

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

Application for Permit Amendment

Part 1 of 5 - Minimum Requirements Checklist

This permit amendment application will be returned if Parts 1 through 5 and all required attachments are not completed and included.

		For questions, please call (503) 986-0900, and ask for Transfer Section.	RECEIVE
Che	ck all it	tems included with this application. ($N/A = Not Applicable$)	
\times		Part 1 - Completed Minimum Requirements Checklist.	MAR 02 202
\boxtimes		Part 2 – Completed Application Map Checklist.	OWRD
\boxtimes		Part 3 – Application Fee, payable by check to the Oregon Water Resources Department completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator . If you have questions, call of Service at (503) 986-0801.	
\times		Part 4 – Completed Applicant Information and Signature.	
\boxtimes		Part 5 – Information about Permits to be Amended: Number of permits to be amended: List the Permits here: G-18372 (Application G-18503) Please include a separate Part 5 for each permit. (See instructions on page 6)	ded: <u>1</u>
\boxtimes		Completed Permit Amendment Application Map (Does not have to be prepared by a Water Right Examiner).	Certified
	N/A	Request for Assignment Form and statutory fee. The request for assignment form hat completed if the applicant is not the permit holder of record and needs to be assigned permit; or the landowner of the proposed place of use is not the permit holder of record needs to be assigned to the permit (the Request for Assignment Form is available onl https://www.oregon.gov/OWRD/Forms/Pages/default.aspx). Assignment is not needed applicant is the permit holder of record.	to the ord and ine at
	N/A	Affidavit(s) of Consent are required from all permit holder(s) of record if the permit to the applicant or other permit holders of record that are not listed as applicants.	is not assigned
\boxtimes	N/A	Oregon Water Resources Department's Land Use Information Form with approval ar (or signed land use form receipt stub) from each local land use authority in which wa diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, an only on federal lands or if all of the following apply: a) a change in place of use only structural changes, c) the use of water is for irrigation only, and d) the use is located virrigation district or an exclusive farm use zone.	ter is to be d/or used , b) no
\boxtimes	□ N/A	Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or add point(s) of appropriation.	litional
	N/A	Geologist Report for a change from a surface water point of diversion to a ground wa appropriation (well), if the proposed well is more than 500 feet from the surface water more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.)	er source and
		(For Staff Use Only)	
		WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): Application fee not enclosed/insufficient Land Use Form not enclosed or incomplete Map not included or incomplete	
		Additional signature(s) required Part is incomplete Other/Explanation	
		Staff: 503-986-0 Date: / /	1

Your permit amendment 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 <u>not</u> have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

	N/A	If more than three permits are involved, separate maps for each permit.
\boxtimes		Permanent quality printed with dark ink on good quality paper.
\boxtimes		The size of the map can be $8\frac{1}{2}$ x 11 inches, $8\frac{1}{2}$ 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.
\boxtimes		A north arrow, a legend, and scale.
		The scale of the map must be: $1 \text{ inch} = 400 \text{ feet}$, $1 \text{ inch} = 1,320 \text{ feet}$, the scale of the county assessor map if the scale is not smaller than $1 \text{ inch} = 1,320 \text{ feet}$, or a scale that has been preapproved by the Department.
\boxtimes		Township, Range, Section, $\frac{1}{4}$ $\frac{1}{4}$, DLC, Government Lot, and other recognized public land survey lines.
\boxtimes		Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
\boxtimes		Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
\boxtimes		Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
\boxtimes		Existing place of use that includes separate hachuring for each water use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
	⊠ N/A	If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
\boxtimes		Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
\boxtimes	□ N/A	If you are proposing a change in point(s) of diversion or well(s), 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°).

