



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

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**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: / /

**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.**

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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°).

**Part 3 of 4 – Applicant Information and Signature**

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**Applicant Information**

|   |                    |                     |  |                        |
|---|--------------------|---------------------|--|------------------------|
| APPLICANT/BUSINESS NAME<br><b>The State of Oregon, acting by and through the Board of Trustees of Oregon State University</b>   |                    |                     | PHONE NO.<br><b>(541) 737-5818</b>                 | ADDITIONAL CONTACT NO. |
| ADDRESS<br><b>448 Strand Agriculture Hall</b>   |                    |                     |  | FAX NO.                |
| CITY<br><b>Corvallis</b>  | STATE<br><b>OR</b> | ZIP<br><b>97331</b> | E-MAIL<br><b>Carrie.Burkholder@Oregonstate.edu</b> |                        |
| 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<br><b>Doann Hamilton/Pacific Hydro-Geology, Inc.</b>  |                    |                     | PHONE NO.<br><b>(503) 632-5016</b> | ADDITIONAL CONTACT NO.<br><b>(503) 349-6946 (cell)</b> |
| ADDRESS<br><b>18487 S. Valley Vista Road</b>  |                    |                     |                                    | FAX NO.<br><b>(503) 632-5983</b>                       |
| CITY<br><b>Mulino</b>   | STATE<br><b>OR</b> | ZIP<br><b>97042</b> | E-MAIL<br><b>phgdmh@gmail.com</b>  |  |
| 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 authorized well for this groundwater registration has been abandoned. This application proposes to change the well to 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)

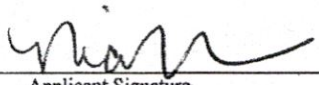
(Check one box)

- 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.**



|  |  |                     |
|--|--|---------------------|
| <br>Applicant Signature | Nicole Neuschwander<br>Director of Leasing and Strategic<br>Real Property Management<br><del>Oregon State University</del> | Date <u>9/30/19</u> |
| _____<br>Applicant Signature   | _____<br>Print Name and title if applicable  | _____<br>Date       |

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.*

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**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<br><b>NA</b> | 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<br><b>NA</b> | 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<br><b>Benton County Planning Division</b> | ADDRESS<br><b>360 SW Avery Ave.</b> |                     |
| CITY<br><b>Corvallis</b>                              | STATE<br><b>OR</b>                  | ZIP<br><b>97333</b> |

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

**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.

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**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-2994 Well       | <input checked="" type="checkbox"/> Authorized<br><input type="checkbox"/> Proposed | BENT 4676                                  | 12 S | 4 W | 6   | NW SE | DLC 52                    | 1,638 feet south and 2,960 feet west from the NE corner DLC 52.    |
| Well 1             | <input type="checkbox"/> Authorized<br><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<br><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<br><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<br><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.

DocuSign Envelope ID: 12ED3B88-39F9-4C31-BA59-EB773666A7B7

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-2994 (Certificate # GR-2803)**

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)<br>The listing that appears in the registration BEFORE PROPOSED CHANGES<br>List only that part or portion of the groundwater registration that will be changed. |     |     |     |     |            |                      |       |   |  |                  | Proposed<br>Changes (see<br>"CODES"<br>from previous<br>page) | PROPOSED (the "to" or "on" lands)<br>The listing as it would appear AFTER PROPOSED CHANGES<br>are made. |     |     |     |     |            |                      |       |                    |   |                  |      |    |                         |         |
|--|-----|-----|-----|-----|------------|----------------------|-------|---|--|------------------|---|---|-----|-----|-----|-----|------------|----------------------|-------|--------------------|---|------------------|------|----|-------------------------|---------|
| Twp  | Rng | Sec | 1/4 | 1/4 | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | Type of USE<br>listed on<br>Certificate | POA(s) (name<br>or number<br>from Table 1) | Priority<br>Date |   | Twp   | Rng | Sec | 1/4 | 1/4 | Tax<br>Lot | Gvt<br>Lot or<br>DLC | Acres | New Type<br>of USE | POA(s) to<br>be used<br>(from Table<br>1) | Priority<br>Date |      |    |                         |         |
| 12   | S   | 4   | W   | 6   | NE         | SW                   | 2100  | DLC<br>52                               | 6.0  | IR               | GR-2994<br>Well   | 4-30-51   | POA | 12  | S   | 4   | W          | 6                    | NE    | SW                 | 2100                                      | DLC<br>52        | 6.0  | IR | Wells 1, 2,<br>3, and 4 | 4-30-51 |
| 12   | S   | 4   | W   | 6   | NW         | SE                   | 2100  | DLC<br>52                               | 16.8                                       | IR               | GR-2994<br>Well   | 4-30-51   | POA | 12  | S   | 4   | W          | 6                    | NW    | SE                 | 2100                                      | DLC<br>52        | 16.8 | IR | Wells 1, 2,<br>3, and 4 | 4-30-51 |
| TOTAL ACRES  |     |     |     |     |            |                      | 22.8  | TOTAL ACRES                             |  |                  |   |   |     |     |     |     |            | 22.8                 |       |                    |   |                  |      |    |                         |         |

