CLAIM OF BENEFICIAL USE for Transfer New or Additional POD Only

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

A fee of $230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:
https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in either point(s) of diversion or additional point(s) of diversion, or a combination of both. **YES**
If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #
T-11422

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2. Property Owner (current owner information)

Applicant/Business Name		Phone No.	Additional Contact No.
Crosby Land Company, LLC Attn: Kevin Crosby		503.981.9088	
Address			
8648 Crosby Road NE			
City	State	Zip	E-Mail
Woodburn	Oregon	97071	KC16845@msn.com Blake.crosby@crosbyhops.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *transfer holder of record must sign this form.*

3. Transfer holder of record (this may, or may not, be the current property owner)

Transfer Holder of Record		
Crosby Land Company, LLC Attn: Kevin Crosby		
Address		
8648 Crosby Road NE		
City	City	City
Woodburn	Woodburn	Woodburn

4. Date of Site Inspection:

September 25, 2018

5. Person(s) interviewed and description of their association with the project:

Name	Date	Association with the Project
Blake Crosby	September 25, 2018	Farm Operator

6. County:

Marion

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

Owner of Record		
None		
Address		
City	State	Zip

Add additional tables for owners of record as needed

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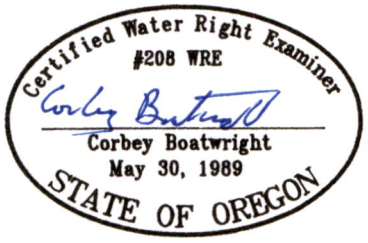
SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

Seal and Signature



Renews: December 31, 2023

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Corbey Boatwright		**503.363.9225**	
ADDRESS **Boatwright Engineering, Inc. 2613 12th Street SE**			
CITY **Salem**	STATE **OREGON**	ZIP **97302**	CITY **Salem**

Transfer Holder of Record Signature or Acknowledgement

Each *transfer holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Kevin Crosby	**Member Manager Crosby Land Co, LLC**	OCT 5, 22

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of diversion. This Claim does not need to provide information for the original point(s) of diversion unless the original point of diversion is either a new or additional point of diversion on another right involved in this transfer.

1. New or additional point of diversion name or number:

POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
Well No. 2	**Sand & Gravel – Willamette Basin**

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? If yes, describe below. **NO**

(e.g. *"The order allowed three new/additional points of diversion. The water user only developed one of the points."*)

3. Claim Summary:

NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well No. 2	**0.78 cfs**	**2.61 cfs**	**None**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Diversion (POD)s? NO

If *"YES"* you will need to copy and complete a separate Section 4 for each POD.

POD Name or Number this section describes (only needed if there is more than one):

Well No. 2 (MARI 64630) (L-105634)

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
CentriPro	86M504	625316058	Submersible	6"	6"

2. Motor Information

Manufacturer	Horsepower
Unknown	50

3. Theoretical Pump Capacity

Horsepower	Operating PSI	Lift from Source to Pump	Lift from Pump to Place of Use	Total Pump Output (in cfs)
50	40	25	0	2.61 cfs

4. Provide pump calculations:

Q = (50) 6.61 = 2.61 cfs Motor is VFD
25+101.6

40 psi = 101.6 head

5. Measured Pump Capacity (using meter if meter was present and system was operating)

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
69474600 gallons	-----	-----	Off

Reminder: For pump calculations use the reference information at the end of this document.

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B. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the diversion involve a gravity flow pipe? **NO**

C. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Does the diversion involve a gravity flow ditch or canal? **NO**

D. Additional notes or comments related to the system:

Meter has been salvaged from original on site well.
Drip line is 0.065'
Blue line on PE pipe.
Holes 1.5' OC

Information on submersible pump is located inside the electrical panel

SECTION 5

CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POD(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	**November 12, 2012**	
COMPLETENESS DATE FROM ORDER (C)	**October 1, 2014**	**Well No. 2 (MARI 64360) completed August 13, 2012 Ready for Use March 1, 2013**

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? **YES**

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
98	**638**	**October 1, 2017**

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? **YES**

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Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion.

b. Has a meter been installed? YES

c. Meter Information

POD Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well No. 2	McCrometer	98-2751 6	Working	694746 00 Gallons x 100 gal	June 2016

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? NO

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? NO

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? NO

7. Other conditions required by the transfer final order or extension final order:

a. Was the water user required to restore the riparian area if it was disturbed? NO

b. Was a fishway required? NO

c. Other conditions? NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

None

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

Attachment Name	Description
Claim of Beneficial Use	Map
MARI 52913	Original POA
MARI 64360	New POA, Well No. 2
Crosby Land Company LLC T-11422 POA – Well No. 2 MARI 64630 L-105634	Photo of CentriPro Submersible Well Pump Information Located inside panel

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SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of diversion, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Rag tape to measure distance and offset from original well location (MARI 52913) (L-03016) to new well location. Location of original well as identified on original certificate (87468) as perfected for Permit G-013143.

