

State of Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

# Application for Groundwater Registration Modification

Part 1 of 5 - Minimum Requirements Checklist

This Groundwater Registration Modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

Che	ck all inc	cluded with this application (N/A = Not Applicable)
$\boxtimes$		Part 1 - Completed Minimum Requirements Checklist.
$\boxtimes$		Part 2 – Completed Application Map Checklist.
$\boxtimes$		Part 3 – Completed Applicant Information and Signature.
$\boxtimes$		Part 4 – Completed Ground Water Registration Modification Application – Ground Water Registration Information. (Only one ground water registration per application, unless the ground water registrations to be modified are layered).
$\boxtimes$		Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
$\boxtimes$		Groundwater registration modification fees – Amount enclosed: \$\sum_{1,250}\$. (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).
		Attachments:
	⊠ N/A	Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is <b>not</b> the registration certificate holder of record. The Request for Assignment Form is available at <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a> .  Assignment is not needed for any person or entity who can demonstrate authorization to
		request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) or the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
	□ N/A	Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if all of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
$\boxtimes$	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
		(For Staff Use Only)
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):  Application fee not enclosed/insufficient  Map not included or incomplete
		Land Use Form not enclosed or incomplete Assignment Form and fee not enclosed/insufficient
		Additional signature(s) required Part is incomplete
		Other/Explanation
		Staff: 503-986-0 Date: / / RECEIVED

### Part 2 of 4 - Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.  $\boxtimes$ Permanent quality printed with dark ink on good quality paper.  $\boxtimes$ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required. X A north arrow, a legend, and scale. X The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been preapproved by the Department. Township, Range, Section, 1/4 1/4, DLC, Government Lot, and other recognized public land  $\boxtimes$ survey lines.  $\boxtimes$ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended. X Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads. X Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.  $\bowtie$ Existing place of use that includes hachuring, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged. N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including priority date and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.  $\boxtimes$ Existing point(s) of appropriation with distance and bearing or coordinates from a recognized survey corner. N/A If you are proposing a modification in point(s) of appropriation, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example - 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example - 42.53764°).

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# Part 3 of 4 - Applicant Information and Signature

Ann	licant	Inform	ation
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APPLICANT/BUSINESS N	IAME		PHONE NO.	ADDITIONAL CONTACT NO.				
The State of Orego	n, acting by and t	hrough the	(541) 737-5818					
Board of Trustees	of Oregon State U	Iniversity						
ADDRESS		FAX NO.						
448 Strand Agricultu	re Hall							
CITY	STATE	ZIP	E-MAIL					
Corvallis	OR	97331	Carrie.Burkholder	urkholder@Oregonstate.edu				
BY PROVIDING AN I	-MAIL ADDRESS, O	CONSENT IS GIV		ORRESPONDENCE FROM TI				
DEPARTMENT ELEC	TRONICALLY. CO	PIES OF THE FI	NAL ORDER DOCUMEN	ITS WILL ALSO BE MAILED.				

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO			
Doann Hamilton/Pacifi	c Hydro-Geology,	Inc.	(503) 632-5016	(503) 349-6946 (cell)			
ADDRESS 18487 S. Valley Vista R	oad			FAX NO. (503) 632-5983			
CITY	STATE	ZIP	E-MAIL				
Mulino	OR	97042	phgdmh@gmail.co	om			

Explain in your own words what you propose to accomplish with this modification; and why:

There are several wells on our property associated with different water rights. The stated location of the authorized well for this groundwater registration is inaccurate. This application proposes to correct the location of the authorized well, and to add other existing wells to allow us to operate the system as a well field.

f you need additional space, continue or	n a separate piece of paper and	d attach to the application as "	'Attachment 1"
--	---------------------------------	----------------------------------	----------------

)	ou nood additional space; continue on a separate piece of paper and attach to the approach as Attachment 1.
	Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)
⊠	(Check one box)  By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a);  OR
	I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; <b>OR</b>
	I (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by

I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: Corvallis Gazette-Times.

I (we) affirm that the information contained in this application is true and accurate.

condemnation and have attached supporting documentation.



