

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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. **Check in amount of \$1,840 enclosed.**
- 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: G-16885 (Attachment A)
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). **(Attachment B)**
- 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. **(Attachment C)**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **(Attachment D)**
- 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"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete
Other/Explanation _____	
Staff: _____ 503- _____ 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 a 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°).

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	\$1,360
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>			
2	Multiply line 2b by \$1090 and enter »	2	0
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>			
3	Multiply line 3b by \$610 and enter »	3	0
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 \$480 for the 1 st well to be added or changed <u>\$480 (4a)</u> Do you propose to add or change additional wells? <input checked="" type="checkbox"/> No: enter 0 <input type="checkbox"/> Yes: multiply the number of additional wells by \$410 _____ (4b)			
4	Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » »	4	\$480
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 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		5	0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$1,840
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		7	0
8	Subtract line 7 from line 6 » Permit Amendment Fee:	8	\$1,840

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***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).*

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME City of Florence ATTN: Mike Miller			PHONE NO. 541-997-4106	ADDITIONAL CONTACT NO. 541-997-3437
ADDRESS 250 HWY 101			FAX NO.	
CITY Florence	STATE OR	ZIP 97439	E-MAIL mike.miller@ci.florence.or.us	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

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

AGENT/BUSINESS NAME GSI Water Solutions, Inc. ATTN: Zach Pike-Urlacher			PHONE NO. 541-753-0933	ADDITIONAL CONTACT NO.
ADDRESS 1600 Western Boulevard, Suite 240			FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL zpikeurlacher@gsiws.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:
The City of Florence (Applicant) is proposing to add a new well (Well 14) to Permit G-16885. There is a partial perfection COBU pending for 2.4 cfs of the 3.0 cfs under the permit.

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.

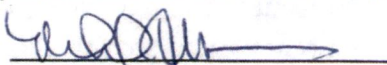
If NO, what are the completion dates of the permit(s)? **10/1/2025**

- 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: **Siuslaw News**

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


Applicant Signature

Mike Miller, Public Works Director
Print Name (and Title if applicable)

12/14/2022
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.
- 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.

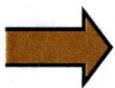
Check the appropriate box, if applicable:

- 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 N/A	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 N/A	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 City of Florence	ADDRESS 250 Hwy 101	
CITY Florence	STATE OR	ZIP 97439

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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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-16885

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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, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 63361	18	S	12	W	23	NW	SE	102	2930 FEET SOUTH AND 1455 FEET WEST FROM NE CORNER, SECTION 23
Well 9	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 63362	18	S	12	W	23	SW	NE	102	1920 FEET SOUTH AND 1450 FEET WEST FROM NE CORNER, SECTION 23
Well 10	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 63363	18	S	12	W	23	SW	NE	102	1515 FEET SOUTH AND 1505 FEET WEST FROM NE CORNER, SECTION 23
Well 11	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 63364	18	S	12	W	23	NW	NE	109	905 FEET SOUTH AND 1435 FEET WEST FROM NE CORNER, SECTION 23
Well 12	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 63365	18	S	12	W	23	NW	NE	108	300 FEET SOUTH AND 1425 FEET WEST FROM NE CORNER, SECTION 23
Well 13	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LANE 71033	18	S	12	W	23	NW	NE	102	1490 FEET SOUTH AND 2080 FEET WEST FROM NE CORNER, SECTION 23
Well 14	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	-	18	S	12	W	23	SW	NE	102	2480 FEET SOUTH AND 1500 FEET WEST FROM NE CORNER, SECTION 23

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

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input 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?

- 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.

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

Table 2. Description of Changes to Water Use Permit # G-16885

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				
EXAMPLE																								
2	S	9	E	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
"	"	"	"	"	"	"	"	"	EXAMPLE	"		"	2	S	9	E	15	SW	NW	200		5.0	POD #6	
													City of Florence Service Area – See Attachment B							Wells 8, 9, 10, 11, 12, 13, 14	2/5/2001			
TOTAL ACRES											TOTAL ACRES									N/A				

Additional remarks: **There is a partial perfection COBU pending for 2.4 cfs of the 3.0 cfs authorized under Permit G-16885.**

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For a change in place of use:

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

Yes No **-N/A**

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 **-N/A**

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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Are there other water rights certificates, water use permits or ground water registrations associated with the “from” or “to” lands? Yes No N/A - Permit G-16885 is for municipal use so “layering” does not apply.