	FEE WORKSHEET for PERMIT AMENDMENT		
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
	Types of change proposed:	RECE	IVED
	I Di CII		
	Point of Diversion/Appropriation	MAK. U	2 2021
	Number of above boxes checked = $\frac{1(2a)}{}$	OVA	
	Subtract 1 from the number in line $2a = 0$ (2b) If only one change, this will be 0	OW	RD
2	Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	0
	Number of permits included in Permit Amendment 1 (3a)		
	Subtract 1 from the number in 3a: 0 (3b) If only one permit this will be 0		
3	Multiply line 3b by \$520 and enter » » » » » » » » » » » » » »	3	0
	Do you propose to add or change a well, or change from a surface water POD		
	to a well?		
	No: enter 0 »» » » » » » » » » » » » » » » » »		
4		4	\$410
	Do you propose to change the place of use?		
	No: enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
	Yes: enter the cfs for the portions of the permits to be amended (see		
	example below*): (5a)		
	Subtract 1.0 from the number in 5a above: (5b)		
	If 5b is 0, enter 0 on line 5 » » » » » » » » » » » » » » » » » »		
5	If 5b is greater than 0, round up to the nearest whole number:(5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » »	5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » Subtotal:	6	\$1,570
	Is this permit amendment:		\$1,570
	necessary to complete a project funded by the Oregon Watershed		
	Enhancement Board (OWEB) under ORS 541.932?		
	endorsed in writing by ODFW as a change that will result in a net		
	benefit to fish and wildlife habitat?		
	If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 »		
7	If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » » »	7	0
8	Subtract line 7 from line 6 » » » » » » » » Permit Amendment Fee:	8	\$1,570

- *Example for Line 5a calculation to transfer 45.0 acres of Primary Permit S-12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Permit S-87654 (1/80 cfs per acre) on the same land:
- 1. For irrigation calculate cfs for each permit involved as follows:
 - a. Divide total authorized cfs by total acres in the permit (for S-12345, 1.25 cfs \div 100 ac); then multiply by the number of acres to be changed to get the application cfs (x 45 ac = 0.56 cfs).
 - b. If the water right permit does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). (For S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)
- 2. Add cfs for the portions of permits on all the land included in the application; however do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land. The fee should be assessed only once for each "on the ground" acre included in the application. (In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.							
Benjamin Verhoeven & K	athryn E. Weel	ks	(541) 753-8519)							
ADDRESS	FAX NO.										
32277 Peoria Road SW											
CITY	STATE	ZIP	E-MAIL								
Albany	OR	97321	benv@peoriagarde	ens.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.											

Agent Info	ormation – The ag	ent is auth	orized to represent	the applicant in all 1	matters relating to this application	on.				
AGENT/BUSI	NESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.					
Steven L. S	hropshire Jorda	n Ramis P	C	(541) 647-2979						
ADDRESS					FAX NO.					
360 SW Bo	nd Street, #510									
CITY		STATE	ZIP	E-MAIL						
Bend		OR	97702	steve.shropshire@je						
		,			ORRESPONDENCE FROM THE TS WILL ALSO BE MAILED.	_				
	questing authoriza				rmit amendment; and why: te our nursery and irrigation					
If you need	additional space, cont	inue on a se	eparate piece of pape	er and attach to the app	lication as "Attachment 1".					
Act. (Federal stimulus de	ollars)			RECEIV	/ED				
Is the app	olicant the permit	holder o	of record? 🖂 Y	es 🔲 No	MAR 02	2021				
If NO.	include either:				OWR					
	A completed assi portion of the per				ment fee), assigning all or a	D				
	An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.									
Has the C	ompletion ("C") Da	ate of the	permit(s) in this a	pplication expired	? ☐ Yes ⊠ No					
If YES,	this application wil	l not be ac	cepted by the Depa	artment.						
If NO,	what are the comple	tion dates	of the permit(s)?	1/14/2025						
w					plication is pending, the Departm n of Time Application is approv					

• You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

Prior to Department approval of the permit amendment, 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 permit 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 newspaper: Corvallis Gazette Times

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

Applicant Signature

cant Signature

Benjamin Verhoeven; Landowner
Print Name (and Title if applicable) Date

te .

