

# 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 \$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.

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## 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-13326</b>
---------------------------------

### 2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Daniel and Barbara Hoops</b>		PHONE NO.	ADDITIONAL CONTACT No.
ADDRESS <b>27800 S. Oglesby Rd.</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</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.***

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

TRANSFER HOLDER OF RECORD <b>Daniel and Barbara Hoops</b>			
ADDRESS <b>27800 S. Oglesby Rd.</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</b>	

### 4. Date of Site Inspection:

<b>August 9, 2021</b>
-----------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tony Edwards	August 9, 2021	Lessee for his parents site

**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

**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.

Seal and Signature
--------------------

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

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Tony Edwards	August 9, 2021	Lessee for his parents site

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

SECTION 2  
SIGNATURES

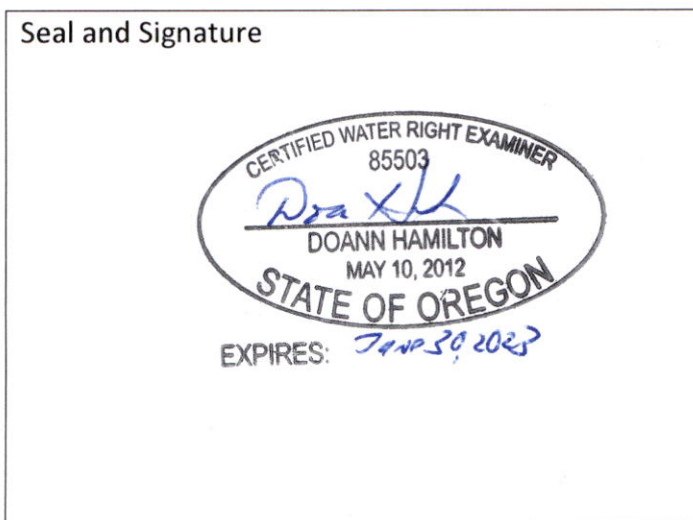
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CWRE Statement, Seal and Signature

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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>

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Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

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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
<i>Dw Hoops</i>	Daniel W. Hoops	co-owner	11-6-21
<i>Barbara L Hoops</i>	Barbara L. Hoops	co-owner	11-6-21

**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)
<b>Well 2</b>	<b>CLAC 75870</b>	<b>L-132749</b>	<b>A Well, a tributary of Gribble Creek (Molalla River)</b>

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.")

1. The location of Well 2 (CLAC 75870) is more correctly placed at: 1,260 feet south and 775 feet east from the NW corner, DLC 41.

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3. Claim Summary:

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NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.12 cfs	0.06 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 2

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 Electric	35FH1S4-PE	20E23 05 00344H	Submersible	1.5 inches	1.5 inches

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin Electric	2.0 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)
2.0 Hp	65 psi	60 feet (from air test recorded on well log)	0 feet	0.06 cfs

4. Provide pump calculations:

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$$Q \text{ Pump} = \frac{(2.0 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(60 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.06 \text{ cfs}$$

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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:

System goes through a 119-gallon fiberglass pressure tank.

**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
9.6	9.6

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

**2. Variations:**

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

**YES**

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.")

**1. The place of use was revised based on field verification:**

**Original authorized place of use:**

4S	1E	WM	21	NE SW	DLC 41	1.7
4S	1E	WM	21	SW SW	DLC 41	1.8
4S	1E	WM	21	SE SW	DLC 41	<u>6.1</u>
<b>Total:</b>						<b>9.6</b>

**Revised place of use:**

4S	1E	WM	21	NE SW	DLC 41	2.0
4S	1E	WM	21	SW SW	DLC 41	1.8
4S	1E	WM	21	SE SW	DLC 41	<u>5.8</u>
<b>Total:</b>						<b>9.6</b>

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**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	<b>April 2, 2020</b>	
COMPLETENESS DATE FROM ORDER (C)	<b>October 1, 2021</b>	<b>July 2021</b>

\* 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 2	Kent C700	96762684	Working	441,640 gallons August 9, 2021	May 2021

*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:

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 (CLAC 13471) was drilled to a depth of 123 feet, cased to 123 feet, perforated from 87 to 91 and from 106 to 110 feet in clay over pea gravel and silty sand.**

**White Well 2 (CLAC 75870) was drilled to a depth of 150 feet, cased to 117.5 feet, perforated from 73 to 83 feet in fine to medium sand.**

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It is our understanding that the OWRD considers the entire saturated column of alluvium in this part of the Willamette Valley to be a single aquifer. Both of these wells obtain water from the alluvial aquifer; therefore, it appears this condition has been met.

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## SECTION 5 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 75870	Well log and driller's notes for CLAC 75870 – Well 2
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 1E showing DLC and Government Lot locations

## 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 4 1E 21, 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

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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.)

