CLAIM OF BENEFICIAL USE for Transfers Place of Use 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 <u>transfer final orders</u> 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.

No Fee: All rights included in this transfer have a priority date prior to 1987

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 7" 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 <u>only</u> authorized change was a change in place of use.

If additional changes were authorized, you will need to select a different form.

File Information

APPLICATION #

T-8080

YES NO

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Revised 7/1/2021

Change in Place of Use Only - Page 1 of 8

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Property Owner (current owner)	nformation)
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APPLICANT/BUSINESS NAME FDD LLC (C/O Michael Miliuco	i)	PHONE NO. (503) 905-	1	ADI	DITIONAL CONTACT NO.
ADDRESS 16796 SE 130 th Avenue					
CITY	STATE	ZIP	E-MAIL		
Clackamas	OREGON	97015	MMiliucci@	pac	eafood.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Fach</u> 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			
Same as owner			
ADDRESS			
CITY	STATE	ZIP	

4. Date of Site Inspection: 8/30/21

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

NAME	DATE	Association with the Project
Scot Laney (see attached communications)	AugSept. 2021	Works on the property
Jim Bussard (see attached communications)	AugSept. 2021	Worked on the property

6. County: Wasco

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 N/A			
Address			
Сіту	STATE	ZIP	

Add additional tables for owners of record as needed

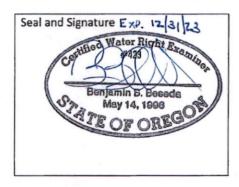
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SECTION 2 SIGNATURES

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 Benjamin B. Beseda		PHONE NO. ADDITIONAL (541) 296-9177 N/A		CONTACT NO.	
ADDRESS 3775 Crates Way					
CITY	STATE	ZIP	E-MAIL		
The Dalles	OR	97058	bbeseda@	tennesonen	g.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.

PRINT OR TYPE NAME	TITLE	DATE
Frank Auluch		
, , , , , , , , , , , , , , , , , , , ,	M Dargan	
		PRINT OR TYPE NAME TITLE FRANCE AND LACE G. MONEYUR

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 Benjamin B. Beseda		PHONE NO. (541) 296		Additional Contact No.
Address				
3775 Crates Way				
CITY	STATE	ZIP	E-MAIL	A 100 Sept.
The Dalles	OR	97058	bbeseda@t	ennesoneng.com

Transfer Holder of Record Signature or Acknowledgement

<u>Each</u> 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
flul 4	Frank Rubuch	mounges	



SECTION 3

EXTENT OF CHANGE COMPLETED

1. Claim Summary:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
9.2 Primary	9.2 Primary
19.3 Supplemental	19.3 Supplemental

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

WAS	THE NE	W PLACE	OF USE DEVELOPED TO THE FULL EXTENT
		AUTHOR	RIZED UNDER THE ORDER?
(INCL	UDE THE	LOCATIO	ON OF THE DEVELOPED PLACE USE ON THE
			CLAIM MAP)
YES	NO	NA	

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES <u>NO</u> 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.")

10.8.	The order duthorized a change in place of use for 40 acres. The water user only developed	Jo ucics. 1
N/A		
,		

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SECTION 4

CONDITIONS

All conditions contained in the transfer, 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 CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	February 12, 2007	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2008	The majority of the subject properties have been irrigate annually since 2007. The remaining portion was irrigated in 2007 and subsequently in 2010, 2015, 2017, and 2019

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

Is there an extension final order(s)?
 Measurement Conditions:

a. Does the transfer final order require the installation of a meter or approved measuring device?

YES

4. Other conditions required by the transfer final order:

a. Other conditions? YES <u>NO</u>

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

N/A

SECTION 5

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NO

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ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim Map	Claim of Beneficial Use map
Aerial Photos	Photo showing the location of the place of use.

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

A 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 must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

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.

Aerial phots were used to locate the land. Previous OWRD water rights maps were used to eliminate lands that already have water rights, helping to ascertain the specific location of the rights involved in this transfer.

