

**CLAIM OF  
BENEFICIAL USE  
for Groundwater Permits  
claiming more than 0.1 cfs**



**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)

Received by OWRD

APR 02 2026

Salem, OR

**A fee of \$345 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**Enter the date the priority date of the permit:**

**November 8, 2019**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

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**

**1. File Information:**

| APPLICATION #  | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|----------------|--------------------------|------------------------------------|
| <b>G-18876</b> | <b>G-18698</b>           | <b>T-NA</b>                        |

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

|                                                     |                    |                     |                        |
|-----------------------------------------------------|--------------------|---------------------|------------------------|
| APPLICANT/BUSINESS NAME<br><b>Marina Sharabarin</b> |                    | PHONE NO.           | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>6363 S. Zimmerman Rd</b>              |                    |                     |                        |
| CITY<br><b>Aurora</b>                               | STATE<br><b>OR</b> | ZIP<br><b>97002</b> | CITY<br><b>Aurora</b>  |

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

**3. Permit holder of record (this may, or may not, be the current property owner):**

|                                                     |                    |                     |  |
|-----------------------------------------------------|--------------------|---------------------|--|
| PERMIT HOLDER OF RECORD<br><b>Marina Sharabarin</b> |                    |                     |  |
| ADDRESS<br><b>6363 S. Zimmerman Rd</b>              |                    |                     |  |
| CITY<br><b>Aurora</b>                               | STATE<br><b>OR</b> | ZIP<br><b>97002</b> |  |

|                                                 |       |     |
|-------------------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>NA</b> |       |     |
| ADDRESS                                         |       |     |
| CITY                                            | STATE | ZIP |

Received by OWRD

APR 02 2026

Salem, OR

**4. Date of Site Inspection:****March 17, 2026****5. Person(s) interviewed and description of their association with the project:**

| NAME                   | DATE                  | ASSOCIATION WITH THE PROJECT |
|------------------------|-----------------------|------------------------------|
| <b>Bill Sharabarin</b> | <b>March 17, 2026</b> | <b>Husband and operator</b>  |

**6. County****Clackamas County****7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

|                              |       |     |
|------------------------------|-------|-----|
| OWNER OF RECORD<br><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.

Seal and Signature



Received by OWRD  
APR 02 2026  
Salem, OR

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

APR 02 2026

Salem, OR

Permit Holder of Record Signature or Acknowledgement**Each** permit 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    |
|-----------------------------------------------------------------------------------|----------------------|-------|---------|
|  | marina<br>SHARABARIN | owner | 3-26-26 |
|                                                                                   |                      |       |         |
|                                                                                   |                      |       |         |

**SECTION 3****CLAIM DESCRIPTION****1. Point of appropriation name or number:**

| POINT OF APPROPRIATION<br>(POA) NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID #<br>FOR ALL WORK PERFORMED ON THE WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|
| Well                                                                  | CLAC 77869                                                             | L-149385                      |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Point of appropriation source, if indicated on permit:**

| POA<br>NAME OR NUMBER | SOURCE<br>BASIN LOCATED WITHIN | TRIBUTARY     |
|-----------------------|--------------------------------|---------------|
| Well                  | Gribble Creek Basin            | Molalla River |

**3. Developed use(s), period of use, and rate for each use:**

| POA<br>NAME OR<br>NUMBER     | USES       | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS WHEN WATER<br>WAS USED | ACTUAL RATE OR VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|------------------------------|------------|----------------------------------|-----------------------------------------|----------------------------------------------------|
| Well                         | Irrigation | Black Berries                    | March 1 through October 31              | 0.44 cfs                                           |
| Total Quantity of Water Used |            |                                  |                                         | 0.44 cfs                                           |

**4. Provide a general narrative description of the distribution works.** This description must trace the water system from **each** point of appropriation to the place of use:

Water is pumped from the Well (CLAC 77869) using a 30 Hp submersible pump to convey water north through a 4 inch galvanized tee. The 4 inch above ground line goes through a back flow preventer then continues north through a Filtomat filter system before continuing north through the meter. After the meter, the 4 inch black above ground steel pipe continues north about a foot where one line tees off to the west about 2 feet and the other continues north about 2 feet. After the 2 feet

one line tees off to the west about 2 feet and the other continues north about 2 feet. After the 2 feet both lines elbow down to the ground and connect underground to the two 4 inch PVC mainlines.

