

**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 \$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:

May 29, 2024

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 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 503-986-0900.

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>

**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.

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YES

1. File Information

APPLICATION #

T-14293

Revised 7/1/2025

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WR

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Kit Johnston		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 11320 SE Lafayette Hwy			
CITY Dayton	STATE OR	ZIP 97114	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 Kit Johnston			
ADDRESS 11320 SE Lafayette Hwy			
CITY Dayton	STATE OR	ZIP 97114	

4. Date of Site Inspection:

September 2, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kit Johnston	September 2, 2025	Owner/Operator

6. County

Yamhill 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

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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.

Seal and Signature




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

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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
	Kit Johnston	owner	10/2/2025

SECTION 3 CLAIM DESCRIPTION

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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 2	YAMH 59785	L-159003	A well in the Willamette 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

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 2	0.19 cfs	0.28 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 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
Gould	5RW AHC	2366029020	Submersible	4 inch	4 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	10 Hp

3. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
10 Hp	70 psi	74.25 feet from flow test conducted on the pump	0 feet	0.28 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(10 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(74.25 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.28 \text{ cfs}$$

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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			

6. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
NA – no sump				

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

7. Provide pump calculations:

NA – no sump

8. 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)
NA – no sump			

9. Additional notes or comments related to the system:

NA – no sump

B. Groundwater Source Information (Well and Sump)

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NO

1. Is the appropriation from a dug well (sump)?

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

C. Additional notes or comments related to the system:

Access port: ½ inch hole in the sanitary seal on the east side of the well
There are no pressure tanks attached to the well.

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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	May 29, 2024	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2025	September 1, 2025

* 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?

NO

- **but Certificate 80155 does require a meter**

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 1	McCrometer	13-00352	Working	759,610 gallons (September 2, 2025)	Replacement meter 2013
Well 2	McCrometer	25-06406-04	Working	15,500 gallons (September 2, 2025)	August 2025

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):

c1) Condition per T-14293:

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

Compliance:

Original Well 1 (YAMH 3872, 53177) develops water within the alluvial aquifer through perforations in the casing within the depth interval of 158 to 178 feet in layers of gravel with some sand and clay.

New approved Well 2 (YAMH 59785) develops water within the alluvial aquifer through screened sections within the depth intervals of 144 to 174 feet and 206 to 246 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.

c2) Condition per Certificate 80155:

Groundwater production shall be made from no shallower than 140 feet below land surface.

Compliance:

New approved Well 2 (YAMH 59785) is cased and sealed to 140 feet below land surface.

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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, modified Certificate 51320
State Water Well Report – YAMH 59785	Well log and driller's notes for YAMH 59785 – Well 2
BLM Cadastral Map	BLM Cadastral Map T.4S. R.3W., T.4S. R.4W., and T.5S. R.3W., 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 3 31, 4 4 36, and 5 3 06, 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
- ☒ 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")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59785

WELL I.D. LABEL# L 159003
START CARD # 1078185
ORIGINAL LOG #

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

9/23/2025

(1) LAND OWNER

Owner Well I.D.

First Name KIT Last Name JOHNSTON
Company
Address 11320 SE LAFAYETTE HWY
City DAYTON State OR Zip 97114

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Dia + From To Gauge Stl Plstc Wld Thrd

(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 258.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
17	0	140	Bentonite Chips	0	21	22	S
12	140	258				Calculated	22.03
			Cement with 2% Bento	21	140	90	S
						Calculated	55.76

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: BENT POURED-PROBE

Backfill placed from ft. to ft. Material

Filter pack from 115 ft. to 258 ft. Material SILICA SAND Size 6x9

Explosives used: ☐ Type Amount

Seal Placement Begin Date 8/25/2025 Begin Time 17 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

C/L	Dia	+ From To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	12	<input checked="" type="checkbox"/> 1.6 140	0.250	ST	<input checked="" type="checkbox"/>		OUT.	140
C	8	114 144	0.250	ST	<input checked="" type="checkbox"/>			
C	8	174 206	0.250	ST	<input checked="" type="checkbox"/>			
C	8	246 258	0.250	ST	<input checked="" type="checkbox"/>			

Temp casing ☒ Yes Dia 16 From + 0 To 140

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type v-wire wrap

Material stainless steel

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	8	144	174	.065			Pipe Size
Screen	Liner	8	206	246	.065			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	100	16	140	1

Temperature 54 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 152 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 4.00 S N/S Range 3.00 W E/W WM
Sec 31 SE 1/4 of the SW 1/4 Tax Lot 1000
Tax Map Number Lot

Lat ' or 45.17366700 DMS or DD
Long ' or -123.10796200 DMS or DD

☒ Street address of well ☐ Nearest address

11800 SE LAFAYETTE HWY DAYTON, OR 97114

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	8/27/2025		68

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 144.00

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

7/22/2025	144	174	250		68
7/23/2025	206	244	250		68

(11) WELL LOG

Ground Elevation 154.69 FT

Material	From	To
gravel fill	0	1
clay brwn silty med	1	20
clay blue stiff/sticky	20	35
clay brwn med	35	39
clay blue stiff	39	41
clay blue/gray stiff/sticky	41	47
clay blue/gray w/gravels	47	50
clay gray silty	50	55
clay greenish blue med to soft	55	66
gravels w/sand & clay gray	66	70
clay gray stiff	70	73
clay green sandy w/some gravels	73	90
sand & small gravels	90	95
clay blue/gray sandy	95	97
clay gray silty	97	102
sand & gravel w/wood	102	104
clay bluish gray sandy	104	107
clay blue/green stiff/sticky	107	115
clay blue firm some green silty	115	144

Construction Begin Date 7/2/2025 Begin Time 10 00 End Date 8/27/2025

(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 Date

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 1483 Date 9/23/2025

Signed JOHN STADELI (E-filed)

Drilling Company: Arrow Drilling 503-538-4422

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New permit use wells must be submitted with a map and recording fee.