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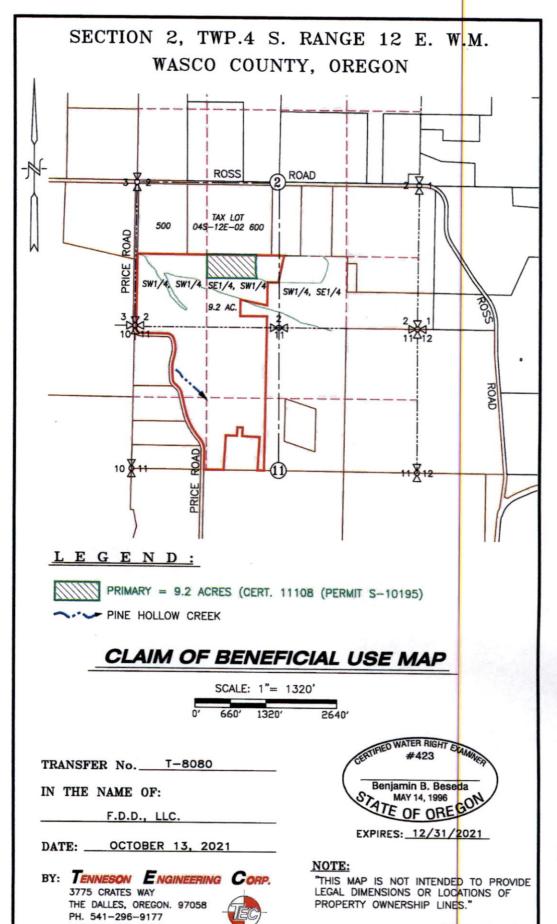
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Map Checklist

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

\checkmark	Map on polyester film.	
abla	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale assessor map)	le of the county
\checkmark	Township, Range, Section, Donation Land Claims, and Government Lots	
	Locations of fish screens and/or fish by-pass devices in relationship to poi	nt of diversion
	Locations of meters and/or measuring devices in relationship to point of o	iversion
	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, e for this type of Claim of Beneficial Use	tc.) *Not required
\checkmark	Point(s) of diversion or appropriation (illustrated and coordinates)	
\checkmark	Tax lot boundaries and numbers	
	Source illustrated if surface water	
\checkmark	Disclaimer ("This map is not intended to provide legal dimensions or locat ownership lines")	ions of property
\checkmark	Transfer application number	
\checkmark	North arrow	
\checkmark	Legend	
\checkmark	CWRE stamp and signature	

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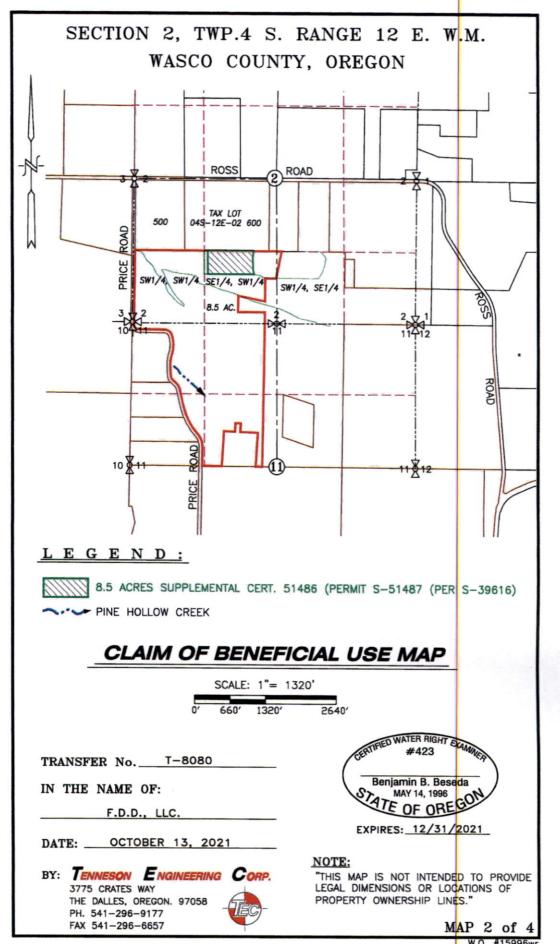
FAX 541-296-6657

