CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less

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

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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.

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
(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18348	G-17914	

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Arauco North America, Inc.		541-868-1806	
Address 2550 Old Salem Rd. NE			
City Albany	State OR	Zip 97321	E-Mail sean.coffey@arauco.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		
Arauco North America, Inc.		
Address 2550 Old Salem Rd NE		
City Albany	State OR	Zip 97321

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

January 4, 2022

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

Name	Date	Association with the Project
Jason Young	1/4/2022	Environmental Manager

6. County:

LINN

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

Owner of Record		
N/A		
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

CERTIFIED WATER RIGHT EXAMINER
58902WRE
JOHN DAVID MCGEE
JULY 12, 2005
STATE OF OREGON

RENEWS: 12/31/2022

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
John McGee		(541) 929-4226	
ADDRESS PO Box 1472			
CITY Philomath	STATE OR	ZIP 97370	E-MAIL johnmcgee@jdmcgee.com

Permit Holder of Record's 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
Jason Young	Jason Young	Environmental Manager	10/10/2022

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SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well #1	Linn 59212	L-102068
Well #2	Not installed	N/A

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

2. 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 #1	Industrial/Manufacturing	N/A	Year-Round	0.053 cfs
Well #2	N/A	N/A	N/A	N/A
Total Quantity of Water Used				0.053 cfs

Note: Actual rate measured by water user with a meter and stopwatch at the outflow to the pond.

3. 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:

Water is conveyed from Well #1 through a 2-inch diameter pipe to the north edge of the bulge. Well #1 is used to maintain the water level in the bulge. Water is then pumped from the west end of the bulge through an underground pipe system throughout the facility. The water from Well #1 is used for wash-down, pollution control, humidification, and manual fire suppression.

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).

4. 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. YES

(e.g. *"The permit allowed three points of diversion. 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."*)

The permit allowed two points of appropriation. The water user only developed one of the points (Well #1).

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well #1	0.067 cfs	N/A	0.053 cfs (24 gpm)	Industrial/ Manufacturing	N/A	N/A
Well #2	0.067 cfs	N/A	N/A	N/A	N/A	N/A

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES

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 #1

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

If "NO", items 2 through 4 relating to this section may be deleted.

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

A threaded port is located in the top of the well head to allow for measurement of the water level in the well.

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
6"	1'-60'	345'	5/20/2010	N/A	Flakeboard	Jones Drilling

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.

See Attached Well Log

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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.

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1. Is a pump used? YES

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Berkeley	L30P4GMGS	Unknown	Submersible

3. 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)
2 HP	Unknown	Unknown	Unknown	Unknown

4. Provide pump calculations:

N/A

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)
N/A	N/A	N/A	0.053 CFS

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

Note: The pump capacity was measured by the water user with a meter and stopwatch at the outflow to the bulge.

E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)? YES

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES
Bulge in System / Reservoir YES

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal (Steel)	50,000	Above Ground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Storage Pond	0 ft	4.60

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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

If "NO", items 2 through 4 relating to this section may be deleted.

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

If "NO", items 2 through 4 relating to this section may be deleted.

H. Additional notes or comments related to the system:

Pipelines shown on the Claim of Beneficial Use map include pipelines from external sources, one decommissioned pipeline from Albany Paper Mill and one providing an emergency supply of water from the City of Millersburg for use in case of fire at the facility.

The water user reported that the bulge capacity is 1.5 million gallons.
1.5 million gallons /7.48 gal/ft^3 = 200,534.8 ft^3/43,560 ft^2/acre = 4.60 acre-ft

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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 any 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 extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	11/29/2017		
Begin construction (A)	11/29/2017	11/29/2017	Well #1 was initially drilled in May 2010, but it was capped and not used until 11/29/2017, when the water user began installation of the well pump. The bulge and piping intended for fire suppression have been in place since prior to 1970. A Pipeline connects from Millersburg to the bulge to provide an emergency water supply in case of fire, but has no industrial use.
Complete construction (B)	11/29/2022	1/1/2018	Well #2 was not constructed. All system components for Well #1 operation were installed and the well pump was put into use on this date.
Complete application of water (C)	11/29/2022	1/1/2018	Well #1 was put in operation and water was put to beneficial use.

* 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)? NO

If "NO", items a and b relating to this section may be deleted.

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

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

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **NO**

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

5. Pump Test:

a. Is a pump test required? **YES**

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? **YES**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO**
****The Claim 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? **NO**

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 appropriation.

7. Recording and reporting conditions:

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

If "NO", item b relating to this section may be deleted.

