



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.

Check all included with this application (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- 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).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Groundwater registration modification fees – Amount enclosed: \$ **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 **not** the registration certificate holder of record. The Request for Assignment Form is available at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.
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.
- 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):

- | | |
|--|--|
| <input type="checkbox"/> Application fee not enclosed/insufficient | <input type="checkbox"/> Map not included or incomplete |
| <input type="checkbox"/> Land Use Form not enclosed or incomplete | <input type="checkbox"/> Assignment Form and fee not enclosed/insufficient |
| <input type="checkbox"/> Additional signature(s) required | <input type="checkbox"/> Part _____ is incomplete |

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: / /

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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.

- Permanent quality printed with dark ink on good quality paper.
- 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.
- A north arrow, a legend, and scale.
- 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 pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
- Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
- 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.
- 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

Applicant Information

| | | | | |
|---|-------------|--------------|---|------------------------|
| APPLICANT/BUSINESS NAME The State of Oregon, acting by and through the Board of Trustees of Oregon State University | | | PHONE NO. (541) 737-5818 | ADDITIONAL CONTACT NO. |
| ADDRESS 448 Strand Agriculture Hall | | | | FAX NO. |
| CITY Corvallis | STATE OR | ZIP 97331 | E-MAIL Carrie.Burkholder@Oregonstate.edu | |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED. | | | | |

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

| | | | | |
|---|-------------|--------------|-----------------------------|---|
| AGENT/BUSINESS NAME Doann Hamilton/Pacific Hydro-Geology, Inc. | | | PHONE NO. (503) 632-5016 | ADDITIONAL CONTACT NO. (503) 349-6946 (cell) |
| ADDRESS 18487 S. Valley Vista Road | | | | FAX NO. (503) 632-5983 |
| CITY Mulino | STATE OR | ZIP 97042 | E-MAIL phgdmh@gmail.com | |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED. | | | | |

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 existing authorized well, and to add other existing wells to allow us to operate the system as a well field.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

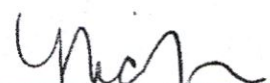
(Check one box)

- 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; **OR**
- 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 condemnation and have attached supporting documentation.

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.




Applicant Signature

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

9/30/19
Date

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TACS

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has been conveyed.*

Check the appropriate box, if applicable:

Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

| | | |
|---------------------------------------|---------|-----|
| IRRIGATION DISTRICT NAME NA | ADDRESS | |
| CITY | STATE | ZIP |

Check here if water for the Groundwater registration is supplied under a water service agreement or other contract with a federal agency or other entity.

| | | |
|--------------------------|---------|-----|
| ENTITY NAME NA | ADDRESS | |
| CITY | STATE | ZIP |

To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

| | | |
|---|-------------------------------------|---------------------|
| ENTITY NAME Benton County Planning Division | ADDRESS 360 SW Avery Ave. | |
| CITY Corvallis | STATE OR | ZIP 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-___) | Twp | | Rng | | Sec | ¼ ¼ | | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|--------------------|---|--|-----|---|-----|---|-----|-----|----|---------------------------|--|
| | | | | | | | | | | | |
| GR-2992 Well | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | NA | 12 | S | 4 | W | 6 | NW | SE | DLC 52 | 1,550 feet south and 2,025 feet west from the NE corner DLC 52. |
| Well 1 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> 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 type(s) of modifications(s) proposed below (modification "CODES" are provided in parentheses):

- Place of Use (POU)
- Point of Appropriation (well) (POA)
- Character of Use (USE)
- Additional Point of Appropriation (APOA)

Will all of the proposed changes affect the entire Groundwater registration?

- Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion 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-2992 (Certificate # GR-2801)

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, 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 "CODES" from previous page) | PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made. | | | | | | | | | | | | |
|--|-----|-----|-----|---------|----------------|-------|-----------------------------------|--------------------------------------|---------------|---|--|-----|------|-----|---------|----------------|-------|-----------------|----------------------------------|---------------|----|----------------------|----------|
| Twp | Rng | Sec | ¼ ¼ | Tax Lot | Gvt Lot or DLC | Acres | Type of USE listed on Certificate | POA(s) (name or number from Table 1) | Priority Date | | Twp | Rng | Sec | ¼ ¼ | Tax Lot | Gvt Lot or DLC | Acres | New Type of USE | POA(s) to be used (from Table 1) | Priority Date | | | |
| | | | | | | | | | | POA | 12 | S | 4 | W | 6 | NW | SE | 2100 | DLC 52 | 16.0 | IR | Wells 1, 2, 3, and 4 | 12-31-38 |
| TOTAL ACRES | | | | | | | TOTAL ACRES | | | | | | 16.0 | | | | | | | | | | |

Additional remarks: Authorized well is located in a different location (Proposed Well 1) than what is described in GR-2992.

