

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 CHECK # _____ OTHER (IDENTIFY) _____ TOTAL RECD \$ _____

1083 TREASURY 4178 MISC CASH ACCT.

0407 COPIES _____ \$ _____
 OTHER: (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT.

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 \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ _____ RECORD FEE \$ _____

LANDOWNER'S PERMIT \$ _____ 0219 \$ _____

OTHER (IDENTIFY) COBU \$ 230.00 0220 \$ _____

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER _____ \$ _____

0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

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

1. File Information

APPLICATION # T-12485

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME GWM Trucking LLC		PHONE NO. (503) 871-3998	ADDITIONAL CONTACT NO. (541) 327-2840
ADDRESS 13274 Marlatt Rd. S			
CITY Jefferson	STATE OR	ZIP 97352	E-MAIL gmfarms@croisan.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 Santiam Water Control District		
ADDRESS 284 E Water St.		
CITY Stayton	STATE OR	ZIP 97382

4. Date of Site Inspection:

10-4-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
George Meyer	10-4-2021	Receiving Landowner

6. County:

Marion

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**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 William E. McGill	PHONE No. (503) 510-3026	ADDITIONAL CONTACT No. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE		
CITY Turner	STATE OR	ZIP 97392
E-MAIL willmcgill.surveying@gmail.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
	Brent Stevenson	General Manager	11-28-2021

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes – Surface Water**



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 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.

**Form altered and provided by Gerry Clark on 5/7/2021 to accommodate SW to GW transfer.*

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

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

Type of Authorized Change

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

YES NO

Mark all that apply:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Change from Surface POD to GW POA | 2. <input checked="" type="checkbox"/> Change in Place of Use |
| 3. <input type="checkbox"/> Change in Character of Use | 4. <input type="checkbox"/> Change in Character of Use – Reservoir |

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

SECTION 3
Changes Made

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

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Change #1

New Point of Diversion

Change from Surface POD to GW POD

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Did the transfer order authorize a change in the points of diversion from a surface water point of diversion to a Groundwater Point of Appropriation?

YES NO

If "NO", this Section can be deleted.

1. New point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP) WELL OR SUMP	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
SWCD-APOA	MARI 15351	N/A	N. Santiam River

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

2. Variations:

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

YES NO

If yes, describe below.

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

3. Claim Summary:

NEW POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
SWCD-APOA	0.71 cfs	0.926 cfs	System not running at time of onsite inspection.

**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.

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

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A. Groundwater Source Information (Well)

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1. Is the appropriation from a well?

YES NO

B. 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.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
7'	3.3'	18" O.D.	18'	0.0005	8 cu. ft.

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
Standard Cored Concrete Blocks (0' – 3')	8"
18" O.D. Concrete Culvert Pipe (2' – 20')	2"

4. Provide sump volume calculations:

$$\pi(0.6667)^2 = 0.4445 \text{ sq. ft.} * 18' = 8 \text{ cu. ft.}$$

C. 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
Paco Pumps	10-25955-0400011991	0J94300530	Centrifugal	4" O.D.	6" O.D.

10/10/10

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2. Motor Information:

MANUFACTURER	HORSEPOWER
Paco Pumps	30

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)
30	80	9'	2'	0.926

4. Provide pump calculations:

$Q = 30(6.61) / (203.2+9+2) = 198.3 / 214.2 = 0.926 \text{ cfs}$

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)
N/A			

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

D. Additional notes or comments related to the system:

Curbed sump is 7' L, 3.3' W, and 3' D. It is curbed with 16"x8"x8" cored concrete blocks. There are 18"x3' concrete culvert pipes starting from 1' above curbed sump floor. The concrete pipe extends 18' down to a total depth of 20' from the ground surface.

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Change #2

Change in Place of Use

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

YES NO

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
56.83	56.83

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES 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.")

The POU was developed in accordance with the transfer final order; however, 0.1 acres in the SWNW of Sec. 30 is actually in DLC 45 leaving 2.9 acres in Lot 4 instead of the 3.0-acre total described in the transfer final order.

