

**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:

October 15, 2018

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**

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-13040

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Arndt Road Properties, LLC		PHONE NO. 503-980-8244	ADDITIONAL CONTACT NO.
ADDRESS 1335 S Larch St.			
CITY Canby	STATE OR	ZIP 97013	E-MAIL Rmontecucco08@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 Montecucco Farms, LLC		
ADDRESS 4015 N. Locust St		
CITY Canby	STATE OR	ZIP 97013

4. Date of Site Inspection:

February 24, 2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Richard Montecucco	2/24/2026	Owner/partner

6. County:

Marion

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.



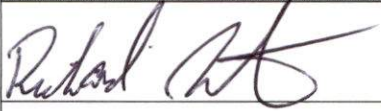
CWRE NAME Galen McGill		PHONE NO. 503-409-8797	ADDITIONAL CONTACT NO. 503-931-0210
ADDRESS 15333 Pletzer RD SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL galen@mcgillwaterrights.com

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Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Richard Montecucco	Owner	4-7-2026

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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)
POA #4	CLAC 74960	128830	

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.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA #4	240 gpm	1104 gpm	Not operating

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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):

POA #4

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
Goulds Water Technology	11CMC	MO3115	Turbine	unknown	6.5"

2. Motor Information:

MANUFACTURER	HORSEPOWER
Nidec Motor Corp	100 HP

3. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
100 HP	87 psi	54.0	11.0	2.46

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

4. Provide pump calculations:

Pressure head = 2.54 ft/psi * 87 psi = 221.0 ft

Total head = pressure head + suction head + discharge head = 221.0 + 54.0 + 11.0 = 286.0 ft

Q = (100 hp * 7.04)/286 ft = 2.46 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)
Pump not operating	N/A	N/A	N/A

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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)

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

7. Provide pump calculations:

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)

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:

The 100 HP pump is controlled by a VFD to run at lower rates.

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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	3/29/2019	
COMPLETENESS DATE FROM ORDER (C)	10/1/2020	4/26/2019

* 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

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

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

VOLUME	PAGE	DATE EXTENDED TO

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
POA #4	Seametrics	1120160 00238	Not working*	N/A	4/26/2019

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*Discovered meter was not working during site inspection. Owner reports meter was working during irrigation season and will work on getting the meter repaired.

4. Recording and reporting conditions

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

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):

--

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	CLAC 74960
Photos (x8)	Taken at 2/24/26 site inspection

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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.

Survey method used was aerial photo provided by Vantor.
Source Date: 9/26/2025

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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
- ☐ 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.)
- ☐ 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
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L128830
START CARD # 216480
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Arndt Road Properties LLC
Address 3468 N. Holly St.
City Canby State OR Zip 97013

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

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

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 239 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
20	0	197	Chip Bentonite	0	16	25
16	197	270				17
			Neat Cement	16	189	185
						76

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other _____ bentonite poured & probed
Backfill placed from 239 ft. to 264 ft. Material slough/pea gravel
Filter pack from 162 ft. to 239 ft. Material silica sand Size 6x9

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	16	+	2	189	.375	☒	☐	☒	☐
☐	☐	12		162	184	.375	☒	☐	☒	☐
☐	☐	12		194	198	.375	☒	☐	☒	☐
☐	☐	12x10		208	209	std	☒	☐	☒	☐
☐	☐	10		229	239	.250	☒	☐	☒	☐

Shoe ☐ Inside ☐ Outside ☐ Other _____ Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type		V-Wire Wrap		Material		304SS	
Perf/	Casing/ Screen	Screen Liner	Dia	From	To	width	length
Scrn			12	184	194	.040	
Scrn			12	198	208	.060	
Scrn			10	209	229	.040	

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
791 79 180 7

Temperature ~55 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 110

From	Description	Amount	Units

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MAY 09 2019

(9) LOCATION OF WELL (legal description)

County Clackamas Twp 4 S N/S Range 1 W E/W WM
Sec 1 NE 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number 04 1W 01 Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

☒ Street address of well ☐ Nearest address

14998 S. Arndt Rd, Aurora, OR 97002

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	4-26-19			87

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found indeterminate

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
4/26/19	193	227	1000			87

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsil, brown	0	2
Clay, reddish brown, silty-sandy	2	13
Sand, brown, medium-coarse w/some gravel, 2"	13	17
Sand, gray, medium	17	18
Sand, brown, fine-coarse	18	40
Sand brown, medium-coarse w/lenses of clay, tan/gray, soft	40	85
Clay, blue-gray, soft w/some sand, occasional wood	85	115
Gravel, multicolored, 2" minus & sand black, medium	115	138
Clay, green, soft, silty-sandy	138	146
Gravel, medium & sand, brown & black, medium	146	149
Clay, blue-gray, soft with some sand, cemented	149	154
Clay, gray, soft, sticky	154	160
Clay, brown, medium silty	160	162
Clay, grey, medium-soft, silty	162	176
Clay, blue-grey, silty-sandy	176	190
Clay, grey, silty-sandy w/some small gravel	190	193
Sand, black, medium-coarse w/gravel, small	193	194
Sand, black, coarse	194	202

continued on page 2

Date Started 4-4-19 Completed 4-26-19

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1991 Date 5/6/19

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 649 Date 5/6/19

Signed _____

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

OWRD

ORIGINAL LOG #

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs
----------	------	----	-----	-----------

[illegible]

				Calculated	
				Calculated	
				Calculated	
				Calculated	

From	To	Material	Size
------	----	----------	------

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
--------	-------	-----	---	------	----	-------	-----	-------	-----	------

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

[illegible]

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
---------------	----------	-----------------------	---------------

From	To	Description	Amount	Units
------	----	-------------	--------	-------

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

[illegible]

Material	From	To
----------	------	----

[illegible]

Screen assembly has steel plate bottom & MNPT at top.

