



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.

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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 Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater 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):

___ 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: ___ / ___ / _____

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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 Stauffer Farm Inc. c/o Jeff Bizon		PHONE NO. (503) 476-4712	ADDITIONAL CONTACT NO.
ADDRESS 13851 Stauffer Road NE			FAX NO.
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL
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:
We wish to drill a new well and tie all of our water rights through a common irrigation system to create a well field and allow the use of any of our wells individually or in any combination to irrigate over the entire farm property.

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: Woodburn Independent.

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



 Applicant Signature	<u>Jeff Bizon</u> Print Name and title if applicable	<u>4-29-2020</u> Date
_____ Applicant Signature	_____ Print Name and title if applicable	_____ 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.

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 Marion County Planning Division	ADDRESS 5155 Silverton Road NE	
CITY Salem	STATE Oregon	ZIP 97305

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)
Authorized Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 772	4	S	1	W	26	SW	NW	DLC 52	2,250 feet south and 200 feet east from the NW corner, Section 26.
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 765	4	S	1	W	26	SW	NW	DLC 63	25 feet south and 1,960 feet east from the NW corner, DLC 63. (Referenced in T-1153 as 40 feet south and 2,020 feet east from the NW corner, DLC 63.)
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 63689	4	S	1	W	26	SW	NW	DLC 63	40 feet south and 1,860 feet east from the NW corner, DLC 63. (Referenced in T-1153 as 70 feet south and 1,770 feet east from the NW corner, DLC 63.)
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	ND	4	S	1	W	26	NW	SW	DLC 63	550 feet south and 1,820 feet east from the NW corner, DLC 63.
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	ND	4	S	1	W	26	SE	NW	DLC 63	50 feet south and 2,420 feet east from the NW corner, DLC 63.
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 767	4	S	1	W	26	NW	SW	DLC 63	1,470 feet south and 860 feet east from the NW corner, DLC 63.
Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 764	4	S	1	W	26	SW	SW	DLC 63	220 feet north and 70 feet east from the SW corner, Section 26.
Well 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	4	S	1	W	35	NW	NW	DLC 63	1,030 feet south and 555 feet east from the NW corner, Section 35.
Well 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 1013	4	S	1	W	26	SE	SW	DLC 63	30 feet north and 1,360 feet west from the NW corner, DLC 53.

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Check all type(s) of modifications(s) proposed below (modification “CODES” are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input checked="" type="checkbox"/> 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-785 (Certificate # GR-759)

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		
4	S	1	W 26	SW NW	1100, 1900	See below	14.1	IR	Authorized Well and Authorized Wells 1,2,3,4	3-31-1953	POA, APOA	4	S	1	W 26	SW NW	1900	DLC 63	3.0	IR	Authorized Wells 1,2 and Proposed Wells 3,4,5,6	3-31-1953
4	S	1	W 27	SE NW	100	See below	16.3	IR	Authorized Well and Authorized Wells 1,2,3,4	3-31-1953	POA, APOA	4	S	1	W 26	SW NW	1100	DLC 52	11.1	IR	Authorized Wells 1,2 and Proposed Wells 3,4,5,6	3-31-1953
											POA, APOA	4	S	1	W 27	SE NE	1100	Lot 1	1.1	IR	Authorized Wells 1,2 and Proposed Wells 3,4,5,6	3-31-1953
											POA, APOA	4	S	1	W 27	SE NE	1100	DLC 63	7.1	IR	Authorized Wells 1,2 and Proposed Wells 3,4,5,6	3-31-1953
											POA, APOA	4	S	1	W 27	SE NE	1100	DLC 52	8.1	IR	Authorized Wells 1,2 and Proposed Wells 3,4,5,6	3-31-1953
TOTAL ACRES						30.4	TOTAL ACRES						30.4									

Additional remarks: The place of use for GR 785 was re-described in the Final Order for T-11153 to be consistent with the place of use for layered right certificate 55411 (subsequently modified by transfer T-11152, with confirming certificate 89385), but was not broken out per DLC or Government Lots. The place of use as described in the right side of Table 2, above, reflects the re-described location of GR 785, broken out by DLC and Government Lots.

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Groundwater Registration # GR-785 (Certificate # GR-759)

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 89385

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/)

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.

