

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

## Fees Required:

- YES  NO  A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES  NO  A fee of \$230 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) )

## 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)

### MONEY SLIP

DATE: _____		RECEIPT #: _____	
RECEIVED FROM: _____		APPLICATION PERMIT TRANSFER	
CASH <input type="checkbox"/>	CHECK # _____	OTHER (IDENTIFY) _____	TOTAL RECD \$ _____
<b>1083 TREASURY 4178 MISC CASH ACCT.</b>			
0407 COPIES _____	OTHER: (IDENTIFY) _____	\$ _____	
0243 Instream Lease _____		0244 Muni Water Mgmt. Plan _____	0245 Cons. Water _____
<b>1083 TREASURY 4270 WRD OPERATING ACCT.</b>			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	
0410 RESEARCH FEES		\$ _____	
0409 MISC REVENUE (IDENTIFY)		\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$ _____	
0240 EXTENSION OF TIME		\$ _____	
WATER RIGHTS			
0201 SURFACE WATER	EXAM FEE		RECORD FEE
0203 GROUND WATER	\$ _____	0202	\$ _____
0205 TRANSFER	\$ _____	0204	\$ _____
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE		RECORD FEE
LANDOWNER'S PERMIT	\$ _____	0219	\$ _____
OTHER (IDENTIFY)		0220	\$ _____
0200	COBU	\$230.00	
<b>0607 TREASURY 0487 HYDROELECTRIC</b>			
		LIC NUMBER	
0233 POWER LICENSE FEE (FWWRD)		\$ _____	
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	
HYDRO APPLICATION			
\$ _____			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

## Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) \*If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

AUG 30 2021

OWRD

**CLAIM OF  
BENEFICIAL USE  
for Transfer with Multiple  
Changes - Groundwater**



**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 \$200 must accompany this form for any Transfer final orders 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.**

**SECTION 1  
GENERAL INFORMATION  
Type of Authorized Change**

This Claim is being submitted for a transfer involving multiple changes. YES

Mark all that apply:

- 1.  Change in POA(s) or Additional POA(s)
- 2.  Change in Place of Use
- 3.  Change in Character of Use

*A separate section will be completed for each type of change authorized in the transfer final order.*

**1. File Information**

APPLICATION # <b>T-12961</b>
---------------------------------

**2a. Property Owner (current owner information) TL 06 2W 09 3100**

APPLICANT/BUSINESS NAME <b>KLL Enterprises LLC c/o Delbert and Barbara Hupp</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>19774 Grade Rd SE</b>			
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>	E-MAIL

**2b. Property Owner (current owner information) TL 06 2W 09 3101**

APPLICANT/BUSINESS NAME <b>David G. and Kathryn S. LeCompte</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>9785 Portland Road NE</b>			
CITY <b>Salem</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.**

AUG 30 2021

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

OWRD

TRANSFER HOLDER OF RECORD <b>David G. and Kathryn S. LeCompte</b>		
ADDRESS <b>9785 Portland Road NE</b>		
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97305</b>

4. Date of Site Inspection:

**January 14, 2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>David LeCompte</b>	<b>January 14, 2021</b>	<b>Owner / operator</b>

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

Add additional tables for owners of record as needed

SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

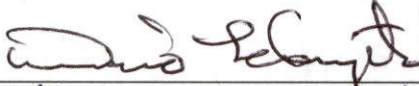
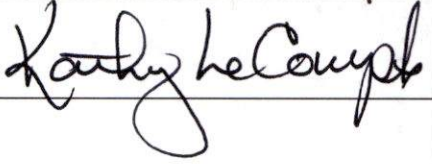


Transfer Holder of Record Signature or Acknowledgement

OWRD

**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
	David LeCompte	owner	3-22-21
	Kathy LeCompte	owner	3-22-21

**SECTION 3**

**Changes Made**

**Note:** The Claim only needs to describe the changes that were authorized in the transfer final order.

**Change #1**

**Change in POA(s) or Additional POA(s)**

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

**YES**

*If "NO", this Section can be deleted.*

**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	MARI 4175	NA	A well a tributary of Willamette 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?

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.")

None

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well	0.16 cfs	0.67 cfs	Not measured

System Description

Are there multiple new or additional Points of Appropriation (POA)?

NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well

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
Franklin	FPS F8STS 350-4	2M1207183B1C	Submersible	4 inch	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	25 Hp

3. 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)
25 Hp	80 psi	60 feet (from pump test on well log)	0 feet	0.67 cfs



4. Provide pump calculations:

OWRD

$$Q \text{ Pump} = \frac{(25 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(60 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.67 \text{ cfs}$$

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			

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

6. 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 2 through 4 relating to this section may be deleted.*

**Change #2**

**Change in Place of Use**

Did the transfer order authorize a change in the place of use? YES

*If "NO", this Section can be deleted.*

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
16.6	16.6

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
NA	NA
NA	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

None

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

**NO**

If "NO", this Section can be deleted.