The 4 inch PVC buried mainline to the west continues southwest about 50 feet then reduces down to 2.5 inch buried PVC that extends west along the bottom of the rows of berries. The 4 inch PVC buried mainline to the north extends about 250 feet then tees east about ~180 feet before reducing down to 2.5 inch buried PVC that continues east to the end of the rows of berries.

The 4 inch buried PVC mainline from the tee continues north about ~625 feet tees east about ~180 feet before reducing down to 2.5 inch buried PVC that continues east to the end of the rows of berries. The other end of that tee reducing down to 2.5 inch buried PVC and extends west to the end of the rows of berries.

One inch polyethylene tubing extends north from each mainline to the base of each row of berries. This line connects to drip tape, one per row, with 24 inch dripper spacing.

The area is set up into 6 zones at which several zones can be irrigated at a time to maximize the allowed rate of this permit.

**Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).**

#### 5. Variations:

Was the use developed differently from what was authorized by the permit, **YES**  
permit amendment final order, or extension final order? If yes, describe below.

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

1. The location of Well (CLAC 77869 is more correctly placed at:  
190 feet south and 1,510 feet east from the center corner, Section 26.
2. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

|        |    |    |       |            |
|--------|----|----|-------|------------|
| 4S     | 1E | 26 | SE NE | 20.2       |
| 4S     | 1E | 26 | NE SE | <u>1.2</u> |
| Total: |    |    |       | 21.4       |

Revised place of use:

|        |    |    |       |            |
|--------|----|----|-------|------------|
| 4S     | 1E | 26 | SE NE | 18.6       |
| 4S     | 1E | 26 | NE SE | <u>0.6</u> |
| Total: |    |    |       | 19.2       |

Received by OWRD

APR 02 2026

Salem, OR

**6. Claim Summary:**

| POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF WATER<br>MEASURED | USE        | # OF ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------|----------------------------|---------------------------------------------------|-----------------------------|------------|-----------------------|-------------------------|
| Well             | 0.26 cfs                   | 0.44 cfs                                          | Not measured                | Irrigation | 21.4                  | 19.2                    |

## SECTION 4

### SYSTEM DESCRIPTION

**Are there multiple POAs?**

NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

Well

APR 02 2026

Salem, OR

**A. Place of Use****1. Is the right for municipal use?**

NO

If "YES" the table below may be deleted.

| TWP                   | RNG | MER | SEC | QQ    | GLOT | DLC | USE        | IF IRRIGATION,<br># PRIMARY<br>ACRES | IF IRRIGATION, #<br>SUPPLEMENTAL<br>ACRES |
|-----------------------|-----|-----|-----|-------|------|-----|------------|--------------------------------------|-------------------------------------------|
| 4S                    | 1E  | WM  | 26  | SE NE | NA   | NA  | Irrigation | 18.6                                 | NA                                        |
| 4S                    | 1E  | WM  | 26  | NE SE | NA   | NA  | Irrigation | 0.6                                  | NA                                        |
| Total Acres Irrigated |     |     |     |       |      |     |            | 19.2                                 | NA                                        |

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

**B. Groundwater Source Information (Well)****1. Is the appropriation from a well?**

YES

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

**2. Describe the access port (type and location) or other means to measure the water level in the well:**

After removing the ½ inch PVC vent tube through the vent/access port of the sanitary seal on the west side of the sanitary seal.

**3. If well logs are not available, provide as much of the following information as possible:**

| CASING<br>DIAMETER      | CASING<br>DEPTH | TOTAL<br>DEPTH | COMPLETION<br>DATE OF<br>ORIGINAL WELL | COMPLETION<br>DATES OF<br>ALTERATIONS | WHO THE WELL<br>WAS DRILLED FOR | WELL DRILLED BY |
|-------------------------|-----------------|----------------|----------------------------------------|---------------------------------------|---------------------------------|-----------------|
| See Well Log CLAC 77869 |                 |                |                                        |                                       |                                 |                 |

