

**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](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.**

**SECTION 1  
GENERAL INFORMATION**

**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.

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

**YES**

**1. File Information**

APPLICATION #  
**T-11659**

**Received  
FEB 05 2025  
OWRD**

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

**TL 4 1E 27 2000 - convey**

APPLICANT/BUSINESS NAME <b>Vitaly and Maria Anfilofieff</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>29099 S. Jackson Rd</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</b>	E-MAIL

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

**Divert and convey TL 4 1E 27 1900, TL 4 1E 34 501, Convey only TL 4 1E 34 400  
Convey and use TL 4 1E 34 900**

APPLICANT/BUSINESS NAME <b>Vitaly and Demitry Anfilofieff</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>29099 S. Jackson Rd</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</b>	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 <b>Berry Pro LLC</b>		
ADDRESS <b>PO Box 379</b>		
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>

**4. Date of Site Inspection:**

**October 16, 2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Demetry Anfilofieff	October 16, 2024	Co-owner and 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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

Received  
FEB 05 2025  
OWRD

**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 <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

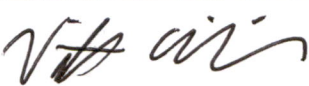
Received  
FEB 05 2025  
OWRD



## 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
	Vitaly Anfilofieff	Member	1/22/25

### 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 5	CLAC 70589	L-100759	A well within the Bear Creek 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*

Received  
FEB 05 2025  
OWRD



**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

**YES**

If yes, describe below.

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

**This transfer was for an additional POA but Well 4 (CLAC 12545) is not being used for the area south of Bear Creek. Therefore, Well 4 is not included in this Claim of Beneficial Use.**

**3. Claim Summary:**

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 5	0.15 cfs	1.02 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 5**

**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
Berkeley	17-40-450	Unknown	Submersible	4 inch	5 inch

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Franklin Electric	40 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)
40 Hp	45 psi	161 feet (from pump test recorded on well log)	0 feet	1.02 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(40 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(161 \text{ ft lift} + 114.3 \text{ ft pressure head})} = 1.02 \text{ cfs}$$

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:**

The well has a 3/4-inch port on the north side of the well casing through the well seal.

## 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 21, 2014	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2016	Spring 2015

\* 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?

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

Received  
FEB 05 2025  
OWRD

YES



**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 5	Netafim	13- 150039745	Working	8,543,396 gallons (October 17, 2024)	2015

*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 4 (CLAC 12545) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 225 feet to 245 feet and 258 feet to 265 feet in layers of clay and sandstone.**

**Well 5 (CLAC 70589) develops water within the alluvial aquifer through screened sections within the depth intervals of 144.5 feet to 154.5 feet, 160 feet to 165 feet, 166.5 feet to 171.5 feet, and 260 feet to 275 feet in layers consisting primarily of sand and gravel.**

**It appears this well obtains water from the alluvial 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 70589	Well log and driller's notes for CLAC 70589 – Well 5
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 1E. showing DLC and Government Lot locations

## 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 maps 4 1E 27 and 34, 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>