Nicole Neuschwander Director of Leasing and Strategic Real Property Management Orogan State University

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Applicant Signature	Print Name and title if applicable	Date
Is the applicant the sole owner of the portion thereof, is located? Yes and/or e-mail addresses if different than the addresses) from all landowners or individual.	No If NO, include signatures of all de ne applicant's) or attach affidavits of cons	eeded landowners (and mailing ent (and mailing and/or e-mail
Check the appropriate box, if app	olicable:	
Check here if the Groundwater within or served by an irrigation	registration proposed for modification or other water district.	tion is or will be located
IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP
ENTITY NAME  NA	ADDRESS	
or other contract with a federal		
NA CITY	STATE	ZIP
	STATE	Zir
To meet State Land Use Consistent county, city, municipal corporation diverted, conveyed or used.		
ENTITY NAME	ADDRESS	
Benton County Planning Division	360 SW Avery Ave.	
CITY	STATE	ZIP
Corvallis	OR	97333
ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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# Part 4 of 4 - Groundwater Registration Information

Please use a separate Part 4 for each registration being modified. See instructions on page 5, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

Table 1. Location of Authorized and Proposed Point(s) of Appropriation (POA)

(Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L)	Т	wp	P	lng	Sec	<b>"</b>	4	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)	
GR-2993 Well	Authorized Proposed	NA	12	s	4	w.	6	NW	SE	DLC 52	1,815 feet south and 1,537 feet west from the NE corner DLC 52.	
Well 1	☐ Authorized ☐ Proposed	BENT 4678	12	S	4	w	6	NW	SE	DLC 52	1,395 feet south and 1,990 feet west from the NE corner DLC 52.	
Well 2	☐ Authorized ☐ Proposed	BENT 4675	12	S	4	w	6	NE	SE	DLC 52	1,655 feet south and 1,525 feet west from the NE corner DLC 52.	
Well 3	☐ Authorized ☐ Proposed	LINN 10536	12	S	4	W	6	sw	SE	DLC 52	1,055 feet north and 1,715 feet west from the SE corner Section 6.	
Well 4	☐ Authorized ☐ Proposed	LINN 54464	12	S	4	W	6	sw	SE	DLC 52	1,215 feet north and 1,870 feet west from the SE corner Section 6.	

Check all ty parentheses)		osed below	(modification "CODES" are provided in
☐ Plac	ce of Use (POU)	$\boxtimes$	Point of Appropriation (well) (POA)
☐ Cha	racter of Use (USE)		Additional Point of Appropriation (APOA)
Will all of th	e proposed changes affect the	e entire Gro	undwater registration?
⊠ Yes	Complete only the proposed "CODES" listed above to des		section of Table 2 on the next page. Use the oposed changes.
☐ No	Complete all of Table 2 to de	escribe the po	ortion of the registration to be changed.

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Please use and attach additional pages of Table 2 as needed. See page 5 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer

#### Table 2. Description of Modifications to Registration GR-2993 (Certificate # GR-2802)

List only the part of the registration that will be modified. For the acreage in each 1/4 1/4, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration that will be changed.						Proposed Changes (see		7	Γhe	list	ing a			appear		ER PR	n" lands) OPOSED	CHANGI	ES				
Twp	Rng	Sec	1/4 1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)	Tw	/p	Rr	ıg	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date
			ess in the total advance in the same							POA	12	s	4	w	6	sw	NE	2100	DLC 52	8.0	IR	Wells 1, 2, 3, and 4	12-31- 38
										POA	12	s	4	w	6	SE	NE	2100	DLC 52	5.0	IR	Wells 1, 2, 3, and 4	12-31- 38
										POA	12	s	4	w	6	NE	SE	2100	DLC 52	13.3	IR	Wells 1, 2, 3, and 4	12-31- 38
				100																			
			1										W.										
					17.3																		
			TOTA	L ACI	RES					Commission in the section							TOTA	L AC	RES	26.3		***************************************	

Additional remarks: Authorized well is located in a different location (Proposed Well 2) than what is described in GR-2993.

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OWRD Groundwater Registration Modification - Page 6 of 7

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DocuSign Envelope ID: 12ED3B88-39F9-4C31-BA59

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Revised 02/11/2019

# Groundwater Registration # GR-2993 (Certificate # GR-2802) For a modification in place of use or character of use: - NA

Are there other water right certificates, water use permits, or Groundwater registrations associated with the "from" or "to" lands?  $\square$  Yes  $\square$  No  $\boxtimes$  NA

If YES, list the other certificate, water use permit, or other Groundwater registration numbers: **NA** 

Pursuant to OAR 690-382-0200, any "layered" water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the "to" lands must be filed separately with a Groundwater registration modification.