8" cable tool shoe welded to top of 8" @ 114'. First water suspected @ 66' while drilling w/mud. 8" steel end plate welded at 258'.

Map of Hole

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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)986-0900



LOCATION OF WELL

Latitude: 45.17366700 Datum: WGS84

Longitude: -123.10796200

Township/Range/Section/Quarter-Quarter Section:
WM4.00S3.00W31SESW

Address of Well:

11800 SE LAFAYETTE HWY DAYTON, OR 97114

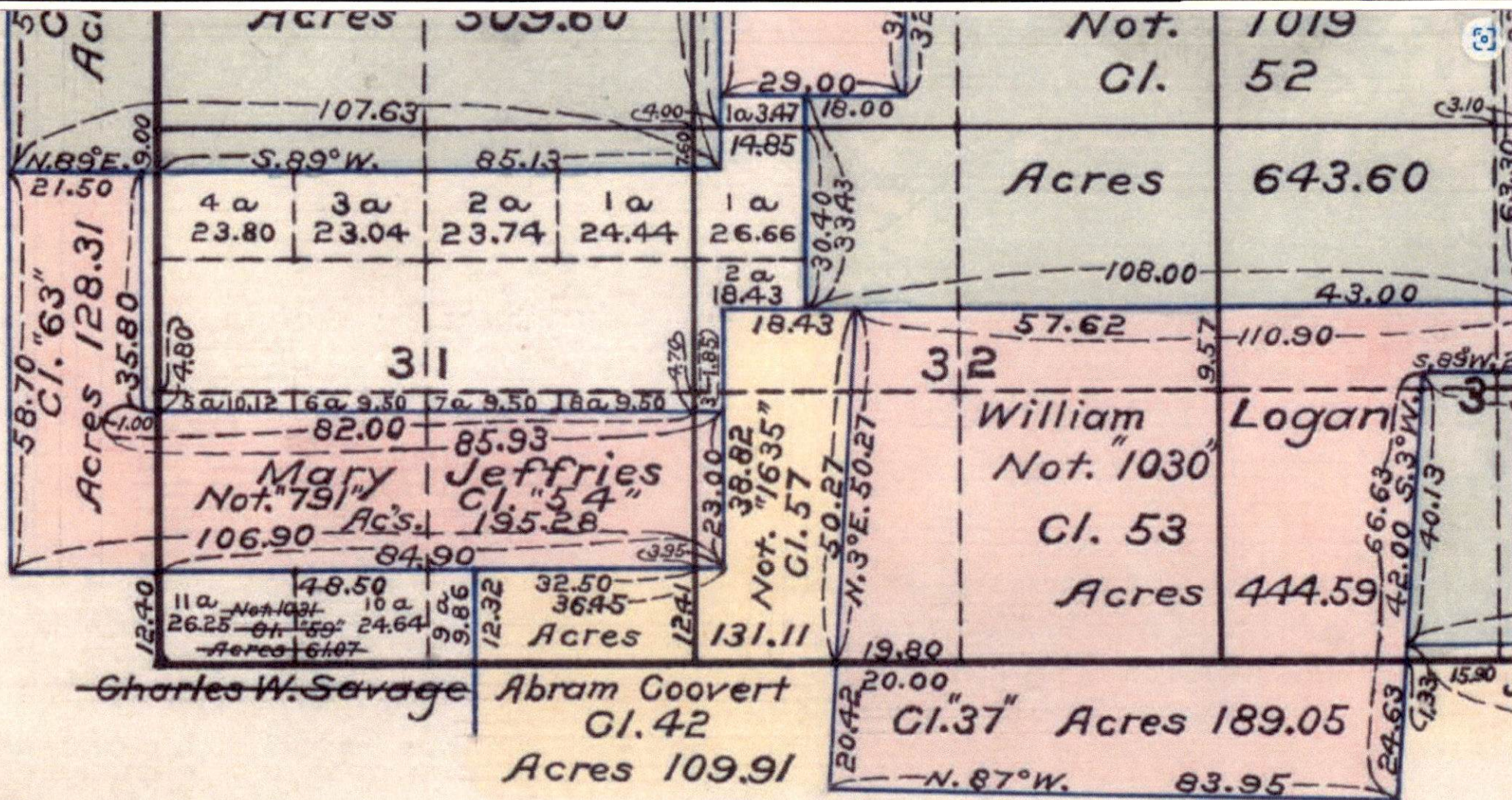
Well Label: 159003

Printed: September 23, 2025

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





on the abandonment

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