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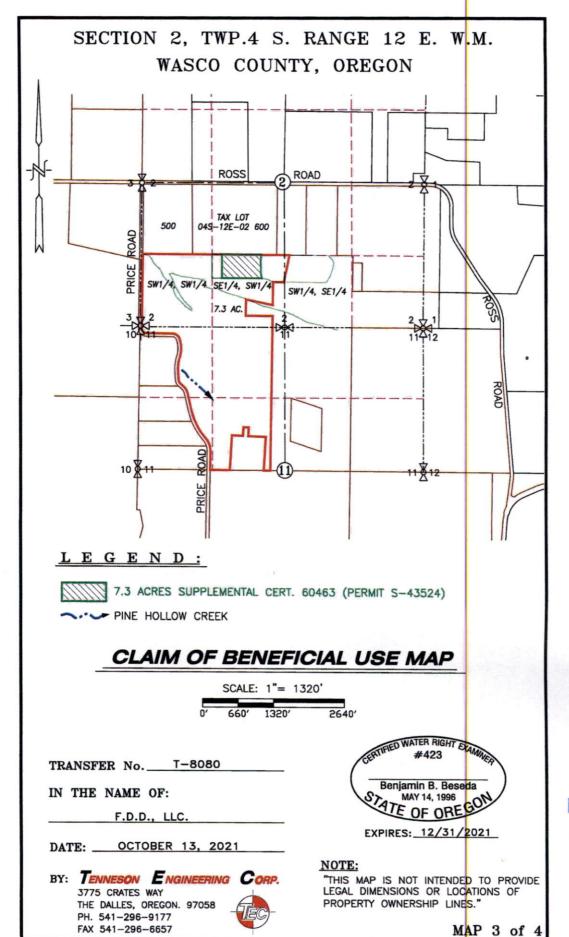
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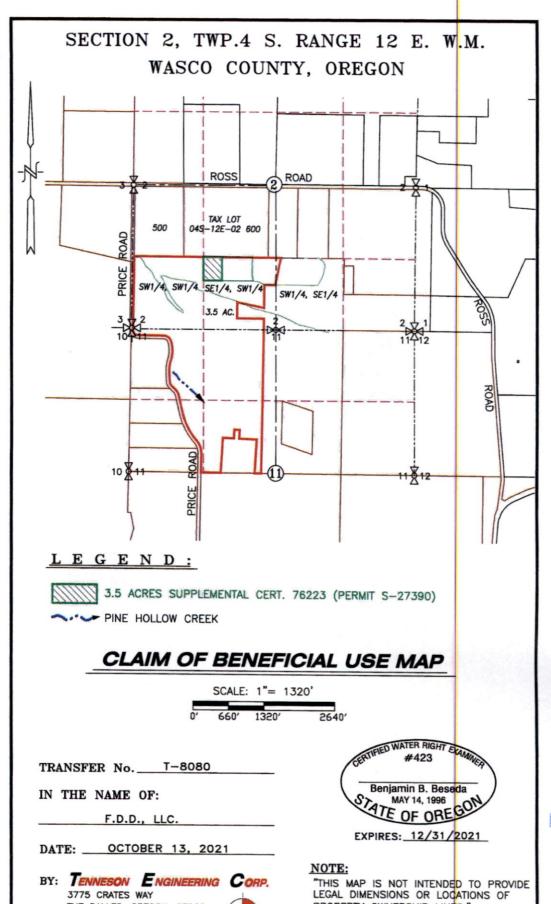


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W.O. #15996wr



PROPERTY OWNERSHIP LINES."

MAP 4 of 4 W.O. #15996wr

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