# For modifications in point(s) of appropriation (well(s) or additional point(s) of appropriation:

Well log(s) are attached for each well that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: <a href="http://apps.wrd.state.or.us/apps/gw/well\_log/">http://apps.wrd.state.or.us/apps/gw/well\_log/</a>)

#### AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

## Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your modification application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalf, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right		
Authorized Well	No	NA	This well was not constructed in the described location – See Proposed Well 2									
Well 1	Yes	BENT 4678				See we	ll log BENT	4678				
Well 2	Yes	BENT 4675				See we	ll log BENT	4675	i i			
Well 3	Yes	LINN 10536		See well log LINN 10536								
Well 4	Yes	LINN 54464	See well log LINN 54464									

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Groundwater Registration Modification - Page 7 of 7

**OWRD** 

The original and first copy of this report are to be filed with the

# WATER WELL REFUR

# STATE OF OREGON

(Do not write above this line)

10530

State Well No. 100/400 /

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

Please type or print)

36 Sta

State Permit No. 6-8586

(1) OWNER:	(10) LOCATION OF WELL:	
Name USDA, Science & ED. Admin., Ag. Research	County Linn Driller's well number	
Address 1333 Broadway-Suito 400	14 14 Section 6 T. 120 R. 4V	W.M
Calcland, Ca. 94612	Bearing and distance from section or subdivision corner	
(2) TYPE OF WORK (check):	approx. 300ft. east of existing 8" well	
New Well ∏ Deepening □ Reconditioning □ Abandon □		
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed well.	
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 10	f
Rotary Driven Domestic Industrial Municipal		29-8
Cable Jetted   Irrigation Test Well   Other	Artesian pressure lbs. per square inch. Date	
'5) CASING INSTALLED: Threaded □ Welded ☐ 10 "Diam from 1'2" ■ to 24'3" ■ Gage •365	(12) WELL LOG: Diameter of well below casing	
" Diam. from ft. to ft. Gage ft. to ft. Gage ft. to ft. Gage ft. to ft. Gage ft. Gag	Formation: Describe color, texture, grain size and structure of mand show thickness and nature of each stratum and aquifer pen	aterials
	with at least one entry for each change of formation. Report each ch	nange in
3) PERFORATIONS: Perforated?   Yes No.	position of Static Water Level and indicate principal water-bearing	; strata
rype of perforator used	MATERIAL From To	swl
Size of perforations in. by in.	mopsoil, Brown 0 6"	
perforations from	Sandy Loam, with medcoarse	
perforations from ft. to ft.	gravel, Brown 6" 3"	
perforations from ft. to ft.	Sand & gravel, coarse, Brown  loosely comented, dry 3 16	
(7) SCREENS: Well screen installed?  Yes  No	Sand & gravel, modcoarse,	
Manufacturer's Name Johnson  Type Materment-Stainless Steel 1 No.  Diam 8"ps Slot size 125 Set from 24 ft. to 34 4" ft.	Brown, some wood,	
Type Watermark-Ctainless Stock al No.	first water at 19' 16 21	
Diam. Clos Slot size • 125 Set from 24.5 ft. to 24.4 ft.	Cand & gravel , Very coarse,	
Diam. Slot size Set from ft. to ft.	cobbles to 4" dia., Greenish	
(8) WELL TESTS: Drawdown is amount water level is	brown, loose 21 34.5	
lowered below static level	Clay, Gray & Brown 34.5 36	
Was a pump test made? MYes No If yes, by whom? Drill Cont.		
1 d: 489 gal./min. with 1 4" ft. drawdown after 6 hrs.	Screen assembly;  1'4" - Riser pipe & Packer	
" " "	10'3" - Screen area	
" See attached pump test data "	1'6" - Tail Pine	
Bailer test none gal./min. with ft. drawdown after hrs.	Berger on the back and gas	
sian flow g.p.m.	13'4" Total length, Top of assembly: 22'	6"
nperature of water Depth artesian flow encountered ft.	Work started 5-7 19 80 completed 5-29	19 80
(9) CONSTRUCTION:		19 80
(9) CONSTRUCTION:  Well seal—Material used Noat Coment  Well sealed from land surface to 18	Drilling Machine Operator's Certification:	
Diameter of well bore to bottom of seal 1/ in.  Diameter of well bore below seal 10 in.  Number of sacks of cement used in well seal 21 sacks	This well was constructed under my direct supervised and information reported above are true best knowledge and belief.  [Signed]	to my
How was cement grout placed? Crout was mixed and pumped to bottom of 14" annulus through a	Drilling Machine Operator's License No. 1152	••••••
1" tremie pipe.	Water Well Contractor's Certification:	
Was a drive shoe used? X Yes □ No Plugs Size: location ft.	This well was drilled under my jurisdiction and this rep true to the best of my knowledge and belief.	ort is
Did any strata contain unusable water?   Yes X No	Name Vic Todd Well Drilling Inc. (Person, firm or corporation) (Type or print)	••••••
Type of water? depth of strata	Address 523 SE 38th Av., Albany, Or. 97321	
Method of sealing strata off	11:617:100	
Was well gravel packed? Tyes YNo Size of gravel:	[Signed](Water Well Contractor)	
Gravel placed from ft. to ft.	Contractor's License No. 678 Date 2. 5530	1980
(TICE ADDITIONAL CIT	10 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	

