

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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:

November 18, 2021

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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YES

**SECTION 1
GENERAL INFORMATION
Type of Authorized Change**

This Claim is being submitted for a transfer involving multiple changes.

Mark all that apply:

1. ☒ Change in POA(s) or Additional POA(s) 2. ☒ Change in Place of Use
1. ☐ Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-13598

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME 44 Acres Farms LLC		PHONE NO. 971-219-8205	ADDITIONAL CONTACT NO.
ADDRESS 11251 SE 232nd Ave			
CITY Damascus	STATE OR	ZIP 97089	E-MAIL dustin@dcbuilding.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 44 Acres Farms LLC c/o Dustin Gruetter		
ADDRESS 11251 SE 232nd Ave		
CITY Damascus	STATE OR	ZIP 97089

4. Date of Site Inspection:

September 30, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Randy Green	September 30, 2025	Plant Manager

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

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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



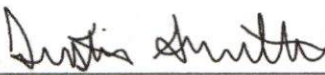
CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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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
	Dustin Gruetter	Owner	12/9/25

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

YES

If "NO", this Section can be deleted.

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 4	CLAC 78217	L-152226	Well, Tributaries of Johnson Creek (Willamette River)

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?

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.")

1. The authorized Well 3 has not been constructed and is, therefore, 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 4	0.05 cfs	0.30 cfs	Not measured

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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 either Section A or B in this Section for each POA.

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

Well 4

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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	135S150-8	Unknown	Submersible	6 inch	3 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	15 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)
15 Hp	70 psi	180 feet (from air test recorded on well log)	0 feet	0.30 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(180 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.30 \text{ cfs}$$

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			

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)
Not a sump - NA				

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

7. Provide pump calculations:

NA

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)
Not a sump - NA			

9. Additional notes or comments related to the system:

Well has an access port: 3/4-inch plastic tubing extended up through one of the bolt holes of the sanitary seal on the south side of the sanitary seal.

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 2 through 4 relating to this section may be deleted.

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

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
5.5 acres	4.0

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

NEW USE(s)	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)
NA	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES

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.")

1. After field verifying the location of plants being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

1S 3E 34 SW NE 5.5

Revised place of use was reduced to:

1S 3E 34 SW NE 4.0

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Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

NO

If "NO", this Section can be deleted.

SECTION 4 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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	November 18, 2021	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023 extended to October 1, 2025	September 30, 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)?

YES

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
129	414	October 1, 2025

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

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c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 4	Geotech Corp GEM series	GEM 24030387	working	332.878 gallons (September 30, 2025)	September 16, 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:

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

Compliance:

Original Well 1 (CLAC 784) develops water from the alluvial aquifer through perforations in the casing within the depth intervals of 150 feet to 186 feet, 224 feet to 239 feet, and 260 feet to 290 feet with gravel and sandstone.

Original Well 2 (CLAC 777) develops water from the alluvial aquifer through perforations in the casing within the depth intervals of 220 feet to 270 feet and 290 feet to 330 feet in deposits consisting primarily of gravel.

Authorized Well 4 (CLAC 78217) develops water from the alluvial aquifer through open hole within the depth interval of 297 feet to 318 feet in black sand and gravels.

It appears Well 4 obtains water from the same alluvial aquifer as Wells 1 and 2; therefore, this condition has been met.

c2) Condition per the transfer FO issued November 18, 2021:

"The former place of use of this transferred right shall no longer receive water under the right."

Compliance:

The former place of use is not being irrigated.

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SECTION 5
ATTACHMENTS

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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 94783
State Water Well Report – CLAC 78217	Well log and driller's notes for CLAC 78217 – Well 4

SECTION 6
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 poly 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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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 1 3E 34A, 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)

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- ☒ 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.)
- ☒ 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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T.1S. R.3E. Section 34, W.M.

Borges Road

27 26
34 35



Unnamed
Intermittent
Stream

SWNE

Well 4 (CLAC 78217) is located 80 feet north and 415 feet east from the center corner, Section 34.

Area (4.0 Acres) of nursery operations under T-13598, formerly Certificate 94783, priority date 11-26-1968.

