

**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 \$230 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.

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 503-979-9103.

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.

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1. File Information

APPLICATION # T-12948

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Rosemary A. Park Revocable Living Trust Attn: Rosemay Park		PHONE NO. (503) 292-6237	ADDITIONAL CONTACT NO.
ADDRESS 9395 SW Aspen			
CITY Beaverton	STATE OR	ZIP 97005-4259	E-MAIL muzzypark@aol.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 Rosemary A. Park Revocable Living Trust Attn: Rosemary Park			
ADDRESS 9395 SW Aspen			
CITY Beaverton	STATE OR	ZIP 97005-4259	

4. Date of Site Inspection:

August 10, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Rod Park	8/10/2021	Tenant Farmer

6. County:

Clackamas

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 NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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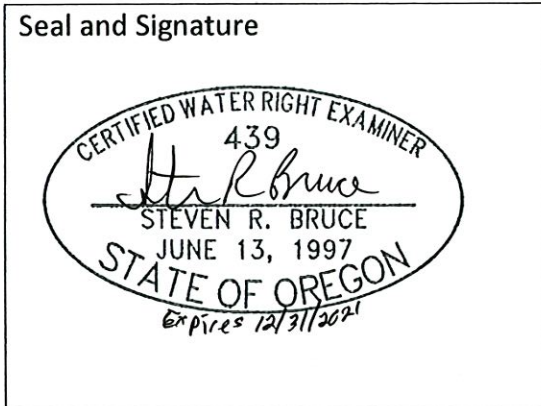
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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Steven R. Bruce Skookum Water Associates Inc.		PHONE NO. (503) 319-8926	ADDITIONAL CONTACT NO.	
ADDRESS 1626 Victorian Way				
CITY Eugene	STATE OR	ZIP 97401	E-MAIL steve@skookumwater.com	

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
	Rosemary Park	Landowner	9/7/2021

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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)
Well 3	CLAC 75077	L-32916	Well in Johnson Creek Basin

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

The Order allowed two new additional points of appropriation (Wells 3 and 4). The water user only developed one new point of appropriation.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 3	66 gpm	184 gpm	74.4 gpm

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SECTION 4
SYSTEM DESCRIPTION

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

NO

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

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

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
FPS	100STS6	Unknown	Submersible	Unknown	2 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin	20

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)
20	60	289.4 feet to ground surface	0 feet	0.41

4. Provide pump calculations:

Q Pump = $\frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = \frac{20(7.04)}{50.8 + 289.4 + 2} = \frac{140.8}{342.2} = 0.41 \text{ cfs (approx. 184 gpm)}$

Where:
 hp = 20
 efficiency = 7.04
 total head = 50.8 feet (conversion of 20 psi to feet using 2.54 ft/psi listed in CBU form) + 289.4 feet pumping water level (measured during site inspection) + 2 feet lift to place of use

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)
674877 x 10 gal	675063 x 10 gal	25 minutes	0.166 cfs (74.4 gpm)

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

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B. Groundwater Source Information (Well and Sump)

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

NO

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

C. Additional notes or comments related to the system:

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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	11/28/2018	
COMPLETENESS DATE FROM ORDER (C)	10/1/2021	10/2/2020

* 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? YES

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

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

b. Has a meter been installed?

YES c.

Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 3	McCrometer	03-04203-03	Working	675063 x 10 gal	10/2/2020

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

4. Recording and reporting conditions

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

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

5. Other conditions required by the transfer final order or extension final order:

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- a. Were there special well construction standards? YES
- 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):

The well was required to be completed in the Deep Troutdale aquifer and consistent with the proposed well construction details in the application. The Water Supply Well Report indicates this condition was met.

An initial water-level measurement was to be obtained at the time the pump was installed and before pumping began. The water level was 199 feet below ground surface before the pump was installed.

A water-level measurement is required each year between March 15 and April 15. The static water level was at 199.5 feet below ground surface on 3/11/2021.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Figure 1	Claim of Beneficial Use Map for T-12948
Exhibit A	Water Supply Well Report CLAC 75077

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

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

The map was tied using a Garmin Oregon 750t GPS and USDA-FSA-APFO aerial image m_4512238_nw_10_060_20200719 collected July 19, 2020

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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
- NA 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
- NA 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)

CLAC 75077
7/3/2019

WELL I.D. LABEL# L132916
START CARD # 1042441
ORIGINAL LOG #

1) LAND OWNER
Owner Well I.D.
First Name ROD Last Name PARKS
Company
Address 9797 REVENUE RD
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
Depth of Completed Well 501.00 ft.
Special Standard (Attach copy)
BORE HOLE SEAL
Dia From To Material From To Amt lbs

How was seal placed: Method [] A [] B [] C [] D [] E
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

i) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [] Inside [] Outside [] Other Location of shoe(s) 501
Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Dia From To Scm/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size

) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 54 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 116 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 29 NE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[] Street address of well [] Nearest address
9797 REVENUE RD BORING OR 97009

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 6/8/2019 197
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)
6/8/2019 455 501 200 [] 197

(11) WELL LOG
Ground Elevation
Material From To
Sticky brown clay 0 69
Brown clay w/ gravel 69 75
Multicolored medium/course gravel 75 110
Multicolored gravel w/ course sand 110 135
Course multicolored gravel 135 148
Cemented gravel w/ seams of brown clay 148 302
Course/medium multicolored gravel 302 410
Medium gray gravel w/ sand 410 427
Course multicolored gravel 427 481
Medium multicolored gravel 481 501

