

Application for Permanent Water Right Transfer



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

Part 1 of 5 – Minimum Requirements Checklist

This transfer 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.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer 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.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 2 List them here: Certificate: 27110 and 96313**
Please include a separate Part 5 for each water right. (See instructions on page 6)
NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.

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Attachments:

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- 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’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(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"/> Evidence of 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 – Transfer Application Map

Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 right certificate or 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 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.	
CITY Salem	STATE OR	ZIP 97317	E-MAIL Tyler@kuenziturfnursery.com
<p>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.</p>			

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

AGENT/BUSINESS NAME Doann Hamilton / Pacific Hydro-Geology, Inc.		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946 (cell)
ADDRESS 18487 S. Valley Vista Road		FAX NO. (503) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com
<p>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.</p>			

Explain in your own words what you propose to accomplish with this transfer application, and why:
To reduce the strain on the existing older wells, we want to add the newer Well 3 (MARI 69522) to support the system when needed and create a well field for both of the affected water rights such that Wells 1, 2, and 3 can be used either individually or in any combination.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, 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 water right 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: **Woodburn Independent.**
- Amendments to the application may only be made in response to the Department’s Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

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

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Part 5a of 5b – Water Right

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

CERTIFICATE # 27110

Description of Water Delivery System

System capacity: 0.33 cubic feet per second (cfs) OR
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use.

Water is pumped from the authorized Well 2 (MARI 6130) using a 25 Hp submersible pump to convey water through 4- inch buried PVC mainline to supply drip or impact sprinkler system.

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate 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 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 3055	7	S	1	W	6	SE	SW	DLC 51	1,980 feet south and 400 feet east from the NW corner, DLC 51.
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 6130	7	S	1	W	7	NE	NW	DLC 51	38 chains north (scrivener's error on Certificate 27110 says south) and 10 chains east from the SW corner, DLC 51.
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 69522	7	S	1	W	7	NE	NW	DLC 51	3,010 feet south and 45 feet east from the NW corner, DLC 51.

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"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <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"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.

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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 Right Certificate # 27110

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	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng		Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
7	S	1	W	7	NW	NE	400	DLC 51	7.7	IR	Well 2	4-19- 1957	APOA	7	S	1	W	7	NW	NE	400	DLC 51	7.7	IR	Wells 1,2, & 3	4-19-1957
7	S	1	W	7	NE	NW	400	DLC 51	18.6	IR	Well 2	4-19- 1957	APOA	7	S	1	W	7	NE	NW	400	DLC 51	18.6	IR	Wells 1,2, & 3	4-19-1957
TOTAL ACRES:							26.3						TOTAL ACRES:							26.3						

Additional remarks: None.

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For Place of Use or Character of Use Changes - NA

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

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

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # NA;

Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

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 3055	See Well Log MARI 3055							Not less than full rate of water right
Well 2	Yes	MARI 6130	See Well Log MARI 6130							
Well 3	Yes	MARI 69522	See Well Log MARI 69522							

Part 5b of 5b – Water Right

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

CERTIFICATE # 96313

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Description of Water Delivery System

System capacity: 0.23 cubic feet per second (cfs) OR
_____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use.

Water is pumped from the authorized Well 1 (MARI 3055) using a 30 Hp submersible pump to convey water through a buried 5-inch mainline to the east. Water is pumped from the authorized Well 2 (MARI 6130) using a 25 Hp submersible pump to convey water north through buried 5-inch buried mainline and connects with Well 1 to supply drip or impact sprinkler system.

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

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate 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 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 3055	7	S	1	W	6	SE	SW	DLC 51	1,980 feet south and 400 feet east from the NW corner, DLC 51.
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	MARI 6130	7	S	1	W	7	NE	NW	DLC 51	3,045 feet south and 665 feet east from the NW corner, DLC 51.
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	MARI 69522	7	S	1	W	7	NE	NW	DLC 51	3,010 feet south and 45 feet east from the NW corner, DLC 51.

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"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <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"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.

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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 2b. Description of Changes to Water Right Certificate # 96313

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	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date			
										APOA	7	S	1	W	6	SE	SW	400	DLC 51	3.7	IR	Wells 1,2, & 3	2-7-1978
										APOA	7	S	1	W	6	SW	SE	400	DLC 51	14.2	IR	Wells 1,2, & 3	2-7-1978
										APOA	7	S	1	W	7	NW	NE	400	DLC 51	0.5	IR	Wells 1,2, & 3	2-7-1978
										APOA	7	S	1	W	7	NE	NW	400	DLC 51	0.1	IR	Wells 1,2, & 3	2-7-1978
TOTAL ACRES:							TOTAL ACRES:										18.5						

Additional remarks: None.