--- Tax lot boundary

..... 3-inch portable main lines to control boxes

SE 232nd Ave

34

Portable

4.0

Well 4
(CLAC 78217)
and meter

TL 1 3E 34A 800

Tillstrom Road/Market Road

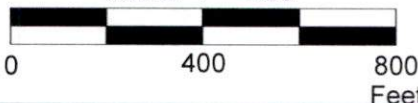
SE 242nd Ave.

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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.

Scale: 1" = 400'



Pacific Hydro-Geology Inc.

10/2025

Claim of Beneficial Use Map
T-13598, formerly Certificate 94783

44 Acre Farms LLC
T.1S., R.3E., Section 34 W.M.

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CLAC 78217

WELL I.D. LABEL# 152226

Page 1 of 3

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.545 & 537.765 and OAR 690-105-0210)

9/14/2023

START CARD # 1070487

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 04

First Name DUSTIN

Last Name GRUETTER

Company

Address 11251 SE 232ND AVE

City DAMASCUS

State OR

Zip 97089

(2) TYPE OF WORK

☒ 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

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☒ Other HOLTE

(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 318.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
10.9	0	59	Bentonite	0	18	12	S
8	59	145			Calculated	8	
7.6	145	297	Cement with 5% Bento	18	59	13	S
6	297	318			Calculated	12	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED BENTONITE

Backfill placed from 59 ft. to 145 ft. Material CEM/BENT

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 9/8/2023 Begin Time 12:30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

☒	☐	6	☒	3	297	.250	☒	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)Temp casing ☒ Yes Dia 10 From + ☒ 1 To 59

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type

Material

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

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		295	0.3
150		250	0.2
50		180	

Temperature 57 °F Lab analysis ☒ Yes By SDI, Iron TraceWater quality concerns? ☒ Yes (describe below) TDS amount 74 ppm

From	To	Description	Amount	Units
216	248	Color		

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 1.00 S N/S Range 3.00 E E/W WM

Sec 34 SW 1/4 of the NE 1/4 Tax Lot 800

Tax Map Number 13E34A

Lot

Lat ° ' " or 45.43997000

DMS or DD

Long ° ' " or -122.42256000

DMS or DD

☒ Street address of well ☐ Nearest address

11251 SE 232ND AVE, DAMASCUS, OR 97089

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration

Completed Well 9/11/2023 140

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 8.00

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

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/8/2023	8	51	1		8
9/11/2023	142	318	250		140

(11) WELL LOG

Ground Elevation 504.00

Material	From	To
Topsoil, brown	0	5
Clay, tan gritty	5	7
Conglomerate, multicolored soft	7	26
Conglomerate, multicolored	26	51
Lava, gray & brown	51	60
Conglomerate, multicolored mostly gray	60	142
Gravel, mc medium lightly cemented	142	167
Gravel, mc medium w/sand cemented	167	180
Gravel, mc medium w/sand & pumice	180	195
Claystone, multicolored broken w/wood	195	203
Gravel, multicolored medium w/sand	203	216
Clay & Claystone, mc broken @times sandy	216	239
Gravel, small to medium w/sand, mc	239	245
Claystone, multicolored broken	245	248
Sand, multicolored coarse cemented	248	249
Conglomerate, multicolored soft broken	249	280
Sand, black & small gravels cemented	280	318

Construction

Begin Date 8/28/2023 Begin Time 10:25 End Date 9/11/2023

(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 1715 Date 9/14/2023

Signed RUSSELL KENNER (E-filed)

(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 2006 Date 9/14/2023

Signed CHRISTEN BLAND (E-filed)

Contact Info (optional) SKYLES WELL DRILLING 503-656-2683

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:
New exempt use wells must be submitted with a map and recording fee.

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

CLAC 78217

9/14/2023

Received
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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: 45.43997000 Datum: WGS84

Longitude: -122.42256000

Township/Range/Section/Quarter-Quarter Section:

WM1.00S3.00E34SWNE

Address of Well:

11251 SE 232ND AVE, DAMASCUS, OR 97089

Well Label: 152226

Printed: September 14, 2023

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