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MARI 64360

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

WELL LABEL # L 105634

START CARD # 201770

(1) LAND OWNER

Owner Well I.D. _____

First Name Kevin Last Name Crosby

Company _____

Address P.O. Box 70

City Woodburn State OR Zip 97071

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 328.66 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
20	0	100	Bentonite	0	46	55	S
16	100	328.66					S

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

☒ Other OAR 690-210-0340

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 264 ft. to 328.66 ft. Material pea Size 4/10

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	16	☒	2	263	.375	◉	○	☒	☐
◉	○	12	☒	2.75	328.66	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 263

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	266	286.25	.085			12
Screen		12	301.25	321.5	.085			12

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,200	60.3		2
1,200	80.1		6

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 1 W E/W WM

Sec 30 SE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

10433 Wise Acre Lane Aurora, OR 97002

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	05-18-2012			31.4

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 124

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-07-2012	160	196	300			32
04-13-2012	262	285	700			30
04-18-2012	306	319	800			30

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Clay, brown	2	14
Clay blue silty	14	16
Clay gray silty	16	63
Clay gray sticky	63	86
Silt gray, sandy	86	93
Clay gray sticky	93	111
Silt dark gray, sandy	111	124
Sand, some small gravel, silt	124	130
Clay green	130	137
Silt dark green, sand black	137	143
Clay brown silty	143	149
Clay dark gray & green sticky	149	155
Clay light green sticky	155	158
Clay dark gray silty	158	160
Sand black	160	196
Clay silty gray & green	196	198
Sand black, lens layers of green clay	198	210
Clay gray silty	210	212

Date Started 03-28-2012 Completed 08-13-2012

(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.

RECEIVED BY OWRD

License Number 1704 Date SEP 13 2012

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification SALEM, OR

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 783 Date 9/12/12

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) Grosen Well Drilling (503)982-2060

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.88

MARI 64360

T-11422 NEW POA WELL NO. 2

Mari 64360

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

WELL LABEL # L 105634

START CARD # 201770

(1) LAND OWNER

Owner Well I.D. _____

First Name Kevin Last Name Crosby

Company _____

Address P.O. Box 70

City Woodburn State OR Zip 97071

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 328.66 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
20	0	46	Bentonite	0	46	55	S
16	46	328.66					S

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

☒ Other OAR 690-210-0340

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 264 ft. to 328.66 ft. Material pea Size 4/10

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	16	☒	2	263	.375	◉	○	☒	☐
◉	○	12	☒	2.75	328.66	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 263

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	266	286.25	.085			12
Screen		12	301.25	321.5	.085			12

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,200	60.3		2
1,200	80.1		6

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 1 W E/W WM

Sec 30 SE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

10433 Wise Acre Lane Aurora, OR 97002

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	05-18-2012			31.4

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 124

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-07-2012	160	196	300			32
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(11) WELL LOG

Ground Elevation _____

Material	From	To
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Clay, brown	2	14
Clay blue silty	14	16
Clay gray silty	16	63
Clay gray sticky	63	86
Silt gray, sandy	86	93
Clay gray sticky	93	111
Silt dark gray, sandy	111	124
Sand, some small gravel, silt	124	130
Clay green	130	137
Silt dark green, sand black	137	143
Clay brown silty	143	149
Clay dark gray & green sticky	149	155
Clay light green sticky	155	158
Clay dark gray silty	158	160
Sand black	160	196
Clay silty gray & green	196	198
Sand black, lens layers of green clay	198	210
Clay gray silty	210	212

Date Started 03-28-2012 Completed 08-13-2012

(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.