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log CLAC 77869

### C. Groundwater Source Information (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.

Received by OWRD

APR 02 2026

### D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 9 may be deleted.

#### 2. Pump Information:

| MANUFACTURER     | MODEL      | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|------------------|------------|---------------|--------------------------------------------|-------------|----------------|
| Pemtair-Berkeley | 6TMH30-300 | Unknown       | Submersible                                | 6 inch      | 4 inch         |

#### 3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Hitachi      | 30 Hp      |

#### 4. 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) |
|------------|---------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------|
| 60 Hp      | 60 psi        | 142.08 feet (from permit condition pump test)                                                                       | 0 feet                                                                                  | 0.72 cfs                   |

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

#### 5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(142.08 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.72 \text{ cfs}$$

#### 6. 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 |                      |                           |                            |

**7. Theoretical Pump Capacity – Pump at Sump:**

| HORSEPOWER | OPERATING<br>PSI | LIFT FROM SOURCE TO GROUND SURFACE<br>(THE LIFT FROM THE WATER SURFACE TO THE<br>PUMP) | LIFT TO PLACE OF USE<br>(THE LIFT FROM THE PUMP<br>TO THE PLACE OF USE) | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|
| NA         |                  |                                                                                        |                                                                         |                                  |

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

**8. Provide pump calculations:**

NA

**9. Measured Pump Capacity (using meter if meter was present and system was operating):**

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME<br>OBSERVED | TOTAL PUMP OUTPUT<br>(IN CFS) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| NA                    |                      |                              |                               |

**10. Is the distribution system piped?**

YES

If "NO" items 11 through item 16 may be deleted.

**11. Mainline Information:**

| MAINLINE SIZE | LENGTH       | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|--------------|--------------|------------------------|
| 4 inch        | ~ 1,600 feet | PVC          | Buried                 |
| 2.5 inch      | ~ 925 feet   | PVC          | Buried                 |

**12. Lateral or Handline Information:**

| LATERAL OR HANDLINE SIZE | LENGTH    | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|-----------|--------------|------------------------|
| 1.0 inch                 | ~450 feet | Polyethylene | Above and buried       |

**13. Sprinkler Information:**

| SIZE | OPERATING<br>PSI | SPRINKLER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS) |
|------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| NA   |                  |                              |                               |                        |                                 |

Reminder: For sprinkler output determination use the reference information at the end of this document.

**14. Drip Emitter Information:**

| SIZE | OPERATING<br>PSI | EMITTER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF EMITTERS | MAXIMUM<br>NUMBER USED | TOTAL EMITTER OUTPUT<br>(CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| NA   |                  |                            |                             |                        |                               |

**15. Drip Tape Information:**

| DRIPPER SPACING<br>IN INCHES | GPM PER 100<br>FEET    | TOTAL LENGTH<br>OF TAPE | MAXIMUM LENGTH<br>OF TAPE USED | TOTAL TAPE OUTPUT<br>(CFS) | ADDITIONAL<br>INFORMATION |
|------------------------------|------------------------|-------------------------|--------------------------------|----------------------------|---------------------------|
| 24 inches                    | 0.44 gpm /<br>100 feet | 85,960 feet             | 45,135 feet                    | 0.44 cfs                   | NA                        |

Received by OWRD

**16. Pivot Information:**

| MANUFACTURER | MAXIMUM WETTED<br>RADIUS | OPERATING<br>PSI | TOTAL PIVOT<br>OUTPUT (GPM) | TOTAL PIVOT<br>OUTPUT (CFS) |
|--------------|--------------------------|------------------|-----------------------------|-----------------------------|
| NA           |                          |                  |                             |                             |

**E. Storage**

**1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?**

NO

*If "NO", item 2 and 3 relating to this section may be deleted.*

If "YES" is it a:           Storage Tank  
                                      Bulge in System / Reservoir

NO

NO

*Complete appropriate table(s), unused table may be deleted.*

**F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

**1. Does the system involve a gravity flow pipe?**

NO

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

**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

**1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?**

NO

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

**H. Additional notes or comments related to the system:**

None

## SECTION 5

### CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

Received by OWRD

APR 02 2026

Salem, OR

|                                   | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---------------------------------------------------------------------------|
| ISSUANCE DATE                     | August 13, 2021  |                    |                                                                           |
| BEGIN CONSTRUCTION (A)            | August 13, 2026  | March 30, 2023     | Well (CLAC 77869) construction began and was completed April 6, 2023      |
| COMPLETE CONSTRUCTION (B)         | NA               | NA                 | NA                                                                        |
| COMPLETE APPLICATION OF WATER (C) | August 13, 2026  | October 2024       | Permit conditions were met and water was put to full use                  |

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

**2. Is there an extension final order(s)?**

NO

If "NO", items a and b relating to this section may be deleted.