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:

- 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. See Attachment D.

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 14	No	-	135ft (est.)	12in (est.)	+2.5-75 125-130 (est.)	0-19ft (est.)	75-125 (est.)	9ft (est.)	Sand	-

Well 14 construction details were estimated based on construction of Well 13.

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Attachment A

Permit G-16885

Application for a Permit Amendment – Permit G-16885 (Application G-15295)

City of Florence

STATE OF OREGON

COUNTY OF LANE

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CITY OF FLORENCE
250 HWY 101
FLORENCE OR 97439

541-997-4106

This superseding permit is issued to describe an amendment for an additional point of appropriation proposed under Permit Amendment Application T-11282 and approved by Special Order Vol. 85 Page 956, entered JAN 19, 2012, and to describe an extension of time for complete application of water approved June 23, 2009 and an Water Management and Conservation Plan approved April, 9, 2010. This permit supersedes Permit G-15056.

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-15295

SOURCE OF WATER: WELLS 8, 9, 10, 11, 12, AND 13, IN MUNSEL CREEK BASIN

PURPOSE OR USE: MUNICIPAL USE

MAXIMUM RATE: 3.0 CUBIC FEET PER SECOND

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PERIOD OF USE: YEAR ROUND

JAN 13 2023

DATE OF PRIORITY: FEBRUARY 5, 2001

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AUTHORIZED POINTS OF APPROPRIATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
18 S	12 W	WM	23	NW SE	WELL 8 - 2930 FEET SOUTH AND 1455 FEET WEST FROM THE NE CORNER OF SECTION 23
18 S	12 W	WM	23	SW NE	WELL 9 - 1920 FEET SOUTH AND 1450 FEET WEST FROM THE NE CORNER OF SECTION 23
18 S	12 W	WM	23	SW NE	WELL 10 - 1515 FEET SOUTH AND 1505 FEET WEST FROM THE NE CORNER OF SECTION 23
18 S	12 W	WM	23	NW NE	WELL 11 - 905 FEET SOUTH AND 1435 FEET WEST FROM THE NE CORNER OF SECTION 23
18 S	12 W	WM	23	NW NE	WELL 12 - 300 FEET SOUTH AND 1425 FEET WEST FROM THE NE CORNER OF SECTION 23
18 S	12 W	WM	23	NW NE	WELL 13 - 1490 FEET SOUTH AND 2080 FEET WEST FROM THE NE CORNER OF SECTION 23

AUTHORIZED PLACE OF USE:

MUNICIPAL USE
WITHIN THE SERVICE AREA BOUNDARY OF THE CITY OF FLORENCE

The combined quantity of water diverted at the new point of appropriation (Well 13), together with that diverted at the old points of appropriation (Wells 8, 9, 10, 11, and 12), shall not exceed the quantity of water lawfully available at the original points of appropriation (Wells 8, 9, 10, 11, and 12).

Water shall be acquired from the same aquifer as the original points of appropriation (Wells 8, 9, 10, 11, and 12).

Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

Within THREE years of permit issuance, the permittee shall submit a Water Management and Conservation Plan consistent with OAR Chapter 690, Division 86. The Director may approve an extension of this timeline to complete the required Water Management and Conservation Plan.

The City of Florence shall submit an updated Water Management and Conservation Plan no later than **April 9, 2020**, and shall submit a progress report containing the information required under OAR 690-086-0120(4) by **April 9, 2015**.

Mitigation Condition #1: During the period October 16 through October 31 of each year after this permit is first exercised, the City will deliver to the wetlands adjacent to Munsel Creek the equivalent of 26% of the average pumping rate under this permit for the previous June, July, August, and September.

Mitigation Condition #2: Any time this permit is being exercised, all clarified backwash water from the City's water treatment plant will be diverted to wetlands adjacent to Munsel Creek.

Nothing in this permit shall be construed to allow any person to trespass on the lands of another person.