SECTION 4

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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	February 26, 2020	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2021	July 2020

\* 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)?

**NO**

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

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?

**NO**

If "NO", items b 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:**  
**Original Well (Unknown) no well log is available for this well.**

**Well 1 (MARI 4175) was drilled to a depth of 254 feet, cased from 0 to 254 feet, perforated from 105 to 125, 160 to 170, and 195 to 250 feet in sand and gravels.**

**The transfer was approved therefore the well construction was approved and therefore met this condition of the transfer.**

**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Claim of Beneficial Use Map</b>	<b>Claim of Beneficial Use Map</b>
<b>State Water Well Report – MARI 4175</b>	<b>Well log and driller's notes for MARI 4175 – Well 1</b>
<b>BLM Cadastral Map</b>	<b>BLM Cadastral Map T. 6S. R. 2W. showing DLC and Government Lot locations</b>

**SECTION 6  
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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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 map 06 2W 09, 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.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water

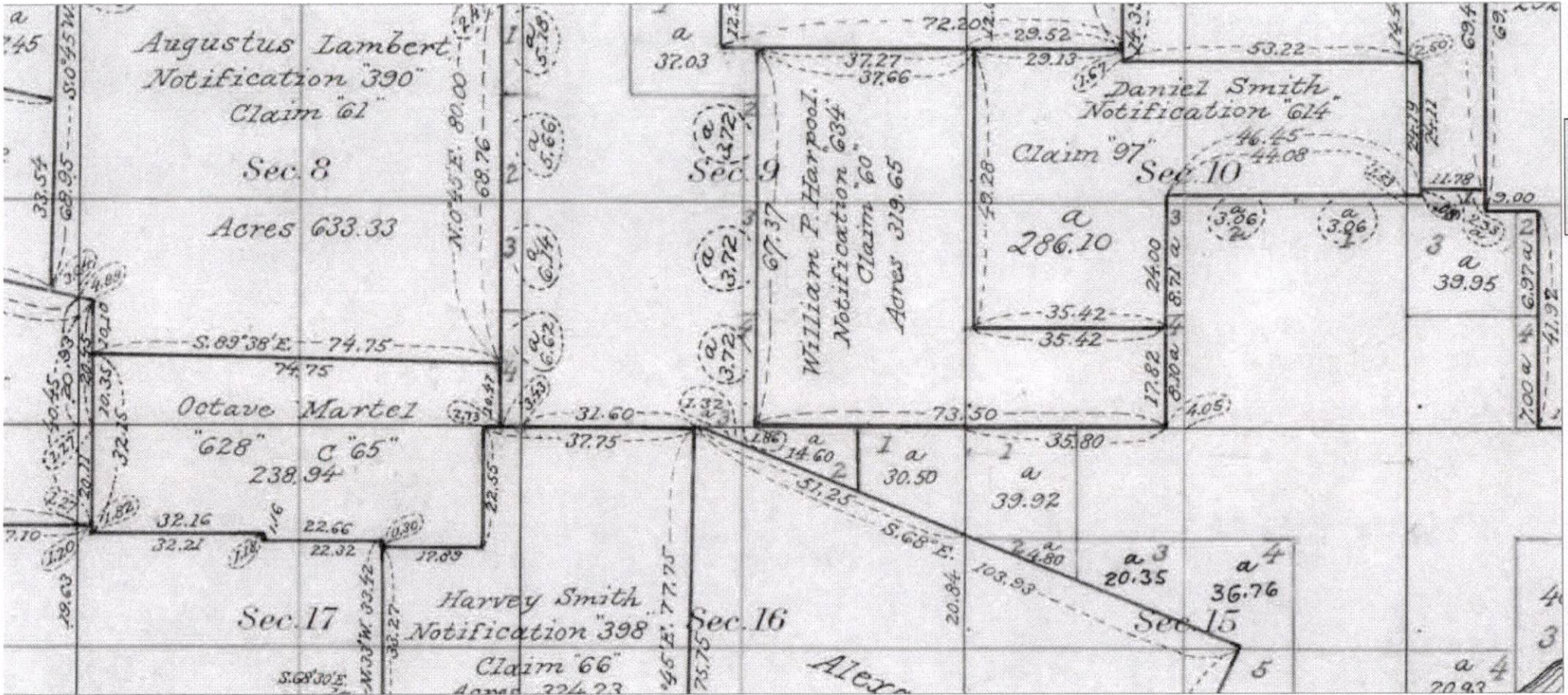
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

**RECEIVED**

**AUG 30 2021**

**OWRD**





RECEIVED  
AUG 30 2021  
OWRD



NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report  
are to be filed with the

WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date  
of well completion.

