

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-13065</u>	WRD Reviewer <u>Comy M.</u>
Transfer #	
Date Received <u>2-18-2021</u>	
CWRE Name <u>Robert Long</u>	

Priority Date: 8/5/1992
Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/> CASH	<input type="checkbox"/> OTHER
TOTAL RECD \$	
5083 TREASURY 4178 MISC CASH ACCT.	
0407 COPIES	\$
0407 OTHER (IDENTIFY)	\$
0243 Instream Lease	0244 Mtn Water Right Perm
0245 Cons Water	
5083 TREASURY 4279 WRD OPERATORS ACCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	\$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
TC142 DEPOSIT LAB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE \$ 0202 \$
0203 GROUND WATER	RECORD FEE \$ 0204 \$
0205 TRANSFER	\$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ 0219 \$
LANDOWNER'S PERMIT	RECORD FEE \$ 0220 \$
OTHER (IDENTIFY)	\$
5087 TREASURY 0447 HYDROELECTRIC	
0233 POWER LICENSE FEE (FWWRD)	LC NUMBER \$
0231 HYDRO LICENSE FEE (FWWRD)	\$
HYDRO APPLICATION \$	
SPECIAL INSTRUCTIONS:	

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review:

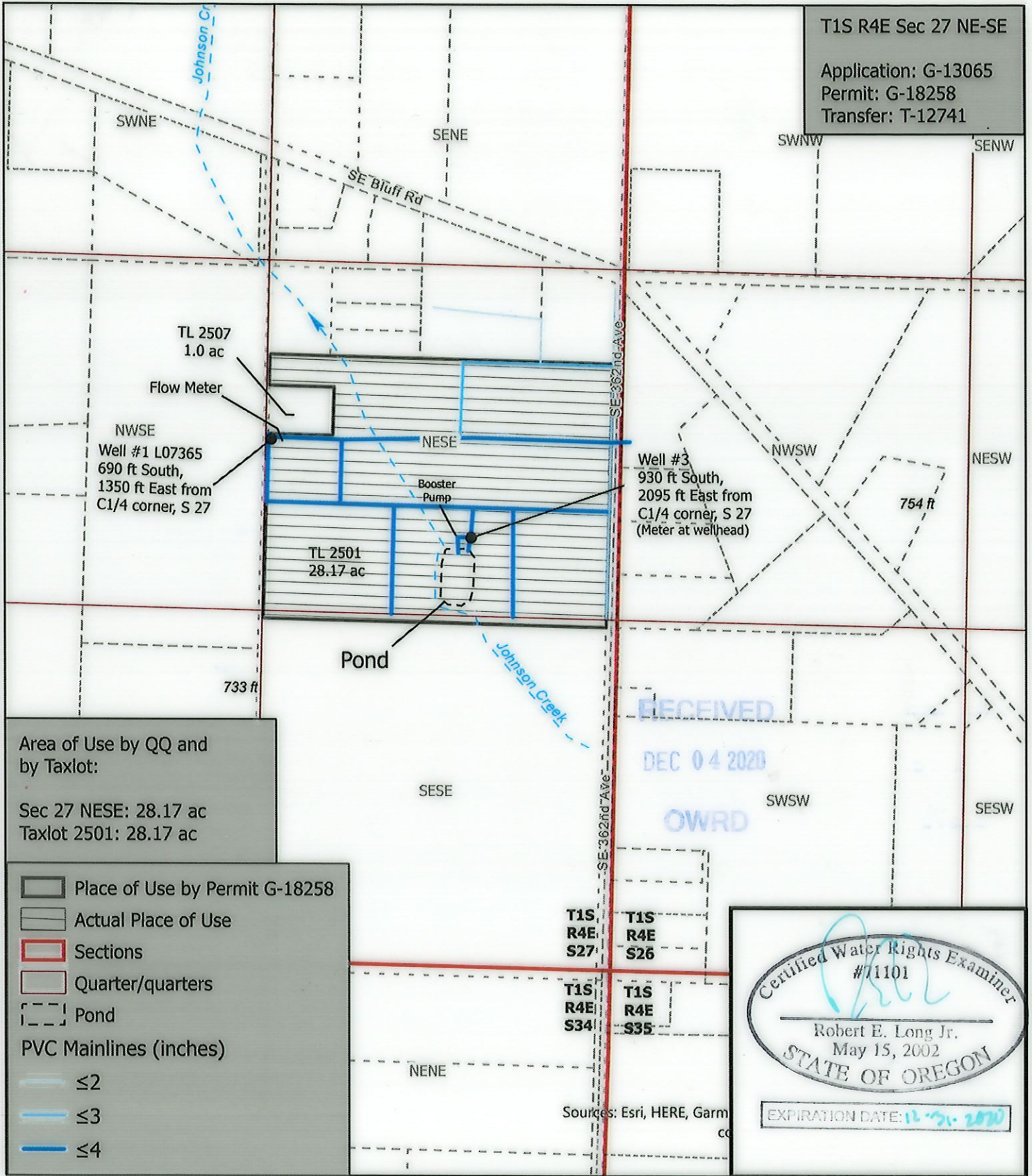
Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