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STANDARD CONDITIONS

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Complete application of the water to the use shall be made on or before October 1, 2025. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Right Examiner (CWRE).

Issued January 19, 2012


Dwight French, Water Right Services Administrator, for
PHILLIP C. WARD, DIRECTOR

Application G-15295/T-11282.pks

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PERMIT G-16885

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Attachment C

Land Use Information Form

Application for a Permit Amendment - Permit G-16885 (Application G-15295)

City of Florence

Land Use Information Form



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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Land Use Information Form

Applicant(s): **City of Florence** ATTN: Mike Miller

Mailing Address: **250 HWY 101**

City: **Florence**

State: **OR**

Zip Code: **97439**

Daytime Phone: **541-571-3847**

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>18S</u>	<u>12W</u>	<u>23</u>	<u>SWNE</u>	<u>102</u>	<u>Parks & Open Space</u>	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>Municipal</u>

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

City of Florence

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 3.0
 cubic feet per second
 gallons per minute
 acre-feet

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

Briefly describe:

The City of Florence is proposing to add a new well, Well 14, to groundwater permit G-16885. The well will be used for municipal use.



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

See bottom of Page 3. →

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For Local Government Use Only

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

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): FCC 10-22-2
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

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

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.

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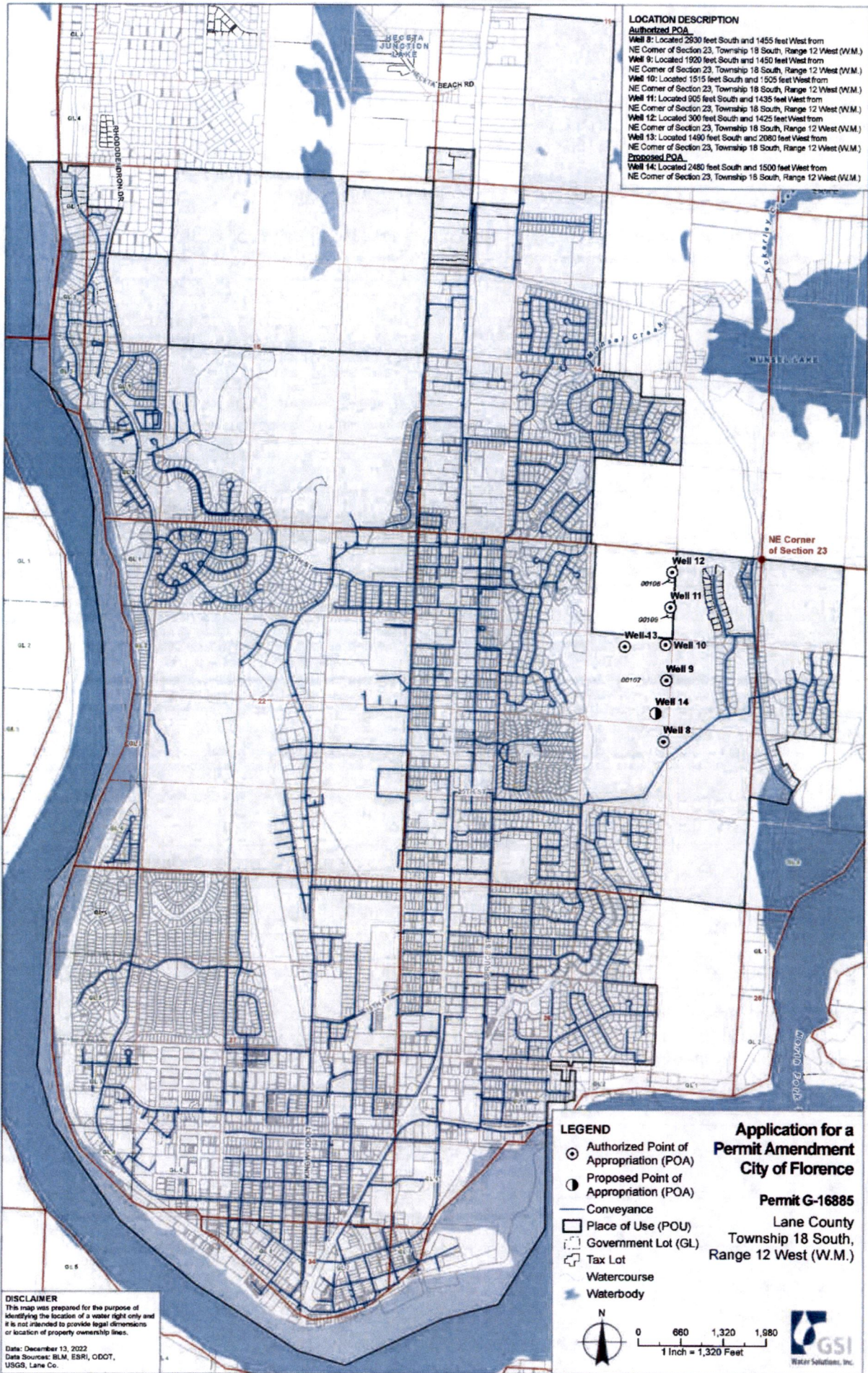
Name: Clare Kurth Title: Assistant Planner
 Signature: Clare Kurth Phone: 541-997-8237 Date: Jan 10 2023
 Government Entity: City of Florence

