

**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](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 12, 2024

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1  
GENERAL INFORMATION**

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**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a **Salem, OR** change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

**YES**

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION #

**T-14404**

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

APPLICANT/BUSINESS NAME <b>Terry and Deborah M. Beilke Trust, Terry and Deborah M. Beilke Trustees</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 9068</b>			
CITY <b>Brooks</b>	STATE <b>OR</b>	ZIP <b>97305</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>Terry and Deborah M. Beilke</b>			
ADDRESS <b>PO Box 9068</b>			
CITY <b>Brooks</b>	STATE <b>OR</b>	ZIP <b>97305</b>	

**4. Date of Site Inspection:**

**March 6, 2026**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Terry Beilke</b>	<b>March 6, 2026</b>	<b>Owner / Operator</b>

**6. County**

**Marion 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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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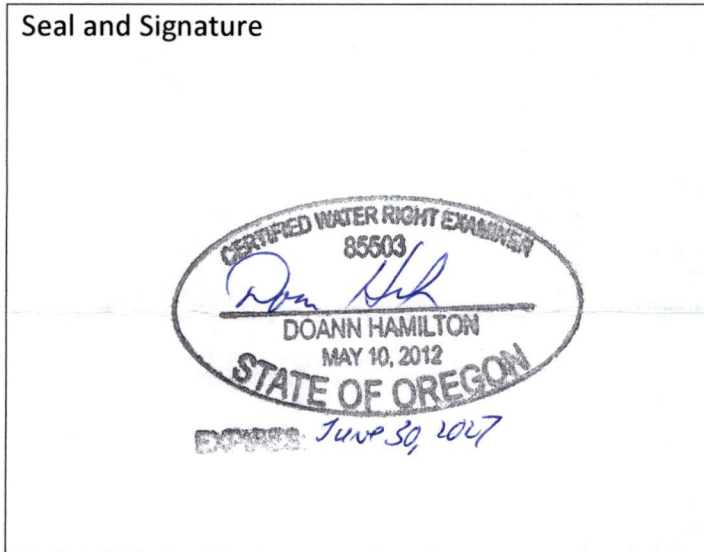
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**SECTION 2**  
**SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



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>	

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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
<i>Terry Beilke</i>	TERRY BEILKE	owner	3-16-26
<i>Deborah M. Beilke</i>	DEBORAH M. BEILKE	OWNER	3-16-26

**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	MARI 71784	L-156267	A well, a tributary of Pudding 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*

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.")

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1. The authorized Well 3 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.
2. Note: the final order requires a meter new and existing but this is a change in POA and the existing well is no longer being use.
3. The location of Well 2 (MARI 71784) is more correctly placed at: 3,980 feet north and 1,910 feet west from the SE corner, DLC 66.

**3. Claim Summary:**

FORMER CERTIFICATE	NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
47935	Well 2	0.735 cfs	1.47 cfs	Not measured
76800		0.158 cfs priority date: April 24, 1992, 0.079 cfs priority date: February 16, 1995		Not measured

**SECTION 4**

**SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)? **NO**

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

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

Well 2

**A. POA System Information**

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

**1. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Wolf Pump	8LM8V-3	PP8011525	Submersible	6 inch	6 inch

**2. Motor Information:**

MANUFACTURER	HORSEPOWER
Hitachi	60 Hp

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**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)
60 Hp	78 psi	89.0 feet (from permit condition pump test)	0 feet	1.47 cfs

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

**4. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(90 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(89.0 \text{ ft lift} + 198.2 \text{ ft pressure head})} = 1.47 \text{ cfs}$$

**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)
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)
NA			

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

None

**B. Groundwater Source Information (Well and Sump)**

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

NO

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

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

The original well has been partly abandoned with most of the well casing removed.

Well access port is through 3/4 inch access port after removing the 1/2 inch vent tubing on the east side of the well sanitary seal.

**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	March 10, 2025	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2026	March 2026

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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**2. Is there an extension final order(s)?**  
If "NO", you may delete the following table.