#### STATE ENGINEER Salem, Oregon

# Well Record GONT STATE WELL NO. 12/1W-6K COUNTY Benton APPLICATION NO. GR-2993

		APPLICAT	NO. MO	Un-2722
OWNER: Oregon State College				
LOCATION OF WELL: Owner's No. #2	CITY AND STATE:			
NW 1/4 SE 1/4 Sec. 6 T. 12 S., R. 14 W.,	W.M.		. 1	1
Bearing and distance from section or subdivision				1
corner 1537' W. 1815' S. of James Robinett	e			1
D.L.C. 52				
				-
			!	1
Altitude at well				-
TYPE OF WELL:drilled Date Constructed	••••••			
Depth drilled Depth cased 31+		Section		
CASING RECORD:		THE STATE OF THE S		
10-inch				
		RECEIV	Fig	
FINISH:				
		DEC 182	.019	
		OWR		
AQUIFERS:				
WATER LEVEL:				
17-feet				
PUMPING EQUIPMENT: Type Pacific Centric Capacity G.P.M.	ifugal		Н.Р	7.5
WELL TESTS:				
Drawdown ft. after				
Drawdown ft. after	hours			G.P.M.
USE OF WATER Irrigation	Temp	F		10
USE OF WATER Irrigation SOURCE OF INFORMATION GR-2802			•••••••••••••	17
DRILLER or DIGGERADDITIONAL DATA:				
Log Water Level Measurements	Chemical Ana	lysis A	Aquifer Test	
REMARKS:				

#### LINN 54464 STATE OF OREGON WELL I.D. # L 49893 WATER SUPPLY WELL REPORT START CARD # 127160 (as required by ORS 537.765) Instructions for completing this report are on the last page of this form. (9) LOCATION OF WELL by legal description: Well Number \_ (1) LAND OWNER County Linn OSU Horticulture \_\_Latitude \_\_\_ Longitude \_ Name Address 4017 Als N or S Range Township\_ \_E or W. WM. SE MMZip 97331 City Corvallis 1/4 Tax Lot 2100 Lot (2) TYPE OF WORK \_Block Subdivision ▼ New Well □ Deepening □ Alteration (repair/recondition) □ Abandonment Street Address of Well (or nearest address) 33329 Peoria Rd- Corvallis (3) DRILL METHOD: (10) STATIC WATER LEVEL: 18 ft. below land surfa ☐ Rotary Air ☐ Rotary Mud 【 Cable ☐ Auger \_\_\_ ft. below land surface. Date 8-31 Other Artesian pressure \_\_\_\_\_lb. per square inch Date (4) PROPOSED USE: ☐ Domestic ☐ Community ☐ Industrial 🗶 Irrigation (11) WATER BEARING ZONES: ☐ Thermal ☐ Injection ☐ Livestock ☐ Other. 20 Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well Lost From **Estimated Flow Rate** SWL Explosives used Yes X No Type \_Amount \_ 20' 40. 18. 130 gpm HOLE SEAL Material From To Sacks or pounds Diameter From XX 0 18 16" 18 9sacks cement 12" 18' 40' (12) WELL LOG: $\Box A$ $\square$ B X C DD DE How was seal placed: Method Ground Elevation. Other Material From To SWL Backfill placed from \_ ft. to\_ Material Top soil 0 ft. Size of gravel Gravel placed from ft. to 8 Loam (6) CASING/LINER: Welded To Gauge Steel Plastic Threaded Sandy clay & 20 gravel Casing: 12" X 18 Brown sand & grave 32 40 Blue clay Liner: Drive Shoe used ☐ Inside X Outside ☐ None Final location of shoe(s)\_ 34'06" (7) PERFORATIONS/SCREENS: Method Acetylene torch X Perforations ☐ Screens Material Tele/pipe Number Diameter Casing Liner From To size SEP 1 4 2001 24. 12" 34. X 100 WATER RESOURCES DEPT. 06" SALEM, OREGON 8-23-01 8-31-01 Completed Date started (8) WELL TESTS: Minimum testing time is 1 hour Flowing (unbonded) Water Well Constructor Certification: ☐ Pump X Bailer □ Air Artesian I certify that the work I performed on the construction, alteration, or abandon-Drawdown Drill stem at Time Yield gal/min

I certify that the work I performed on the construction, 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.