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 of Florence ATTN: Mike Miller
 City or County: City of Florence Staff contact: Clare Kurth
 Signature: Clare Kurth Phone: 541-997-8237 Date: Jan 10 2023

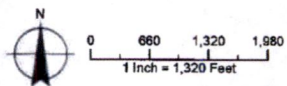


LOCATION DESCRIPTION
Authorized POA
 Well 8: Located 2530 feet South and 1455 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
 Well 9: Located 1920 feet South and 1450 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
 Well 10: Located 1515 feet South and 1505 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
 Well 11: Located 905 feet South and 1435 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
 Well 12: Located 300 feet South and 1425 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
 Well 13: Located 1490 feet South and 2080 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)
Proposed POA
 Well 14: Located 2480 feet South and 1500 feet West from NE Corner of Section 23, Township 18 South, Range 12 West (W.M.)

- LEGEND**
- ⊙ Authorized Point of Appropriation (POA)
 - Proposed Point of Appropriation (POA)
 - Conveyance
 - Place of Use (POU)
 - ▭ Government Lot (GL)
 - ▭ Tax Lot
 - Watercourse
 - Waterbody

Application for a Permit Amendment
City of Florence
 Permit G-16885
 Lane County
 Township 18 South,
 Range 12 West (W.M.)

DISCLAIMER
 This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.
 Date: December 13, 2022
 Data Sources: BLM, ESRI, ODOT, USGS, Lane Co.



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Well 8 – LANE 63361
Well 9 – LANE 63362
Well 10 – LANE 63363
Well 11 – LANE 63364
Well 12 – LANE 63365
Well 13 – LANE 71033

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Attachment D

Well Logs

Application for a Permit Amendment – Permit G-16885 (Application G-15295)

City of Florence

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

WELL I.D. # L 69476
 START CARD # 155257

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

(1) **LAND OWNER** Well Number 8
 Name City of Florence
 Address P.O. Box 340
 City Florence State OR Zip 97439

(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 166.7
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	20	Cement	0	20	14	
			470 Portland				
12"	20	166.7					

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
12"	41	46.5	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	46.5	103	.375	SS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	103.7	166.7	.375	SS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type "V" Wire Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
102.3	166.7	.008		12"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour
Well output may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
227	44.5		1 hr
227	44.5		8 hr

Temperature of water 51° 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 Lane Latitude _____ Longitude _____
 Township 18S N or S Range 12W E or W 1/4
 Section 23 SE 1/4 NE 1/4
 Tax Lo City Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 28th + Willow
Florence City Well Field

(10) **STATIC WATER LEVEL:**
66.5 ft. below land surface. Date 6-10-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 66.5

From	To	Estimated Flow Rate	SWL
66.5	163	240 GPM	166.5

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Sand-brown	0	15	
Sand-brown w/small wood particles	15	112	66.5
Sand-Lt. Bl. Gray w/wood particles	112	142	
Sand-Dark Blue w/wood	142	163	
Clay	163	166.7	