2-19-202,

Kathryn E. Weeks; Landowner

Print Name (and Title if applicable)

. Data 2-19-2021

MAR 02 2021

OWRD

	The applicant is responsible for comple continue to be sent to the applicant.	tion of change(s). Notices and	d correspondence should								
[The permit holder(s) of record will be refinal order is issued. Copies of notices a of record.										
Check the appropriate box, if applicable:											
	Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.										
IRRIG NA	ATION DISTRICT NAME	ADDRESS									
CITY		STATE	ZIP								
	Check here if water for any of the permits supplied under a water service agreement or other contract for stored water with a federal agency or other entity.										
ENTIT NA	TY NAME	ADDRESS									
CITY		STATE	ZIP								



Check one of the following:

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 Linn County Planning and Building Department	ADDRESS P.O. Box 100						
CITY	STATE	ZIP					
Albany	OR	97321					

Permit Amendment Application - Page 6 of 10

MAR 02 2021

Please use a separate Part 5 for each permit being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

PERMIT # G-18372

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Authorize	is POD/POA d by the permit or t Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L)	Tv	vp	R	ng	Sec 1/4 1/4		14.14		1/4 1/4		1/4 1/4		(from	a recognized vey corner)
Well 1	⊠ Autho		LINN 10758	12	S	4	w	17	sw	sw	500	ft East f	orth and 550 from SW of Section 17				
Well 3	Well 3 Authorized Proposed			12	S	4	w	17	SE	sw	500	ft East f	orth and 1350 from SW of Section 17				
Well 5	Vell 5 ☐ Authorized ☐ Proposed			12	S	4	w	17	sw	sw	500	ft East f	orth and 460 from SW of Section 17				
Well 6		12	S	4	w	20	NE	NW	500	ft East f	rom NW of Section 20						
Chec	Place	e(s) of change e of Use (POU) t of Diversion (tional Point of	(POD)			char] P] A] S	oint o	f Apponal Po	ropriat	ion/We	n paren ell (POA) priation (und Wat	(APOA)				
Will	all of the	proposed cha	inges affect	the e	ntir	e wa	iter i	ıse pe	rmit?	8							
	Yes	Complete only "CODES" list					200				the nex	t page. U	Jse the RECEIVE				
	No	Complete all	of Table 2 to	desc	ribe	the	porti	on of	the pe	rmit to	be cha	nged.	MAR 02 202				
For a char	ige in pla	ice of use:											OWRD				
oes the p	ermit ho	lder of record	own or con	trol	the	land	ТО	which	n the i	olace o	of use is	being n	noved?				

Does the permit holder of record own or control the land TO which the place of use is being moved?

Yes No NA

If NO, the landowner of the land TO which the place of use is being **moved must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use?

Yes No NA

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544) as determined by the

listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

MAR 02 2021 OWRD

13638

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

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

Table 2. Description of Changes to Water Use Permit # G-18372

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.	Gvt Acres* POD(s) or (if DLC applicable) Gvt Acres* POD(s) or (if used (from DLC applicable) Table 1)		E 15 NW NW 100 1 10.0 POD #5	E 15 SW NW 200 5.0 POD #6	W 17 SW SW 500 - 15.1 N WELLS 1, 5/2/2017	W 17 SE SW 500 14.9 N WELLS 1, 5/5/2017	W 18 SE SE 500 - 0.1 N WELLS 1, 5/2/2017	W 19 NE NE 500 0.0 N WELLS 1, 5/2/2017	W 20 NW NE 500 12.9 N WELLS 1, 5/5/2017	W 20 NW NW 500 - 15.0 N WELLS 1, 5/2/2017	TOTAL ACRES 55.0 N 50.5 I
The	Rng		6	6	4	4	4	4 W	4	4	
	Twp	E	2 S	2 8	12 S	12 S	12 S	12 S	12 S	12 S	
Proposed Changes (see	EXAMPLE	POU/POD	7	APOA	*						
SED iged.	Priority Date										
lands) RE PROPC	POD(s) or POA(s) (name or number from Table		POD #1 POD #2	"							
" or "off" cate BEFO s	Got Acres Lot or (if DLC applicable)		15.0	EXAMPLE							
(the "from" the certific CHANGES	Gvt Lot or DLC			"							S
e S S e	Tax		100	,							TOTAL ACRES
(the the CHA	Ę 3										
IZED (the ars on the CHA	74		NW	3							OTA
HORIZED (the appears on the CHA	7, 7,		NE NW	3							TOTA
AUTHORIZED (the that appears on the CHA	74		15 NE								TOTA
AUTHORIZED (the "from" or "off" lands) isting that appears on the certificate BEFORE PF CHANGES only that part or portion of the water right that will be	% % %		E 15 NE	n n n						1	
AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.	7, 7,		15 NE	, ,						1	POTA POTA

