

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



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

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A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

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

1. File Information:

APPLICATION # G-14815	PERMIT # (IF APPLICABLE) G-13777	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME B2 Land LLC % Blake Crosby		PHONE NO. 503.982.5166	ADDITIONAL CONTACT NO.
ADDRESS 8648 Crosby Road NE			
CITY Woodburn	STATE OREGON	ZIP 97071	E-MAIL blake.crosby@crosbyhops.com

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

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

PERMIT HOLDER OF RECORD B2 Land LLC % Blake Crosby			
ADDRESS 8648 Crosby Road NE			
CITY Woodburn	STATE OREGON	ZIP 97071	

ADDITIONAL PERMIT HOLDER OF RECORD Northwest Farm Credit Services, FLCA			
ADDRESS 650 Hawthorne Avenue SE, Suite 210			
CITY Salem	STATE OREGON	ZIP 97301	

4. Date of Site Inspection:

October 15, 2019

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Blake Crosby	October 15, 2019	Owner

6. County:

Marion

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

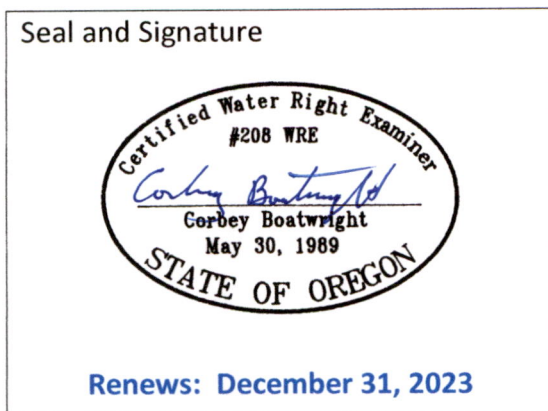
OWNER OF RECORD None			RECEIVED
ADDRESS			OCT 04 2022
CITY	STATE	ZIP	OWRD

Add additional tables for owners of record as needed

**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.



CWRE NAME Corbey Boatwright		PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.	
ADDRESS Boatwright Engineering, Inc. 2613 12th Street SE				
CITY Salem	STATE OREGON	ZIP 97302	E-MAIL corbey@boatwrightengr.com	

Permit Holder of Record Signature or Acknowledgement

Each permit 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
	Blake W. Crosby	Member B2 Land LLC	9-30-22
	Kurt Wittman Mickey F. Hartley	NW Farm Credit Services FLCA	10-4-2022

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**SECTION 3
CLAIM DESCRIPTION**

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	MARI 52993	L-22900
	MARI 64301	

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
A Well	Case Creek Basin	Champoeg Creek

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Hops	March 1-Oct 31	0.5 cfs
Well	Domestic	NA	March 1-Oct 31	0
Total Quantity of Water Used				

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

From the well there is an above ground aluminum 4-inch main running southwesterly and turning southeasterly, along the farm road that runs to the middle of the fields. Connected to the first 4-inch line is an above ground aluminum 4-inch main that runs both northerly and southerly, parallel with the easterly property line and approximately 130-feet westerly of said line. Aluminum irrigation line sets are 40-feet apart.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

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5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

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The permit allowed for the development of 40.0 acres. 37.7 acres were developed

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.5 cfs	0.5 cfs	Not Running	Irrigation	40.0	37.7
Well	0.005 cfs	None	None	None	NA	NA

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

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

Well

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4S	2W	WM	35	SW-SW	----	68	IR	0.7	0
5S	2W	WM	2	NW-NW	----	65	IR	21.6	0
5S	2W	WM	2	SW-NW	----	65	IR	8.5	0
5S	2W	WM	3	NE-NE	----	65	IR	1.5	0
5S	2W	WM	3	SE=NE	----	65	IR	5.4	0
Total Acres Irrigated								37.7	0

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

2. Describe the access port (type and location) or other means to measure the water level in the well:

1 1/2 port on east side

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached	Well	Logs	MARI 52993	& MARI 64301		

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

NONE

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

D. Diversion and Delivery System Information

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Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Centrifugal	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	30 Hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 Hp	40	70'	0' to -20'	1.0 cfs

5. Provide pump calculations:

$$Q = \frac{30 \text{ Hp} (6.61)}{101.6 + 70 + 20} = 1.03 \text{ cfs} = 464 \text{ gpm}$$

40 psi = 101.6

6. 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)
-----	-----	-----	System not operating

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	2360'	Aluminum	Above Ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3" Handline	2640'	Aluminum	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32	40	4.4	100	51	0.5 cfs (224.4 gpm)

Reminder: For sprinkler output determination use the reference information at the end of this document.