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WATER RESOURCES DEPT
SALEM, OREGON

OWRD

Date started 5/15/03 Completed 3/16/04

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Paul Christensen WWC Number 636 Date 3-26-04

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

WELL I.D. # L 69477
 START CARD # 153263

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

(1) LAND OWNER City of Florence Well Number 9
 Name City of Florence
 Address P.O. Box 340
 City Florence State OR Zip 97149

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	22	Cement	0	22	18
12"	22	157	4 1/2 Bentonite			

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
12"	71	214	37.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	214	1009	37.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	1009	1569	37.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____
 Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type "Y" WIRE Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100.5	156.9	.008		12"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Well output may fluctuate Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
223	43.58		1 hr.
223	43.75		8

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 Lane Latitude _____ Longitude _____
 Township 18 S N or S Range 12 W E or W WM. _____
 Section 23 SE 1/4 NE 1/4
 Tax Lot City Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 28th + Willow
Florence City Well Field

(10) STATIC WATER LEVEL:
52.25 ft. below land surface. Date 8-29-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 52.25

From	To	Estimated Flow Rate	SWL
52.25	150	230	52

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sand - lt brown	0	70	52
Sand - w/ Peet	70	100	}
Sand - darker w/ Peet	100	151	
Clay - dark gray	151	156.9	

Cement Plug 154.4 to 156.9
 stainless plate w/ hole
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 SALEM, OREGON

Date started 6-17-03 Completed 3/16/04

(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 636
 Signed Paul Christensen Date 3-26-04
Christensen Well Drilling Co.

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

WELL I.D. # L 69478
 START CARD # 153272

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

(1) **LAND OWNER** Well Number 10
 Name City of Florence
 Address P.O. Box 340
 City Florence State OR Zip 97439

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
16"	0 23	Cement	0 23		32
		W/4% Bentonite			
12"	23 158				

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: 12"	15.25	154.375	10.75	✓	✓	✓	✓
12"	152.75	157.375	10.75	✓	✓	✓	✓
Liner:							

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type "V" WIRE Material 304SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
101.45	152.95	200B		12"	AS	✓	✓

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

Well output may fluctuate

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
145	31.64		1 hr.
240	50.27		85.5m

Temperature of water 51° 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 Lane Latitude _____ Longitude _____
 Township 18S N or S Range 12 W E or W M.
 Section 23 SE 1/4 NE 1/4
 Tax Lot City Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 28th & Willow
Florence City Well Field

(10) **STATIC WATER LEVEL:**
57' ft. below land surface. Date 10-7-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 57'

From	To	Estimated Flow Rate	SWL
57'	155	250gpm	57

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Sand-brown	0	40	
Sand-Drk brown	40	60	57
Wood-Tree	60	84	}
Wood-sand	84	105	
Wood particles-Sand	105	155	
Clay-blue Gray	155	157.9	

Cement Plug 154.45 to 157.95
 Stainless Plate w/ 1" hole @ 157.95

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 WATER RESOURCES DEPT
 Date started 7/16/03 Completed 3/16/04

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(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 636
 Signed Paul Christensen Date 3-26-04

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

WELL I.D. # L 69479
 START CARD # 153274

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

(1) **LAND OWNER** Well Number 11
 Name City of Florence
 Address P.O. Box 340
 City Florence State OR Zip 97439

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

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
16"	0	22	Cement	0	22
			4 1/2 Pentrite		
12"	22	165			

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: 12"	4	165	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	4	165	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	158.8	165	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type "V" Wire Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
157.3	158.8	.008		12"	PS	<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
144	47.25		1 hr.
264	71.8		5.5

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 Lane Latitude _____ Longitude _____
 Township 18S N or S Range 12W E or W M.
 Section 23 SE 1/4 NE 1/4
 Tax Lot City Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 28th + Willow
Florence City Well File #

(10) **STATIC WATER LEVEL:**
44 ft. below land surface. Date 11-18-03
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
44	161	210	44

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Sand-Tan w/roots	0	51	
Sand-Tan	51	64	44
Wood-bts of IT	64	91	
Sand-Wood	91	121	
Sand-dark w/wood	121	161	
Clay-blue black	161	165	

Cement Plug 162.5 to 165
 Stainless plate w/1" hole @ 165'

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 WATER RESOURCES DEPARTMENT
 SALEM, OREGON

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Date started 7-25-03 Completed 3-16-04

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Paul Christensen WWC Number 636 Date 3-26-04
Christensen Well Drilling Co.