Additional remarks: *N = Nursery Use I = Irrigation Use.

MAR 02 2021 OWRD Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? \square Yes \boxtimes No

If YES, list the other certificate, permit, or ground water registration numbers: NA



If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) 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/Default.aspx)

MAR **0 2** 2021

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 the information will delay the processing of your transfer 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
Well 1	Yes	L-138131	93 ft	10 in	+1 to 43	0 to 18 ft	32 to 42	21 on 7/13/1989	Sand & gravel	*
Well 3	Yes	L-134336	88 ft	8 in	+2 to 60 ft	0 to 19 ft	60 to 79	16 on 6/25/2020	Sand & gravel	*
Well 5	No		90 ft +/-	8 or 10 in	+1 to 50 +/-	0 to 20 ft +/-	50 to 70 +/-		Sand & gravel	*
Well 6	No		90 ft +/-	8 or 10 in	+1 to 50 +/1	0 to 20 ft +/-	50 to 70 +/-		Sand & gravel	*

^{**} Total combined monthly rates for the authorized wells were established as part of the Permit G-18372 processing. These total combined monthly rates would apply to use of any combination of the four wells.

STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)

10758 JUL 2 4 1989 (START CARD)

125/4W	119cc
1 11013	

(1) O Name	WNE		6 Eyes	_		Well N	ımber:	WATE	Was a collection of	N.OF	WELL by l	egal d	escrip	tion:	
Address	27:	332		ein h	2./.				FA.ComBREGO	N I	atitude	,	Longitu	de	,
	HBA		7-200	UM A		Drc.	Zip	97321	Township	12	Nox Range	4		_E or	WМ.
		OF WO	PK.			Bat J's		2704	Section	<u> </u>	5W 4	SK	14		
New		Deep		☐ Recor	adition	П	'Abandon				Bloc				
-		METE		recor	Raition		Abandon		Street Address of	r Well (or	nearest address)			-	
Rota			tary Mud	П	Cable				(10) C/T A /TTC	TTT A PRO					
Othe	10.70.000		ary Muu	Ц	Cable				(10) STATIC			:			
		SED U	JSE:						_2/_					77	3-87
Dom.			nunity	☐ Indus	trial	☐ Irri	gation		The second liver with	THE RESERVE AND ADDRESS.	lb. per squ	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	Date		
☐ Ther		☐ Inject		Other			Sation	-	(11) WATER	BEAF	RING ZONE	S:			
(5) B	ORE	IOLE	CONS	THE RESERVE TO SHARE THE PARTY NAMED IN	White to a real Party live and was	ī:	-		Depth at which water w	vas first fo	ound				