* pump test exemption
7/22/2020

T1S R4E Sec 27 NE-SE

Application: G-13065
 Permit: G-18258
 Transfer: T-12741



Area of Use by QQ and by Taxlot:
 Sec 27 NESE: 28.17 ac
 Taxlot 2501: 28.17 ac

- Place of Use by Permit G-18258
- Actual Place of Use
- Sections
- Quarter/quarters
- Pond

PVC Mainlines (inches)

- ≤ 2
- ≤ 3
- ≤ 4

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 OWRD

Certified Water Rights Examiner
 #71101

 Robert E. Long Jr.
 May 15, 2002
 STATE OF OREGON
 EXPIRATION DATE: 12-31-2020

T1S R4E S27
 T1S R4E S26
 T1S R4E S34
 T1S R4E S35

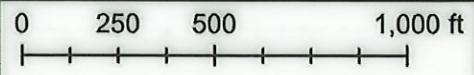
Sources: Esri, HERE, Garm...



1319 SE MLK, Jr. Blvd, Suite 204
 Portland, Oregon 97214
 (503) 954-1326

This map is not intended to provide legal dimensions or locations of property ownership lines.

No.	Date	By	Revisions
1	9/16/20	IAG	Draft
2	9/16/20	REL	Comments/Edits



Project # 1709002
 Trees NW
 Trees NW
 9720 SE 362nd Ave
 Boring, Oregon 97009



**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

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A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.

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 and ask for the Certificate Section.

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 # G-13065	PERMIT # (IF APPLICABLE) G-18258	PERMIT AMENDMENT # (IF APPLICABLE) T-12741
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME JK Potatoes LLC, POC: Eric Mitton		PHONE No. 208-438-8733	ADDITIONAL CONTACT No. OWRD	
ADDRESS 20511 F Street				
CITY Rupert	STATE ID	ZIP 83350	E-MAIL Eric@tetontrees.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 JK Potatoes LLC				
ADDRESS 20511 F Street				
CITY Rupert	STATE ID	ZIP 83350		

ADDITIONAL PERMIT HOLDER OF RECORD				
ADDRESS				
CITY	STATE	ZIP		

4. Date of Site Inspection:

08/11/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kurt Clemence	June-Oct 2020	General Manager, Trees Northwest
Ron Van Meter		Previous landowner

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				
ADDRESS				
CITY	STATE	ZIP		

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

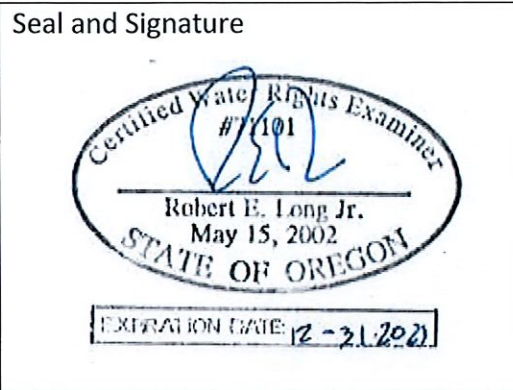
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CWRE Statement, Seal and Signature

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



CWRE NAME Robert Long, CwM-H2O		PHONE NO. 503-799-0304	ADDITIONAL CONTACT NO.
ADDRESS 1319 SE MLK Jr. Blvd, Suite 204			
CITY Portland	STATE OR	ZIP 97214	E-MAIL Bob.long@cwMh2o.com