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11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
None					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
None					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
None				

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank,

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	December 21, 1999		
BEGIN CONSTRUCTION (A)	December 21, 2000	April 27, 1998	Well construction commenced
COMPLETE CONSTRUCTION (B)	No Date	----	----
COMPLETE APPLICATION OF WATER (C)	October 1, 2004 <i>Permit</i>	October 1, 2018	October 1, 2018 - water applied to developed acres as measured and in compliance with all conditions of the Permit and Extensions of Time
	October 1, 2008 <i>FO for 1ST Ext of Time</i>		
	October 1, 2018 <i>FO for 2ND Ext of Time</i>		

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

a. Did the Extension Final Order require the submittal of Progress Reports? **YES**

b. Were the Progress Reports submitted? **YES**

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Document was Submitted			

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4. Annual Static Water Level Measurements:

- a. Was the water user required to submit annual static water level measurements? **YES**
- b. Provide the month, or months, the static water level measurement(s) were to be made:

March
- c. Were the static water level measurements taken in the month(s) required? **Sometimes**
- d. If "YES", were those measurements submitted to the Department? **YES**
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
See attached COMMENTS sheet for more information			

5. Pump Test:

- a. Did the permit require the submittal of a pump test? **YES NO**

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

If "NO", items b through e relating to this section may be deleted.

- b. Has the pump test been previously submitted to the Department? **NO**
- c. Is the pump test attached to this claim? **NO**
- d. Has the pump test been approved by the Department? **NO**
- e. Has a pump test exemption been approved by the Department? **NO**

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**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

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

If "NO", items b through f relating to this section may be deleted.

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 or appropriation.

- b. Has a meter been installed? **YES**
- c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Unknown (PGE)	31021768	working	84127 Total Kw	Unknown Post 2004
	McCrometer	08-0859-04*	System not operating	227431x100gpm^	2008

*** Serial number was very worn and difficult to read when looking at it or at a graphite rubbing of it. This is my best guess as to what the number is.**

^ Meter information was not picked up at 2019 field visit. Current meter reading was collected 9-16-2022. System not operating at either visit.

7. Recording and reporting conditions:

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES, but not reqd.**

WELL ID #	DATE ATTACHED TO WELL
L-22900	April 1998

e. 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
COMMENTS	Explanation of sequence of March Static Water Level Measurements
MARI 52993	Original Well Log
MARI 64301	Alteration/Deepening Well Log

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COMMENTS

Claim of Beneficial Use

Application: **G-14815**
Permit: **G-13777**

Permit Holder: **B2 Land LLC and Northwest Farm Credit Services, FLCA**

- Condition: *The Department requires the permittee to submit an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins;*

According to WRD records in the groundwater reporting section, a static water level (SWL) was obtained by Marc Norton, WRD staff hydrogeologist, March 19, 1999. This was after the well was completed on April 30, 1998, but prior to permit issuance.

The next SWL was obtained on 3-20-2001. Measurements were taken and filed with WRD over the years from 2001 through 2008. Measurements in 2005 and 2008 were taken in February. The measurement in 2007 was taken in April. No SWL's were submitted after 2008.

Per the second Extension of Time application, submitted to WRD on September 18, 2008, the original permit holder (Wanner) provided information that, to date, 0 cfs of water was used, and 0 acres were irrigated.

The first evidence that irrigation had occurred is a Google Earth photo dated August 15, 2012, attached.

- Condition: *Following the first year of water use, the user shall submit seven consecutive annual reports of static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared.*

The first evidence that irrigation had occurred is a Google Earth photo dated August 15, 2012, attached. No SWL's were obtained and submitted to WRD until the current permit holder began them again in March of 2018 following purchase of the farm. 2019 through 2022 have also been obtained and submitted. The current permit holder will continue to have the March measurements taken through 2025 to meet the consecutive 7 years of required measurements. With no measurements collected between 2013 and 2018, the permit holder is assuming that the 2018 measurement will have to provide the reference level.

