



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.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and 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 Customer Service at (503) 986-0801.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: Permit G-15191
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

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

Other/Explanation _____

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

Part 2 of 5 – Permit Amendment Map Checklist

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 not have to be prepared by Certified Water Right Examiner. Check all boxes that apply.

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- N/A If more than three permits are involved, separate maps for each permit.
- 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 diversion/appropriation such as main pipelines, canals, and ditches.
- 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.
- 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.
- 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°).

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Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	RECEIVED JUL 30 2021 OWRD 2	\$0
3	Number of permits included in Permit Amendment <u>1 (3a)</u> Subtract 1 from the number in 3a: <u>0 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> 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 » 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
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 » If no box is applicable, enter 0 on line 7 »	7	NA
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 ÷ 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.*)

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Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Kuenzi Turf and Nursery c/o Tyler Kuenzi			PHONE NO. (503) 585-8337	ADDITIONAL CONTACT NO.
ADDRESS 6475 State St.			FAX NO.	JUL 30 2021
CITY Salem	STATE OR	ZIP 97301	E-MAIL (tyler@kuenziturfnursery.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.				

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

AGENT/BUSINESS NAME Doann Hamilton			PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 632-5983 (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 permit amendment; and why:
We need to correct the location of Well 2 (MARI 17377) and add additional wells to achieve our allowed rate.

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)

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? October 1, 2026

- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- 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: Silverton Appeal Tribune.

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

Tyler Kuenzi
Applicant Signature

TYLER KUENZEL, GM
Print Name and title if applicable

07-12-2021
Date

Applicant Signature

Print Name and title if applicable

Date

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Check one of the following:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant. **OWRD**
- The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) 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.

IRRIGATION DISTRICT NAME NA	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.

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 Silvertown Road NE	
CITY Salem	STATE Oregon	ZIP 97305

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 5 of 5 – Water Use Permit Information

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.

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PERMIT # G-15195

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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	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DEC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 20055	7	S	2	W	27	NW	SW	TL 101	2,250 feet north and 750 feet east from the SW corner, Section 27.
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	7	S	2	W	28	SE	SE	Lot 6	500 feet north and 600 feet west from the SW corner, Section 27.
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 17377	7	S	2	W	27	SE	SW	Lot 2	725 feet north and 1,880 feet east from the SW corner, section 27.
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 17185, 17201, 50696	7	S	2	W	27	SE	SW	Lot 2	787 feet north and 1,360 feet east from the SW corner, Section 27.
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 7773	7	S	2	W	27	NE	NW	TL 1400	725 feet south and 1,350 feet east from the NW corner, Section 27.
Well 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 9244	7	S	2	W	28	SE	SE	Lot 6	367 feet north and 166 feet west from the SW corner, Section 27.
Well 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 62761	7	S	2	W	27	SE	SW	Lot 2	830 feet north and 2,640 feet west from the NE corner, section 34.
Well 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 7764, 7758	7	S	2	W	27	NW	SW	TL 1000	1,380 feet north and 2,100 feet east from the NW corner, DLC 44.
Well 8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 7781	7	S	2	W	27	SE	SW	Lot 2	400 feet north and 1700 feet east from the SW corner, section 27.
Well 9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	NA	7	S	2	W	28	SW	SE	DLC 81	625 feet north and 1,910 feet west from the SE corner, section 28.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit? **13783**

- 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 permit to be changed.

For a change in place of use: NA

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

Yes No

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

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.

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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-15191

List the change proposed for the acreage in each ¼ ¼. 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.

