

**CLAIM OF  
BENEFICIAL USE  
for Transfers Character of Use and  
Place of Use**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://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:**

February 7, 2025

**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>

Received by OWRD

MAR 02 2026

Salem, OR

**SECTION 1**

**GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer where the character of use and the place of use were the only changes that were authorized.  
*If additional changes were authorized, you will need to select a different form.*

YES

**1. File Information**

APPLICATION #  
T-14612

**2a. Property Owner (current owner information)**

**TL 05 1W 29 1301, 1302, 1400, 1500, 1600**

APPLICANT/BUSINESS NAME <b>TRECO Investments LLC</b>		PHONE NO. <b>(503) 580-5342</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 98</b>			
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>	E-MAIL <b>brent_smith@treco.nu</b>

**2b. Property Owner (current owner information)**

**TL 05 1W 29 1300, 1800, TL 05 1W 30 400, TL 05 1W 32 500,800**

APPLICANT/BUSINESS NAME <b>Oregon Rootstock &amp; Tree Co. Inc.</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 98</b>			
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>	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 <b>Treco Investments LLC c/o Brent Smith</b>		
ADDRESS <b>PO Box 98</b>		
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>

**4. Date of Site Inspection:**

**January 30, 2026**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Brent Smith</b>	<b>January 30, 2026</b>	<b>Owner, operator</b>

**6. County**

**Marion County**

Received by OWRD

MAR 02 2026

Salem, OR

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)):

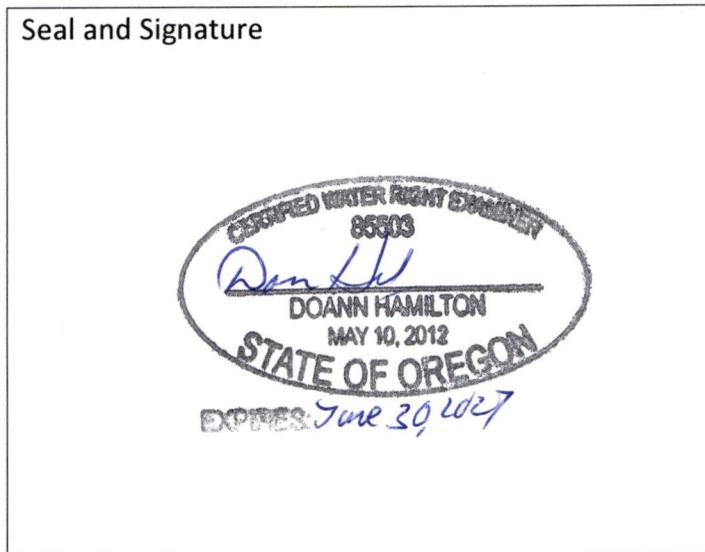
OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

## 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 <b>Doann Hamilton</b>		PHONE NO. <b>(503) 349-6946 cell</b>	ADDITIONAL CONTACT NO. <b>503-931-0210</b>
ADDRESS <b>15333 Pletzer Rd. SE</b>			
CITY <b>Turner</b>	STATE <b>OR</b>	ZIP <b>97392</b>	E-MAIL <b>phgdmh@gmail.com</b>

Received by OWRD

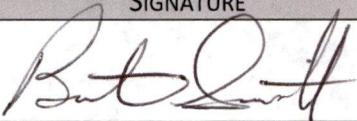
MAR 02 2026

Salem, OR

## 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
	BRENT SMITH	V.P.	2/26/2026

### SECTION 3

#### EXTENT OF CHANGES COMPLETED

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

#### Change #1

##### Change in Character of Use

#### 1. Claim Summary – Authorized Use(s):

Provide the new uses authorized by the transfer final order:

NEW USE(S) AUTHORIZED
Nursery on 0.3 acres

#### 2. Variations:

Were all the uses developed from what was authorized by the transfer final order? **NO**

If no, describe below.

(e.g. "The order authorized changes in character of use to industrial, commercial, and livestock. The water user did not develop the commercial use.")

None

Received by OWRD

MAR 02 2026

Salem, OR

**Change #2**  
**Change in Place of Use**

**1. Claim Summary – Authorized Use:**  
If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
3.25	3.25

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
NA	NA

**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.")

None

**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 CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	January 16, 2026	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2027	January 30, 2026

\* 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)?**  
If "NO", you may delete the following table.

Received by OWRD  
MAR 02 2026  
Salem, OR **NO**

**3. Measurement Conditions:**

a. Does the transfer final order require the installation of a meter or 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 diversion or appropriation.**

b. Has a meter been installed?

YES

**c. Meter Information**

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1 – 16-inch casing – Irrigation	McCrometer	15-03779-08	Working	58,039,200 gallons January 30, 2026	August 2015
Well 1 – 8-inch casing – nursery operations	McCrometer	23-03321-04	Working	4,540,200 gallons January 30, 2026	July 2023
Well 2	McCrometer	15-02820-06	Working	58,935,300 gallons January 30, 2026	August 2015
Well 3	McCrometer	15-11874-08	Working	34,357,600 gallons January 30, 2026	September 2015

*If a meter has been installed, items d through f relating to this section may be deleted.*

**4. Other conditions required by the transfer final order:**

a. 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):

a) Condition per the transfer FO issued January 16, 2026:  
 "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. The area is planted with older hazelnuts not requiring irrigation.

Received by OWRD

MAR 02 2026

Salem, OR

**SECTION 5**  
**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 95349; 1320 scale
Claim of Beneficial Use Map	Claim of Beneficial Use Map: Area 1, modified Certificate 95349; 100 scale
Claim of Beneficial Use Map	Claim of Beneficial Use Map: Area 2, modified Certificate 95349; 100 scale
Claim of Beneficial Use Map	Claim of Beneficial Use Map: Area 3, modified Certificate 95349; 100 scale
Claim of Beneficial Use Map	Claim of Beneficial Use Map: Area 4, modified Certificate 95349; 100 scale
BLM Cadastral Map	BLM Cadastral Map T. 5S. R. 1W. showing DLC and Government Lot locations

**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.

The COBU map was prepared using tax assessor's maps 05 1W 29, 30, 31 and 32, 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)

Received by OWRD  
MAR 02 2026  
Salem, OR

- 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

Received by OWRD  
MAR 02 2026  
Salem, OR



Received by OWRD  
MAR 02 2026  
Salem, OR

Date Received (Date Stamp Here)

### OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Treco Investments LLC  
Po Box 98 Woodburn OR 97071

Transaction Type: Claim

Fees Received: \$ 345

Cash  Check: Check No. 2549  
Name(s) on Check: Will McGill Surveying

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 Lavinien  
(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.