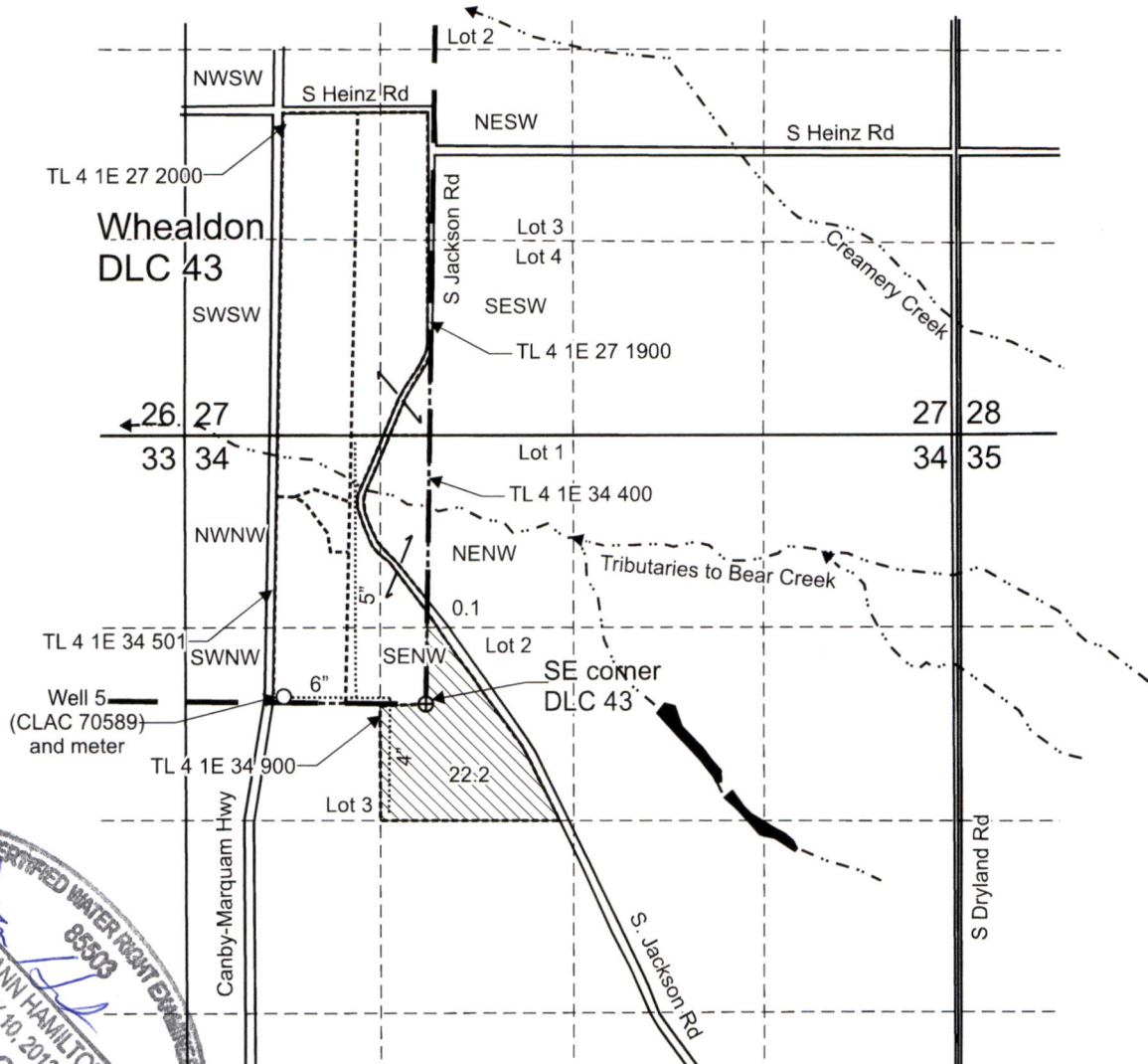
### Map Checklist

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
- ☒ 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

# T.4S. R.1E. Sec. 27 & 34, W.M.



Well 5 (CLAC 70589) is located 50 feet north and 980 feet west from the SE corner, DLC 43.

 Area (22.3 Acres) irrigated under T-11659, formerly Certificate 88216, priority date: 5-31-1983.

----- Tax lot boundary

— • — Donation Land Claim boundary

..... Water main line

Scale: 1" = 1,320'



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-11659, formerly Certificate 88216

Berry Pro LLC  
T.4S. R.1E. Sec. 27 & 34, W.M.

Pacific Hydro-Geology Inc.

11/2024

Received  
FEB 05 2025  
OWRD





FEB 05 2025

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765 &amp; OAR 690-205-0210)

WELL LABEL # L 100759

OWRD

START CARD # 208758

## (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name Demitry

Last Name Anfiliouff

Company \_\_\_\_\_

Address PO Box 379

City Woodburn

State OR

Zip 97071

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

## (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 287 ft.

BORE HOLE			SEAL		sacks/	
Dia	From	To	Material	From	To	lbs
20	0	20	Bentonite	0	5	10 S
16	20	309	Cement	5	133	105 S

How was seal placed:

Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other bentonite poured

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 133 ft. to 243 ft. Material Premier sand Size 10x20

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

## (6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	144.5	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	154.5	160	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	165	166.5	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	171.5	260	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	275	287	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temp casing ☐ Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type v-wire wrap Material 304SS

Pert/	Casing/	Screen	From	To	Screen/slot	Slot	# of	Tele/
Screen	Liner	Dia			width	length	slots	pipe size
Screen		10	144.5	154.5	.040	cont.		PS
Screen		10	160	165	"	"		"
Screen		10	166.5	171.5	"	"		"
Screen		10	260	275	"	"		"

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
389	106		4

Temperature 53 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality conducted ☐ Yes (describe below)

From	To	Description	Amount	Units

## (9) LOCATION OF WELL (legal description)

County CLACKA Twp 4 S N/S Range 1 E E/W WM

Sec 34 SW 1/4 of the NW 1/4 Tax Lot 501

Tax Map Number 4 1E 34

Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 0 DMS or DD

Long \_\_\_\_\_ " or 0 DMS or DD

☐ Street address of well ☒ Nearest address

29453 Canby-Marquam Highway (Hwy 170), Canby, OR

## (10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	06-12-2014			55

Flowing Artesian? ☐ Dry Hole? ☐

## WATER BEARING ZONES

Depth water was first found 17

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	17	128				NM
06-12-2014	145	287	400			55

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Top soil, brown	0	4
Clay, brown, medium, silty-sandy	4	17
Clay, brown, medium, sandy & gravel, 3"	17	20
Sand, brown, medium & some gravel	20	29
Clay, grey, soft	29	32
Sand, brown, medium, cementation & some clay	32	38
Sand, multi-colored, coarse & some pea gravel	38	40
Sand, brown, med.-fine & gravel, 1.5"- cementation	40	43
Clay, grey & brown, medium-soft, silty-sandy	43	50
Gravel, 1.5"- & sand, brown, med.-fine, cementation	50	59
Clay, grey & brown, medium	59	61
Sand, brown, medium & some small gravel	61	66
Clay, grey, medium	66	68
Clay, multi-colors, medium, sandy-silty	68	77
Sand, brown, medium, cementation	77	79
Clay, brown, medium	79	80
Sand, brown, medium	80	82
Clay, brown, hard	82	85
Sand, brown, medium	85	95

Date Started 05-19-2014

Completed 06-12-2014

## (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 1927

Date 06-18-2014

Password: (if filing electronically)

Signed \_\_\_\_\_

## (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 649

Date 06-18-2014

Password: (if filing electronically)

Signed \_\_\_\_\_

Contact Info (optional)



FEB 05 2025

**CLAC 70589**

WATER SUPPLY WELL REPORT -  
continuation page

WELL I.D. # L 100759

START CARD # 208758

OWRD

### (5) BORE HOLE CONSTRUCTION

[illegible]

## FILTER PACK

From	To	Material	Size
243	309	Premier sand	6x9

### (6) CASING/LINER

[illegible]

### (7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

### Water Quality Concerns

From	To	Description	Amount	Units
		RECEIVED BY OWRD		
		JUN 20 2014		

### (10) STATIC WATER LEVEL

### Water Bearing Zones

[illegible]

## (11) WELL LOG

[illegible]

## Comments/Remarks

Steel plate welded to bottom of casing.  
Bore diameters are nominal.

SALEM, OR