Change #3

Change in Character of Use

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

YES NO

Change #4

Change in Character of Use – Reservoir

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

YES NO

**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	1-22-2020	
COMPLETENESS DATE FROM ORDER (C)	10-1-2021	June 2021

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES NO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES NO

4. Recording and reporting conditions

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

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? YES NO

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? YES NO

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

a. Was the water user required to restore the riparian area if it was disturbed? YES NO

b. Was a fishway required? YES NO

c. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**SECTION 5
ATTACHMENTS**

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

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ATTACHMENT NAME	DESCRIPTION
OWRD Email	Email approving the COBU map scale used
MARI 15351	Well record for GR-3310 (sump well)
4 Pictures	Sump well, pump and motor tags.

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 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 diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 10-27-2020

Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

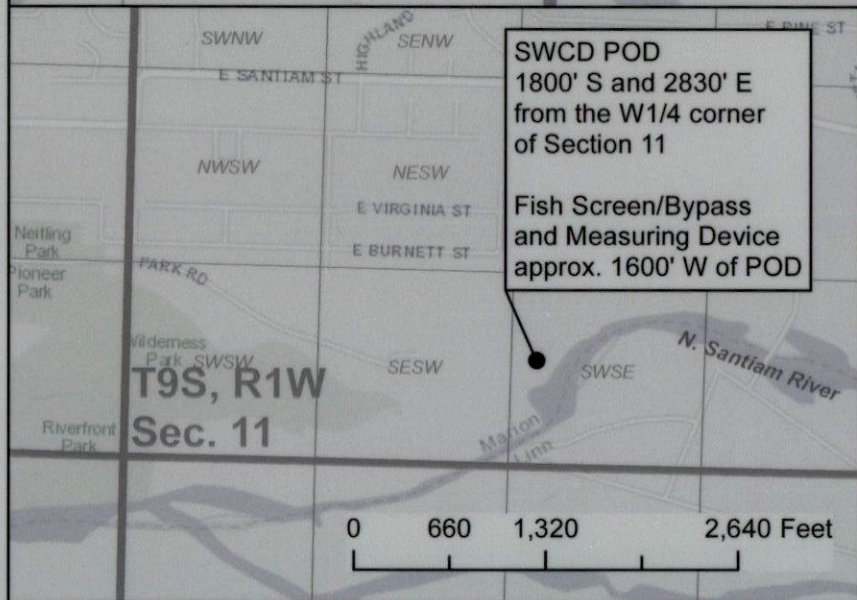
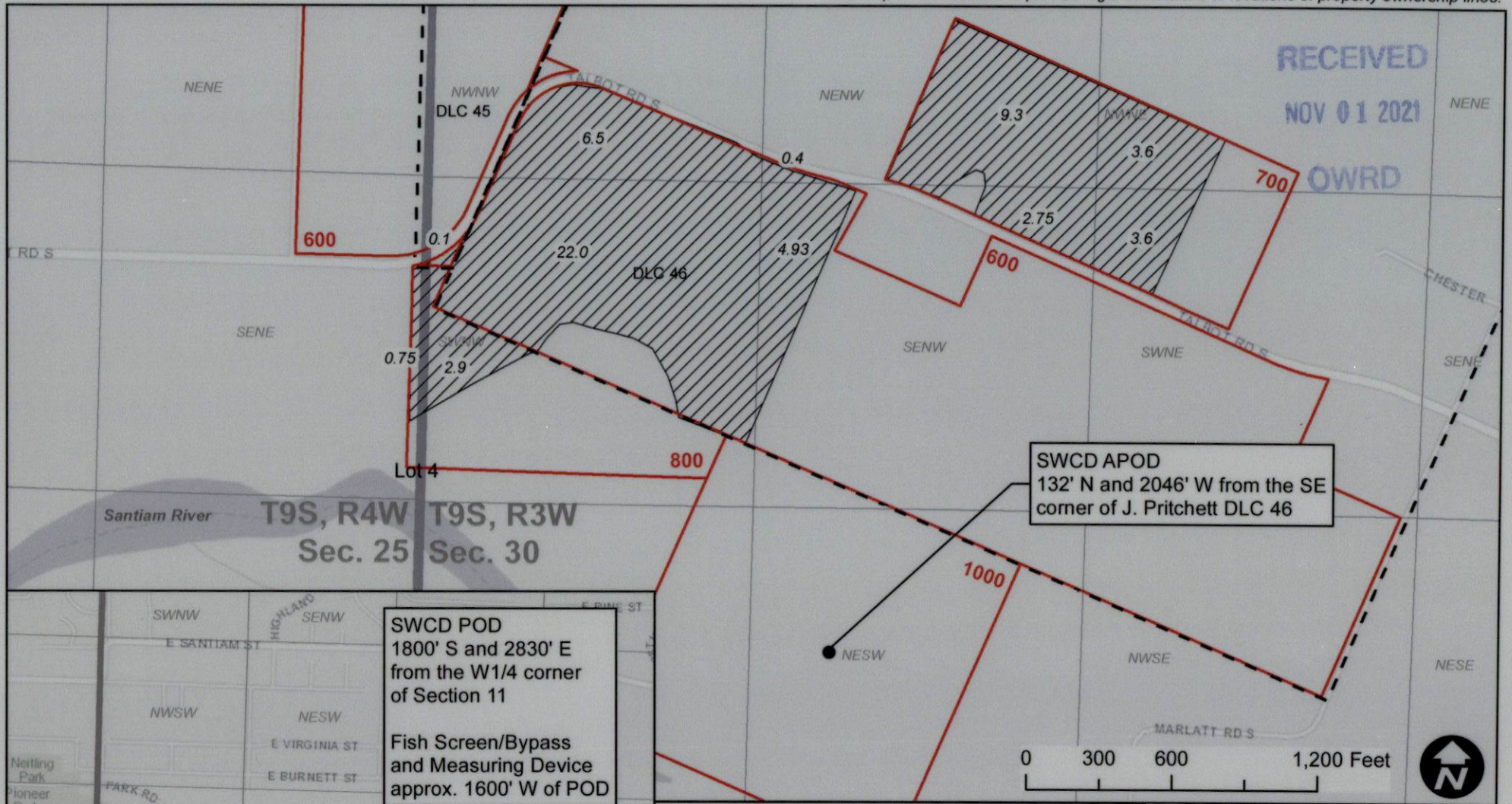
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- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated 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