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

MAY - 6 1998

*Marion
52993*

ID Tag L 22900

SALEM, OREGON

(START CARD) # 104117

(1) OWNER:
 Name Leonard Wanner
 Address Crosby road
 City Woodburn State OR Zip 97071
 Well Number: 22900

(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 124 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	3/8 chips	10	20	9
			cement	0	10	7
8"	20	123				

How was seal placed: Method A B C D E
 Other chips poured
 Backfill placed from 118 ft. to 123 ft. Material 3/4 pea gravel
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	3'+	117	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 8" 117'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250	n/a	97'	1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S N or S. Range 2W E or W. WM.
 Section 2 NW 1/4 NW 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7588 Crosby RD
Woodburn OR 97071

(10) STATIC WATER LEVEL:
28' ft. below land surface. Date 4-30-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 103

From	To	Estimated Flow Rate	SWL
103	106	6gpm	
116	124	250	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	10	
clay brown sticky	10	30	
clay grey soft	30	66	
silty clay grey soft	66	70	
sand fine black	70	85	
sand black fine med gravel	85	100	
sand med dark black black	100	103	
gravel med	103	106	
	106	110	
sands & gravel clay soft	110		
grey		112	
clay grey firm sticky	112	114	
clay brown firm sticky	114	116	
packed sand gravel med	116	124	

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Date started 4-27-98 Completed 4-30-98

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1709
 Date 5-4-98

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1358
 Date 5-5-98

MARI 64301

Westenberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

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

WELL I.D. # L 22900 22900
 START CARD # 208153 208153

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

(1) LAND OWNER Well Number _____
 Name Leonard & Marie Wanner
 Address 7588 Crosby Rd.
 City Woodburn State OR Zip 97071

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 132 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Seals or Pounds
6	124	134	seal	not	changes	

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

Backfill placed from 132 ft. to 134 ft. Material cement
 Gravel placed from 94 ft. to 132 ft. Size of gravel 6/8 CSS

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 600	Mari	52993		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
liner: 6	93	113.5	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Method WIRE WRAPPED
 Screens Type Y-WIRE Material S.S.

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
113.5	132	.080	6	ps		<input type="checkbox"/>	<input type="checkbox"/>
132	133.3	6"	blank	tall pipe		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150	68		1 hour

Temperature of water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Marion
 Tax Lot 800 Lot _____
 Township 5 S Range 2 W WM
 Section 2 NW 1/4 NW 1/4
 Lat _____ or _____ (degrees or decimal)
 Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address)
7588 Crosby Rd, Woodburn

(10) STATIC WATER LEVEL
36 ft. below land surface. Date 7-12-12
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date OCT 04 2022

(11) WATER BEARING ZONES

Depth at which water was first found _____

From static	To pre-deepening	Estimated Flow Rate	SWL
116	133		36

(12) WELL LOG

Material	From	To	SWL
see Mari 52993 for original well information to 124'			
sand & gravel gray black	124	133	
clay blue gray	133	134	

this well was filled in to bottom of casing. It made very little water & lots of sand. Well was cleaned out & screen set in & worked down to 132'. A cement plug was placed in tall pipe to seal it.

Date Started 8-29-12 Completed 7-12-12

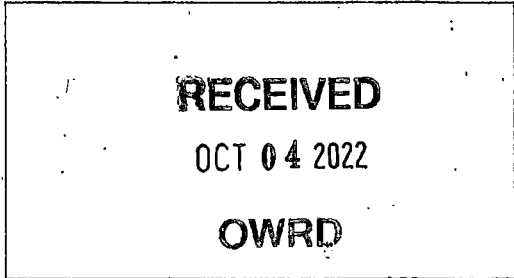
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____ Date _____

(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 688 Date 7-23-12
 Signed Steven N. Stadel

Steven N. Stadel
Westenberg Drilling, Inc.



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: D2 Land LLC c/o Blake Crosby
8648 Crosby Rd NE Woodburn, OR 97071

Transaction Type: COBU

Fees Received: \$ 230.00

Cash Check: Check No. 29644
Name(s) on Check: Schroeder Law Offices

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Nante Luong
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.

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 poly 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.

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.

Field location of monument at the NW corner of the Vandall DLC. Measured with steel tape to northeast property corner and well. Marion County Survey Records: MCSR 34244 and MCSR 37481. July 16, 2018 Google Earth aerial photograph to confirm well location and fields.

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.)
- 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

RECEIVED

OCT 04 2022

OWRD