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For Place of Use or Character of Use Changes - NA

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

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

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # NA;

Surface water primary Certificate # NA.

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For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

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

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

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 3055	See Well Log MARI 3055							Not less than full rate of water right
Well 2	Yes	MARI 6130	See Well Log MARI 6130							
Well 3	Yes	MARI 69522	See Well Log MARI 69522							

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Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
 County of MARION)

I, TYLER KUENZL, in my capacity as LESSEE,
 mailing address 6475 STATE STREET, SALEM, OR 97317
 telephone number (503) 585-8337, being first duly sworn depose and say:

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1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # _____; **OR**
- My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
27110	7	S	1	W	WM	7	NW	NE	DLC 51	7.7
27110	7	S	1	W	WM	7	NE	NW	DLC 51	18.6

AND

- Confirming Certificate # 96313 has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

(continues on reverse side)

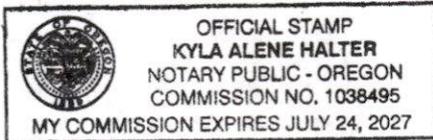
3. The water right was used for: (e.g., crops, pasture, etc.): BARE ROOT STOCK

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Tyler J. Guenzler
Signature of Affiant

1/2/2025
Date

Signed and sworn to (or affirmed) before me this 2 day of January, 2025.



Kyla Alene Halter
Notary Public for Oregon
My Commission Expires: July 24, 2027

Supporting Documents	Examples
<input checked="" type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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STATE OF OREGON
 COUNTY OF MARION
 CERTIFICATE OF WATER RIGHT

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THIS CERTIFICATE ISSUED TO

MYRON AND DIANE KUENZI FAMILY FARM LLC
 6475 STATE STREET
 SALEM OR 97317

confirms the right to use the waters of TWO WELLS, tributary of Pudding River for IRRIGATION of 18.5 ACRES.

This right was perfected Permit G-7949. The date of priority is FEBRUARY 7, 1978.

The amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 0.23 cubic foot per second, or its equivalent in case of rotation, measured at the point of diversion from the well.

The wells are located as follows:

Twp	Rng	Mer	Sec	Q-Q	DLC	Measured Distances
7 S	1 W	WM	6	SE SW	51	WELL 1 (ORIGINAL) - 1980 FEET SOUTH AND 400 FEET EAST FROM NW CORNER, DLC 51
7 S	1 W	WM	7	NE NW	51	WELL 2 (ADDITIONAL) - 3045 FEET SOUTH AND 665 FEET EAST FROM NW CORNER, DLC 51

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, shall be limited to ONE-EIGHTIETH of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 2.5 acre-feet per acre for each acre irrigated during the irrigation season of each year, and shall conform to such reasonable rotation system as may be ordered by the proper state officer.

A description of the place of use under the right hereby confirmed, and to which such right is appurtenant, is as follows:

IRRIGATION						
Twp	Rng	Mer	Sec	Q-Q	DLC	Acres
7 S	1 W	WM	6	SE SW	51	3.7
7 S	1 W	WM	6	SW SE	51	14.2
7 S	1 W	WM	7	NW NE	51	0.5
7 S	1 W	WM	7	NE NW	51	0.1

The quantity of water diverted at the additional point of appropriation (Well 2), together with that diverted at the original point of appropriation (Well 1), shall not exceed the quantity of water lawfully available at the original point of appropriation (Well 1).

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

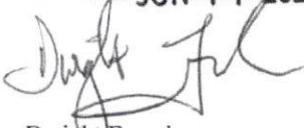
NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.482. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.482. Pursuant to ORS 183.482, ORS 536.075 and OAR 137-003-0675, you may petition for judicial review and petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

The right to the use of the water for the purposes aforesaid is restricted to the lands or place of use herein described.

This certificate is issued to confirm a change in ADDITIONAL POINT OF APPROPRIATION approved by an order of the Water Resources Director entered JANUARY 2, 2020, at Special Order Volume 114, Page 738, approving Transfer Application T-12982, and together with Certificate 94716, supersedes Certificate 55204, State Record of Water Right Certificates.