	Constructi	on approve	al Yes	No			leted Well_	43 A	From		То	Estin	nated Flor	w Rate	SWL
Fynlosiss	es used	Yes No		15.					3/		41		100		21
Taplosive		≥ ↓	Type .			Amount									
Diamete	HOLE er From	To	Mate	SE.	AL From	To		mount or pounds							
19	1		Ceme		0	18	and the same	t/							
	+-								(12) WELL LO	OG:	Ground elevati	ion			
10	18	4.3								Materi	al		From	To	SWL
									Top Soll	_			Ø.	1	1
		d: Method	□ A	⊔в	K C	☐ D	□ E		Beown		Lu Clay		1	17	
Other			ft. to						BROWN G	RAVE	L &CIRY		17	18	
			.ft. to			f gravel .			Brown Sh			MCL	18	41	
		/LINI	-	16.	Size 0	graver			Bluc ST	cky	Clay		41	43	
		From		Gauge	Steel 1	Diagtic	Walded	Threaded		-					
Casing:				250	K		K								-
_															-
_		-	-												
_		+	-												
Liner:		-	-								500 Desc 400 mm				
Ti11-											RECEIV	ED			
Final local											1117 000				
(7) PI					NS:						MAR UZ ZI	UZI			
	Perforatio		Method												
Ц :	Screens		Type 🚜	rech			d				OWRD				
From .	To	Slot size	Number	Diame		e/pipe size	Casing	Liner							
		14													
32	42	14x4	300		\perp		1								
			-												
-		+	-		-										
		+	 	-					Date started 7-1	10-8	Comp	leted	7-1	3-6	19
(Q) W/I	et t m	Fama	35: :				<u> </u>		(unbonded) Water	Well Co	nstructor Cer	tification	on:		
(8) WI						me is	1 hour Flowin	10	I certify that th	e work	I performed on	the cor	structio	n, altere	ation, or
□ Pı	ump	□ Ва	iler		lir		Artesia	an	abandonment of this standards. Materials	well is	in compliance	with O	regon w	ell cons	truction
Yield ga	al/min	Draw	down	Dri	ll stem a	ıt	Tin	ne	knowledge and belief.	uscu and	i miormation re	porteu a	nove are	true to	my best
100)			•	73		1 h	r.			-			iber	
						Signed			Da	te					
									(bonded) Water We	ll Const	ructor Certifi	cation:			
Temperatu				Dep		an Flow	Found		I accept respons	ibility fo	or the construct	ion, alte	ration.	r aband	onment
Was a wate				By who			-		work performed on the work performed dur	ring thi	s time is in	complia	nce wit	h Orego	on well
Did any str								- 1	construction standard	ls. This	report is true to	o the be	st of my	knowle	dge and
☐ Saity [Depth of st					Other _				belief.	- A			WC Num		49
Septit OI St	-aud:			-					Signed O		7	Da	te_Z	14-	87_

