CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less

OREGON WATER RESOURCES DEPARTMENT
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 permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:

11/14/2012

Received
JUN 15 2026
OWRD

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).
AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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.

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

The Department has a Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. For the form and additional 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)
G-17596	G-17118	NA

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Jackson Creek Water Association	541.738.9969	541-908-0523

Address			
760 James Place			
City	State	Zip	E-Mail
Corvallis	OR	97330	westberry@gmail.com

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		
Jackson Creek Water Association (JCWA)		
Address		
760 James Place		
City	State	Zip
Corvallis	OR	97330

Additional Permit Holder of Record		
NA		
Address		
City	State	Zip

Received
JUN 15 2026
OWRD

4. Date of Site Inspection:

6/9/2026

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

Name	Date	Association with the Project
Toby Westberry	6/9/2026	Resident & President (JCWA)
Jeff Pauk	6/9/2026	Resident & Manages the Water System

6. County:

Benton

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

Owner of Record		
Robert J Higinbotham Living Trust		
Address		
657 NW Harman Ln		
City	State	Zip
Corvallis	OR	97330

Add additional tables for owners of record as needed

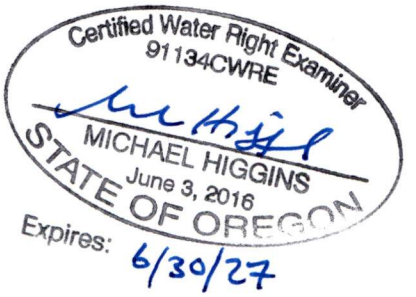
SECTION 2

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
JUN 15 2026
OWRD

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Michael Higgins		858-775-0811	
ADDRESS			
1672 SW Country Club Place			
CITY	STATE	ZIP	E-MAIL
Corvallis	OR	97333	mhigginsrocks@gmail.com

Permit Holder's 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
	Toby Westberry	President, JCWA	7/9/26

SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
1	BENT 3498	L-154926

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

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

POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Actual Rate or Volume Used (CFS, GPM, or AF)
(1) BENT 3498	Quasi-Municipal	NA	Year Round	10 GPM
Total Quantity of Water Used		*(average annual reported use)		(3.12 AF/yr)*

3. 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:

Groundwater from POA (1) is pumped with a (¾ HP) submersible pump into pump house with water chlorination and filtration system and then pumped into the reservoir storage with a capacity of 30,000 gallons, equipped with three 10,000-gal above ground tanks located within a secured building. Each reservoir tank has a pump operated float valve. The pumped water is measured with a totalizing flow meter or other suitable approved measuring device. The stored potable water is then conveyed with a (2 HP) booster and pressure tank pump system and below ground water mainline distribution system to water lines for (17) household customers. Each house is equipped with a totalizing flow meter to record volume of water used which is purchased from Jackson Water Association quasi-municipal.

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

4. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES NO

(e.g. *"The permit allowed three points of diversion. 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."*)

The permit requires annual static water level reporting for the month of March. The permit records the required initial March SWL measurement and then the following year, but some records are missing in some years until 2024. The permit holder has in-house records of annual and additional monthly SWL measurements up to 2025. The last record shows compliance with the last reported SWL in March 2026. The original flow meter has been replaced in 2026 by a new updated version located in the well pump house inline with the well line for POA (1).

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
(1) BENT 3498	**0.063 CFS or 27.28 GPM**	**0.02 CFS**	**4.0 GPM**	**Quasi-municipal**	**NA**	**NA**

Received
JUN 15 2026
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES 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):

NA

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES NO

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:

Access port with ½" air vent hole in well cap and seal.

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

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
6"	205'	205	6/17/76	None	Al Harmon	Larry Schoen

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.

BENT 3498 (L-154926)

C. Groundwater Source Information (Sump)

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

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 NO

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
FloWise	GM72-10S07	NA	Submersible	4"	1 ¼ (1.25)"

3. Motor Information:

MANUFACTURER	HORSEPOWER
NEMA Standard	¾ (0.75)

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)
0.75	100 (ave.)	12'	-5	0.02

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

5. Provide pump calculations:

Well Pump (POD 1) to pump facility (water chlorination and filtration)

(hp)(efficiency) / (lift + psi head) = capacity in cfs
Efficiency: Submersible = 7.04
[(psi/.433)(1.1) = head (in feet/psi) = 2.54 feet head/psi]:
***Max Rate* @ 7 GPM (restrictor), PSI ≈ 100 with total dynamic head discharge lift of 7-ft.**
Head => 100 PSI / 0.433 x 1.1 ≈ 254 feet head/psi
Elevation Discharge Lift = -5 feet
Total Dynamic Head = 12-ft + (-5-ft) + 254-ft = 261-ft