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Montecucco COBU

VFD & Control Panels



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CATALOG # **HO100V2SLG** MODEL # **DT79**
 LOWER END BRG **6212-J** UPPER END BRG **7222 BEM**
 IN **404TP** TYPE **RUSI** ENCL **WPI**
 PH **3** MAX **40** °C ID# **A 01 7707480-0008 M 0007**
 INSUL CLASS **F** DUTY **CONT** WT **1110** LB BAL **0.08** IN/SEC
 HP **100.00** RPM **1785** SF **1.15** HZ **60**
 VOLTS **460** MAX KVAR **86.3** NEMA NOM EFFICIENCY **95.4**
 AMPS **114.00** PF **86.3** CODE **G** DES **B**
 OIL CAPACITY LOWER END BRG **GREASE** QTS. UPPER END BRG **5 QT/4.7 L** QTS.
 OVER TEMP PROT **2**

NEMA MG1 PART 31 **INVERTER DUTY** AMPS
 VT/PWM **294.3** TORQUE LB-FT **6-60** HZ RANGE **180-1800** MAX RPM **119.7/0**
 SF **1.0** INV. TYPE

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 SHAFT GROUNDING
 RING INSTALLED
 INTERNALLY

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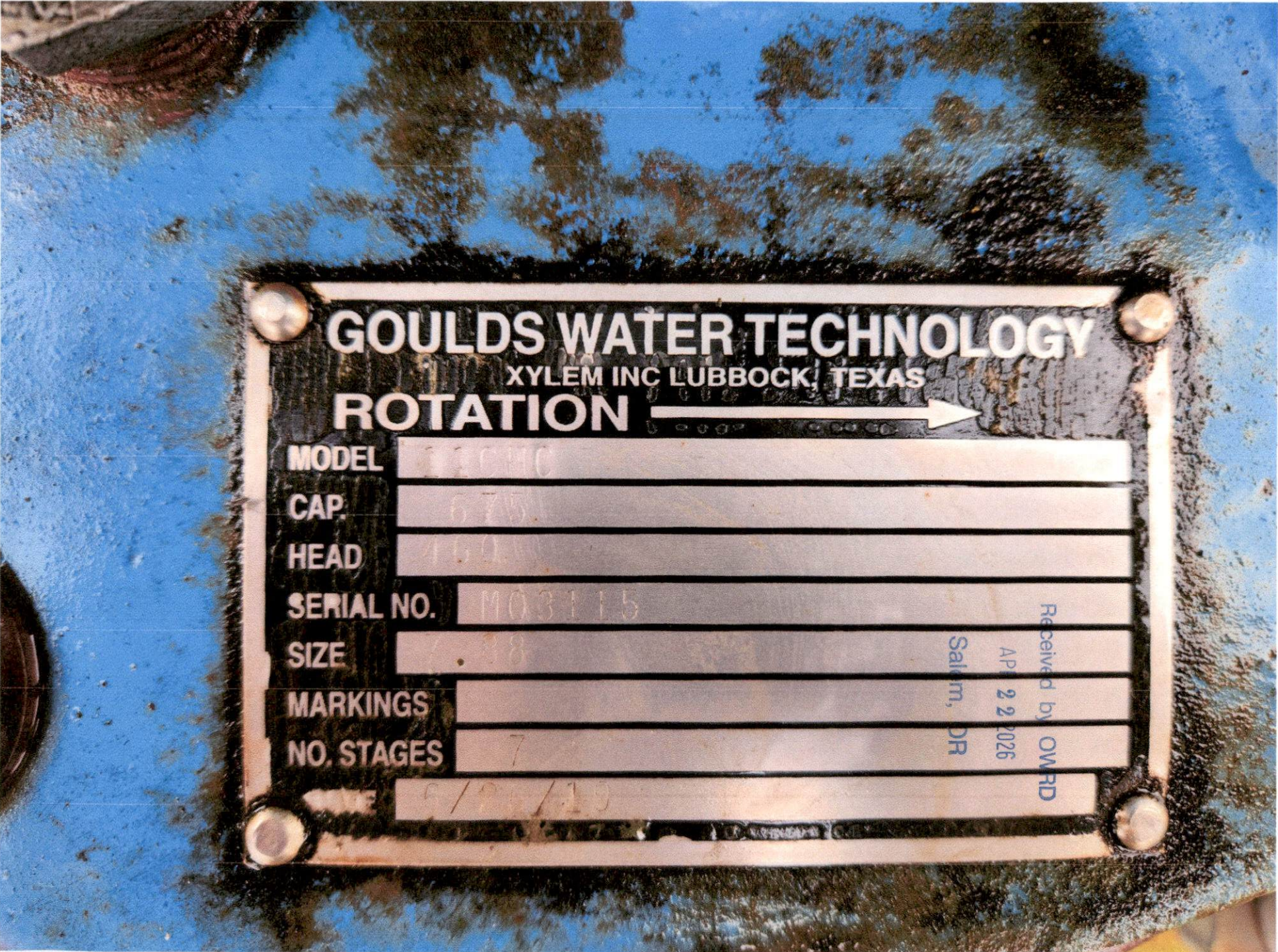
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Premium™
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Montecucco COBU Pump Motor Tag