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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	MARI 772	See Well Log MARI 772								
Authorized Well 1	YES	MARI 765	See Well Log MARI 765								
Authorized Well 2	YES	MARI 63689	See Well Log MARI 63689								
Proposed Well 3	YES	MARI 767	See Well Log MARI 767								
Proposed Well 4	YES	MARI 764	See Well Log MARI 764								
Proposed Well 5	NO	NA	300 feet	16 inch	150	0 to 50 feet	TBD	NA	Alluvium	NA	
Authorized Well 3	NO	Not being drilled									
Authorized Well 4	NO	Not being drilled									
Proposed Well 6	YES	MARI 1013	See Well Log MARI 1013								

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Application for Water Right Transfer

Consent by Deeded Landowner



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

State of Oregon)
County of Marion)

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We Eleanor Will in my/our capacity as owner,

mailing address 13601 Stauffer Rd NE, Hubbard, OR 97032,

telephone number 503-982-9336, duly sworn depose and say that I

consent to the proposed change(s) to Water Right Certificate Number GR-785

described in a Transfer Application (T-NA) submitted by Stauffer Farms Inc.,
(transfer number, if known)

on the property in tax lot number(s) 1900, Section 26, Township 4 South, Range 1 West, W.M.,
located at 13601 Stauffer Rd NE, Hubbard, OR 97032,
(site address)

Eleanor A. Will
Signature of Affiant

June 4, 2019
Date

Signature of Affiant

Date

Subscribed and Sworn to before me this 4th day of June, 2019.



Cynthia Morrow
Notary Public for Oregon

My commission expires 4/17/23.

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STATE OF OREGON
CERTIFICATION OF VITAL RECORD



730810

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2016-035578

I.D. TAG NO.

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
	Ray	Alvin	Will		December 31, 2016
Sex	Age	Social Security Number		County of Death	
Male	81 years	[REDACTED]		Clackamas	
Birthdate	Birthplace		Was Decedent Ever in U.S. Armed Forces?		
June 07, 1935	Oregon City, Oregon		Yes		
Residence			City/Town		
13601 Stauffer Road NE			Hubbard		
Residence County	State or Foreign Country		Zip Code + 4	Inside City Limits?	
Marion	Oregon		97032	No	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage			
Married		Eleanor A. Cotten			
Father's Name			Mother's Name Prior to First Marriage		
Lester Alvin Will			Kathryn Savilla Nofzinger		
Informant's Name		Telephone Number	Relationship to Decedent	Mailing Address	
Eleanor A. Will		Not Available	Spouse	13601 Stauffer Road NE, Hubbard, OR 97032	
Place of Death		Facility Name			
Hospital-Inpatient		Kaiser Sunnyside Medical Center			
Location of Death		City/Town or Location of Death		State	Zip Code + 4
10180 SE Sunnyside Road		Clackamas		Oregon	97015
Method of Disposition		Place of Disposition		Location (City/Town and State)	
Cremation		Salem-Stayton Crematory		Stayton, Oregon	
Name and Complete Address of Funeral Facility					
Hubbard Chapel Inc 2934 H Street, Hubbard, Oregon 97032					
Date of Disposition	Funeral Director's Signature			OR License Number	
January 03, 2017	Terrie L. Davis			FS-0291	
Registrar's Signature		Date Received	Local File Number		
/s/ Sherry L. Olson		January 19, 2017			
Amendment					

45-2CCS (01/06)



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I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

May 21, 2019

DATE ISSUED:

13478 -
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

730807
 I.D. TAG NO.

OREGON HEALTH AUTHORITY
 CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

6825946

1. Legal Name First Roy Middle Edward Last Will			Suffix		2. Death Date December 24, 2016	
3. Sex Male		4. Age 78 years		5. Social Security Number [REDACTED]		6. County of Death Marion
7. Birthdate February 25, 1938		8. Birthplace Oregon City, Oregon			9. Decedent's Education Associate's degree	
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 19318 Highway 99 E NE				14. City/Town Hubbard		
15. Residence County Marion		16. State or Foreign Country Oregon		17. Zip Code + 4 97032		18. Inside City Limits? No
19. Marital Status at Time of Death Married			20. Spouse's Name Prior to First Marriage Gloria Tilton			
21. Usual Occupation Machinist			22. Kind of Business/Industry Fishing			
23. Father's Name Lester Alvin Will			24. Mother's Name Prior to First Marriage Kathryn Sovilla Nofziger			
25. Informant's Name Gloria Will		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 19318 Highway 99E NE, Hubbard, OR 97032		
29. Place of Death Decedent's Residence			30. Facility Name			
31. Location of Death 19318 Highway 99 E NE			32. City/Town or Location of Death Hubbard		33. State Oregon	34. Zip Code + 4 97032
35. Method of Disposition Cremation		36. Place of Disposition Salem-Stayton Crematory			37. Location Stayton, Oregon	
38. Name and Complete Address of Funeral Facility Hubbard Chapel Inc 2934 H Street, Hubbard, Oregon 97032						
39. Date of Disposition December 27, 2016		40. Funeral Director's Signature Terrie L Davis			41. OR License Number FS-0291	42. Registrar's Signature [Signature]
43. Date Received JAN - 5 2017			44. Local File Number 170037			
45. Amendment						

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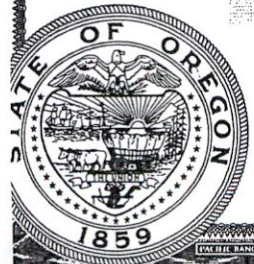
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JAN - 5 2017

JENNIFER A. JOHNSON, Ph.D.
 STATE REGISTRAR

DATE ISSUED: _____

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.



STATE ENGINEER
Salem, Oregon

Well Record

STATE WELL NO. 4/1W-26E(1)
COUNTY Marion
APPLICATION NO. GR-785

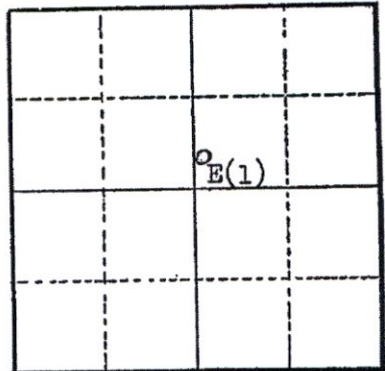
MAR 17 1972

OWNER: Lester Will MAILING ADDRESS: Route 1, Box 38

LOCATION OF WELL: Owner's No. #1 CITY AND STATE: Hubbard, Oregon

SW 1/4 NW 1/4 Sec. 26 T. 4 S., R. 1 W., W.M.

Bearing and distance from section or subdivision corner 2250' S. & 200' E. from NW cor. Sec. 26



Section 26

Altitude at well 178'

TYPE OF WELL: Drilled Date Constructed Apr. '53

Depth drilled 100' Depth cased 100'

CASING RECORD:

10 inch

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FINISH:

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AQUIFERS:

WATER LEVEL:

34 feet

PUMPING EQUIPMENT: Type Turbine H.P. 10
Capacity 250 G.P.M.

WELL TESTS:

Drawdown ft. after hours G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation 32 acres Temp. °F., 19.....

SOURCE OF INFORMATION GR-785

DRILLER or DIGGER J. T. Miller

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the
WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

MAR 1978
765

WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

RECEIVED
MAR 20 1978
WATER RESOURCES DEPT.
SALEM, OREGON

State Well No. 4S/1W-26
State Permit No. G-8085
Appl. G-8771

(1) OWNER:

Name Stauffer Bros.
Address Hubbard, Oregon 97032

(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
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
18" Diam. from 0 ft. to 20 ft. Gage 1/4"
12" Diam. from +2 ft. to 197 ft. Gage 1/4"
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? Yes No.
Type of perforator used Pre-perforated pipe
Size of perforations 1/4 in. by 2 in.
960 perforations from 112 ft. to 132 ft.
480 perforations from 168 ft. to 178 ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level -41'
Was a pump test made? Yes No If yes, by whom? driller
Yield: 700 gal./min. with 35 ft. drawdown after 8 hrs.
1000 " 49 " 8 "
1500 " 60 " 8 "
2000 " 75 " 8 "
Bailer test gal./min. with 75 ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 24 in.
Diameter of well bore below seal 24 in.
Number of sacks of cement used in well seal 30 sacks
How was cement grout placed?
Pressure grout pump

Was a drive shoe used? Yes No Plus 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: 3/4"
Gravel placed from 20 ft. to 197 ft.