Additional remarks: None.

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**Groundwater Registration # GR-2994 (Certificate # GR-2803)**

**For a modification in place of use or character of use:**

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

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

**CERTIFICATE 60433**

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:

[http://apps.wrd.state.or.us/apps/gw/well\\_log/](http://apps.wrd.state.or.us/apps/gw/well_log/))

**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, basalt, etc.) | Well - specific rate (cfs or gpm). If less than full rate of water right |
|---|------------------------------------|---|------------------|-----------------|-------------------------|---------------------------|--|--|---|--|
| Authorized Well                           | Yes                                | BENT 4676                                       |                  |                 |                         |                           |  |  |   | See well log BENT 4676   |
| Well 1                                    | Yes                                | BENT 4678                                       |                  |                 |                         |                           |  |  |   | See well log BENT 4678   |
| Well 2                                    | Yes                                | BENT 4675                                       |                  |                 |                         |                           |  |  |   | See well log BENT 4675   |
| Well 3                                    | Yes                                | LINN 10536                                      |                  |                 |                         |                           |  |  |   | See well log LINN 10536  |
| Well 4                                    | Yes                                | LINN 54464                                      |                  |                 |                         |                           |  |  |   | See well log LINN 54464  |

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

WATER LINN 10536 WATER WELL REPORT

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 [X] Deepening [ ] Reconditioning [ ] Abandon [ ] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [ ] Driven [ ] Cable [X] Jetted [ ] I [ ] Bored [ ]

(4) PROPOSED USE (check):

Domestic [ ] Industrial [ ] Municipal [ ] Irrigation [X] Test Well [ ] Other [ ]

(5) CASING INSTALLED:

10" Diam. from 1'2" to 2'13" Gage .365

(6) PERFORATIONS:

Perforated? [ ] Yes [X] No. Type of perforator used Size of perforations in. by in.

(7) SCREENS:

Well screen installed? [X] Yes [ ] No Manufacturer's Name Johnson Type Watermark-Stainless Steel Diam. 8" Slot size .125 Set from 2'13" to 3'14"

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [X] Yes [ ] No If yes, by whom? Drill Cont. 1: 409 gal./min. with 1'4" ft. drawdown after 6 hrs.

(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" tetric pipe.

(10) LOCATION OF WELL:

County Linn Driller's well number 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 19 ft. Static level 12'11" ft. below land surface. Date 5-29-80 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.

Table with columns: MATERIAL, From, To, SWL. Rows include Topsoil, Sandy Loam, gravel, Sand & gravel, Sand & gravel, Sand & gravel, Clay, Gray & Brown, Screen assembly, 1'4" - Riser pipe & Packer, 10'3" - Screen area, 1'6" - Tail Pipe, 13'4" Total length, Top of assembly: 22'6"

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] Vic Todd Date 5-30, 1980

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. Address 523 SE 38th Av., Albany, Or. 97321 [Signed] Vic Todd Date 5-29, 1980



STATE ENGINEER  
Salem, Oregon

# Well Record

STATE WELL NO. 12/LW-6K

Benton COUNTY

APPLICATION NO. GR-29974

Mailing ADDRESS: Corvallis, Oregon

CITY AND STATE:

LOCATION OF WELL: Owner's No. #3

OWNER: Oregon State College

MAILING ADDRESS:

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

Bearing and distance from section or subdivision

corner 2960' W. 1638' S. of N.E. Corner James

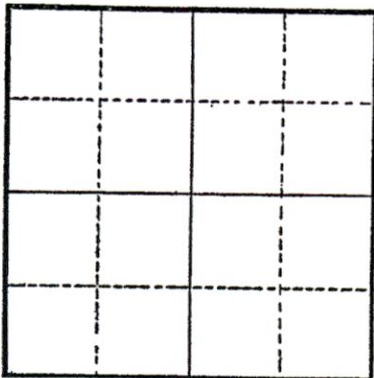
Robnette D.L.C. 52

Altitude at well

TYPE OF WELL: drilled Date Constructed

Depth drilled 35 Depth cased 35

CASING RECORD: 10-inch



Section

FINISH:

AQUIFERS:

WATER LEVEL:

8-feet January 1958 - 17-feet July 1958

PUMPING EQUIPMENT: Type Fairbanks Morse Centrifugal H.P. 7 1/2 Capacity 180 G.P.M.

WELL TESTS:

|          |     |           |       |         |     |        |
|----------|-----|-----------|-------|---------|-----|--------|
| Drawdown | 17  | ft. after | hours | pumping | 175 | G.P.M. |
| Drawdown | 9   | ft. after | hours | pumping | 135 | G.P.M. |
| Drawdown | 3.5 | ft. after | hours | pumping | 67  | G.P.M. |

USE OF WATER Irrigation SOURCE OF INFORMATION GR-2803

DRILLER or DIGGER

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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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          |          |           | Sacks or pounds |
|------------|------------|------------|---------------|----------|-----------|-----------------|
| Diameter   | From       | To         | Material      | From     | To        |                 |
| <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                 |
|--------------------|------------|------------|------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: <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:             |            |            |            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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> |

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) 33329 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 &amp; gravel</u> | <u>8</u>  | <u>20</u> |           |
| <u>Brown sand &amp; 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

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OWRD 13324 -

STATE ENGINEER  
Salem, Oregon

# Well Record

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

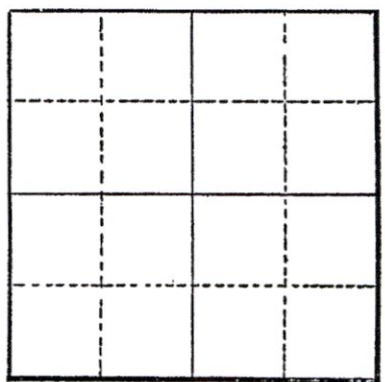
*4678*

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 <sup>N.</sup> S., R. 4 <sup>E.</sup> 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

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:

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OWRD

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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

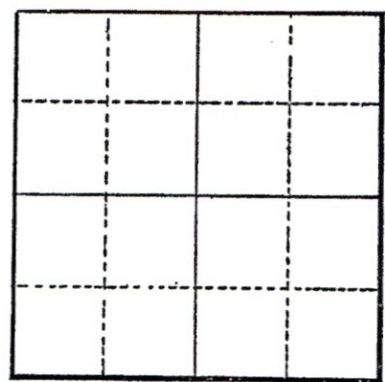
MAILING ADDRESS: Corvallis, Oregon

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



Section \_\_\_\_\_

Altitude at well \_\_\_\_\_

TYPE OF WELL: drilled Date Constructed \_\_\_\_\_

Depth drilled 31 Depth cased 31+

CASING RECORD:

10-inch

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:

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Send form directly to Business Center

**Note to Vendor:**

Banner Check Date: \_\_\_\_\_

Selected Invoice #: GR-2994

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

Ship To: Oregon State University

Attn: \_\_\_\_\_ Date 09/30/2019

Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**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

DEC 13 2019

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.

OWRD

\*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                              |          |            | \$                 |
| <b>Check Total</b>   |          |            | <b>\$ 1,250.00</b> |

| 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 Boggess

Date: 11/14/2019 | 15:27:16 PST

Printed Name: \_\_\_\_\_

William Boggess

Title: Executive Associate Dean

13324