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STATE ENGINEER
Salem, Oregon

Well Record

Bent STATE WELL NO. 12/LW-6K
4675 COUNTY Benton
APPLICATION NO. GR-2993

OWNER: Oregon State College MAILING ADDRESS: Corvallis, Oregon

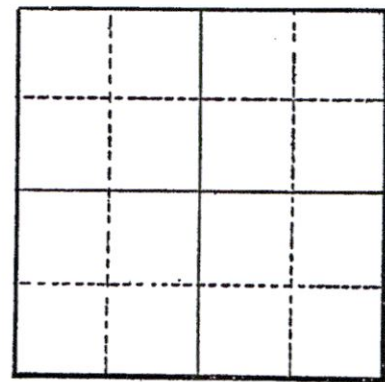
LOCATION OF WELL: Owner's No. #2 CITY AND STATE: _____

NW 1/4 SE 1/4 Sec. 6 T. 12 S., R. 4 W., W.M.

Bearing and distance from section or subdivision corner 1537' W. 1815' S. of James Robinette
D.L.C. 52

Altitude at well _____

TYPE OF WELL: drilled Date Constructed _____
Depth drilled 31 Depth cased 31+



Section _____

CASING RECORD:

10-inch

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FINISH: _____

AQUIFERS: _____

WATER LEVEL:

17-feet

PUMPING EQUIPMENT: Type Pacific Centrifugal H.P. 7.5
Capacity 180 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-2802
DRILLER or DIGGER _____

ADDITIONAL DATA:

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

REMARKS: _____

STATE ENGINEER
Salem, Oregon

Well Record

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

Bent
4678

OWNER: Oregon State College

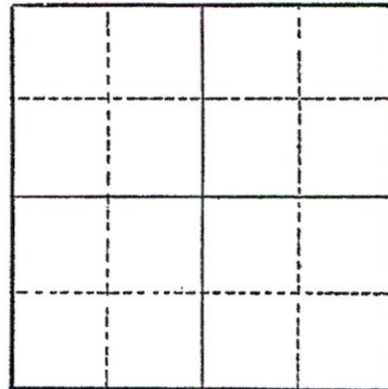
MAILING ADDRESS: Corvallis,

LOCATION OF WELL: Owner's No. _____

CITY AND STATE: Oregon

NW 1/4 SE 1/4 Sec. 6 T. 12 ^{N.} S, R. 4 ^{E.} W., W.M.

Bearing and distance from section or subdivision corner 2025' W. 1550' S. of James Robinette D.L.C. 52



Section _____

Altitude at well _____

TYPE OF WELL: Drilled Date Constructed _____

Depth drilled 34 Depth cased 34

CASING RECORD:

10-inch

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FINISH:

AQUIFERS:

WATER LEVEL:
16-feet

PUMPING EQUIPMENT: Type Gardner Denver Centrifugal H.P. 5
Capacity 120 at 130' 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-2801

DRILLER or DIGGER _____

ADDITIONAL DATA:

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

REMARKS:

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER WELL REPORT LINN 10536

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

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 10536

State Permit No. G-8586

(1) OWNER:

Name USDA, Science & ED. Admin., Ag. Research
Address 1333 Broadway-Suite 400
Oakland, Ca. 94612

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
I Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

10" Diam. from 1'2" to 24'3" Gage .365
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? Yes No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name Johnson
Type Watermark-Stainless Steel
Diam. 8" Slot size .125 Set from 24'3" ft. to 34'4" ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? Drill Cont.
1: 489 gal./min. with 1'4" ft. drawdown after 6 hrs.
" See attached pump test data
Bailer test none gal./min. with ft. drawdown after hrs.
Discharge flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Neat Cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 14 in.
Diameter of well bore below seal 10 in.
Number of sacks of cement used in well seal 21 sacks
How was cement grout placed? Grout was mixed and pumped to bottom of 14" annulus through a 1" tremie pipe.
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Linn Driller's well number
1/4 1/4 Section 6 T. 12s R. 4w W.M.

Bearing and distance from section or subdivision corner
approx. 300ft. east of existing 8" well

(11) WATER LEVEL: Completed well.

Depth at which water was first found 10 ft.
Static level 12'11" ft. below land surface. Date 5-28-80
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 8"
Depth drilled 36 ft. Depth of completed well 35'10" ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

| MATERIAL | From | To | SWL |
|---|------|------|-----|
| Topsoil, Brown | 0 | 6" | |
| Sandy Loam, with med.-coarse gravel, Brown | 6" | 3' | |
| Sand & gravel, coarse, Brown loosely cemented, dry | 3 | 16 | |
| Sand & gravel, med.-coarse, Brown, some wood, first water at 19' | 16 | 21 | |
| Sand & gravel, Very coarse, cobbles to 4" dia., Greenish brown, loose | 21 | 34.5 | |
| Clay, Gray & Brown | 34.5 | 36 | |
| Screen assembly: | | | |
| 1'4" - Riser pipe & Packer | | | |
| 10'3" - Screen area | | | |
| 1'6" - Tail Pipe | | | |

13'4" Total length, Top of assembly: 22'6"
Work started 5-7 19 80 Completed 5-29 19 80
Date well drilling machine moved off of well 5-29 19 80

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Victor J. Todd Date 5-30, 19 80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1152

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Vic. Todd Well Drilling Inc. (Person, firm or corporation) (Type or print)

Address 523 SE 38th Av., Albany, Or. 97321

[Signed] Victor J. Todd (Water Well Contractor)

Contractor's License No. 678 Date 5-30, 19 80

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 49893
 START CARD # 127160

Instructions for completing this report are on the last page of this form.