(10) LOCATION OF WELL:

County Marian Driller's well number
1/4 Section 26 T.4S R. 1W W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 85 ft.
Static level 41 ft. below land surface. Date 3/14/78
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing
Depth drilled 197 ft. Depth of completed well 197 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
Surface	0	3	
Brown clay	3	44	
Blue clay	44	85	
Red sand & gravel	85	91	
Blue sandy clay	91	99	
Black sand	99	105	
Sand & gravel	105	134	
Blue clay	134	164	
Black sand & gravel	164	179	
Blue clay	179	197	

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Work started Dec 16 1977 Completed Mar. 14 1978
Date well drilling machine moved off of well Mar 17 1978

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] John T. Miller Date Mar 17, 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 26

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 John T. Miller (Person, firm or corporation) (Type or print)
Address 1780 Tomlin Ave. Woodburn, Ore 97071
[Signed] John T. Miller (Water Well Contractor)
Contractor's License No. 273 Date 8 Mar 17, 1978

MARI 63689

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

WELL LABEL # L 105628
 START CARD # 201752

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Stauffer Farms INC.
 Address 13851 Stauffer Rd. NE
 City Hubbard State OR Zip 97032

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 301 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	S
20	0	48	Bentonite	0	48	86	S
16	48	301					

How was seal placed: Method A B C D E
 Other OAR 690-210-0340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 141.75 ft. to 301 ft. Material gravel Size 4/12
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	2	301	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	1	141.75	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 141.75
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method torch
 Screens Type v-wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	142	147.36	.085			
Screen		12	158.69	173	.085			
Perf		12	247.83	252.83	.125	6	112	
Perf		12	265.83	272.83	.125	6	144	
Perf		12	276.83	279.83	.125	6	54	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	77.2		1
600	85.5		3
600	86.2		4

Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MARION Twp 4 S N/S Range 1 W E/W WM
 Sec 26 SW 1/4 of the NW 1/4 Tax Lot 00500
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
19328 Hwy 99E NE Hubbard, OR 97032

(10) STATIC WATER LEVEL Date 05-03-2011 SWL(psi) _____ + SWL(ft) _____
 Existing Well / Predeepening _____
 Completed Well _____ 55
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 94

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-29-2010	94	122	350		49
12-09-2010	143	173	600		55
01-27-2011	252	279	40		55

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay brown silty	1	73
Sand brown fine & silt	73	83
Sand fine & silt gray	83	84
Sand black	84	85
Clay gray & sand	85	89
Clay green sticky	89	94
Sand black	94	111
Sand 60% & gravel to 4"	111	122
Clay green, sand & gravel	122	126
Clay green	126	134
Clay gray silty	134	137
Clay sand & gravel	137	143
Sand black	143	147
Clay green & gray sticky	147	159
Sand black med. fine	159	164
Sand & gravel	164	173
Clay gray	173	177
Clay gray & blue	177	183

Date Started 11-05-2010 Completed 05-03-2011
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1704 Date _____
 Password: (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 783 Date 6/2/11
 Password: (if filing electronically) _____
 Signed Jason Gassen
 Contact Info (optional) Gassen Well Drilling P.O. Box 526 Woodburn, OR 97071

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 SALEM, OREGON
 13478 -

WATER SUPPLY WELL REPORT -
continuation page

START CARD # 201752

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Clay blue sticky	183	193
Clay gray sandy	193	198
Clay dark green silty	198	209
Clay blue-green hard	209	211
Gravel & basalt	211	213
Clay green & gravel	213	219
Clay green sticky	219	224
Clay green hard	224	234
Clay green hard & gravel	234	243
Gravel cemented w/some clay gray	243	244.5
Clay sticky gray	244.5	246
Clay green & gray sticky	246	249
Clay soft green & clay gray sandy, small gravel	249	252
Clay green, gray, brown & gravel	252	254
Clay green, brown, soft	254	258
Clay green, gray, sticky	258	259
Clay gray sticky hard	259	267
Clay green, gray, sticky w/seams of fine black sand	267	270
Clay green sandy & gravel	270	272
Clay gray sticky	272	278
Clay gray, sand & gravel	278	279
Clay blue sticky hard	279	292
Clay black hard	292	299
Clay blue sticky hard	299	301