RECEIVED BY OWRD

License Number 1704 Date _____

Password : (if filing electronically) _____

Signed _____ NOV 21 2012

SALEM, OR

(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 783 Date 11/16/12

Password : (if filing electronically) _____

Signed Ivan Grossen

Contact Info (optional) Grossen Well Drilling (503)982-2060

ORIGINAL - WATER RESOURCES DEPARTMENT

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

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MARI 64360

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 105634

START CARD # 201770

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To
Clay sticky green	212	216
Clay dark green, soft	216	221
Clay light green sticky	221	233
Sand black	233	234
Clay gray	234	236
Sand black	236	238
Clay green sticky	238	249
Clay gray silty	249	253
Clay gray sandy	253	262
Sand black fine	262	274
Sand 60%, & gravel to 3"	274	283
Gravel 70% & sand	283	285
Clay green sticky	285	287
Clay dark green silty, fine sand	287	292
Clay dark gray silty	292	296
Sand black 70%, & gravel to 3"	296	299
Clay green sticky	299	301
Clay dark green silty & sand	301	306
Sand black fine & silt	306	308
Sand black	308	319
Clay sticky brown & tan	319	325
Clay sticky gray, hard	325	328.66

Comments/Remarks

lift bail at 327' 8"
bottom plate at 328' 8"

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SEP 13 2012

SALEM, OR

RECEIVED

OCT 05 2022

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RECEIVED
OCT 05 2022
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
APR - 9 1998
WATER RESOURCES DEPT.
SALEM, OREGON

T-11422
ORIGINAL POA

mari 52913

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

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

WELL I.D. # L03016 Well Number

WATER RESOURCES DEPT. (START CARD) # 095689

(1) OWNER:
Name Kevin Crosby
Address 16826 BUTTEVILLE RD. NE
City WOODBURN State OR Zip 97071

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 32.8.
Explosives used [ ] Yes [X] No Type none Amount none

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
16"	Ø	100"	Bent chips	0'-	13'	23 sacks
16"	Ø	100	neat cement	13'	100'	76 sacks
10"	100'	328'	-	-	-	-

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other Bentonite chiops poured dry
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:	10"	+1.5	160	.250	X		X	
	8X10"	146	146.9		X		X	
Liner:	8"	146.9	161.2	.250	X		X	
Liner:	8"	197.3	262.6	.250	X		X	
Liner:	8"	288.1	328	.250	X		X	

Final location of shoe(s) 160

(7) PERFORATIONS/SCREENS:
[ ] Perforations Method none
[X] Screens Type Johnson Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
161.2	197.3	.020			8"	[ ]	[ ]
262.6	288.1	.015			8"	[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
350	N/A	326	1 1/2 hr.

Temperature of water 57degrees Artesian Flow Found none
Was a water analysis done? [ ] Yes By whom none
Did any strata contain water not suitable for intended use? [X] Too little
[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other -
Depth of strata: -

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 4S N or S Range 1W E or W. WM.
Section 30 SE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10433 Wise Acre La Aurora

(10) STATIC WATER LEVEL:
21.6 ft. below land surface. Date 4-1-98
Artesian pressure none lb. per square inch. Date -

(11) WATER BEARING ZONES:
Depth at which water was first found 86'

From	To	Estimated Flow Rate	SWL
86	94	20	18
114	130	40	18
135	150	40	18
161	200	150	21.6
263	319	200	21.6

(12) WELL LOG:
Ground Elevation 410'

Material	From	To	SWL
Top soil	Ø?	1	
Silt brown soft	1	12	
Silt grey soft	12	70	
clay grey red	70	86	
sand fine black	86	94	18
clay silty grey	94	114	
sand fine black	114	130	18
clay siltgrey	130	135	
sand fine black	135	150	18
silt brown	150	153	
clay med grey	153	162	
sand fine black	162	200	21.6
silty clay grey	200	205	
sand fine black	205	210	
silt clay green	210	233	
sand fine black	233	240	
clay greenj red	240	263	
sand fine black	263		
same gravels		290	21.6
sand silty gravels black	290	300	

Date started _____ Completed _____

(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 1358
Signed _____ Date _____

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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WATER RESOURCES DEPARTMENT
SALEM, OREGON

PAGE @ 2

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPARTMENT (STATE ID CARD) #

tag L028116

(1) OWNER:

Well Number

Name Kevin Crosby

Address 16826 Butteville Road NE

City Woodburn State OR Zip 97071

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 32.8 ft.

Explosives used Yes ☐ No ☒ Type Nione Amount None

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Marion Latitude Longitude

Township 4S N or S. Range 1W E or W. WM.

Section 30 SE ¼ NE ¼

Tax Lot 100 Lot Block Subdivision

Street Address of Well (or nearest address) 10433 Waise Acre Lane, Aurora

(10) STATIC WATER LEVEL:

21.6 ft. below land surface. Date 4-1-98

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 86

From	To	Estimated Flow Rate	SWL
319	326		

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Sand fisne Black	300	318	21.
Sand fine silty black	318	319	"
Claystone soft with packed	319		21.
Sand green		321	" "
sand med fine silty brown	321	326	21.
clay sticky grey	326	328	21.

