# CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



O R E G O N
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 <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

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SECTION 1
GENERAL INFORMATION

Type of Authorized Change

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

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#### 1. File Information

APPLICATION # T-11489

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO <b>541.993.</b> 6		ONTACT <b>N</b> O.
ADDRESS 9866 72 <sup>nd</sup> Avenue NE			Ş	).
CITY	STATE	ZIP	E-MAIL	
Salem	OREGON	97305	evergreen.jkk@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 REG Juliana Moulton	CORD		4
ADDRESS 9866 72 <sup>nd</sup> Avenue NE			
CITY	STATE	ZIP	
Salem	Oregon	97305	

#### 4. Date of Site Inspection:

August 30, 2017

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Juliana Moulton	August 30, 2017	Transfer Holder, Owner, and Farmer

#### 6. County

Marion

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			
None Excluded			
Address			
Сіту	STATE	ZIP	

Add additional tables for owners of record as needed

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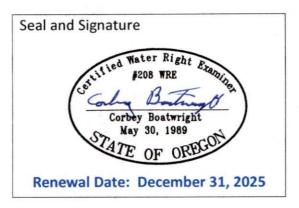
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#### **SIGNATURES**

#### 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 Corbey Boatwright		PHONE NO. <b>503.363.9226</b>		Additional Contact No.
ADDRESS				
Boatwright Engineering, Inc.	2613 12 <sup>th</sup> Street	SE		

# 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
Juliana Moulton	Juliana Moulton	Transfer Holder/Owner	4-29-25

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#### CLAIM DESCRIPTION

Note: The Claim <u>only</u> 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 2	MARI 64585	L-110964	Sand & Gravel Aquifer w/in 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)

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

**3.** Claim Summary:

New or Additional POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.46	1.17	0.23

NOTE: At the time of my visit, the well was providing water to a portion of the drip system that was irrigating cane berries. The variable feed drive was responding to the limited water demand of the drip system. The well and pump are capable of meeting the demand of conventional impact sprinklers or big gun application that are used for other crops. Therefore, the authorized maximum rate of 0.46 cfs can be used.

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#### 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 2

# 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	7T-350	Not Available	Submersible Variable Frequency Drive	5"	4"

#### 2. Motor Information

Manufacturer	Horsepower	
Franklin	30	

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)
30	43	74.6	0 to -9' USE -4'	1.17 CFS

#### 4. Provide pump calculations:

Q Pump = (30)(7.04) = 211.2 = 1.17 cfs or 527 gpm (74.6-4) + 43(2.54) 179.8

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)
12160110	12160791	(00:06:33.8)	0.23 cfs (104 gpm)

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

## C. Additional notes or comments related to the system:

Pump calculations are based on full power to the motor. When the VFD is added to the system the flow rate can be varied, depending on the demand of the water application equipment.

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#### 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	May 5, 2014		
COMPLETENESS DATE FROM ORDER (C)	October 1, 2015	October 1, 2014. Well constructed into same aquifer, meter installed, irrigation on allowed acreage completed, and all conditions met.	

<sup>\*</sup> 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

- 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?

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	ARAD	5843	Working	12160791	June 13, 2013

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?

YES

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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5.c. "Water shall be acquired from the same aquifer (water source) as the original point of appropriation." In Compliance. The original well, MARI 3926, obtained water from gravel at 150'-170' depth. Well 2, MARI 64585, obtains water from gravel at 180'-196' depth.

#### SECTION 6

#### ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION	
Claim of Beneficial Use	Мар	
MARI 64585	Well 2 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 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.

Google Earth aerial photo dated 7-14-2014; Marion County Survey Records: MCSR 36417, MCSR 38146, PP 2005-53

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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
	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
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) *Not required for this type of Claim of Beneficial Use
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)
$\boxtimes$	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")
$\boxtimes$	Application and permit number or transfer number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