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.									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	Acre (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec.	¼ ¼	Tax Lot	Gvt Lot or DLC	Acre (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
									APOA, POA	7	S	2	W 27	NE NW	1400	NA	6.4	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001
									APOA, POA	7	S	2	W 27	NW NW	1600	NA	7.6	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001
									APOA, POA	7	S	2	W 27	SW NW	2000	NA	26.0	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001
									APOA, POA	7	S	2	W 27	SE NW	1000, 2000	NA	23.0	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001
									APOA, POA	7	S	2	W 27	NE SW	101, 500, 600, 900, 1000	NA	33.0	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001
									APOA, POA	7	S	2	W 27	NW SW	101, 300, 500, 1000	NA	36.1	Authorized Wells 1,3,4,5 and proposed Wells 2,6,7,8,9	June 27, 2001

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

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

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:

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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)

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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	MARI 20055	See Well Log MARI 20055							TOTAL COMBINED RATE FROM ALL WELLS NOT LESS THAN FULL RATE OF PERMIT
Authorized Well 2	No	NA	WILL NOT BE DRILLED							
Proposed Well 2	Yes	MARI 17377	See Well Log MARI 17377							
Well 3	Yes	MARI 17185, 17201, 50696	See Well Log MARI 17185, 17201, 50696							
Well 4	Yes	MARI 7773	See Well Log MARI 7773							
Well 5	Yes	MARI 9244	See Well Log MARI 9244							

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 6	Yes	MARI 62761	See Well Log MARI 62761							TOTAL COMBINED RATE FROM ALL WELLS NOT LESS THAN FULL RATE OF PERMIT
Well 7	Yes	MARI 7764, 7758	See Well Log MARI 7764, 7758							
Well 8	Yes	MARI 7781	See Well Log MARI 7781							
Well 9	No	NA	350 feet	10 inch	0 to 200	0 to 30 feet	TBD	NA	Material above hard basalt	

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

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OVER THE COUNTER
OCT 10 1995
WATER RESOURCES DEPT
MAR 07S/02W/27BC
2055
75366
(START CARD) # ~~71105~~ page 1

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

(1) OWNER: Well Number _____
Name Kuenzi Turf + Nursery
Address 6500 State St.
City Salem State OR Zip 9730

(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 415 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14in	0	29	cement	0	29	35 lb bentonite
10in	29	172				
8in	172	415				
	149	172	cement	149	172	9 Sacks

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: 10in	+1	162	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8in	147	172	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 7in	00	164	415	.188	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 162

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
195	200	3/8	12	7in OD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
217	238	1/4x8	15	7in OD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	345	1/4x8	180	7in OD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
374	385	1/4x8	27	7in OD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
393	410	1/4x8	12	7in OD			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 350 Drawdown 90 ft. Drill stem at _____ Time 4 hr.

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 Marion Latitude _____ Longitude _____
Township 7-S N or S Range 2-W E or W. WM.
Section 27 SW 1/4 NW 1/4
Tax Lot 00100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6525 State St Salem OR

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 9-12-95
Artesian pressure _____ lb. per square inch. **RECEIVED**

(11) WATER BEARING ZONES:
Depth at which water was first found 46 JUL 30 2021

From	To	Estimated Flow	SWL
46	64	Cased off	OWR
64	114	50+	45
183	415	350+	72

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Brown Silty clay	3	16	
Brown Sticky clay	16	43	
Brown Sandy clay & gravel	43	64	?
Cemented gravel	64	87	45
Tight - sand & gravel	87	114	45
Red & white clay & sand			
Small gravel	114	151	
Broken sandstone & clay	151	157	
layers with small gravel		157	
Broken sandstone	157	162	
Hard Gray basalt	162	183	
Broken gray & brown basalt	183	194	72
Hard gray basalt with			
Small seams of sandstone	194	217	
Broken brown & black basalt	217	238	72
Hard gray basalt	238	267	
Broken gray & brown basalt	267	345	72
Hard gray basalt	345	374	

Date started 7-25-95 Completed 9-12-95

(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.
Signed WMC Smith WWC Number 175
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.
Signed Floyd G. Sapp WWC Number 1273
Date 9-12-95

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7S(20)27CC

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.762)

MAR 11 7:37 AM RECEIVED

JUL 30 1991

(START CARD) # 17631

(1) OWNER: Well Number: _____
Name Clarence Giet
Address 6845 State St. SALEM, OREGON
City Salem State OR Zip 97301

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 7-S N or S. Range 2-W E or W. WM.,
Section 27 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as #1

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date 7-28-91
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 151

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

From	To	Estimated Flow Rate	SWL
<u>15</u>		<u>Cased off</u>	<u>12</u>
<u>58</u>	<u>160</u>	<u>200 +</u>	<u>51</u>