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Comments/Remarks

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WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name Stauffer Bros.
Address Hubbard, Oregon

(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
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
12" Diam. from 0 ft. to 80 ft. Gage 1/4"
12" Diam. from 0 ft. to 146 ft. Gage 1/4"
Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? Yes No.
of perforator used Millknife
Size of perforations 3/8 in. by 5 in.
360 perforations from 104 ft. to 130 ft.
perforations from ft. to ft.
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 _____ Model No. _____
Type _____
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

Static level 49 ft. below land surface Date 7/15/70
lan pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If Yes, by whom? driller
Yield: 1050 gal./min. with 25 ft. drawdown after 4 hrs.
1700 " 49 " 4 "
Baller test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Well Gel Bentonite
Depth of seal 80 ft.
Diameter of well bore to bottom of seal 25 in.
Were any loose strata cemented off? Yes No Depth
Was a drive shoe used? Yes No
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: 3/4-round
Gravel placed from 70 ft. to 146 ft.

(11) LOCATION OF WELL:

County Marian Driller's well number
1/4 Section 26 T. 4S R. 1W W.M.
Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing _____
Depth drilled 146 ft. Depth of completed well 146 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 as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Surface	0	3	
Brown sandy clay	3	45	
Blue sandy clay	45	81	
Broken sand & gravel	81	86	
Blue sandy clay	86	89	
Sand	89	102	
Sand & gravel	102	139	
Blueclay	139	146	

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Work started June 10 1970 Completed July 15 1970
Date well drilling machine moved off of well July 15 1970

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] John T. Miller Date July 20, 1970
(Drilling Machine Operator)
Drilling Machine Operator's License No. 26

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 John Truman Miller (Type or print)
Address P.O. Box 342 Hubbard, Oregon
[Signed] John T. Miller (Water Well Contractor)
Contractor's License No. 277 Date July 20, 1970

MARI 1013

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

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WATER WELL REPORT
JUL 14 1965
STATE OF OREGON
(Please type or print)
SALEM OREGON

State Well No. 4/1W-36 35 C
State Permit No. G-3722

(1) OWNER:
Name Stauffer Bros.
Address Hubbard, Oregon

(2) LOCATION OF WELL:
County Marian Driller's well number
1/4 Section 26 T. 4S R. 1W W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED: Threaded Welded
12 " Diam. from 0 ft. to 120 ft. Gage 1/4"
8 " Diam. from 0 ft. to 80 ft. Gage 1/4"
" Diam. from " ft. to " ft. Gage "

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used Millknife
Size of perforations 1/2 in. by 2 1/2 in.
315 perforations from 83 ft. to 112 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(8) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:
Well seal—Material used in seal Puddled mud
Depth of seal 18 ft. Was a packer used? no
Diameter of well bore to bottom of seal 24 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel: 1/4
Gravel placed from 80 ft. to 105 ft.
Did any strata contain unusuable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 34 ft. below land surface Date 7/2/65
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? driller
Yield: 400 gal./min. with 81 ft. drawdown after 6 hrs.
" 250 " " 51 " " 6 "
" " " " " "
Baller test gal./min. with " ft. drawdown after " hrs.
Artesian flow g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well below casing 12
Depth drilled 136 ft. Depth of completed well 136 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Surface	0	3
Brown sandy clay	3	43
Blue sandy clay	43	82
Broken sand and gravel	82	86
Blue sandy clay	86	92
Red sand	92	97
Black sand	97	102
Broken gravel	102	112
Blue clay	112	136

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Work started June 2 19 65 Completed July 2 19 65
Date well drilling machine moved off of well July 2 19 65

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

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 John Truman Miller
(Person, firm or corporation) (Type or print)
Address P O Box 42 Hubbard, Oregon

Drilling Machine Operator's License No. 277
[Signed] John T. Miller
(Water Well Contractor)
Contractor's License No. 26 Date July 10 19 65