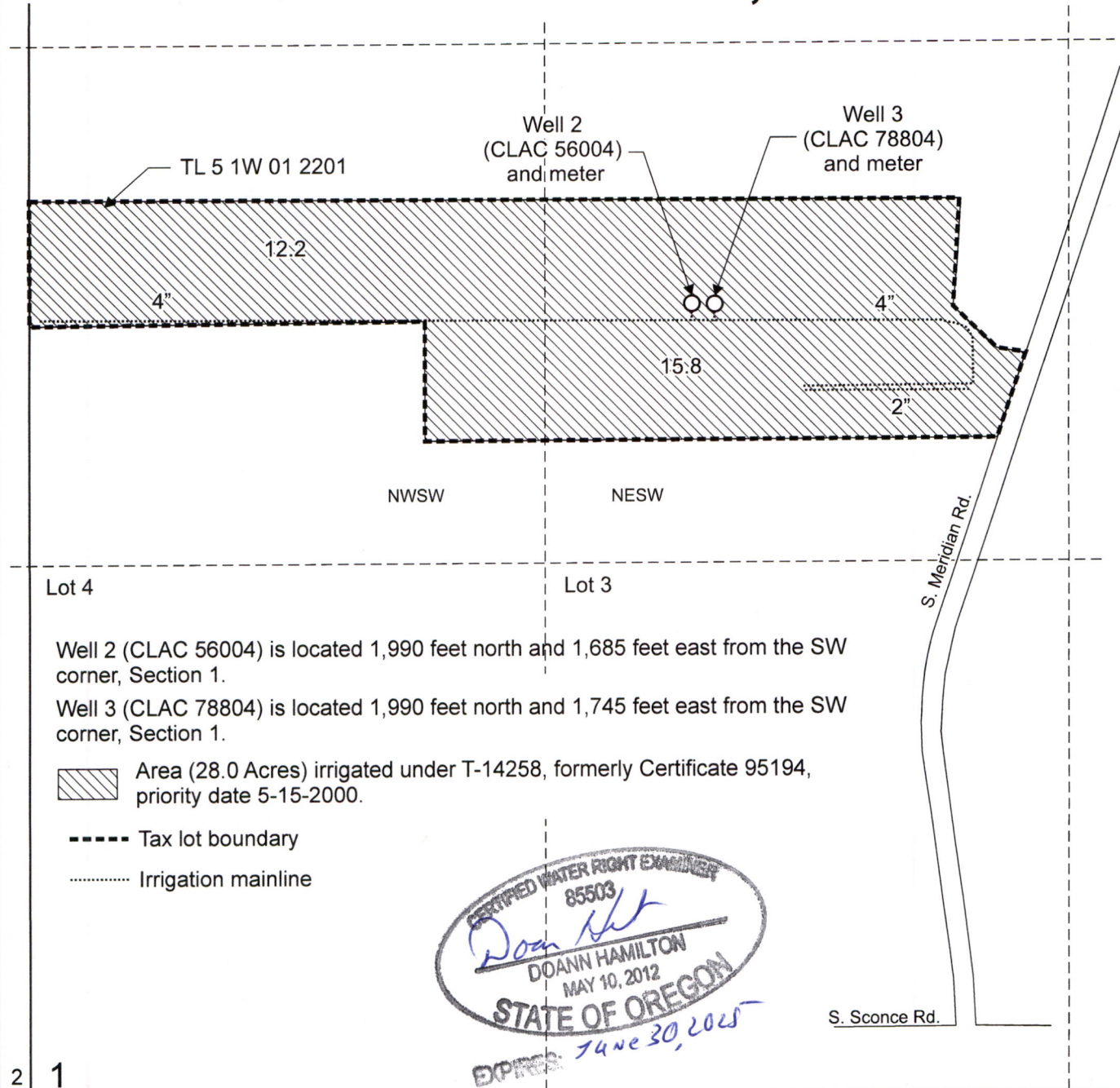
Map on polyester film

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
- 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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T.5S. R.1W. Section 1, W.M.



Well 2 (CLAC 56004) is located 1,990 feet north and 1,685 feet east from the SW corner, Section 1.
 Well 3 (CLAC 78804) is located 1,990 feet north and 1,745 feet east from the SW corner, Section 1.