(1) **LAND OWNER** Well Number _____
 Name OSU Horticulture
 Address 4017 Als
 City Corvallis State OR Zip 97331

(2) **TYPE OF WORK**
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 40 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|------------|------------|------------|---------------|----------|-----------|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| <u>16"</u> | <u>0</u> | <u>18"</u> | <u>cement</u> | <u>0</u> | <u>18</u> | <u>9sacks</u> |
| <u>12"</u> | <u>18'</u> | <u>40'</u> | | | | |

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------------|------------|------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <u>12"</u> | <u>+2'</u> | <u>34'</u> | <u>250</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <u>06"</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Liner: _____
 Drive Shoe used Inside Outside None
 Final location of shoe(s) 34' 06"

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Acetylene torch
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------------|------------|-------------|------------|------------|----------------|-------------------------------------|--------------------------|
| <u>24'</u> | <u>34'</u> | <u>1/2"</u> | <u>100</u> | <u>12"</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <u>06"</u> | <u>x12"</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) **WELL TESTS: Minimum testing time is 1 hour**

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|-------------|---------------|--------------|
| <u>130gpm</u> | <u>.06"</u> | | <u>1 hr</u> |

Pump Bailer Air Flowing Artesian

Temperature of water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Linn Latitude _____ Longitude _____
 Township 12 S N or S Range 4 W E or W. WM.
 Section 6 NW 1/4 SE 1/4
 Tax Lot 2100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3332 Peoria Rd- Corvallis

(10) **STATIC WATER LEVEL:**
18' ft. below land surface. Date 8-31-01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 20'

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>20'</u> | <u>40'</u> | <u>130 gpm</u> | <u>18'</u> |

(12) **WELL LOG:**
 Ground Elevation _____

| Material | From | To | SWL |
|--------------------------------|-----------|-----------|-----------|
| <u>Top soil</u> | <u>0</u> | <u>3</u> | |
| <u>Loam</u> | <u>3</u> | <u>8</u> | |
| <u>Sandy clay & gravel</u> | <u>8</u> | <u>20</u> | |
| <u>Brown sand & gravel</u> | <u>20</u> | <u>32</u> | <u>18</u> |
| <u>Blue clay</u> | <u>32</u> | <u>40</u> | |

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-23-01 Completed 8-31-01

(unbonded) **Water Well Constructor Certification:**
 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.

WWC Number _____
 Signed _____ Date _____

(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.

WWC Number 1378
 Signed Master Wane Date 9-7-01



Payment request

Send form directly to Business Center

Note to Vendor:

Banner Check Date: _____

Payment is enclosed for the following, please do not invoice.

Selected Invoice #: GR-2992 Date 09/30/2019

Ship To: Oregon State University
 Dept: _____
 City: _____
 Phone: _____ Fax: _____

Attn: _____
 Address: _____
 State: _____ Zip: _____
 Email: _____

Note to Oregon State University Business Affairs:

CTA - I wish to have documents mailed with payment* - Include the documents to be attached in Noli using the "Invoice - CTA" doc type.

Pickup - Hold check for Pickup* Name: Trisha Squires Phone: 7-5915

Direct Deposit Override - Generate a manual check payment - The Direct Deposit Override box must be checked on FAAINVE during invoice entry.

*NOTE: Special Check Handling Requires Document Indicator = 1

Vendor Information - As it appears in Banner

Name: OR Water Resources Department Vendor Number: 932-109-926
 Address: 752 Summer Street NE Suite A
 City: Salem State: Oregon Zip: 97301-1266
 Phone: 503-986-0926 Fax: _____ Email: _____

Business / Refund Purpose *(be specific - who, what, when, where, why)*

Payment for Groundwater Registration Modification. Correct the location of the well and add three other existing wells in order to allow irrigation of the authorized place of use by any of the four existing wells on Lewis Brown farm.

Complete the following for Postage and Supply Orders, Memberships, Subscriptions, etc.

| Description of Purchase | Quantity | Unit Price | Total |
|--|----------|------------|--------------------|
| Groundwater Registration Modification - correct location of well | 1 | \$1250.00 | \$ 1,250.00 |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Shipping & Special Handling Charges | | | \$ |
| Check Total | | | \$ 1,250.00 |

| Index Code | Account Code | Activity Code | Amount |
|------------|--------------|---------------|-------------|
| AGA510 | 24704 | AC2U | \$ 1,250.00 |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Contact Name: Trisha Squires Phone: 541-737-5915
 Prepared By *(if different from above):* _____ Phone: _____

Departmental Approval

I certify that the expense(s) itemized above has been reviewed and is an accurate, allowable, and appropriate expenditure. It is within my budgetary authority to approve the above expense(s).

Signature: William Boygess
 Printed Name: William Boygess

Date: 11/14/2019 | 15:27:16 PST
 Title: Excutive Associate Dean

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