0.75-HP Pump (1) = [(3/4 HP)(7.04 ft^4/sec/HP) / 261-ft] = 0.02023 ft^3/sec
Pump (1) Capacity: 0.02 CFS

Received
JUN 15 2026
OWRD

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)
20, 072 GAL	20,088 GAL	4.0 MIN	0.009

~~7. 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				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 Observed	Total Pump Output (in cfs)
NA			NA

10. Is the distribution system piped? YES NO

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

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
3.0"	2,700'	PVC (Schedule 40)	Buried
2.5"	1,050'	PVC (C-900)	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
0.75"	700	PVC (Schedule 40, C-900)	Buried

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
NA					

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

15. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information
NA					

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
NA				

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)? YES NO

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

If "YES" is it a: Storage Tank YES NO
Bulge in System / Reservoir YES NO

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

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
PVC (linear high density polyethylene)	3 x 10,000 gal (30,000)	Above

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
NA		

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? YES 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? YES NO

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

H. Additional notes or comments related to the system:

Well submersible pump is a Flo-Wise ¾ hp 10-gpm 3 wire, single phase, operating between about 80 PSI to 120 PSI on the well head gauge, depending upon water table, that is equipped with a 7-gpm restrictor. In the pump house, chlorine is injected where the water comes in from the well. Water then flows through an iron/manganese filter that works by aeration oxidation. Water then flows through a sock filter. Phosphate is injected and the water flows out of the pump house, into the three storage tank reservoirs with a maximum capacity of 30,000 gallons. The original water storage reservoir tank was decommissioned and replaced in 2014. Water is drawn from the storage reservoirs by two 2 horsepower pumps (quantity 2, that are duty alternating except with low pressure-tank pressure, then they are both running at the same time) that pressurize a 525-gallon pressure tank. Water system upgrades in 2014 include replacing mainline underground pipes with lateral pipes entering the crawl space from the meters. Each house has a separate meter; the mainline shutoff is located at the junction meters.

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 any 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 extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	1/24/2014		
Begin construction (A)		existing	Well and water lines existing
Complete construction (B)	1/24/2019	Summer/Fall, 2014	Well, storage tank and water line system improvements, well with access port, installed with meter measuring devices at source points and household valves
Complete application of water (C)	1/24/2019	Fall, 2016	In compliance with groundwater monitoring and reporting of the initial and annual March water levels, also annual water use reports are up to date.

* 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)? YES 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 NO

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 NO

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

Date of Measurement	Measurement Made By	Method	Measurement
NA			

Received
JUN 15 2026
OWRD

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES NO

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

b. Provide the month, or months, in which 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 NO

d. If "YES", were those measurements submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/27/2022	JCWA (Frank Tepley)	E-Tape	5.0

5. Pump Test:

a. Is a pump test required? YES NO

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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/exemption been previously submitted to the Department? YES NO*

c. Is the pump test/exemption attached to this claim? YES NO*

As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). *If "NO", the claim is incomplete and will be returned.

d. Has the pump test been approved by the Department? YES NO**

e. Has a pump test exemption been approved by the Department? YES NO**

****The Claim 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 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
1	Master Meter	NA	working	9,554,600 GAL	Summer, 2014*
1	Master Meter	26052541	working	20,088 GAL	May 2026**

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

*Original Meter (Location: Vault)
** New Meter (Location: Pump House)

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

8. Other conditions required by permit, permit amendment 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. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

Well ID #	Date Attached To Well
L-154926	9/13/2024

d. 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):

Water use rate may be reduced if annual water-level measurements may indicate significant water level declines and /or substantial hydraulic interference locally.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Pump Test Unreasonable Burden – Letter Exemption	OWRD Approval Letter: unreasonable burden on the well owner, the owner may request from the Director an exemption from the pump test requirement.

Oregon
Tina Kotek, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503)986-0900
Fax (503) 986-0904

October 31, 2025

Caleb Bauermeister
JACKSON CREEK WATER ASSN INC
715 NW James Pl
Corvallis, OR 97330

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	Problems	Exemption	Well Name
G 17596	Permit: G 17118 *	BENT0003498	BENT0003498		APPROVED	0	Unreas Burden	WELL 1

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,

James Hootsmans

James Hootsmans
503-871-2378
Groundwater Section

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