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

WELL I.D. # L69480
 START CARD # 153275

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

(1) **LAND OWNER**
 Name City of Florence Well Number 12
 Address P.O. Box 340
 City Florence State OR Zip 97439

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
16"	0 24	Cement	0 24		24
		4% Bentonite			
12"	24 194				

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
12"	41	43.5	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	43.5	137	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	188.8	194	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type "V" WIRE Material 304SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
137.2	188.8	.008		12"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Well output may fluctuate

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
184	41.35		1 hr.
344	71.5		7hr

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 Lane Latitude _____ Longitude _____
 Township 18S N or S Range 12W E or W WM.
 Section 23 SE 1/4 NE 1/4
 Tax Lot City Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 78th + Willow
Florence City Well Field

(10) **STATIC WATER LEVEL:**
63 ft. below land surface. Date 10-29-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 63

From	To	Estimated Flow Rate	SWL
63	188	340 gpm	

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Sand-Tan	0	11	
Sand-w/Wood	11	43	
Sand-Tan	43	118	
Sand-w/Wood	118	148	
Sand Drk-w/Heavy wood	148	161	
Sand-Drk blue	161	192	
Clay-Blue	192	194	

RECEIVED
 JAN 13 2023
 OWRD

CONTINUED TO 2' to 194'
 Stainless Steel plate w/ 1" hole @ 194'
 MAR 30 2004
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 7-25-03 Completed 3-16-04

(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.
 Signed Paul Christensen WWC Number 636
Christensen Well Drilling Co Date 3-26-04

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

WELL I.D. # L 102232

START CARD # 207005

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

(1) LAND OWNER Well Number 13
Name City of Florence
Address 250 Hwy 101
City Florence State OR Zip 97439

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No
Depth of Completed Well 130 ft.
Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE Diameter, From, To, Material, SEAL From, To, Sacks or Pounds. Includes data for 18" and 14" diameters with cement and bentonite.

How was seal placed: Method [] A [] B [X] C [] D [] E
Backfill placed from 130 ft to 135 ft. Material native sand
Gravel placed from ft to ft. Size of gravel

(6) CASING/LINER Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes data for 12" and 12" casing.

Drive Shoe used [] Inside [] Outside [X] None
Final location of shoe(s)

(7) PERFORATIONS/SCREENS Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes data for 75" to 125" slot size.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 415 Drawdown 55.85 Drill stem at Time 6 hours
well output may fluctuate

Temperature of water 50 Depth Artesian Flow Found
Was a water analysis done? [] Yes By whom [] No
Did any strata contain water not suitable for intended use? [] Too little
[] Salty [] Muddy [] Odor [] Colored [] Other
Depth of strata: APR 27 2011

(9) LOCATION OF WELL (legal description)
County Lane
Tax Lot City of Florence - city lot Lot city lot
Township 18 S Range 12 W WM
Section 23 NW 1/4 NE 1/4
Lat or (degrees or decimal)
Long or (degrees or decimal)

Street Address of Well (or nearest address) 28th & Willow - Florence City
Well Field

(10) STATIC WATER LEVEL
9 ft. below land surface. Date 03-31-11
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES Table with columns: From, To, Estimated Flow Rate, SWL. Includes data for 25 to 125 ft depth with 400 gpm flow rate.

(12) WELL LOG Table with columns: Material, From, To, SWL. Includes data for sand, yellow, sand, brownish yellow w/wood, sand, blue gray w/wood, sand, blue gray, sand, grayish tan w/wood, sand, gray, sand, blue gray, clay, gray, sandy w/shells.

Date Started 03-15-11 Completed 03-31-11 WATER RESOURCES DEPT

(unbonded) Water Well Constructor Certification SALEM, OREGON
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.

WWC Number 1886 Date
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.

WWC Number 636 Date
Signed Paul Christensen V Pres Christensen Well Drilling Co