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
	Eric Mitton	JK Potatoes dba TreeSource Systems	2/17/21

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SECTION 3
CLAIM DESCRIPTION

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1. 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)
Well #1	CLAC 71578	7365
Well #3	CLAC 75420	132925

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 NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well #1	Johnson Creek Basin	Johnson Creek
Well #3	Johnson Creek Basin	Johnson Creek

3. 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)
Wells #1 and 3	Agricultural		All year	
Wells #1 and 3	Irrigation	Nursery crop	Irrigation season	
Total Quantity of Water Used				73.27 AF (2019) 54.54 AF (2020)

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:

Both wells can deliver either directly into the irrigation main line or feed into a central pond (see below) with the turn of a valve. Well #3 primarily feeds into the bulge-in-the-system pond. Well #1, located along the western edge of the property (Taxlot 2501) and is connected to two 4" mainlines. One line runs approx. 1,600 ft east across the entire property, the other runs south approx. 300 ft before turning east and crossing 1,600 ft across the property. These east-west lines have several 4" and 3" laterals running north-south. Well #3 is located in the south-central portion of Taxlot 2501 just north of the pond and ties-in to the southern 1,600 ft east-west mainline. Any runoff from irrigation is controlled and diverted to a reclamation pool at the northwest corner of Taxlot 2501, where it is pumped back to the central pond. Water from the pond flows into an adjacent cistern where a booster pump lifts pond water into the distribution system. In total, the wells are connected to approx. 7,800 ft of irrigation mainline. Approx. 4,800 ft of this is 4" PVC, 1,000 ft is 3" PVC, and 2,000 ft is 2" PVC. Water is applied at the place of use with either drip emitters (majority) or overhead irrigation.

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, permit amendment final order, or extension final order? If yes, describe below.

YES ~~NO~~

(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.")

The original permit G-11978 included in the place of use the small 1.0-ac parcel, Taxlot 2507, with the total irrigated area of 29.17-ac. After transfer T-12741 was submitted, the new permit G-18258 map no longer includes Taxlot 2507, though the total irrigated area is still 29.17-ac. The use as developed is only on Taxlot 2501 and totals to an area of 28.17-ac.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Wells #1 and 3	0.365 CFS	0.742 CFS	0.334 CFS	Irrigation	29.17	28.17

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**SECTION 4 (POA #1)
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

DEC 04 2020

Well #1 (CLAC 71578)

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A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1S	4E	Wil.	27	NE-SE			Irrigation	28.17	
Total Acres Irrigated								28.17	

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 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:

Well #1 has a 3/4 inch sounder tube at the top of the well head for water level measurement access.

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
8 – 10"	480'	480'	09/04/1996	NA	Ron Van Meter	Ted Pulliam Well Drilling

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.

C. Groundwater Source Information (Sump)

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

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YES NO

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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 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkley	6T30-155		Submersible	6"	
Flygt	2640 MT-3-228		Booster pump		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Sand-fighter – 6"	30HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 HP	~50 psi	462'	0'	0.359 CFS
8.9 HP	~50 psi	0'	10'	0.457 CFS

5. Provide pump calculations:

$$(30 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 462 \text{ ft.} + 0 \text{ ft.}) = 0.359 \text{ cfs}$$

$$(8.9 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 10 \text{ ft.}) = 0.457 \text{ cfs (booster pump)}$$

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)
-	-	Approx. 3 minutes of operation	30 gpm

*This well was not observed in full operation because it is on the neighboring (and previous land-owner's) property and is also connected to the residence. The well was observed pumping for a brief time at a rate of 30 gpm according to the McCrometer gauge.

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	4,800	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1,000	PVC	Buried
2"	2,000	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 2045-PJ with 7/64" nozzles	60 psi	3.50	883 (across 30 greenhouses and staging areas)	20 (only one greenhouse watered at any time)	0.156 cfs

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Netafim drip stakes (yellow)	60 psi	3.0 gal/hr	~12,075	~1,050	0.117 CFS
Netafim drip stakes (green)	60 psi	5.0 gal/hr	~12,075	~1,050	0.179 CFS

12. Drip Tape Information: NA

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

13. Pivot Information: NA

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

1. Does the distribution system include in-system storage (e.g. 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
Bulge in System / Reservoir

YES NO
YES NO

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

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge in System, impoundment next to Johnson Creek channel	3 – 4 ft	Maximum of ~4.0 AF (depth at the center estimated at ~10 ft, only 1- 3 ft around perimeter)

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?