**WATER WELL REPORT**

STATE OF OREGON  
(Please type or print)

(Do not write above this line)

State Well No. 652W-17

State Permit No. \_\_\_\_\_

**(1) OWNER:**

Name Delbart Hupp  
Address 19774 Grade S.E.  
Silverton, Oregon 97381

**(2) TYPE OF WORK (check):**

New Well  Deepening  Reconditioning  Abandon

If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary  Driven   
 Jetted   
 Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

**(5) CASING INSTALLED:**

Threaded  Welded   
10 " Diam. from top ft. to 254 ft. Gage 250  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

**(6) PERFORATIONS:**

Perforated?  Yes  No.

Type of perforator used Mills Knife  
Size of perforations 3/8 in. by 2 1/2 in.  
250 perforations from 105 ft. to 125 ft.  
130 perforations from 160 ft. to 170 ft.  
750 perforations from 195 ft. to 250 ft.

**(7) SCREENS:**

Well screen installed?  Yes  No

Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(8) WELL TESTS:**

Drawdown is amount water level is lowered below static level

a pump test made?  Yes  No If yes, by whom? driller  
500 gal./min. with 20 ft. drawdown after 2 hrs.  
700 " " 30 " " 2 "  
" " " " " " "  
" " " " " " "  
Ballow test gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
lan flow g.p.m. \_\_\_\_\_  
temperature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Well seal—Material used Portland Cement  
Well sealed from land surface to 20 ft.  
Diameter of well bore to bottom of seal 14 in.  
Diameter of well bore below seal 10 in.  
Number of sacks of cement used in well seal 17 sacks  
How was cement grout placed? poured thru tremy pipe  
Was a drive shoe used?  Yes  No Plus Size: location \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ dept of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION OF WELL:**

County Marion Driller's well number 2316  
1/4 Section 17 T. 6S R. 2W W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found 59 ft.  
Static level 40 ft. below land surface. Date 8/19/80  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing \_\_\_\_\_

Depth drilled 254 ft. Depth of completed well 254 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Topsoil	0	2	
Yellow Clay	2	36	
Blue Clay	36	59	
Black Sand	59	85	
Cemented Gravel	85	95	
Blue Clay	95	102	
Cemented Gravel	102	118	
Brown Sand and Gravel	118	128	
Blue Clay	128	157	
Cemented Gravel	157	172	
Black Sand	172	183	
Blue Clay	183	187	
Cemented Gravel	187	254	

RECEIVED  
AUG 30 2021  
OWRD

RECEIVED  
AUG 26 1980

WATER RESOURCES DEPT  
SALEM, OREGON

Work started 7/18/80 19 \_\_\_\_\_ Completed 8/19/80 19 \_\_\_\_\_  
Date well drilling machine moved off of well 8/19/80 19 \_\_\_\_\_

**Drilling Machine Operator's Certification:**

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Ben Martin Date 8/20/80, 19 \_\_\_\_\_  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 536

**Water Well Contractor's Certification:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Willamette Drilling Co.  
(Person, firm or corporation) (Type or print)  
Address 7365 O'Neil Rd. N.E. Salem, Oregon 97303

[Signed] Dylan Davis  
(Water Well Contractor)

Contractor's License No. 561 Date 8/20/80, 19 \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)




