



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).

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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: ____/____/____

OWRD 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°).

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Oregon State University College of Agricultural Sciences c/o Carrie Burkholder		PHONE NO. (541) 737-5818	ADDITIONAL CONTACT NO.
ADDRESS 448 Strand Agriculture Hall			FAX NO.
CITY Corvallis	STATE OR	ZIP 97331	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 Mullno	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 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.




 Applicant Signature

Nicole Neuschwander
 Director of Leasing and Strategic
 Real Property Management

10/27/2020
 Date

 Applicant Signature

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

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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-2994 Well	<input checked="" type="checkbox"/> Authorized <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 <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	NA	12	S	4	W	6	SW	SE	DLC 52	1,065 feet north and 1,730 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.

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

Additional remarks: None.

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/)

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								Not less than full rate of water right
Well 2	Yes	BENT 4675	See well log BENT 4675								
Well 3	No	NA	50 feet	12 inch	0 to 50	0 to 20	TBD	NA	Alluvial		
Well 4	Yes	LINN 54464	See well log LINN 54464								

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OWRD 3559

Land Use Information Form



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

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Applicant(s): Oregon State University College of Agricultural Sciences c/o Carrie Burkholder

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Mailing Address: 448 Strand Agriculture Hall

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City: Corvallis

State: OR

Zip Code: 97331

Daytime Phone: (541) 737-5818

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>12S</u>	<u>4W</u>	<u>6</u>	_____	<u>2100</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>IR</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Linn County

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B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 180 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-Municipal Instream Other _____

Briefly describe:

This Land Use Information Form is to accompany a Groundwater Registration Modification that proposes to remove the existing well and add new wells to Groundwater Registration GR-2994.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): LCC 928.310(B)(1 and 2)

Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

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Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Farming and irrigation are outright uses in the EFU zoning district pursuant to LCC 928.310(B)(1 and 2).

Name: Alyssa Schrems Title: Assistant Planner
Signature: Alyssa Schrems Phone: 541-967-3816 Date: 11/22/19
Government Entity: Linn County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: _____
City or County: _____ Staff contact: _____
Signature: _____ Phone: _____ Date: _____

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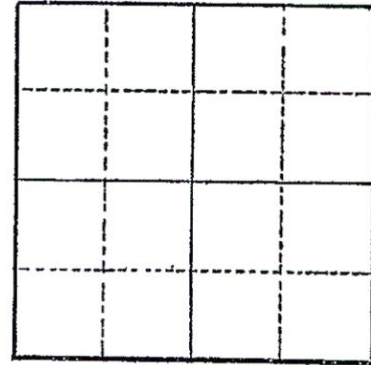
STATE ENGINEER
Salem, Oregon

Well Record *Bent* STATE WELL NO. 12/LW-6K
COUNTY Benton
4676 APPLICATION NO. GR-2994

OWNER: Oregon State College MAILING ADDRESS: Corvallis, Oregon

LOCATION OF WELL: Owner's No. #3 CITY AND STATE: _____

NW 1/4 SE 1/4 Sec. 6 T. 12 S., R. 14 W., W.M.
Bearing and distance from section or subdivision
corner 2960' W. 1638' S. of N.E. Corner James
Robinette D.L.C. 52



Section _____

Altitude at well _____

TYPE OF WELL: drilled Date Constructed _____

Depth drilled 35 Depth cased 35

CASING RECORD:

10-inch

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 Temp. _____ °F., 19_____

SOURCE OF INFORMATION GR-2803

DRILLER or DIGGER _____

ADDITIONAL DATA:

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

REMARKS:

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STATE ENGINEER
Salem, Oregon

Well Record *Bent*
4678

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

OWNER: *Oregon State College*

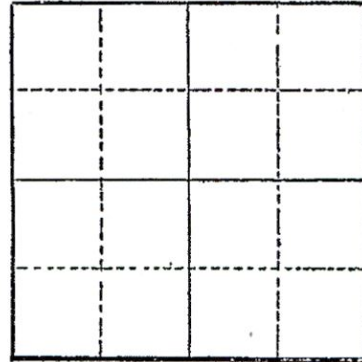
MAILING ADDRESS: *Corvallis,*

LOCATION OF WELL: Owner's No. _____

CITY AND STATE: *Oregon*

NW *1/4* SE *1/4* Sec. *6* T. *12* N. *4* 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

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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STATE ENGINEER
Salem, Oregon

Well Record

Bent STATE WELL NO. 12/4W-6K
4675 COUNTY Benton
APPLICATION NO. GR-2993

OWNER: Oregon State College

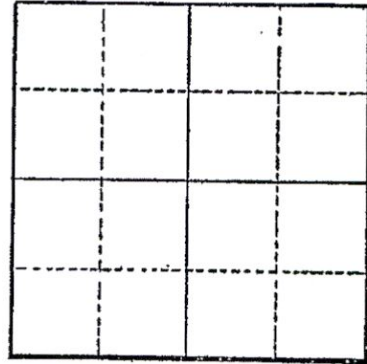
MAILING ADDRESS: Corvallis, Oregon

LOCATION OF WELL: Owner's No. #2

CITY AND STATE:

NW 1/4 SE 1/4 Sec. 6 T. 12 N. 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

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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			
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
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" x 12"</u>				<input type="checkbox"/>	<input type="checkbox"/>

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

	Flowing		
<input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Artesian	<input type="checkbox"/>		
Yield gal/min	Drawdown	Drill stem at	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
Top soil	0	3	
Loam	3	8	
Sandy clay & gravel	8	20	
Brown sand & gravel	20	32	18
Blue clay	32	40	

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 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 Martin Wane Date 9-7-01

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