RECEIVED ~~YES~~ **NO**

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

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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?

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~~YES~~ **NO**

H. Additional notes or comments related to the system:

The channel of Johnson Creek is routed around the on-site pond. There is no surface water diversion associated with the creek.

**SECTION 4 (POA #2)
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES **NO**

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

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

DEC 04 2020

Well #3 (CLAC 75420)

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A. Place of Use

1. Is the right for municipal use?

YES **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1S	4E	Wil.	27	NE-SE			Irrigation	28.17	
Total Acres Irrigated								28.17	

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 **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:

Well #3 has a 3/4 inch sounder tube at the top of the well head for water level measurement access.

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
8-10"	482'	482'	10/30/2019	NA	Trees Northwest	Vance Wagner

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.

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C. Groundwater Source Information (Sump)

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

YES NO

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 6 may be deleted.

2. Pump Information:

Table with 6 columns: MANUFACTURER, MODEL, SERIAL NUMBER, TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE), INTAKE SIZE, DISCHARGE SIZE. Rows include Berkley 6T30-155 Submersible (well pump) 6" and Flygt 2640 MT 3-228 Booster pump.

3. Motor Information:

Table with 2 columns: MANUFACTURER, HORSEPOWER. Row includes Franklin Sand-fighter - 6" 30HP.

4. Theoretical Pump Capacity:

Table with 5 columns: HORSEPOWER, OPERATING PSI, LIFT FROM SOURCE TO PUMP, LIFT FROM PUMP TO PLACE OF USE, TOTAL PUMP OUTPUT (IN CFS). Rows include 30 HP and 8.9 HP (Flygt).

5. Provide pump calculations:

(30 HP * 7.04 efficiency factor)/(50 PSI * 2.54 ft. head/PSI + 462 ft. + 0 ft.) = 0.359 cfs (well pump)
(8.9 HP* 7.04 efficiency factor)/(50 PSI * 2.54 ft. head/PSI + 10 ft) = 0.457 cfs (booster pump)

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

Table with 4 columns: INITIAL METER READING, ENDING METER READING, DURATION OF TIME OBSERVED, TOTAL PUMP OUTPUT (IN CFS). Row includes 2,453,700 gal, 2,462,600 gal, 55 minutes, 0.361 CFS.

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

7. Is the distribution system piped?

YES NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	4,800 ft	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1,000 ft	PVC	Buried
2"	2,000 ft	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 2045-PJ with 7/64" nozzles	60 psi	3.50	883 (across 30 greenhouses and staging areas)	20 (only one greenhouse watered at any time)	0.156 cfs

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11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Netafim drip stakes (yellow)	60 psi	3.0 gal/hr	~12,075	~1,050	0.117 CFS
Netafim drip stakes (green)	60 psi	5.0 gal/hr	~12,075	~1,050	0.179 CFS

12. 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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

E. Storage

1. Does the distribution system include in-system storage (e.g. 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
Bulge in System / Reservoir

YES NO
YES NO

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

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge in System, impoundment next to Johnson Creek channel	3 – 4 ft	Maximum of ~4.0 AF (depth at the center estimated at ~10 ft, only 1- 3 ft around perimeter)

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:

The channel of Johnson Creek is routed around the on-site pond. There is no surface water diversion associated with the creek.

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**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:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	03/14/1995		
BEGIN CONSTRUCTION (A)	03/14/1996	03/07/1996	Construction of Well #1
COMPLETE CONSTRUCTION (B)	10/01/2020	10/30/2019	Construction of Well #3
COMPLETE APPLICATION OF WATER (C)	10/01/2020	08/11/2020	Site survey determined that the water user has completed the use of the portion of water over the place of use indicated on the attached map.

* 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.

a. Did the Extension Final Order require the submittal of Progress Reports? YES NO

If "NO", item 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?