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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

Signed Marker WWC Number 1378

Date 9-7-01

☐ Yes By whom \_

\_\_Depth Artesian Flow Found

. 06"

Did any strata contain water not suitable for intended use?

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_

130gpm

Depth of strata:

Temperature of water \_\_\_\_55

Was a water analysis done?

1 hr

☐ Too little

### STATE ENGINEER Salem, Oregon

# Well Record Benk STATE WELL NO. 12/4W-6K COUNTY BENTON APPLICATION NO. GR-2992

OWNER: Oregon State College	MAILING ADDRESS:	Corvallis,	
	CITY AND	Oregon	
LOCATION OF WELL: Owner's No.  NW 1/4 SE 1/4 Sec. 6 T. 12 S., R. 4 W.,  Bearing and distance from section or subdivision  corner 2025 W. 1550 S. of James Robinette  Altitude at well  TYPE OF WELL: Drilled Date Constructed	W.M. 52		
Depth drilled 34 Depth cased 34 CASING RECORD:		Section	
10-inch		RECEIVED	
FINISH:		DEC 1 8 2019	
AQUIFERS:		OWRD	-
WATER LEVEL: 16-feet			
PUMPING EQUIPMENT: Type Gardne Capacity 120 at 130 G.P.M.	er Denver Ce	trifugal H.P	.5
WELL TESTS: Drawdown ft. after ft. after ft. after			
USE OF WATER Irrigation SOURCE OF INFORMATION GR-2801			
DRILLER or DIGGER ADDITIONAL DATA: Log			



# Banner Document # I

Send form directly to Business Center

_		13298505		
Pay	mer	IL	NEY	ucsi

Note to Vendor:	ote to Vendor: Banner Check Date:			ck Date:	
Payment is enclosed for the following	owing please do not invoice		Selected Inv	oice #: GR-2993	
Ship To: Oregon State Univers		Attn:		Da	te 09/30/2019
Dept:	,	Address			
City:		State:		Zip:	
Phone:	Fax:	Email:			
Note to Oregon State University		Linaii.			
	s mailed with payment* - Include the	documents to h	ne attached in Nolii us	ing the "Invoice - CTA" doc t	tyne
☐ Pickup - Hold check for Pickup*		documents to t	Phone: 7-59		.,pc.
	erate a manual check payment - Th	o Direct Deposit			- ng invoice entry
*NOTE: Special Check Handling Rec	3070 7	ie Direct Deposi	t Override box must b	e checked on FAAIIIVE duni	ig invoice entry.
Vendor Information - As it appear					
Name: OR Water Resources Depa			Vendor Nun	nber: 932-109-926	
Address: 752 Summer Street NE Su					
City: Salem		State:	Oregon	Zip: 973	301-1266
Phone: 503-986-0926	Fax:	– Email:			
Business / Refund Purpose (be spec					
Complete the following for Posta Description of Purchase	ge and Supply Orders, Members	ships, Subsc	riptions, etc. Quantity	Unit Price	Total
Groundwater Registration Modification - correct location of well			1	\$1250.00\$	1,250.00
				\$	
				\$	
				\$	
		Sh	inning & Special	Handling Charges \$	
		51	iippiiig a special	Check Total \$	1,250.00
Index Code	Account Code	A	ctivity Code	Am	ount
AGA510	24704	AC2U		\$	1,250.00
				\$	
				\$	
				\$	
				\$	
Contact Name: Trisha Squires				-	7-5915 CEIVED
Prepared By (If different from above):				Phone: RE	CEIVED
Departmental Approval I certify that the expense(s) itemize	d above has been reviewed and is	an accurate,	allowable, and ap	opropriate expenditure	e. 1 3 2019
ICIZ MICHILLINA DUTT PER PROPERTY IOLICA	to approve the above expense(s).				
Signature: William Boggess			Date: 11/14/20	19   15:27:16 PS	74110
Printed Name: wfffffffffffffffffgges	SS		Title: Excutive	Associate Dean	Pavisad 11/07/2011