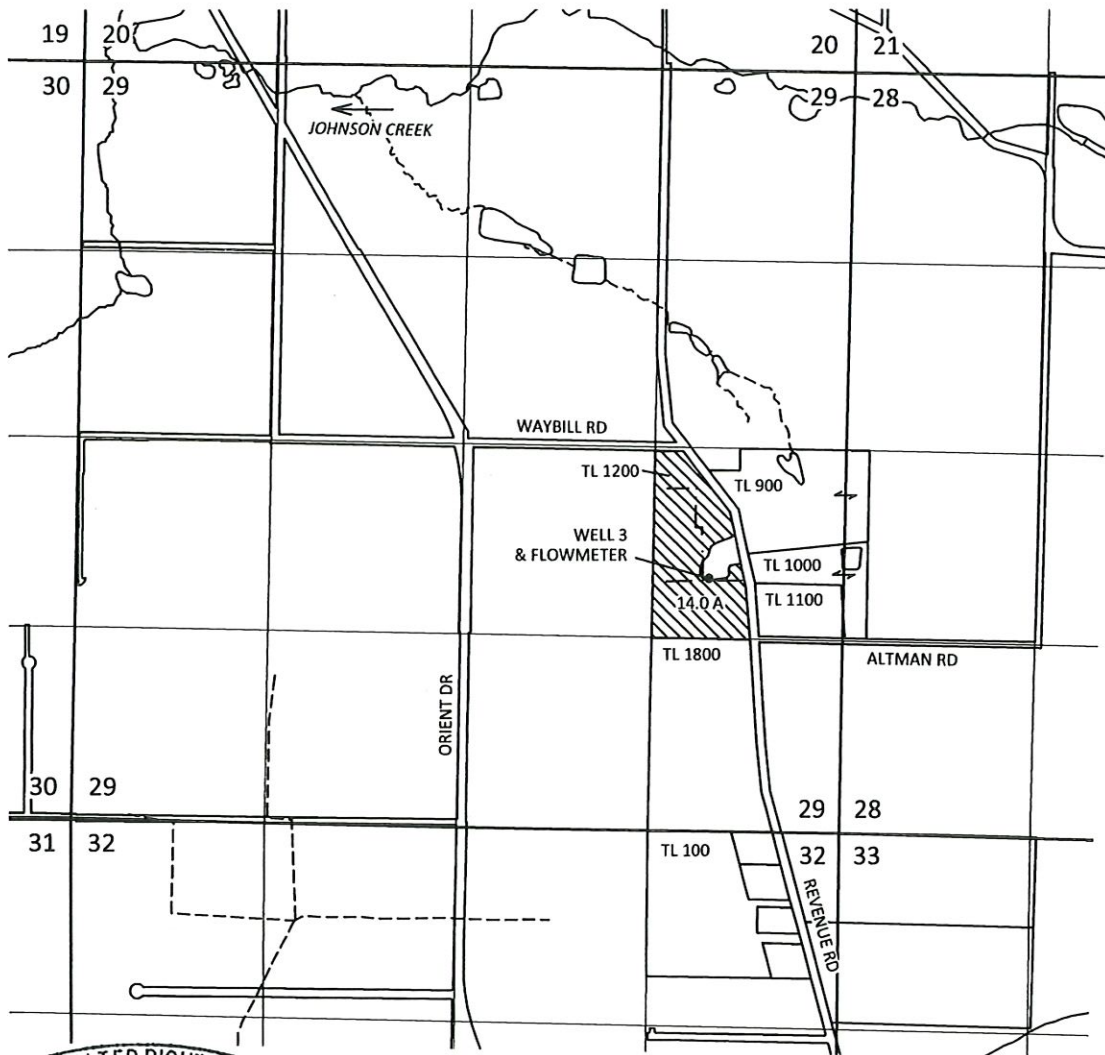
Date Started 4/17/2019 Completed 6/8/2019

(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 Date
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 1738 Date 7/3/2019
Signed VANCE WAGNER (E-filed)
Contact Info (optional)




Sections 28, 29 & 32, T1S, R4E, W.M.,
Clackamas County, Oregon

Transfer T-12948
CLAIM OF BENEFICIAL USE MAP
Rosemary A. Park Revocable Living Trust



CERTIFIED WATER RIGHT EXAMINER
439
Steven R. Bruce
STEVEN R. BRUCE
JUNE 13, 1997
STATE OF OREGON
Expires 12/31/2021

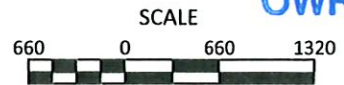
EXPLANATION

-  CANCELED CERTIFICATE 91569
PRIORITY: 12/18/1990
14.0 ACRES
-  AUTHORIZED WELL
-  3" PIPE

Well 3 Located: 1,750 FT N and 900 FT W
From SE Corner of Section 29, T1S, R4E, W.M.

Site Inspection Conducted:
8/10/2021

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SCALE
1 INCH = 1320 FEET
August 30, 2021

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

Figure 1

SKOOKUM
WATER ASSOCIATES INC

1626 VICTORIAN WAY
EUGENE, OR 97401
(503) 319-8926

KPFF 1700014.32