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 230 ft.
Explosives used Yes No Type _____ Amount _____

(12) WELL LOG: Ground elevation _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
<u>12</u>	<u>0</u>	<u>35</u>	<u>Cement</u>	<u>0</u>	<u>25</u>	<u>11 + bent.</u>
<u>8</u>	<u>35</u>	<u>230</u>				

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown clay</u>	<u>3</u>	<u>12</u>	
<u>Sandy brown clay</u>	<u>12</u>	<u>15</u>	<u>12</u>
<u>Brown clay</u>	<u>15</u>	<u>21</u>	
<u>Tan clay + gravel</u>	<u>21</u>	<u>25</u>	
<u>Brown sandy clay + gravel</u>	<u>25</u>	<u>58</u>	
<u>loose gravel with clay</u>	<u>58</u>	<u>70</u>	<u>51</u>
<u>Sand & gravel - clean</u>	<u>70</u>	<u>82</u>	<u>51</u>
<u>Clay & gravel Tight</u>	<u>82</u>	<u>132</u>	
<u>Brown Sand & gravel</u>	<u>132</u>	<u>147</u>	<u>51</u>
<u>Brown Sand & gravel with clay</u>	<u>147</u>	<u>160</u>	<u>51</u>
<u>Gray clay & gravel</u>	<u>160</u>	<u>165</u>	
<u>Gray clay</u>	<u>165</u>	<u>170</u>	
<u>Clay & gravel tight</u>	<u>170</u>	<u>185</u>	
<u>Decomposed basalts with clay</u>	<u>185</u>	<u>198</u>	
<u>Weathered rock</u>	<u>198</u>	<u>204</u>	<u>51</u>
<u>Weathered rock + clay</u>	<u>204</u>	<u>210</u>	
<u>Weathered rock - clay</u>			
<u>gravel</u>	<u>210</u>	<u>230</u>	-

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 35 ft. to 25 ft. Material Hole plug Bent.
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Date started 5-28-91 Completed 7-28-91

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 8 +1.5 196.5 250
Liner: _____
Final location of sheets) 196.5

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed 13783 WWC Number _____
Date _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills knife
 Screens Type _____ Material _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Floyd N. Jippe WWC Number 1273
Date 7-29-91

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>130</u>	<u>160</u>	<u>1/2</u>	<u>472</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 60 Drawdown 3 ft. Drill stem at _____ Time 1 hr.

Temperature of water 57 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: _____

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75/2w/27 CC

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

MAR 17/85

(START CARD) 17624

(1) OWNER: Well Number: _____
Name: Clarence Gietsma
Address: 6845 State St.
City: Salem State: OR Zip: 97301

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval: Yes No Depth of Completed Well 194 ft.
Explosives used: Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12	0 36	Cement	0 36	21 + bentonite	
8	36 179				
10	179 188.5	Cement	179 188.5	7 Sacks	
8	188.5 194				

How was seal placed: Method A B C D E
 Other: under reamed from 179 - 188.5
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: 8"	0	188.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: 188.5

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

From	To	Slot size	Number	Material	Liner
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water _____ 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: Marion Latitude _____ Longitude _____
Township: 7-5 Nor S. Range: 2-W E or W, WM.
Section: 27 SW $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): 6845 State St., Salem Oregon

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
45	137	Cased off	42

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Brown Clay	2	6	
Silty brown clay	6	10	
Sticky brown clay	10	23	
Tan clay & some gravel	23	40	
Sandy brown clay & gravel	40	55	42
Gravel with clay binder	55	76	43
Small gravel with clay	76	79	
Large gravel lots of clay	79	85	
Sand & gravel with clay	85	95	42
Loose sand & gravel	95	97	42
Tight gravel & clay	97	120	
Loose gravel	120	123	45
Clay & gravel w/ loose seams	123	137	42
Weathered rock	137	143	
Decomposed weathered rock	143	183	
Hard black basalt	183	194	

Well was under-reamed & casing driven into hard rock. Well to be deepened at a later date.

