

**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:

1/30/2023

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>

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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 point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #

T-14164

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Ron Kizer		PHONE NO. (541) 214-6734	ADDITIONAL CONTACT NO.
ADDRESS 34030 Orchard Ave.			
CITY Creswell	STATE OR	ZIP 97426	E-MAIL rhkizer13@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 Ron Kizer			
ADDRESS 34030 Orchard Ave.			
CITY Creswell	STATE OR	ZIP 97426	

4. Date of Site Inspection:

11/18/2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ron Kizer	11/18/2025	Owner

6. County:

Lane

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		
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.



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CWRE NAME William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

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
<i>Ron H. Kizer</i>	RON H. KIZER	Owner	1/21/26
<i>Nancy L Kizer</i>	Nancy L Kizer	Owner	1-21-26

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 2	LANE 79796	L-152747	Coast Fork Willamette 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? YES 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.")

The APOA, Well 2, was drilled 10' W of Well 1 instead of 20' S of Well 1 as proposed in order to connect better to the existing irrigation system.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.06 cfs	0.12 cfs	System not running at time of site inspection.

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SECTION 4 SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES 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):

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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
Goolds	BF20	Not available	Submersible	Not available	1.5"

2. Motor Information:

MANUFACTURER	HORSEPOWER
Goolds	2

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)
2	40	23'	-2.5' avg.	0.12

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

4. Provide pump calculations:

$$Q = (2 * 7.04) / (101.6 + 20.5) = 0.12 \text{ cfs}$$

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)
System not running at time of site inspection.			

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)
N/A				

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

7. Provide pump calculations:

N/A

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)
N/A			

9. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

YES NO

C. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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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	4/18/2024	
COMPLETENESS DATE FROM ORDER (C)	10/1/2025	Aug. 2024

* 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 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? YES NO

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 NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	Neptune	51706412	Working	91182108	May 2009

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES NO

If "NO", item b relating to this section may be deleted.

b. Have the reports been submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? YES NO

b. Was submittal of a ground water monitoring plan required? YES NO

c. Other conditions?

YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Usable access port: *access port was installed.*
Produce water only from alluvial groundwater reservoir: *see attached well log LANE 79796.*

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well 2 Well Log	LANE 79796
Photos (x4)	Taken at 11/18/2025 site inspection.
Map Scale Waiver	Approval of split scale map used for COBU on G-16522. Same scale used for consistency.

**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.

Survey method used was aerial photo provided by Vantor.
Source Date: 7/14/2023

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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
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A 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
- N/A 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.)
- N/A 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

LANE 79796

WELL I.D. LABEL# L 152747 START CARD # 1074882 ORIGINAL LOG #

9/12/2024

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

(1) LAND OWNER Owner Well I.D. First Name RON Last Name KIZER Company Address 34030 ORCHARD AVE City CRESWELL State OR Zip 97426

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 120.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 10, 0, 18, Cement, 0, 18, 10, S. Row 2: 6, 18, 120, Calculated, 4.83.

Seal placement method [] A [] B [X] C [] D [] E [] Other: Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Type Amount Seal Placement Begin Date 8/14/2024 Begin Time 14 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER C/L Dia + From To Gauge Type Wld Thrd Shoe Location Temp casing [] Yes Dia From+ To

(7) PERFORATIONS/SCREENS Perforations Method torch Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ Screen Liner Dia From To width length slots Pipe size

(8) WELL TESTS: Minimum testing time is 1 hour Type of Test Yield (gal/min) Drawdown Drill Stem/ Pump Depth Duration (hr)

Table with 5 columns: Type of Test, Yield (gal/min), Drawdown, Drill Stem/ Pump Depth, Duration (hr). Row 1: Air, 90, 120, 1.

Temperature 56 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 92 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County LANE Twp 19.00 S N/S Range 3.00 W E/W WM Sec 24 NW 1/4 of the SW 1/4 Tax Lot 1706 Lat Long Street address of well 34030 ORCHARD AVE, CRESWELL, OR 97426

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 8/14/2024 20 Flowing Artesian? Dry Hole? WATER BEARING ZONES Depth water was first found 19.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation 552.33 FT Material From To top soil 0 10 brown clay & gravel 10 52 medium sand & gravel 52 120 Received by OWRD FEB 04 2026 Salem, OR Construction Begin Date 8/14/2024 Begin Time 10 00 End Date 8/14/2024

(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. License Number 1859 Date 8/15/2024 Signed CHESTON HENDRICKSON (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. License Number 1553 Date 8/15/2024 Signed JEFF HENDRICKSON (E-filed) Drilling Company: HENDRICKSON WELL DRILLING INC-1553



11-18-2025 Kizer COBU Wellhead

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11-18-2025 KIZER COBU Well I.R Tag