Montecucco COBU Pump Tag

Montecucco COBU Well Tag



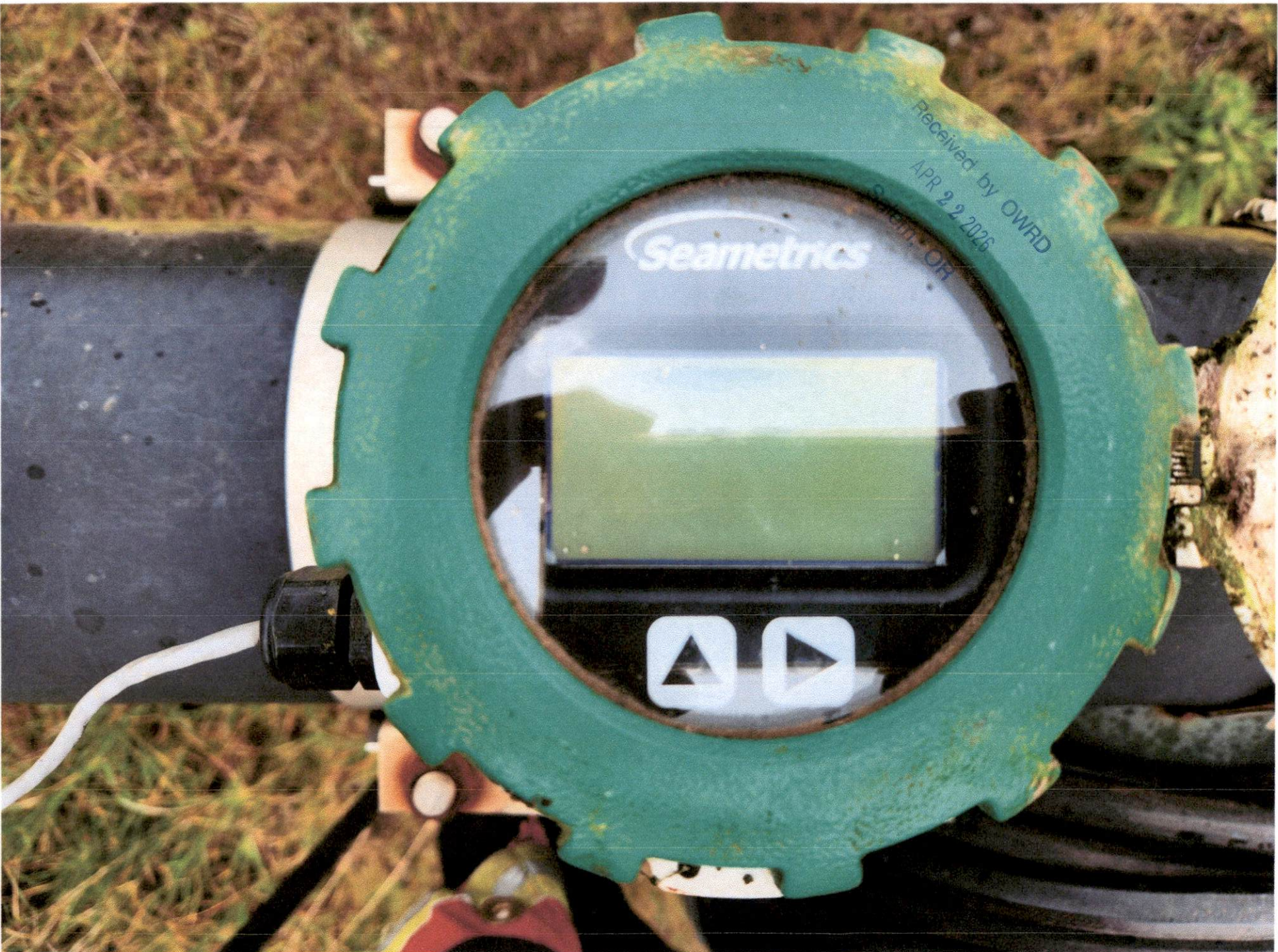
Montecucco COBU Pump Site

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Montecucco COBU Flow Meter





Montecucco COBU Flow Meter



OREGON



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Arndt Road Properties LLC
1335 S. Larch St. Canby, OR 97013

Transaction Type: COBU

Fees Received: \$ 345.00

☐ Cash

☒ Check:

Check No. 2593

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.