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STATE OF OREGON HECEIVED BY MAR	64585 WELL I.D. LABEL# L 110964			
THE OTHER CLIMBS IN WHEN I DEDICATE	3 AK   AK   # 11010000	_		
(as required by ORS 537.765 & OAR 690-205-0210)	/2013 ORIGINAL LOG#			
(1) LAND OWNER Owner Well I.D.	T	THE RESIDENCE OF THE PARTY OF T		
First Name JULIANA Last Name KUSCHNOKOM OR	(0) I OCATION OF WELL (local description)			
Company	(9) LOCATION OF WELL (legal description)			
Address 9866 72ND AVENUE N.E.	County MARION Twp 6.00 S N/S Range 2.00 W E/W WM			
City BROOKS State OR Zip 07305	Sec 10 SW 1/4 of the SE 1/4 Tax Lo	t 700		
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot			
Alteration (complete 2a & 10) Abandonment(complete 5a)	Tax Map Number         Lot           Lat         o         '         " or         DMS or DD           Long         o         '         " or         DMS or DD			
(2a) PRE-ALTERATION	Long o o o o	DMS or DD		
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well     Nearest address			
Casing:	9866 72ND AVENUE N.E. BROOKS, OREGON 97305			
Material From To Amt sacks/lbs				
Seal:	(10) STATIC WATER I EVEL			
(3) DRILL METHOD	(10) STATIC WATER LEVEL  Date SWL(psi) + SWL(ft)			
Rotary Air Rotary Mud Cable Auger Cable Mud	Existing Well / Pre-Alteration SWE(psi) SWE(ti)			
Reverse Rotary Other	Completed Well 2/25/2013	28		
(4) PROPOSED USE Domestic X Irrigation Community	Flowing Artesian? Dry Hole?	П		
Industrial/Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 15.00			
Thermal Injection Other				
		SI) + SWL(II)		
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy	2/4/2013 15 32 15	7		
Depth of Completed Well 200.00 ft.	2/8/2013 50 67 200	9		
BORE HOLE SEAL sacks/	2/25/2013 82 200 700	28		
Dia From To Material From To Amt lbs				
14 0 73 Cement 0 73 60 S				
10 /3 200				
	(11) WELL LOG Ground Elevation			
How was seal placed: Method A B XC D E	Material From	То		
Other	Top soil 0			
Backfill placed from ft. to ft. Material	Silty brown clay 10	15		
Filter pack from ft. to ft. Material Size	Brown silt 15 32			
	Brown clay and silt 32			
Explosives used: Yes Type Amount	Brown sand loose 50			
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	Gray clay 67			
Proposed Amount Actual Amount	Fine dark sand 82			
(6) CASING/LINER	Dark sandy gravel 87 Sand and medium to large gravel 92			
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Sand and medium to large gravel 92 Brown clay and gravel 102			
● 10 X 2.5 200 .250 ● X	Green clay and gravel 107			
	Semi-tight sand and gravel w/clay binder 111			
	Soft sandy gray clay 126	5 130		
	Tight dark fine sand 130	) 152		
	Semi-tight mediun to fine sand & gravel 152			
Shoe X Inside Outside Other Location of shoe(s) 200	Very sandy semi-tight dark gravel 161			
Temp casing X Yes Dia 14 From 0 To 73	Semi-tight sandy gravel 176	5 200		
(7) PERFORATIONS/SCREENS				
Perforations Method Holte perforator				
Screens Type Material	Date Started 1/31/2013 Complete 2/25/2	013		
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	A CONTRACTOR OF THE PARTY OF TH			
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, dee	maning alteration or		
Perf         Casing         10         180         196         .2         1         700	abandonment of this well is in compliance with Oregon			
	construction standards. Materials used and information repo			
	the best of my knowledge and belief.			
	License Number 1629 Date 2/26/2013	3		
(8) WELL TESTS: Minimum testing time is 1 hour		d by OWRD		
	Signed JAMES GUNN (E-filed)	a by Ownb		
Pump Bailer	a lower who are a MAV	0:0 302F		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		0 2 2025		
700 140 2	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 Dago	Mater Oslanly well		
	construction standards. This report is true to the best of my kr	nowledge and belief		
Temperature 53 °F Lab analysis Yes By		on months with the second seco		
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units	License Number 1273 Date 2/27/2013			
	Signed FLOYD G SIPPEL (E-filed)			
	Contact Info (optional)			



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Date Received (Date Stamp Here)-

# **OWRD Over-the-Counter Submission Receipt**

Applicant Name(s) & Address: Juliana Moultan
9 Steb 72nd NE Avenue Salem, DR 97305
Transaction Type: COBU
Fees Received: \$ NA
☐ Cash  ☐ Check: Check No
Name(s) on Check:
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.
Sincerely, OWRD Customer Service Staff
Submission received by: Savah Benham
(Name of OWRD staff)
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#### Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place
  the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing rebinot.