- 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

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

CLAC 75870
7/14/2020

WELL I.D. LABEL# L 132749
START CARD # 1047803
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name ANTHONY Last Name EDWARDS
Company
Address 27800 S OGLESBY RD
City CANBY State OR Zip 97013

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 150.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED & PRODDED
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 [X] Outside [ ] Other Location of shoe(s) 117.5
Temp casing [ ] Yes Dia From + To

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

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

Temperature 56 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 110 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 4.00 S N/S Range 1.00 E E/W WM
Sec 21 SW 1/4 of the SW 1/4 Tax Lot 1600
Tax Map Number Lot
Lat ' " or 45.20405403 DMS or DD
Long ' " or -122.69892264 DMS or DD
[ ] Street address of well [ ] Nearest address
27800 S OGLESBY RD, CANBY, OR 97013

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 7/6/2020 40
Flowing Artesian? [ ] Dry Hole? [ ]

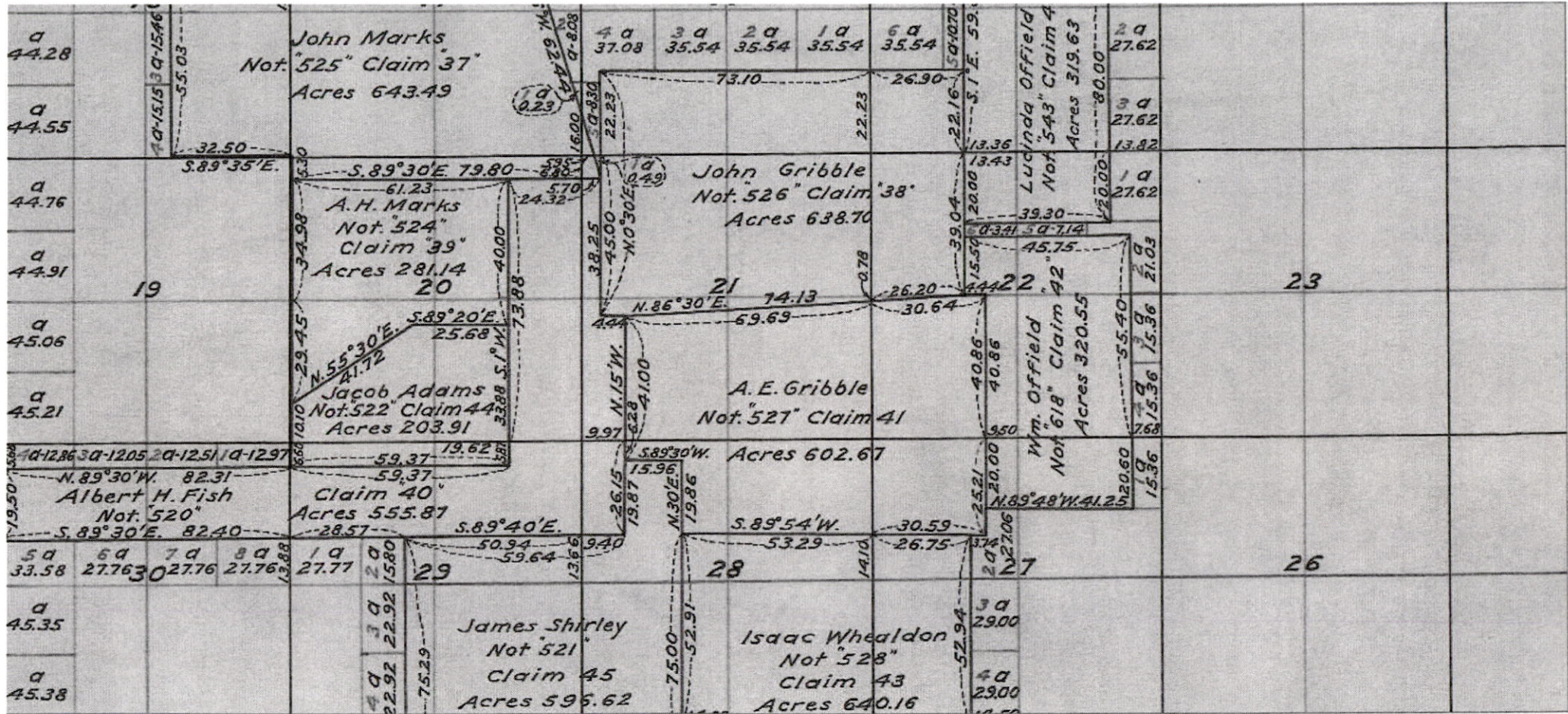
WATER BEARING ZONES
Depth water was first found 11.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
6/24/2020 11 24 10 8
7/6/2020 73 88 60 40

(11) WELL LOG
Ground Elevation
Material From To
BROWN CLAY 0 3
LIGHT BROWN SILTY CLAY 3 11
FINE GRAVEL W MED COARSE SAND 11 24
GRAY SILT W 1/2 MINUS GRAVEL MC CEMENT 24 35
COBLES AND SAND MC CEMENT 35 41
CLAY BROWN SILTY 41 44
DARK GRAY STICKY CLAY 44 68
SOFY GRAY CLAY W FINE TO MED SAND MC 68 73
FINE MED SAND MC WITH COARSE GRAVEL 73 88
FINE MED SAND COMPACTED W GRAY AND E 88 93
MED COARSE SAND SOME COARSE GRAVEL 93 97
MED COARSE SAND W GRAY SILT/WOOD 97 102
GRAY SILT W FINE SAND & COARSE GRAVEL 102 104
LIGHT GRAY CLAY MED 104 108
CLAY GRAY BLUE AND DARK BROWN STICK 108 112
BLUE GRAY CLAY MED W MED SANDSTONE 112 119
GRAY CLAY MED 119 136
GRAY CLAY W FINE MED SAND 136 150

Date Started 6/23/2020 Completed 7/6/2020

(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 2036 Date 7/10/2020
Signed KELVIN APPLEBEE (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 2023 Date 7/10/2020
Signed MICHAEL APPLEBEE (E-filed)
Contact Info (optional) ALPINE RESOURCES LLC 503-647-2969



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