

**CLAIM OF
BENEFICIAL USE
for Transfers
Place of Use 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 \$345 must accompany this form for transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

September 28, 2020

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 7" 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 503-986-0900.

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

This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

YES

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

1. File Information

APPLICATION # **T-13532**

2. Property Owner (current owner information)

Tax Lot 14S 04W 13 300			
APPLICANT/BUSINESS NAME D2B Farm, LLC		PHONE NO. 541.990.4260	ADDITIONAL CONTACT NO.
ADDRESS PO Box 321			
CITY Halsey	STATE OR	ZIP 97348	E-MAIL office@d2bfarm.com

Tax Lot 14S 04W 14 200			
APPLICANT/BUSINESS NAME David D. Birky & Rachel C. Birky		PHONE NO. 541.990.4260	ADDITIONAL CONTACT NO.
ADDRESS 30315 Nixon Drive			
CITY Halsey	STATE OR	ZIP 97348	E-MAIL drbirky@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 Muddy Creeks Irrigation Project		
ADDRESS PO Box 225		
CITY Harrisburg	STATE OR	ZIP 97446

4. Date of Site Inspection:

September 26, 2023 August 29, 2024

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

SITE	NAME	DATE	ASSOCIATION WITH THE PROJECT
TL 14S 4W 14 200	David Birky	September 26, 2023	Property Owner
TL 14S 4W 13 300	Darren Birky	August 29, 2024	Property Owner

6. County:

LINN

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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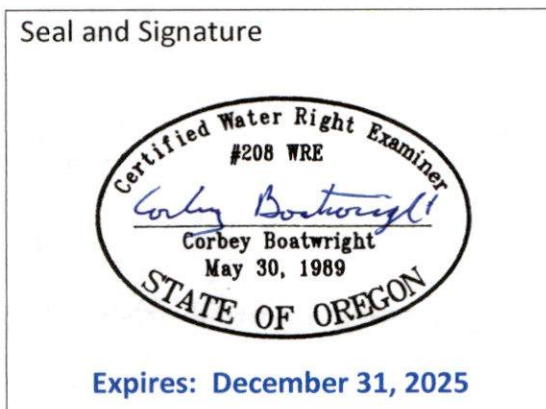
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SECTION 2

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 Corbey Boatwright	PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.
ADDRESS Boatwright Engineering, Inc. 2613 12th Street, SE		
CITY Salem	STATE Oregon	ZIP 97302
E-MAIL corbey@boatwrightengr.com		

Transfer Holder(s) 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
	Mike Stevenson	President, Muddy Creeks Irrigation Project	8-25-25

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SECTION 3
EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
71.4	71.4

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
YES

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

NOTE: While the irrigation in Section 13, was developed within a slightly different footprint, it is still located in the authorized quarter-quarters and within the tax lot listed on the transfer application and shown on the application map.

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SECTION 4 CONDITIONS

All conditions contained in the transfer, 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 AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	May 9, 2022	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2024	By August 29, 2024, water was put to beneficial use on the total number of authorized acres and at the authorized places of use in compliance with the Transfer Order V 125-P 42, and all conditions of the transferred Certificate 76240

* 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 require the installation of a meter or approved measuring device?

NO

4. Other conditions required by the transfer final order:

a. 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):

NOTE:

Requirements for a meter, monthly use data collection, annual use reporting, fish screens and bypass devices are all applicable and maintained at the Muddy Creeks Irrigation Project's McKenzie River diversion point located in the NE ¼, NE ¼, Section 9, as projected within Spores DLC 38, Township 17 South, Range 3 West, WM (in Lane County); 4440 feet south and 5250 feet east from the SE corner of Mansfield DLC 79.

Per Gerry Clark, OWRD Program Analyst, Certificate Section, Water Right Services Division, these requirements do not apply to re-diversion points within the Muddy Creeks Irrigation Project's delivery system. The two PODs in this report are re-diversion points.

SECTION 5
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
CLAIM OF BENEFICIAL USE	2 CBU MAPS

SECTION 6
CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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 7-13-2022, for site in Section 14.
Site measurements of field in Section 13 at time of visit and Google Earth dated 7-13-2022 for ditch, buildings, and fences used as reference points of measurements.

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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
- ☐ 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
- ☐ 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☒ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Transfer application number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Muddy Creeks IR Project/DRB Farm
PO Box 225 Harnsburg OR 97446

Transaction Type: Claim

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 1317

Name(s) on Check: DRB Land LLC

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: Corie Lounien
(Name of OWRD staff)

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 cabinet.