RECEIVED

AUG 30 2011

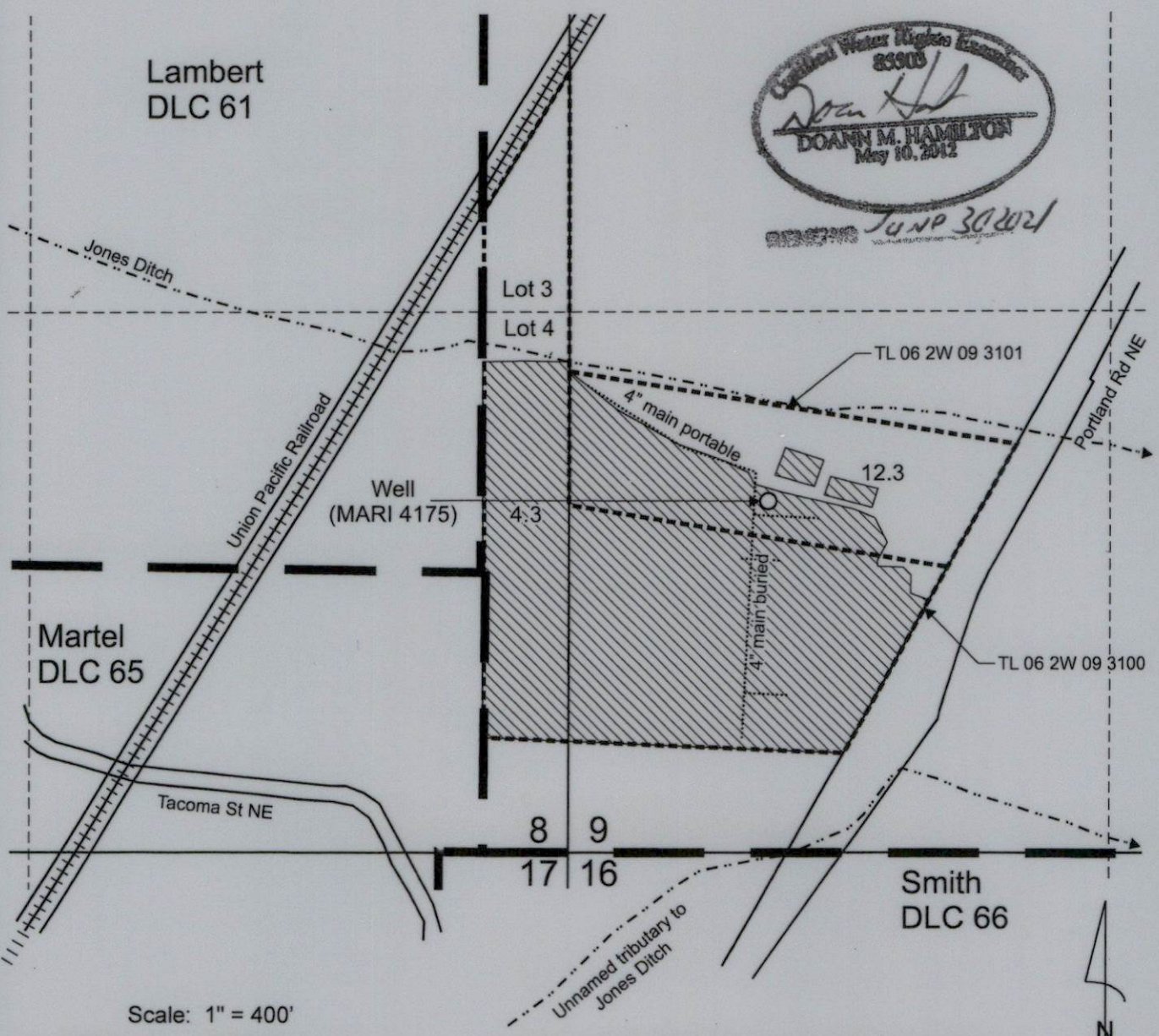
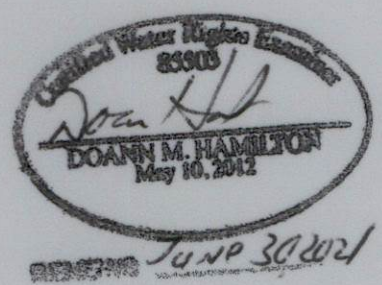
OWRD

# T.6S. R.2W. Sec. 8 & 9, W.M.

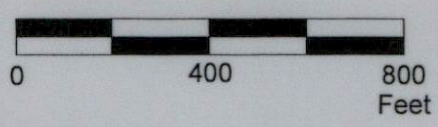
Well (MARI 4175) is located 860 feet north and 485 east from the SW corner, Section 9.

 Area (16.6 Acres) irrigated under T-12961 formerly Certificate 30812, priority date 8-1-58.

----- Tax lot boundary      ———— Donation Land Claim boundary      ..... Water main line



Scale: 1" = 400'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map  
T-12961 formerly Certificate 30812

David G. And Kathryn S. LeCompte  
T.6S. R.2W. Sec. 8 & 9, W.M.

Pacific Hydro-Geology Inc.