Specific month not required

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
09/04/1996	Driller	"Reported"	290.00 ft

4. Annual Static Water Level Measurements:

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

5. Pump Test:

- a. Did the permit require the submittal of a pump test? **YES** **NO**

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

***Pump test for Well 1 submitted and approved in Oct 2016. Multiple-well exemption form for Well 3 was received by the Department in July 2020, but not yet reviewed at time of this claim.**

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 diversion or appropriation.

- b. Has a meter been installed? **YES** **NO**
- c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #1	McCrometer	15-03599-03	Working	401,700	September 2019
Well #3	McCrometer	19-09107-03	Working	2,462,600	November 2019

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 submittal of a water management and conservation plan required? **YES** **NO**

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d. Was a Well Identification Number (Well ID tag) assigned and attached

YES NO

WELL ID #	DATE ATTACHED TO WELL
Well #1	7365
Well #3	132925

e. 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):

No additional non-standard conditions.

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SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ATTACHMENT A	Claim of Beneficial Use Map
ATTACHMENT B	Well 1 and Well 3 Drillers Logs

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 Claim of Beneficial Use map was prepared using aerial images and information gathered during a walk-through of the site and in interviews with the property owners. The primary aerial image series used were the ESRI ArcGIS Pro Imagery Hybrid basemap, which was updated as of January 2020.

CLAC 71578

State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

Page 1 of 1

State Well ID L07365
Start Card # 92421

1) OWNER: Well No. L07365
Name RON VAN METER
Address 9835 SE 362ND
City BORING St OR Zip 97009

2) TYPE OF WORK: DEEPEN
3) DRILL METHOD: ROTARY AIR
4) PROPOSED USE: DOMESTIC&IRRIGA

5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 480 ft
Explosives used NO _____ Type _____ Amount _____

HOLE		SEAL			
Diam.	From To	Material	From To	Amount	
14	0 100	CEMENT	0 100	60 SACKS	
12	100 260	CEMENT	200 260	30 SACKS	

Seal placement method C
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

6) CASING/LINER:

	Diam.	From To	Gauge	Material	Connection
Casing	10	+1 260	.250	STEEL	WELDED
Liner	8	0 480	.250	STEEL	WELDED

Final Location of shoe(s) 260' 9 1/2/480' @ 1/2"

7) PERFORATIONS/SCREENS:
 Perf. Method AIR KNIFE
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
440	480	1/8X2	2000			CASING

8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR

Yield GPM	Draw-down	Drill stem at	Time
200		480	1 hr.

Temperature of water 52F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 1 S Range 4 E WM.
Section 27 NE 1/4 SE 1/4
Tax Lot 02501 Lot Block Subdivision
Street Address of Well (or nearest Address)
9835 SE 362ND AVE BORING, OR 97009

(10) STATIC WATER LEVEL:
290 ft. below land surface. Date 09/04/96
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 320

From	To	Est Flow Rate	SWL
320	480	200 GPM	290

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	2	
RED CLAY	2	61	
CLAY & GRAVEL & BOULDERS	77	112	
BLACK ROCK	112	115	
CEMENTED GRAVEL	115	325	
FINE BLACK CEMENTED GRAVEL	325	395	290
COARSE CEMENTED GRAVEL	395	480	290

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AUG 14 2015 DEC 04 2020
SALEM, OR OWRD
Date started 08/05/96 Completed 09/04/96

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, 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 my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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.
Signed _____ WWC Number 616
Date 09/04/96

Ted Pulliam Well Drilling
503-665-3353

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CLAC 75420

WELL I.D. LABEL# 132925
START CARD # 1045090
ORIGINAL LOG #

11/25/2019

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company TREES NW
Address 9720 SE 362ND AVE
City BORING State OR Zip 97009

(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 482.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Includes rows for 14, 10, 10, 10 diameters and materials like Cement and Calculated.

How was seal placed: Method A B C D E
Other
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
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
Shoe Inside Outside Other Location of shoe(s) 482
Temp casing Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method Air knife
Screens Type Material

Table with columns: Perf/ Screen, Casing/ Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/ pipe size. Includes row for 8 inch casing, 400-440 inch slot, .125 inch width, 2 inch slot length, 350 slots.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row for 200 yield, 482 depth, 1.5 duration.

Temperature 54 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount 54 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 1.00 S N/S Range 4.00 E E/W WM
Sec 27 NE 1/4 of the SE 1/4 Tax Lot 2501
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address
9720 SE 362ND AVE, BORING, OR 97009

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), + SWL(ft). Includes row for Completed Well on 10/30/2019 with SWL 303.