OREGON
WATER RESOURCES DEPT
WELL #
L 152747
DO NOT REMOVE LABEL



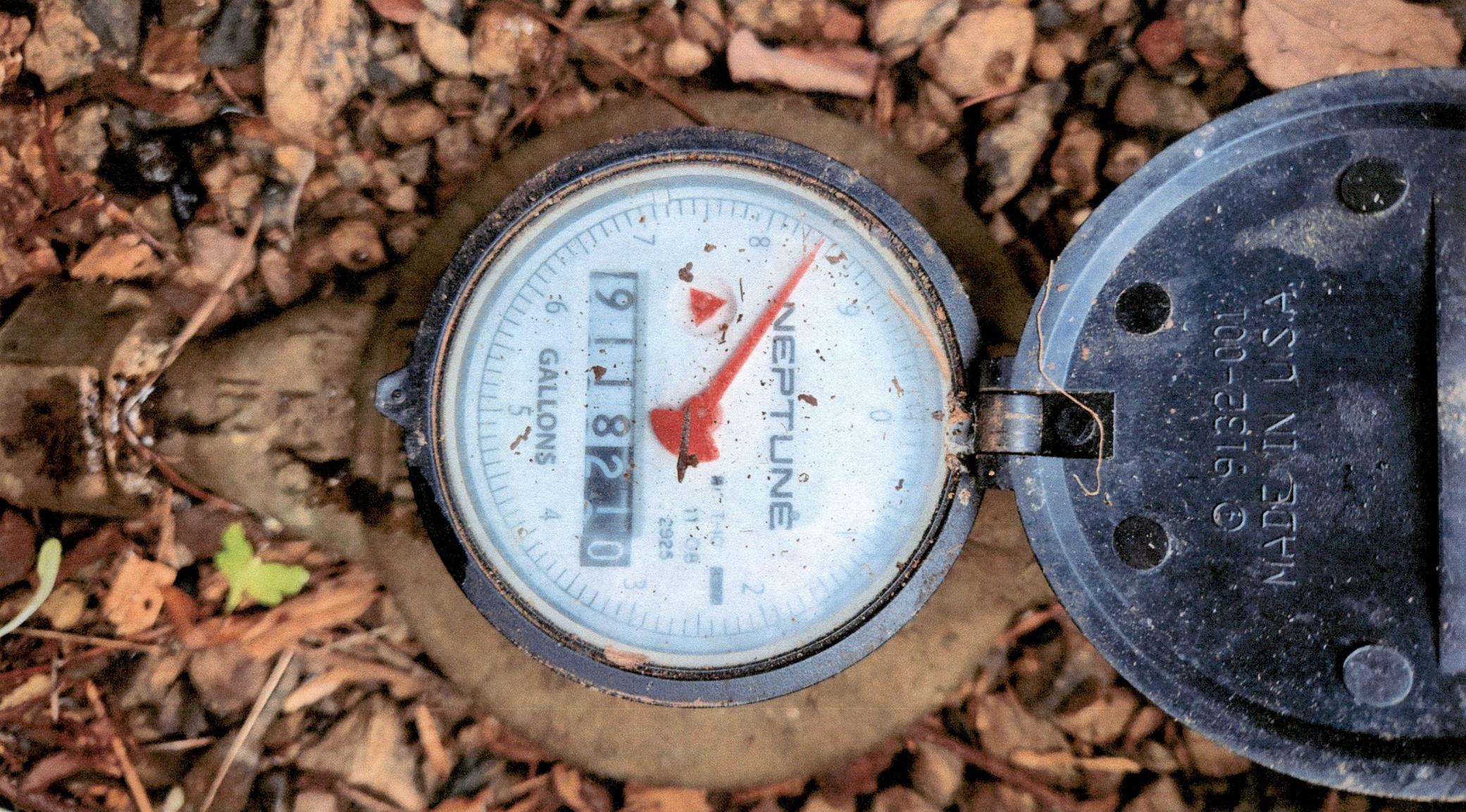


11-18-2025 Kizer COBU Flow Meter

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11-18-2025 Kizer COBU Flow Meter

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Grant McGill <grantmcgill.wr@gmail.com>

Scale Waiver for G-16522 COBU

3 messages

Grant McGill <grantmcgill.wr@gmail.com>

Mon, Feb 14, 2022 at 10:24 AM

To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Hi Gerry,

We are working on the map for this claim. Due to the size of the property, even 1 inch = 400' does not show much detail of the water system and place of use.

I am attaching a map that shows the place of use at 1 in. = 200' with a 1 in. = 1320' insert showing the well location. Can you accept this split scale map? If so, please send us a waiver to include with the COBU.

--
Grant McGill
503-931-0210
15333 Pletzer Rd. SE, Turner, OR 97392
www.mcgillwaterrights.com



 **Kizer COBU map.pdf**
651K

CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Mon, Feb 14, 2022 at 10:34 AM

To: Grant McGill <grantmcgill.wr@gmail.com>

Grant,

What you are proposing is acceptable and makes sense given the property size.

Your request for a waiver is approved.

Gerry

[Gerry Clark](#)

He/Him/His

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

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Grant McGill <grantmcgill.wr@gmail.com>

Mon, Feb 14, 2022 at 10:37 AM

To: CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Thank you!

--
Grant McGill
503-931-0210
15333 Pletzer Rd. SE, Turner, OR 97392
www.mcgillwaterrights.com



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Ron Kizer 34030 Orchard Ave.
Creswell, OR 97426

Transaction Type: COBU

Fees Received: \$ 345.00

Cash Check: Check No. 2520

Name(s) on Check: Will McGill Surveying 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: Sarah Benham
(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.