**3. Initial Water Level Measurements:**

a. Was the water user required to submit an initial static water level measurement?

YES

If "NO", items b through d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department?

YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| NA                  |                     |        |             |

**4. Annual Static Water Level Measurements:**

Initial plus seven:

a. Was the water user required to submit annual static water level measurements?

YES

If "NO", items b through e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required?

YES

d. If "YES", were those measurements submitted to the Department?

YES

e. If the annual measurements were not submitted, provide the measurements now:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| NA                  |                     |        |             |

**5. Pump Test:**

a. Did the permit require the submittal of a pump test?

YES

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

- b. Has the pump test been previously submitted to the Department? YES
- c. Is the pump test attached to this claim? NO
- d. Has the pump test been approved by the Department? YES
- e. Has a pump test exemption been approved by the Department? NO

**\*\* Claims will not be reviewed until a pump test or exemption has been approved by the Department**

#### 6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension 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<br>NAME OR # | MANUFACTURER | SERIAL #  | CONDITION<br>(WORKING OR NOT) | CURRENT METER<br>READING              | DATE INSTALLED |
|----------------------|--------------|-----------|-------------------------------|---------------------------------------|----------------|
| Well 1               | Netafim      | 230214807 | Working                       | 3,547,513 gallons<br>(March 17, 2026) | July 2023      |

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

#### 7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? YES

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

- b. Have the reports been submitted? YES

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

#### 8. Other conditions required by some permits, permit amendment final orders, or extension final orders:

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Was submittal of a water management and conservation plan required? NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| L-149385  | April 2023            |

Received by OWRD

APR 02 2026

Salem, OR

- e. 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) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

**e1) Condition:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

**Compliance:**

Well tag L-149385 is attached to the well casing.

**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                        |
| State Water Well Report – CLAC 77869 | Well log and driller's notes for CLAC 77869 – Well |
| Pump Test Approval Letter            | OWRD letter approving pump test for permit G-18698 |

**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 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.

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 4 1E 26, 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>

Received by OWRD

APR 02 2026

Salem, OR

**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
- ☐ 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

Received by OWRD

APR 02 2026

Salem, OR



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

CLAC 77869

4/12/2023

Received by OWRD

APR 02 2026

Salem, OR

## Map of Hole

# 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: 45.19351800 Datum: WGS84

Longitude: -122.64494100

Township/Range/Section/Quarter-Quarter Section:

WM4.00S1.00E26NESE

Address of Well:

10787 S HEINZ RD CANBY, OR 97013

**Well Label: 149385**

**Printed: April 12, 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





# Oregon

Tina Kotek, Governor

## Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503)986-0900

Fax (503) 986-0904

March 25, 2024

VASILY & MARINA SHARABARIN  
6363 S ZIMMERMAN RD  
AURORA, OR 97002

GW

The Department has reviewed the status of your pump test and any requests for extension(s) or exemption(s) for the following permitted well(s). The results are summarized in the table below:

| Application | Water Right       | Permitted Well | Pumped Well | Test Date  | Request Status | Exemption | Well Name |
|-------------|-------------------|----------------|-------------|------------|----------------|-----------|-----------|
| G 18876     | Permit: G 18698 * | CLAC0077869    | CLAC0077869 | 02/28/2024 | APPROVED       | None      |           |

Approved pump test letters will be digitally posted to the water right in WRIS; all other pump test letters will be mailed to permit holder.

Please contact me if you have any questions.