WATER BEARING ZONES Depth water was first found 401.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Includes row for 10/30/2019 with SWL 401-482 and flow 200.

(11) WELL LOG

Table with columns: Material, From, To. Lists materials like Sticky brown clay, Multicolored cemented gravel, Grey cemented gravel, etc. Includes a 'RECEIVED DEC 04 2020 OWRD' stamp.

Date Started 10/7/2019 Completed 10/30/2019

(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 1738 Date 11/25/2019

Signed VANCE WAGNER (E-filed)

(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 1738 Date 11/25/2019

Signed VANCE WAGNER (E-filed)

Contact Info (optional)

Superseded

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

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A fee of \$200 must accompany this form for permits
with priority dates of July 9, 1987, or later.

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 and ask for the Certificate Section.

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 # G-13065	PERMIT # (IF APPLICABLE) G-18258	PERMIT AMENDMENT # (IF APPLICABLE) T-12741
---------------------------------	--	--

superseded

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Trees Northwest, Kurt Clemence (GM)		PHONE NO. 503-616-7972	ADDITIONAL CONTACT NO.	
ADDRESS 9825 SE 362nd Ave				
CITY Boring	STATE OR	ZIP 97009	E-MAIL kurtc@treesnorthwest.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 Thrive Growers, LLC				
ADDRESS 920 S Auto Mall Drive				RECEIVED DEC 04 2020
CITY American Fork	STATE UT	ZIP 84003		

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ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

08/11/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kurt Clemence	June-Oct 2020	General Manager, Trees Northwest
Ron Van Meter		Previous landowner

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

superseded

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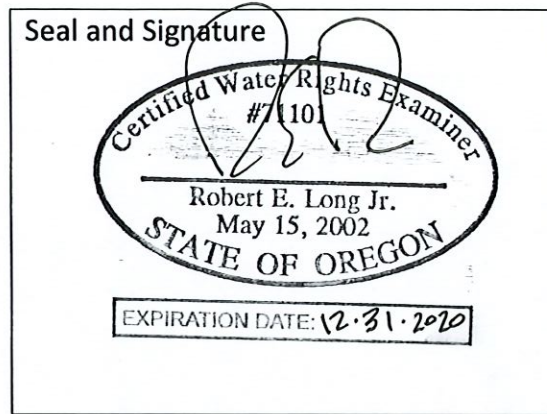
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SECTION 2
SIGNATURES

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 Robert Long, CwM-H2O		PHONE NO. 503-799-0304	ADDITIONAL CONTACT NO.	
ADDRESS 1319 SE MLK Jr. Blvd, Suite 204				
CITY Portland	STATE OR	ZIP 97214	E-MAIL Bob.long@cwmmh2o.com	

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
	Kurt Clemence	Trees Northwest, General Manager	11/24/2020



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November 4, 2020

Gerry Clark
Water Rights Services Division
Oregon Water Resources Department
725 Summer St. NE Ste A
Salem, Oregon 97301

RE: TREES NORTHWEST - CLAIMS OF BENEFICIAL USE FOR GROUNDWATER PERMITS

Dear Gerry,

Please find enclosed with this letter copies of two claims of beneficial use (CBU) applications for Trees Northwest of Boring, OR. The two applications are for groundwater permits G-18258 and G-18278, both related to the same two wells on the nursery property. These permits have rather complicated histories with multiple landowners and permit holders. The permit holder currently on record for permit G-18258 is Thrive Inc., the landowner until Trees Northwest purchased the property a few years ago. Accompanying the CBU application for G-18258 is a Request for Assignment form with the associated fee.

We request that the assignment form be processed first so that Trees Northwest is the permit holder on record when the CBU is reviewed. Please let us know if there are any issues with proceeding in this order or if any additional information or clarification is needed.

Thank you for your assistance.

Sincerely,

CwM H2O, L.L.C.

A handwritten signature in blue ink, appearing to read "RL2", is written over the typed name of Robert Long.

Robert Long, CWRE

Enclosed:

- Request for Assignment Form for G-18258 and check for \$100 fee
- CBU Application for G-18258 and check for \$200 fee
- CBU Application for G-18278 and check for \$200 fee