Issued JUN 17 2022



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

Received
FEB 07 2025

OWRD
Certificate 96313



Image © 2024 Airbus

Imagery Date: 3/15/2024 44°58'56.36" N 122

Received

FEB 07 2025

14611 -

OWRD

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1051511

I.D. TAG NO.

136-2023-012888

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name First Kevin		Middle John	Last Dettwyler	Suffix	Death Date April 25, 2023	
	Sex Male	Age 43 years	Social Security Number 543-21-9138		County of Death Marion		
	Birthdate December 30, 1979		Birthplace Silverton, Oregon			Was Decedent Ever in U.S. Armed Forces? No	
	Residence: 4076 Desart Road NE				City/Town Silverton		
	Residence County Marion		State or Foreign Country Oregon		Zip Code + 4 97381	Inside City Limits? No	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Jill Dietrich				
	Father's Name Loren Ray Dettwyler			Mother's Name Prior to First Marriage Marlene Mae Kaeb			
	Informant's Name Jill Dettwyler		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 4076 Desart Road NE, Silverton, OR 97381		
	Place of Death Decedent's Residence - Hospice			Facility Name			
	Location of Death 4076 Desart Road NE			City/Town or Location of Death Silverton		State Oregon	Zip Code + 4 97381
	Method of Disposition Burial		Place of Disposition Pratum Cemetery		Location (City/Town and State) Salem, Oregon		
	Name and Complete Address of Funeral Facility Weddle Funeral Service					1777 N Third Avenue, Stayton, Oregon 97383	
	Date of Disposition TBD		Funeral Director's Signature <i>Ryan T Steele</i>			OR License Number FS-0670	Local File Number
	Registrar's Signature <i>Jennifer A. Woodward</i>				Date Received April 28, 2023		
	Amendment						

45-2CCS (01/06)



Received

FEB 07 2025

OWRD

14611 -

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

DATE ISSUED: **April 28, 2023**

DATE ISSUED: _____

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

FEB 07 2025

OWRD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

824761
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Diane, Middle: Marie, Last: Kuenzi		2. Death Date September 03, 2018	
3. Sex Female	4. Age 65 years	5. Social Security Number 543-68-2747	6. County of Death Marion
7. Birthdate August 12, 1953	8. Birthplace Tillamook, Oregon	9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 880 70th Avenue SE		14. City/Town Salem	
15. Residence County Marion	16. State or Foreign Country Oregon	17. Zip Code + 4 97317	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Myron Kuenzi	
21. Usual Occupation Homemaker		22. Kind of Business/Industry Own Home	
23. Father's Name Alfred Gulstrom		24. Mother's Name Prior to First Marriage Mathyl Wade	
25. Informant's Name Myron Kuenzi		26. Telephone Number Not Available	27. Relationship to Decedent Spouse
28. Mailing Address 880 70th Avenue SE, Salem, OR 97317			
29. Place of Death Decedent's Residence - Hospice		30. Facility Name	
31. Location of Death 880 70th Avenue SE		32. City/Town or Location of Death Salem	33. State Oregon
34. Zip Code + 4 97317			
35. Method of Disposition Burial		36. Place of Disposition Mt. Hope Cemetery	
37. Location Salem, Oregon			
38. Name and Complete Address of Funeral Facility Unger Funeral Chapel, 229 Mill St, Silverton, Oregon 97381			
39. Date of Disposition TBD		40. Funeral Director's Signature Charles J Loyd	
41. OR License Number CO-3239		42. Registrar's Signature <i>[Signature]</i>	
43. Date Received SEP 10 2018		44. Local File Number 175004	
45. Amendment			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 7:55pm	
CAUSE OF DEATH			
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			Approximate Interval: Onset to Death
Final disease or condition resulting in death → a. Bile Duct Adenocarcinoma		Due to (or as a consequence of) ↓	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Renal Failure, Deep Vein Thrombosis.		Due to (or as a consequence of) ↓	
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		55. Date of Injury (MM/DD/YYYY)	
56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)	
60. Describe how injury occurred		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Hoa Hoang MD 5050 Skyline Village Lp Salem OR 97306			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier MD		65. License Number MD 20769	
66. Date Signed (MM/DD/YYYY) 9/10/18		67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>	
68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		69. Amendment	

7063216

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

14611 -

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

SEP 10 2018

DATE ISSUED:

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

Jennifer A. Woodward
STATE REGISTRAR



Received
FEB 07 2025

OWRD

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

NAME Kuenzi Turf and Nursery				PHONE 503-585-8337			
MAILING ADDRESS 6475 State St							
CITY Salem		STATE OR		ZIP 97317		EMAIL Tyler@kueziturfandnursery.com	

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:
7S	1W	6		2100	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	IR
7S	1W	6		2200	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	IR
7S	1W	7		400	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	IR
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

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

Marion county

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 0.56 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:

<u>This Land Use Information Form is to accompany a water right transfer application that proposes to add two additional points of appropriation (wells) to an existing water right (Certificate 27110) and add one additional point of appropriation (well) to an existing water right (Certificate 96313).</u>
--

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

Received

FEB 07 2025

OWRD

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 use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): MCC 17.136.020 (A) Farm Uses
- Land uses to be served by the proposed water use(s), 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

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

Name: George Brandt Title: Assistant Planner
 Signature: *George Brandt* Date: 02/3/2025
 Governmental Entity: Marion County Public Works, Land Use Phone: 503-588-5038

Receipt Acknowledging Request for Land Use Information	
Note to Local Government Representative:	
Please complete this form and return it to the applicant. For new water right applications only , if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.	
Applicant Name: _____	
Staff Name: _____	Title: _____
Staff Signature: _____	Date: _____
Governmental Entity: _____	Phone: _____

14611 -

STATE ENGINEER
Salem, Oregon

3055
MARION

Well Record

STATE WELL NO. 6/1W-6P
COUNTY Marion
APPLICATION NO. GR-1634

GR- 1599

OWNER: Alfred Dettwyler

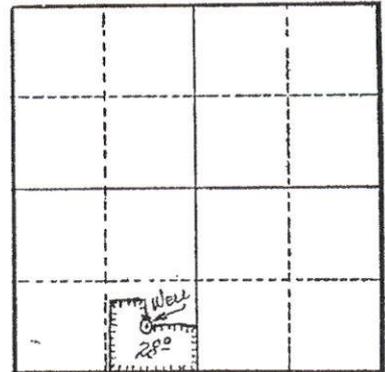
MAILING ADDRESS: Rt. 2, Box 281

LOCATION OF WELL: Owner's No.

CITY AND STATE: Silverton, Oregon

SE 1/4 SW 1/4 Sec. 6 T. 6 S. R. 1 W., W.M.

Bearing and distance from section or subdivision corner 720' W. & 660' N. from S 1/4 cor. Sec. 6



Section 6

Altitude at well 150'

TYPE OF WELL: Drilled Date Constructed 1950

Depth drilled 119' Depth cased 119'

CASING RECORD:

10"

FINISH:

AQUIFERS:

WATER LEVEL:

40'

PUMPING EQUIPMENT: Type Berkeley turbine H.P. 15

Capacity 180 G.P.M.

WELL TESTS:

Drawdown 45 ft. after 275 hours G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR Record

DRILLER or DIGGER Rudolph Stadeli

ADDITIONAL DATA:

Log N.A. Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Irrigation of 28 acres.

Received

FEB 07 2025

OWRD

ORIGINAL
File Original and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

RECEIVED
JUN 16 1958

WATER WELL REPORT
STATE OF OREGON

State Well No. 7/1W-7C(1)
State Permit No. 6515

(1) OWNER:
Name DETTYMYLER + SCHMIDGALL DAIRY
Address RT-2 Box 280
SILVERTON OREGON

(2) LOCATION OF WELL:
County MARION Owner's number, if any— 515
Bearing and distance from section or subdivision corner
36 1/4 1/4 Section 7 T. 7S R. 1W W.M.
9.86 CHAINS E. FROM N.W. CORNER
THENCE 445 CHAINS S.