Date started 12-18-90 Completed 2-5-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
WVC 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 well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 1273
Signed Floyd J. Spivey Date 2-7-91

#14

MAR 1 7 20 1

TS/zwl/27cc

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

(START CARD) # 23993

(1) OWNER: CLARENCE GIETEMA Well Number: Name: CLARENCE GIETEMA Address: 6845 State Street City: Salem State Oregon Zip 97301

(2) TYPE OF WORK: [] New Well [X] Deepen [] Recondition [] Abandon

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 373 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, SEAL From, SEAL To, Amount sacks or pounds. Row 1: Well Deepened, Surface Seal Not Disturbed.

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing [] Artesian Yield gal/min Drawdown Drill stem at Time

Temperature of water 50° 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 Marion Latitude Longitude Township 7 South N or S. Range 2 West E or W, WM. Section 27 SW 1/4 SW 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) 6845 State Street Salem, Oregon

(10) STATIC WATER LEVEL: 49 ft. below land surface. Date 2-15-91 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 202 Ft, 352 Ft, 15 GPM, 49'

(12) WELL LOG: Table with columns: Material, From, To, SWL. Rows: Black Basalt, Black & Weathered Basalt, Broken, Badly Weathered Vesicular, Basalt, With Multi-Colored Clays & Claystones, With Interbedded Layers Of Gray & Brown Soft Clays, Gray Sandy Claystones.

Date started 2-14-91 Completed 2-15-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief. Signed 13783 WWC Number 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 well construction standards. This report is true to the best of my knowledge and belief. MONDERS DRILLING, INC. WWC Number 1325 Signed D. Monders Date 2-20-91

MAR 50696
 MARK
 50696
 102856

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

(START CARD) # 84697

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

(1) OWNER: Well Number _____
 Name Kuenzi Turf
 Address 6500 State St
 City Salem State OR Zip 97301

(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) BOREHOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 181 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
		Seal was not disturbed			

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>See original</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u># 17624</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>95</u>	<u>144</u>	<u>5x2</u>	<u>784</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>60</u>	<u>14</u>		<u>1 hr.</u>

Temperature of water 53 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 Marion Latitude _____ Longitude _____
 Township 7-5 N or S Range 2-W E or W. WM.
 Section 27 SW 1/4 SW 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 6845 State St. Salem OR.

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 7-2-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>95</u>	<u>144</u>	<u>100+</u>	<u>49</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Bottom of well was cemented off. Cement was pumped in from 315 ft. up to 181 ft. The cement was 7 ft. up in bottom of the 8 inch casing. After sealing off the bottom of the well, the casing was perforated and developed.</u>			
<u>The Special Standards to cement off bottom of well were discussed & approved by Rob Carter</u>			

Date started 6-25-96 Completed 7-2-96

(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 1273
 Signed Floyd M. Dipp Date 7-2-96

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.

RECEIVED
NOV 4 1966
STATE ENGINEER
SALEM, OREGON

MARION 7773
WATER-WELL REPORT
STATE OF OREGON
(Please type or print)
G-3804

State Well No. 7/2w-27B
State Permit No. _____

(1) OWNER:

Name EARL S. DOUGLAS
Address 6724 FRUITLAND RD. N.E.
SALEM ORE

(2) LOCATION OF WELL:

County MARION Driller's well number _____
1/4 Section 27 T. 7S R. 2W W.M.
Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

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

(4) PROPOSED USE (check):

Domestic Industrial Municipal Rotary Driven
Irrigation Test Well Other Cable Jetted
Dug Bored

(5) TYPE OF WELL:

(6) CASING INSTALLED: Threaded Welded
10 " Diam. from 0 ft. to 173 1/2 ft. Gage 7
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No
Type of perforator used MILLS
Size of perforations 3/8 in. by 3" in.
1050 perforations from 50' ft. to 131' ft.
130 perforations from 138' ft. to 148' ft.
70 perforations from 153' ft. to 157' ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:

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

(9) CONSTRUCTION:

Well seal—Material used in seal BENTONITE
Depth of seal 38' ft. Was a packer used? yes
Diameter of well bore to bottom of seal 14" 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: _____
Gravel placed from _____ ft. to _____ ft.
Do strata contain unusable water? Yes No
If water? _____ depth of strata _____
If sealing strata off _____

WATER LEVELS:

29' ft. below land surface Date 11-1-66
Pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level STETTLER
Was a pump test made? Yes No If yes, by whom? SUPPLY
Yield: 170 gal./min. with 10 ft. drawdown after 1 hrs.
" 230 " " 19 " " 1/2 "
" 300 " " 38 " " 1 "
Ballor test 400 gal./min. with 128 ft. drawdown after 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 46° Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 181' ft. Depth of completed well 181' 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
TOPSOIL	0	1
CLAY BRAY COLOR	1	36
CLAY BROWN COLOR	36	42
SAND - FINE - BROWN - MUDDY	42	45
CONGLOMERATE - 4"	45	49
GRAVEL + COARSE SAND	49	50
CONGLOMERATE	50	131
CLAY YELLOW COLOR	131	138
CONGLOMERATE	138	148
CLAY YELLOW COLOR	148	154
GRAVEL + SAND - 1 1/2"	154	156
CLAY BLUE -	156	167
CLAY BROWN COLOR.	167	172
BASALT WEATHERED.	172	181

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JUL 30 2021

OWRD

Work started 10-18-1966 Completed 11-1-1966
Date well drilling machine moved off of well 11-1-1966

(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 J. R. SNEED & SONS 13783
(Person, firm or corporation) (Type or print)
Address 3910 SILVERTON RD SALEM ORE

Drilling Machine Operator's License No. 187

[Signed] J. R. Sneed
(Water Well Contractor)

Contractor's License No. 6 Date 11-2-1966

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75/aw/28 dd

(START CARD) # 17639

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

SEP 05 1990

(1) OWNER: Name Myron Kuenzi Address 6500 State St. City Salem

(9) LOCATION OF WELL by legal description: Marion County Latitude Longitude Township 7-5 Nor S. Range 2 W E or W, WM. Section 28 SE 1/4 SE 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) 6475 State St. NE Salem OR.

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [X] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 525 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Includes entries for 12 inch cement seal and 8 inch hole.

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes casing and liner details.

(7) PERFORATIONS/SCREENS: [] Perforations Method None [] Screens Type Material

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing [] Artesian. Yield 40 gpm, Drawdown, Drill stem at 515, Time 1 hr. Air tests may fluctuate.

Temperature of water 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:

(10) STATIC WATER LEVEL: 48 ft. below land surface. Date 8-16-90 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Includes entry for 219 to 525 ft depth with 40 approx flow rate.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Lists soil layers from 0 to 178 ft depth.

(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 well construction standards. RECEIVED 13782 JUL 30 2021 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. WWC Number 1273 Signed Floyd R. Sipple Date 8-25-90

MAILED 2764
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JUL 30 2021

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

WELL LABEL # L 100524
START CARD # 204894

OWRD

(1) LAND OWNER Owner Well I.D. _____
First Name Myron Last Name Kuenzi
Company _____
Address 6500 State Street
City Salem State OR Zip 97301

(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 220 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
14	0	22	Cement	0	38	24	S
12	22	38					
9.62	38	201					
6.5	201	220					

How was seal placed: Method A B C D E
 Other

Backfill placed from 38 ft. to 54 ft. Material Cement 3 Sacks
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/> 2	201	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 201
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Holte
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	8	150	170	.2	1	1,000	
Perf	Casing	8	180	190	.2	1	400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
300 200 200 6

Temperature 54 +/- °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 7 S N/S Range 2 W E/W WM
Sec 27 SE 1/4 of the SW 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

6955 State Street Salem OR

(10) STATIC WATER LEVEL Date _____ SWL(psi) _____ SWL(ft) _____
Existing Well / Predeepening _____
Completed Well 11-05-2009 _____ 53
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 19

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
10-27-2009	19	26			7
11-05-2009	54	218	300		53