Date started 2-24-98 Completed 4-3-98

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration abandonment of this well is in compliance with Oregon well construc standards. Materials used and information reported above are true to my knowledge and belief.

WWC Number

Signed Date

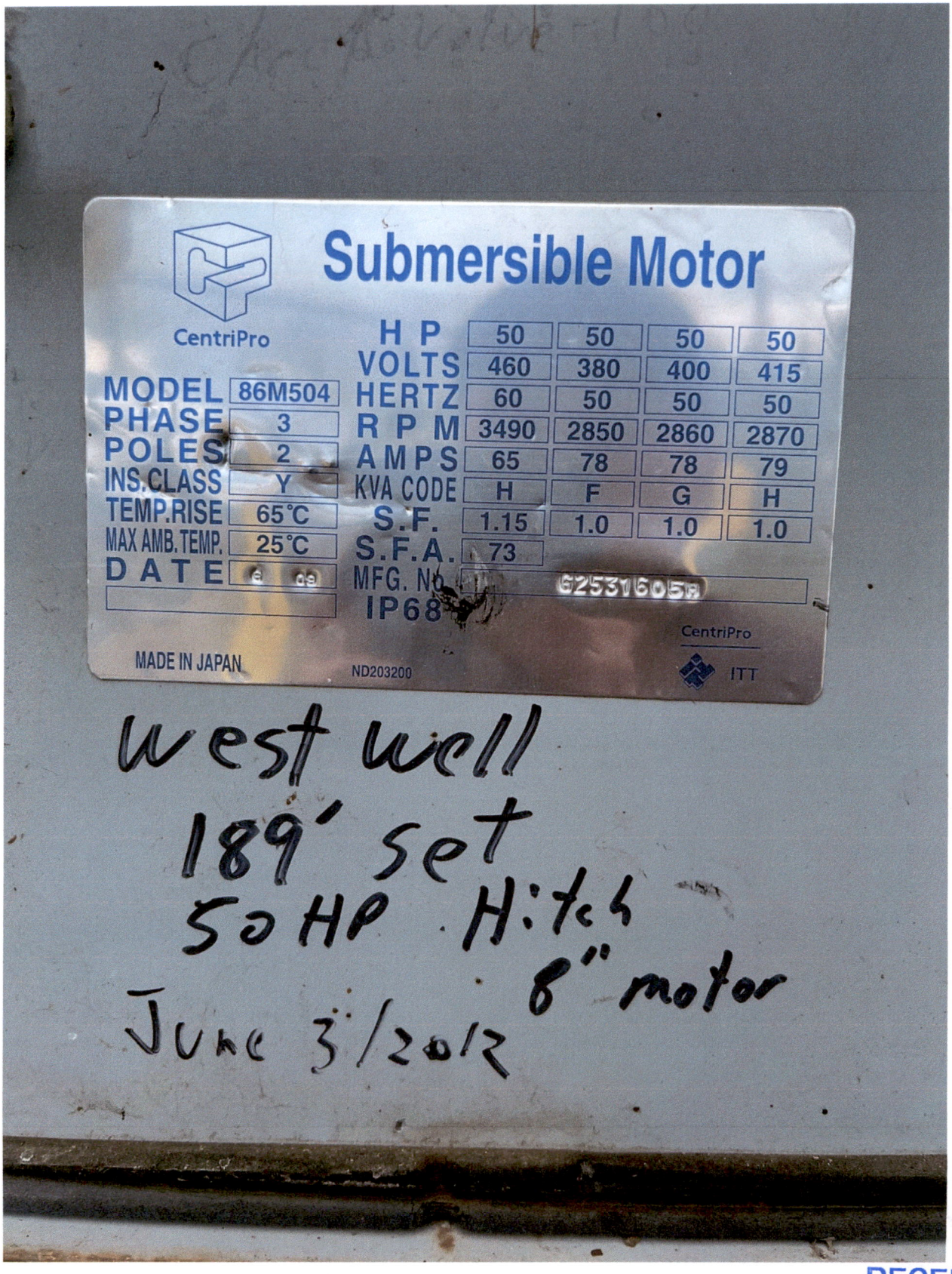
(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonr work performed on this well during the construction dates reported abov work performed during this time is in compliance with Oregon construction standards. This report is true to the best of my knowledge belief.

WWC Number

Signed Date

Crosby Land Company LLC
T-11422 POA – Well No. 2
MARI 64630 L-105634



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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☐ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) ***Not required for this type of Claim of Beneficial Use**
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☐ Legend
- ☒ CWRE stamp and signature

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