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NO

**3. Measurement Conditions:**

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a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

YES

- new and existing

Note: this was a change in POA and the existing well is not being used.

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

**Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.**

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	Netafim	13-200040084	Working	19,296,400 gallons	November 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):

**c) Condition:**

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

**Compliance:**

**Well 1 (MARI 4090) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 101 to 125 feet and 190 to 251 feet with in layers of cemented sand and gravel lens.**

**Well 2 (MARI 71784) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 175 to 290 feet with in layers of cemented sand and gravel lens.**

**It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.**

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 47935
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 76800
State Water Well Report – MARI 71784	Well log and driller's notes for MARI 71784 – Well 2
BLM Cadastral Map	BLM Cadastral Map T. 6S. R. 2W. showing DLC and Government Lot locations

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## SECTION 7

### CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor's maps 06 2W 09, 16, 16B and 17, 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)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)

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- 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

MARI 71784

WELL I.D. LABEL# L 156267 START CARD # 1078525 ORIGINAL LOG #

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

8/27/2025

(1) LAND OWNER Owner Well I.D. First Name TERRY Last Name BEILKE Company Address PO BOX 9068 City BROOKS State OR Zip 97305

(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 [X] 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 301.00 ft. BORE HOLE SEAL sacks/lbs

Seal placement method: [ ] A [ ] B [X] C [ ] D [ ] E [X] Other: BENTONITE Backfill placed from 52 ft. to 55 ft. Material SAND & GRAVEL Filter pack from ft. to ft. Material Size Explosives used: Type Amount Seal Placement Begin Date 8/15/2025 Begin Time 15 30

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

(6) CASING/LINER C/L Dia + From To Gauge Mat. Type Wld Thrd Shoe Location Temp casing [X] Yes Dia 16 From + 1 To 54

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

(8) WELL TESTS: Minimum testing time is 1 hour Type of Test Yield (gal/min) Drawdown Drill Stem/ Pump Depth Duration (hr) Temperature 55 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount 190 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County MARION Twp 6.00 S N/S Range 2.00 W E/W WM Sec 16 NW 1/4 of the NW 1/4 Tax Lot 500 Tax Map Number Lot Lat Long Street address of well Nearest address 9410 PORTLAND RD NE, BROOKS

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 8/27/2025 57 Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 68.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 8/18/2025 68 292 800 57

(11) WELL LOG Ground Elevation Material From To topsoil 0 1.5 clay tan 1.5 39 clay grey 39 68 sand brown 68 84 sand & gravel grey 84 112 sand & gravel brown cemented 112 127 gravel with clay brown 127 134 silty sand brown & grey 134 147 gravel cemented grey with some clay 147 167 gravel & sand grey medium coarse 167 182 gravel with clay & sand grey 182 188 cemented gravel grey 188 213 gravel semi loose with sand 213 228 cemented gravel grey with some clay 228 258 cemented gravel brown 258 292 cemented gravel with clay grey & siltstone conglom 292 301

Construction Begin Date 7/15/2025 Begin Time 09 45 End Date 8/27/2025

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number Date

(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 688 Date 8/27/2025 Signed STEVEN STADELI (E-filed) Drilling Company: Westerberg Drilling Inc



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

MARI 71784

8/27/2025

### 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: 45.05390000 Datum: WGS84

Longitude: -122.94780000

Township/Range/Section/Quarter-Quarter Section:

WM6.00S2.00W16NWNW

Address of Well:

9410 PORTLAND RD NE, BROOKS

Well Label: 156267

Printed: August 27, 2025

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



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: 45.05390000 Datum: WGS84

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WM6.00S2.00W16NWNW

Address of Well:

9410 PORTLAND RD NE, BROOKS

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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.

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Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Terry & Deborah Beilke Trust  
PO Box 9068, Brooks OR 97305

Transaction Type: Claim

Fees Received: \$ 345.00

Cash

Check:

Check No. 2585

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 Lavnien

(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.