03/2021

Brooks Tree HPT-12961 COBU Map.cdr



RECEIVED

AUG 30 2021

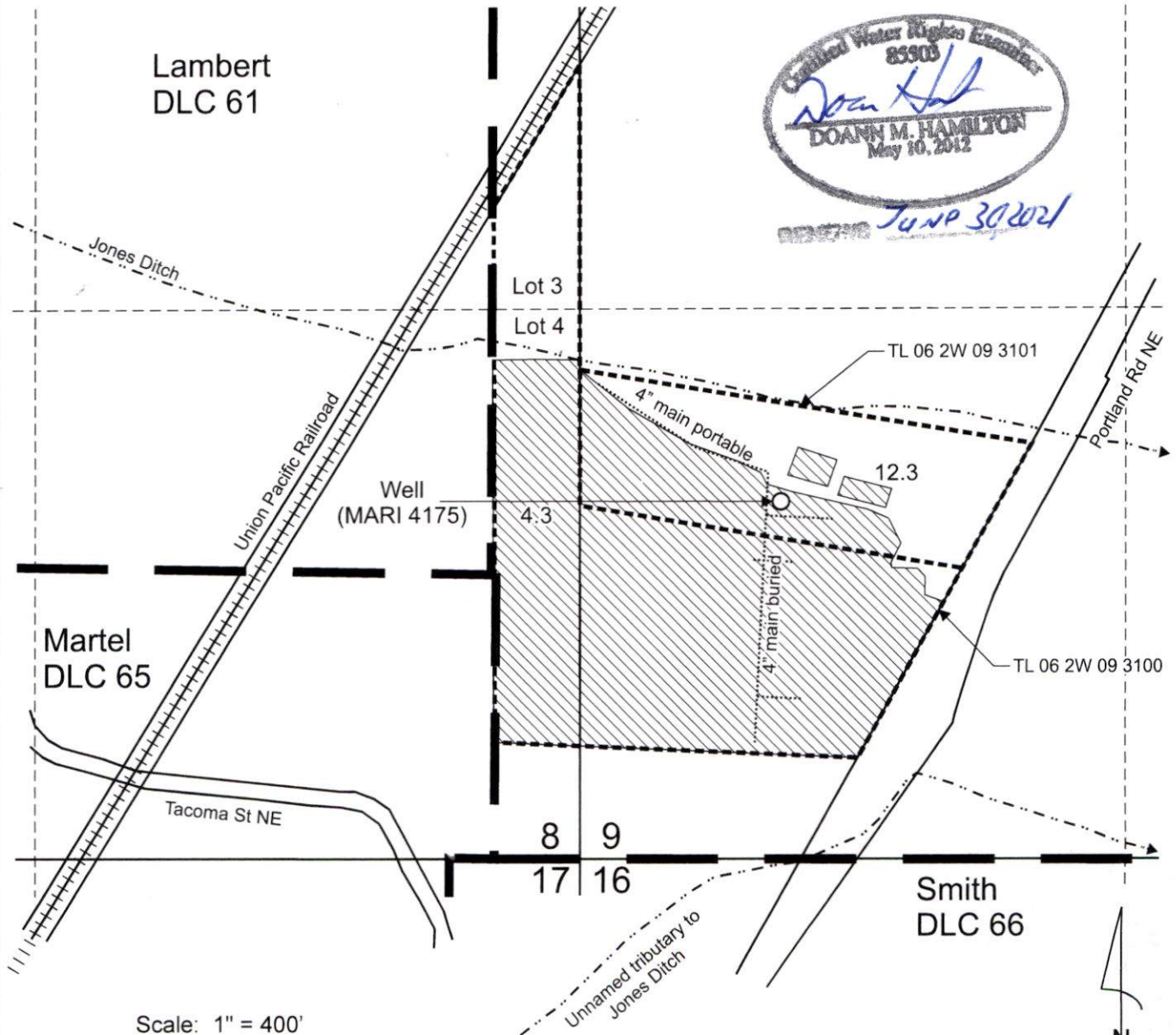
OWRD


# T.6S. R.2W. Sec. 8 & 9, W.M.

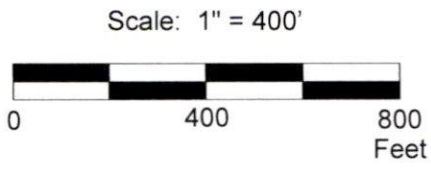
Well (MARI 4175) is located 860 feet north and 485 east from the SW corner, Section 9.

 Area (16.6 Acres) irrigated under T-12961 formerly Certificate 30812, priority date 8-1-58.

----- Tax lot boundary      **—** Donation Land Claim boundary      ..... Water main line



  
 DOANN M. HAMILTON  
 May 10, 2012  
 JUN 30 2021



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map  
T-12961 formerly Certificate 30812

David G. And Kathryn S. LeCompte  
T.6S. R.2W. Sec. 8 & 9, W.M.

Pacific Hydro-Geology Inc.

03/2021

BrooksTreeHPT-12961COBUMap.cdr