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) LINN 63135

6/29/2020

WELL I.D. LABEL# L START CARD # ORIGINAL LOG #

	ragerour
134336	
1047834	

(1) LAND OWNER Owner Well I.D. DR-3467				
First Name Last Name	(9) LOCATION OF WELL (legal description)			
Company PEORIA GARDENS INC.	County LINN Twp 12.00 S N/S Range 4.00 W E/W WM			
Address 32355 PEORIA RD.	Sec 17 SE 1/4 of the SW 1/4 Tax Lot 500			
City ALBANY State OR Zip 97321	Tax Man Number			
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat ° " or 44.52031017 DMS or DD Long " or -123.20615852 DMS or DD			
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat 01 44.32031017 DMS of DD			
(2a) PRE-ALTERATION	Street address of well Nearest address			
Dia + From To Gauge Stl Plstc Wld Thrd				
Casing:	32355 PEORIA RD.			
Material From To Amt sacks/lbs	ALBANY OR. 97321			
Seal:	(10) STATIC WATER LEVEL			
(3) DRILL METHOD	Date SWL(psi) + SWL(ft)			
Rotary Air Rotary Mud Cable Auger Cable Mud	Existing Well / Pre-Alteration SWE(R)			
Reverse Rotary Other	Completed Well 6/25/2020 16			
(4) PROPOSED USE Domestic X Irrigation Community	Flowing Artesian? Dry Hole?			
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 21.00			
ThermalOther	SWL Date From To Est Flow SWL(psi) + SWL(ft)			
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	6/25/2020 21 81 130 16			
Depth of Completed Well 88.00 ft.	0/23/2020 21 01 130			
BORE HOLE SEAL sacks/				
Dia From To Material From To Amt lbs				
12 0 19 Bentonite 0 19 11 S				
8 19 88 Calculated 10.77				
	AD TERM LOC			
Calculated	(11) WELL LOG Ground Elevation			
How was seal placed: Method A B C D E	Material From To			
X Other POURED DRY	Topsoil 0 1			
Backfill placed from ft. to ft. Material	Clay Gray Sticky 1 6			
Filter pack from ft. to ft. Material Size	Clay Gray/Brown Sticky 6 10			
Their pack from it. to it. Waterial	Clay Brown 10 19			
Explosives used: Yes Type Amount	Gravels w/ Clay Brown 19 21			
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	Gravels w/ Sand Brown 21 32			
Proposed Amount Actual Amount	Sand Brown w/ Gravels 32 46			
-	Gravels Brown w/ Sand 46 64			
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Gravels Brown w/ Wood 64 66			
● 8 × 2 87 .250 ● × □	Sand Brown Course 66 73			
	Sand Course with Gravels Blue/Brown 73 81			
	Clay Gray w/ Gravels 81 83			
	Clay Gray Sticky 83 88			
Charles Outside Other Leasting of shocks	RECEIVED			
Shoe X Inside Outside Other Location of shoe(s) 87	TILOLIV MA			
Temp casing Yes Dia From + To	MAR 0 2 2021			
(7) PERFORATIONS/SCREENS	MAR V Z ZUZI			
Perforations Method Holte Air Perforator				
Screens Type Material	Date Started 6/23/2020 Completed 6/25/2020			
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	00000			
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification			
Perf Casing 8 60 79 .25 1 456	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 1974 Date 6/26/2020			
(8) WELL TESTS: Minimum testing time is 1 hour	S:I			
Pump Bailer • Air Flowing Artesian	Signed CJ NUGENT (E-filed)			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification			
130 82 2	I accept responsibility for the construction, deepening, alteration, or abandonment			
02	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.			
Temperature 53 °F Lab analysis Yes By				
Water quality concerns? Yes (describe below) TDS amount 110 ppm From To Description Amount Units	License Number 664 Date 6/29/2020			
Total 10 Description random Ones	Signed CHARLES NUGENT (E-filed)			
	Contact Info (optional) Nugent Drilling Co. Lebanon Oregon			
	Contact Into (optional) Tragent Diffing Co. Decanon Oregon			
ORIGINAL - WATER RESOURCES D	DEPARTMENT 19638			





OWRD

TRANSMITTAL LETTER

To: Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, OR 97301							Marc	ch 1, 2021		
Attn: Job Number: 10110.001										
RE: Peoria Gardens Permit Amendment Application (Permit G-18372, Application G-18503)										
We are sending:										
	mber of Copies	Date	Description							
	1	Various	Permit Amendment Application including a supporting map, signed Land Use Information Form and Water Well Reports LINN 10758 & 63135							
	1	2/19/21	Kathyrn E. Weeks and Benjamin T. Verhoeven Oregon State Credit Union Check 305 for \$1,570.00							
The above are transmitted as indicated below:										
	For Sig	nature			For Your Use			As Requested		
For Review and Commer			mment	\boxtimes	Other (see comments)			Returned to You		
Delivery method:										
	U.S. Ma	nil		\boxtimes	Overnight Mail			Courier		
Comments: Enclosed is a permit amendment application for Permit G-18372 (Application G-18503). Thank you for the assistance with this matter. Thank you for your assistance.										
cc.	c. Ben Verhoeven Signed LR Bruce Steven R. Bruce, RG, CWRE							ce CWRE		

13638