 Area (28.0 Acres) irrigated under T-14258, formerly Certificate 95194, priority date 5-15-2000.

-  Tax lot boundary
-  Irrigation mainline

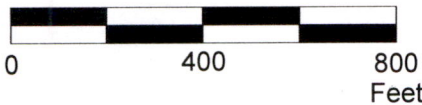

 CERTIFIED WATER RIGHT EXAMINER
 85503
Doann Hamilton
 DOANN HAMILTON
 MAY 10, 2012
 STATE OF OREGON
 EXPIRES: June 30, 2025

S. Sconce Rd.

2 1
11 12

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Scale: 1" = 400'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map
T-14258, formerly Certificate 95194

Whiskey Hill Plants LLC
 T.5S. R.1W. Section 1, W.M.

Pacific Hydro-Geology Inc.

01/2025

WhiskeyHillT-14258COBUMap.cdr

STATE OF OREGON WATER SUPPLY WELL REPORT

CLAC 78804

WELL I.D. LABEL# L 151671 START CARD # 1073989 ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/6/2024

(1) LAND OWNER Owner Well I.D. First Name Last Name Company WHISKEY HILL PLANTS Address PO BOX 1201 City CANBY State OR Zip 97013

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

(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing: Material From To Amt sacks/lbs Seal:

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 449.00 ft. BORE HOLE SEAL sacks/lbs

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER C/L Dia + From To Gauge Type Wld Thrd Shoe Location Temp casing [X] Yes Dia 12 From + [X] 1 To 60.8

(7) PERFORATIONS/SCREENS Perforations Method Screens Type V-Wire Material Stainless Steel Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ Pipe size

(8) WELL TESTS: Minimum testing time is 1 hour Type of Test Yield (gal/min) Drawdown Pump Depth Duration (hr) Temperature 56 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 116 ppm

(9) LOCATION OF WELL (legal description) County CLACKAMAS Twp 5.00 S N/S Range 1.00 W E/W WM Sec 1 NE 1/4 of the SW 1/4 Tax Lot 2201

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 8/21/2024 74.7

WATER BEARING ZONES Depth water was first found 135.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To SOIL 0 2 CLAY BROWN MEDIUM 2 24

(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.

(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.

WATER SUPPLY WELL REPORT - continuation page

CLAC 78804

WELL I.D. LABEL# L	151671
START CARD #	1073989
ORIGINAL LOG #	

9/6/2024

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt
						Calculated
						Calculated
						Calculated
						Calculated

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
CLAY GREY STICKY	190	204
PACKED SILT HARD	204	218
SILT GREY	218	225
SILT WITH SAND GREY	225	229
PACKED SAND WITH GRAVEL	229	232
CLYSTONE GREY & GREEN	232	248
CLAY BROWN WITH SAND	248	252
CLAY GREY BLUE	252	255
PACKED SAND WITH CLAY BLUE	255	258
CLAY BLUE STICKY	258	265
CLAY WITH SILT & SAND	265	267
CLAY GREY STICKY	267	311
SILTY SAND GREY	311	314
CLAYSTONE GREEN	314	326
SAND GREY	326	330
CLAY GREEN	330	340
CLAY GREY STICKY	340	388
SILTSTONE GREY	388	390
SAND GREY	390	395
SILT GREY	395	398
SAND GREY	398	408
SILT LAVENDER	408	412
SAND GREY	412	427
CLAY GREY	427	457

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Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	OWRD #

Comments/Remarks

8" DRIVE SHOE CUT OFF @ 457' SWL @ 135-153 NOT ACCURATE DUE TO PUMPING WELL NEARBY
 5 by 6 WELD ON BUSHINGS @ 367'
 6" FLUSH DRIVE SHOE ON TOP OF 6" RISER PIPE
 THIS WELL IS FOR WATER RIGHT TRANSFER T-14258

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CLAC 78804

9/6/2024

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Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)988-0900



LOCATION OF WELL

Latitude: 45.16354000 Datum: WGS84

Longitude: -122.75744000

Township/Range/Section/Quarter-Quarter Section:
WM5.00S1.00W1NESW

Address of Well:

30711 S MERIDIAN RD, HUBBARD, OR

Well Label: 151671

Printed: September 6, 2024

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