(3) TYPE OF WORK (check):
Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check): Domestic Industrial Municipal
Test Well Other **(5) TYPE OF WELL:** Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED: Threaded Welded
Diam. from 10" 1-0 ft. to 140'6" Gage 3
" Diam. from _____ ft. to _____ Gage _____
" Diam. from _____ ft. to _____ Gage _____

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used MILLS TYPE
SIZE of perforations 3/8 in. by 3 in.
320 perforations from 74' ft. to 106' ft.
80 perforations from 61' ft. to 68' ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

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

(9) CONSTRUCTION: Well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft. 10" +
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal— STEEL PLATE
Did any strata contain unusable water? Yes No
Type of water? GOOD Depth of strata 61' to 68'
Method of sealing strata off BACK FILL 74' to 106'

(10) WATER LEVELS: Static level 35 ft. below land surface Date 5-14-57
Artesian pressure _____ lbs. per square inch Date _____
Log Accepted by: Dettymyler Schmidgall Dairy
Signed: Jay B. Schmidgall Date 5-24, 1957
(Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? STETTLER SUPPLY
Yield: 150 gal./min. with 7 ft. drawdown after _____ hrs.
" 310 " " 17 " " 1/2 "
" 400 " " 51 " " 1 "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 56° Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 10" 1-0 inches.
Depth drilled 140'6" ft. Depth of completed well 140'6" 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	2'	2'
CLAY YELLOW COLOR	23'	24'
CLAY BLUE COLOR	16'	40'
SAND MUCKY. YELLOW COLOR	15'	55'
CEMENTED GRAVEL	6'	61'
WATER GRAVEL + SAND #3	1'	62'
CEMENTED GRAVEL	6'	68'
CLAY YELLOW COLOR	5'	73'
CEMENTED GRAVEL #1" YELLOW	25'	98'
CEMENTED GRAVEL #2" BLUE	7'6"	105'6"
GRAVEL + SAND W.B. 60 G.P.M.	6'	106'
CEMENTED GRAVEL BLUE	1'	107'
CLAY BLUE COLOR	4'	111'
CEMENTED GRAVEL #4"	3'	114'
WATER SAND	1'	115'
SAND MUCKY GRAY COLOR	12'	127'
SHALE GRAY COLOR	10'	137'
MUCKY SAND	3'	140'

CASING PLUGGED AT BOTTOM TO SHUT OUT MUCKY SAND WHICH IS WATER BEARING. (CEMENT PLUG)

Work started 5-9-1957 Completed 5-14-1957

(13) PUMP: Manufacturer's Name FAIR BANKS PUMP CO.
Type: TURBINE H.P. 20 HP

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME J.A. SNEED + SONS (Person, firm, or corporation) (Type or print)
Address 2505 BROOKS ST. SALEM, O.
Driller's well number _____
[Signed] J.A. Sneed (Well Driller)
License No. 6 Date 5-14-1957

(USE ADDITIONAL SHEETS IF NECESSARY)

Received

FEB 27 2025

14611 -

OWRD

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

MARI 69522
11/16/2020

WELL I.D. LABEL# L 139138
START CARD # 1049663
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company KUENZI TURF INC.
Address 6475 STATE STREET
City SALEM State OR Zip 97317

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(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 150.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
14.5	0	40	Cement w/4% Bentonite	0	40	22	S
10	40	150			Calculated	14.08	
					Calculated		

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

Shoe Inside Outside Other Location of shoe(s) 150
Temp casing Yes Dia 14 From + 0 To 35

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		10	110	120	2	1	363	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 _____ 140 2
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 180 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 7.00 S N/S Range 1.00 W E/W WM
Sec 7 NE 1/4 of the NW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or 44.98317000 DMS or DD
Long _____ " or -122.85950000 DMS or DD
 Street address of well Nearest address
4076 DESART ROAD N.E. SILVERTON, OREGON 97381

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11/9/2020		46

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 64.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/9/2020	64	132	200		46

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	1
Firm brown clay	1	12
Soft sandy brown clay	12	18
Sticky brown clay	18	30
Sticky gray clay	30	41
Sandy brown clay w/small gravels	41	52
Brown sand and medium to large gravel	52	61
Sticky tan clay and gravel	61	64
Medium gravel w/some brown sand	64	73
Large loose gravel	73	89
Loose brown sand and small gravel	89	96
Tight medium gravel	96	106
Loose large gravel and brown sand	106	120
Loose gray coarse sand w/large gravel	120	132
Tan semi-cemented sand	132	139
Dark gray semi-cemented sand	139	142
Sticky gray clay	142	150

Date Started 10/29/2020 Completed 11/9/2020

(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 1903 Date 11/12/2020
Signed RYAN PILLSBURY (E-filed)

(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 1273 Date 11/16/2020
Signed FLOYD SIPPEL (E-filed)
Contact Info (optional) _____

Received
FEB 07 2025
OWRD