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	3
Silty brown clay	3	14
Brown clay	14	19
Tan clay and medium to large gravel	19	25
Sand with tan and brown clay and gravel	25	26
Brown and tan clay firm	26	54
Tight brown and gray sandy gravel	54	115
Sandy brown clay and large gravel	115	124
Black sand and gravel (ash) muddy water	124	143
Sandy brown clay and gravel muddy water	143	157
Loose brown and gray sand and gravel	157	162
Tight brown and gray gravel	162	166
Porous basalt chips with soft sandy clay seams	166	172
Gray and brown clay very sandy with large gravel	172	186
Dark brown basalt with blue gray clay some gravel	186	200
Very weathered brown basalt	200	218
Dark gray basalt	218	220

Date Started 10-26-2009 Completed 11-05-2009

(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 1629 Date 11-09-2009
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 2273 Date 11-09-2009
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95

WATER RESOURCES DEPT
SALEM, OREGON

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.

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

RECEIVED

APR 25 1977

State Well No. 75/2w'27

State Permit No. G-7566

MARION
758

(1) OWNER:

Name Mike Young
Address 6335 Euclid Blvd NE Salem

(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

(5) CASING INSTALLED:

Threaded Welded
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used
Size of perforations in. by in.
..... perforations from ft. to ft.
..... perforations from ft. to ft.
..... perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name
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
Was a pump test made? Yes No If yes, by whom?
Yield: 200 gal./min. with 301 ft. drawdown after 5 1/2 hrs.
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used
Well sealed from land surface to ft.
Diameter of well bore to bottom of seal in.
Diameter of well bore below seal in.
Number of sacks of cement used in well seal sacks
How was cement grout placed?
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Marion Driller's well number
1/4 Section 27 T. 78 R. 220 W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level 39 ft. below land surface. Date 4-8-77
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing
Depth drilled 360 ft. Depth of completed well 360 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
<u>Broken Basalt</u>	<u>240</u>	<u>275</u>	
<u>Basalt</u>	<u>275</u>	<u>290</u>	
<u>Basalt with layers of broken & weathered</u>	<u>290</u>	<u>360</u>	

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JUL 30 2021

OWRD

Work started 3-28 19 77 Completed 4-8 19 77
Date well drilling machine moved off of well 4-8 19 77

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] James D. Farrell Date 4-8, 19 77
(Drilling Machine Operator)

Drilling Machine Operator's License No. 455

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 EOLA WELL DRILLING
(Person 4870 OREGON WATER RESOURCES DEPT. N.W. (Type or print)

Address SALEM, OR. 97304

[Signed] Monte L. Bennett
(Water Well Contractor)

Contractor's License No. 619 Date 4-8, 19 77

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.

WATER WELL REPORT

STATE OF OREGON

(Please type or print) (Do not write above this line)

State Well No. 7s/2W27cb

State Permit No. G-7566

(10) LOCATION OF WELL:

County Washington Dealer's well number RECEIVED
 1/4 Section 27 T. 25 R. 2E W.M.

Bearing and distance from section or subdivision corner JUL 30 2021

(1) OWNER:

Name Mike & Maria
 Address 6335 Enwithand Rd. NE, Salem

(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
10" Diam. from 71 ft. to 120 ft. Gage 250
 " Diam. from " ft. to " ft. Gage "
 " Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Perforated? Yes No.

Type of perforator used

Size of perforations 3/8 in. by 2 1/2 in.
220 perforations from 105 ft. to 120 ft.
 perforations from " ft. to " 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

Was a pump test made? Yes No If yes, by whom?
 Field: _____ gal./min. with _____ ft. drawdown after _____ hrs.
No Reading taken " " "
Well to be deepened later " " "
 Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m.
 Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite
 Well sealed from land surface to 18 ft.
 Diameter of well bore to bottom of seal 14 in.
 Diameter of well bore below seal 10 in.
 Number of sacks of cement used in well seal _____ sacks
 Number of sacks of bentonite used in well seal 2 sacks
 Brand name of bentonite _____
 Number of pounds of bentonite per 100 gallons of water 30 lbs./100 gals.
 Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

(11) WATER LEVEL: Completed well.