Sincerely,

Gabi Ferreira  
971-375-7623  
Groundwater Section

cc: GW Pump Test File  
cc: Certificates Section/Application File

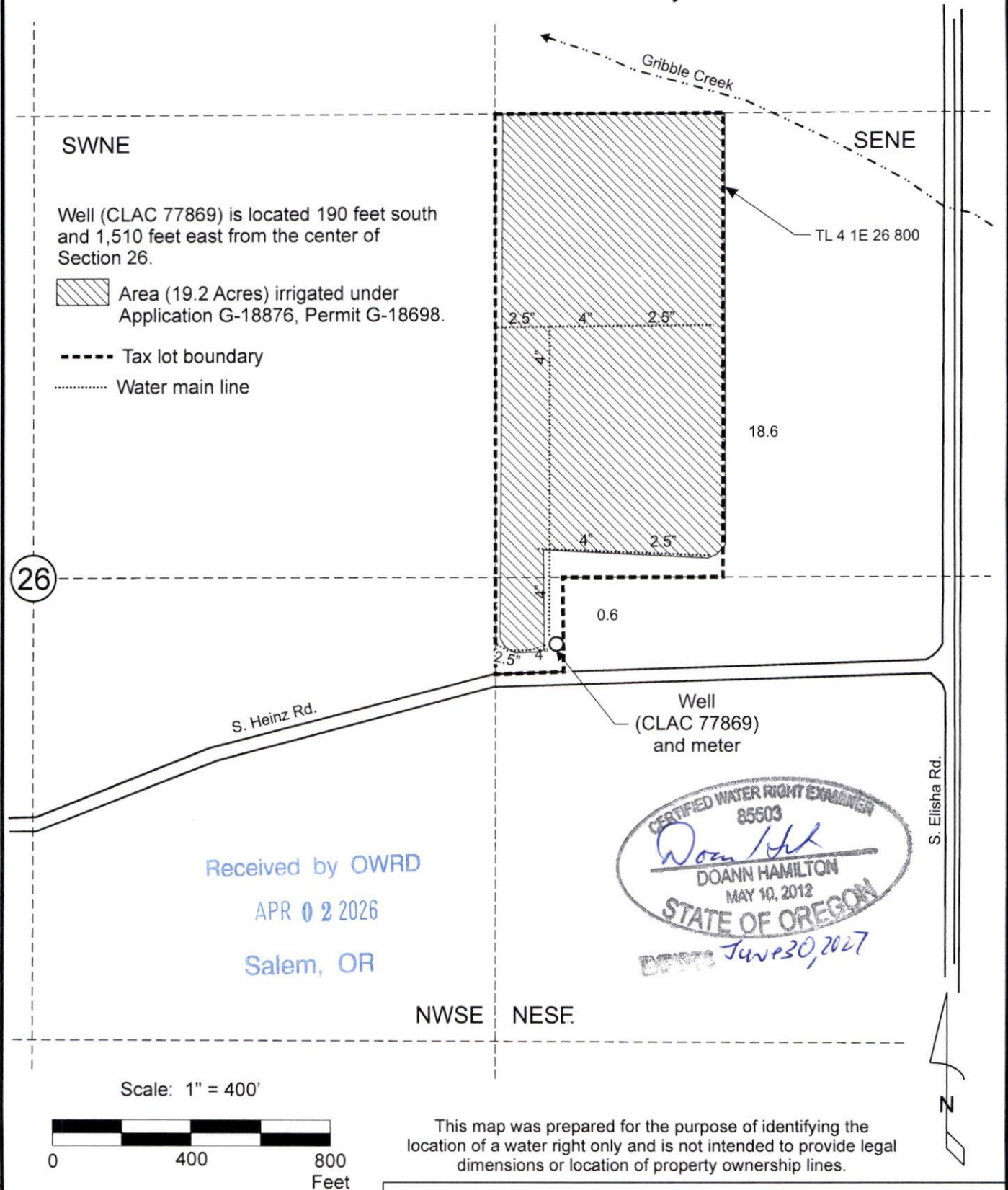
Received by OWRD

APR 02 2026

Salem, OR

Superseded

# T.4S. R.1E Section 26, W.M.



SharabarinG-18876COBUMap.cdr



Received by OWRD

MAR 31 2026

Salem, OR

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Marina Sharabarin 16363 S.  
Zimmerman Rd. Aurora, OR 97002

Transaction Type: COBU

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 2579

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.