Claim of Beneficial Use - Transfer T-12485

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



Legend

- DLC
- Tax Lot
- Irrigation POU





Will McGill <willmcgill.surveying@gmail.com>

T-12485 COBU Map Scale

CLARK Gerald E * WRD <Gerald.E.Clark@oregon.gov>
To: Will McGill <willmcgill.surveying@gmail.com>

Fri, Oct 29, 2021 at 9:38 AM

Will,

Your waiver request to submit a map at a scale of 1 inch = 600 feet for the place of use is approved.

Please attach a copy of this waiver request to the Claim.

Thank you for checking in on this issue.

Have a great day!

Gerry

-

[Gerry Clark](#)

He/Him/His

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

[Quoted text hidden]

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STATE ENGINEER
Salem, Oregon

1531
MARI

Well Record

SWCD/APOD

STATE WELL NO. 9/3W-30L
COUNTY Marion
APPLICATION NO. GR-3310

OWNER: D. A. Davidson

MAILING ADDRESS: Route 1, Box 129

LOCATION OF WELL: Owner's No. _____

CITY AND STATE: Jefferson, Oregon

NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 30 T. 9 N S., R. 3 N W., W.M.

Bearing and distance from section or subdivision
corner ch. N. & 31 ch. W.

Altitude at well _____

TYPE OF WELL: dug Date Constructed 1938

Depth drilled 16' Depth cased _____

Section _____

CASING RECORD:

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FINISH:

AQUIFERS:

Loam, Sand, Gravel

WATER LEVEL:

PUMPING EQUIPMENT: Type Rainflow H.P. 20
Capacity 500 G.P.M.

WELL TESTS:
Drawdown _____ ft. after _____ hours _____ G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER Irrigation Temp. _____ °F. _____, 19____

SOURCE OF INFORMATION GR-3072

DRILLER or DIGGER _____

ADDITIONAL DATA:

Log x Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

Loam 12
Sand 1
Gravel 3 16

10-4-2021 WEM - Meyer / SWCD APOD (Sump Well)



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10-4-2021 Meyer / SWCD APOD (Sump Well)



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Pump Tag

Motor Tag