OWRD

Depth at which water was first found 65 ft.
 Static level 60 ft. below land surface, Date 11-12-76
 Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10

Depth drilled 240 ft. Depth of completed well 240 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
Brown Clay	0	32	
Light Tan Clay	32	42	
Sand & Clay	42	65	
Small to Large Gravel	65	84	
Clay & Gravel	84	105	
Broken & Weathered Basalt	105	112	
Heavy Brown Clay	112	120	
Broken & Weathered Basalt	120	135	
Basalt - with layers of Basalt	135	230	
Diced Basalt	230	240	

Work started 10-27 1976 Completed 11-12 1976

Date well drilling machine moved off of well 11-12 1976

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] William D. Torelli Date 11-15 1976
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 455

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 Robinson Eola Drilling
 (Person, firm or corporation) (Type or print)

Address 4510 Dallas - Salem Hwy

[Signed] George H. Robinson
 (Water Well Contractor)

Contractor's License No. 137783 Date 11-16 1976

STATE ENGINEER
Salem, Oregon

7-78//
MARI.....

Well Record

STATE WELL NO. 7/2W - 27P
COUNTY MARION
APPLICATION NO. GR-2042

OWNER: Elmer E. Bolz

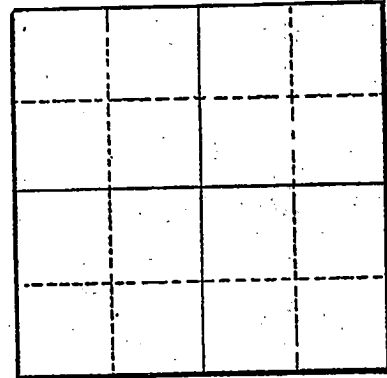
MAILING ADDRESS: R. R. 5 Box 755

LOCATION OF WELL: Owner's No. #1

CITY AND STATE: Salem, Oregon

SE 1/4 SW 1/4 Sec. 27 T. 7 N. S. R. 2 W., W.M.

Bearing and distance from section or subdivision corner 1700' E. and 400' N.



Section

Altitude at well

TYPE OF WELL: Drilled Date Constructed 1952

Depth drilled 112 Depth cased

CASING RECORD:

8-inch

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FINISH:

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AQUIFERS:

WATER LEVEL:

20-feet

PUMPING EQUIPMENT: Type Jacuzzi Turbine H.P. 10
Capacity 130 G.P.M.

WELL TESTS:

Drawdown ft. after hours Pumping 130 at 100feet G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-1968
DRILLER or DIGGER R. Stadel & Sons, Rt. 3, Box 177-A, Silverton, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

13783

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): Kuenzi Turf and Nursery c/o Tyler Kuenzi

JUL 30 2021

Mailing Address: 6475 State St.

OWRD

City: Salem

State: OR

Zip Code: 97301

Daytime Phone: (503) 585-8337

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>7S</u>	<u>2W</u>	<u>27</u>	_____	<u>900</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27</u>	_____	<u>1000</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27B</u>	_____	<u>1400</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27B</u>	_____	<u>1600</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27B</u>	_____	<u>2000</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27C</u>	_____	<u>100</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27C</u>	_____	<u>101</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27C</u>	_____	<u>300</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27C</u>	_____	<u>500</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>27C</u>	_____	<u>600</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>28D</u>	_____	<u>700</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>28D</u>	_____	<u>800</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>28D</u>	_____	<u>900</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>
<u>7S</u>	<u>2W</u>	<u>28D</u>	_____	<u>1000</u>	<u>EFU</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>Nursery</u>

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

Marion County

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

13783


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

Estimated quantity of water needed: 2.57 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 Nursery

Briefly describe:

This Land Use Information Form is to accompany a permit amendment application that proposes to Change the location of a point of appropriation (well) and to add additional points of appropriations (wells) for an existing water right Permit G-15191.

----- 
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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JUL 30 2021

For Local Government Use Only

OWRD

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): Chapter 17.136
- 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

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.

Name: Lindsey King, CFM Title: Associate Planner

Signature: *Lindsey King* Phone: 503-566-4162 Date: 07/22/2021

Government Entity: Marion 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: 7/28/21