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

a. Were there special well construction standards? **YES**

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

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
L102068	5/20/2010

d. 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):

The well shall only produce groundwater from the consolidated bedrock reservoir between approximately 100 ft – 1000 ft below land surface. The perforated liner for Well #1 (L102068) is installed from a depth of 165 ft to 345 ft below land surface.

A well identification tag is required to be permanently attached to the well. The well ID tag was attached to the well on 5/20/2010 and was present during the site visit on 1/4/2022.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well #1 Well Log	Well Log for LINN 59212
Well #1 Pump Test	Well #1 Pump Test Summary and Data Sheets
COBU Map	Claim of Beneficial Use Map
Fire Protection System Map	Map of underground piped water system

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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 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.

The location of the pond perimeter and Well #1 was measured from the SE corner of D.L.C. 46 using GPS. The pipeline system was drawn from a map of the underground piping system provided by the water user.

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
- ☐ N/A If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ N/A 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
- ☐ N/A 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

LINN 59212

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

WELL LABEL # L 102068

START CARD # 205742

(1) LAND OWNER

Owner Well I.D. 5091

First Name _____ Last Name _____

Company Flakeboard

Address P.O. Box 428

City Albany State OR Zip 97321

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 345 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	60	Cement	1	60	14	S
6	60	345	Bentonite	0	1	1	S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[X] Other Poured dry

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [ ] Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	6	[X]	1	60	250	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____

Temp casing [X] Yes Dia 10 From 0 To 40

(7) PERFORATIONS/SCREENS

Perforations Method Drilled

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner		165	345	.25		6,000	

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
70		345	1

Temperature 54 °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 10 S N/S Range 3 W E/W WM

Sec 33 NW 1/4 of the NE 1/4 Tax Lot 151

Tax Map Number _____ Lot _____

Lat ° ' " or 0 DMS or DD

Long ° ' " or _____ DMS or DD

(•) Street address of well ( ) Nearest address

2550 NE Old Salem Rd., Albany, OR 97321

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	05-20-2010		[ ]	9

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 130

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-20-2010	130	265	70		[ ]	9
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Gravel fill	0	10
Brown clay w/some gravel	10	20
Brown clay	20	25
Blue grey sandstone	25	245
Grey brown claystone	245	250
Black basalt	250	265
Grey sandstone	265	345

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SALEM, OREGON

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JONES DRILLING CO. INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date Started 05-17-2010 Completed 05-20-2010

(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 1411 Date 05-27-2010

Password : (if filing electronically)

Signed [signature]

(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 1684 Date 05-27-2010

Password : (if filing electronically)

Signed [signature]

Contact Info (optional) jonesdrilling@hotmail.com

ORIGINAL - WATER RESOURCES DEPARTMENT

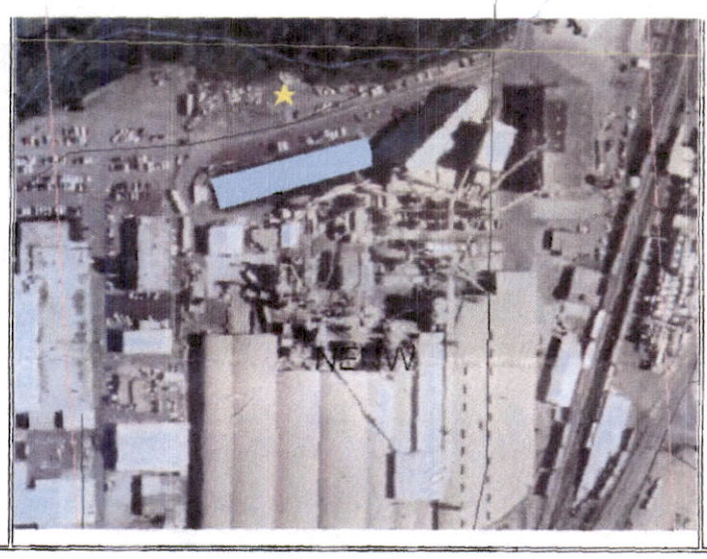
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

OWRD Basic Web Mapping Application (beta)

Latitude: 44.664348 , Longitude: -123.064
Oregon Lambert Coordinate: 645455.97, 1

- OWRD Data
- Base Data
- Imagery



TRSQQ: 10.00S-03.00W-33-NENW

County: Linn
Basin: Willamette
WM District: 2
WM Region: NW
Withdrawn Area:
WAB: WILLAMETTE R > COLUMBIA R - / 14191000 (183)
Priority WAB:
Rule 4D: Rules apply
Groundwater Restricted:
Scenic Water Way:
Division 33: LOWER COLUMBIA
Water Quality Limited: Yes
Water Rights: See Water Rights in this section (
Well Logs: See Well Logs in this section

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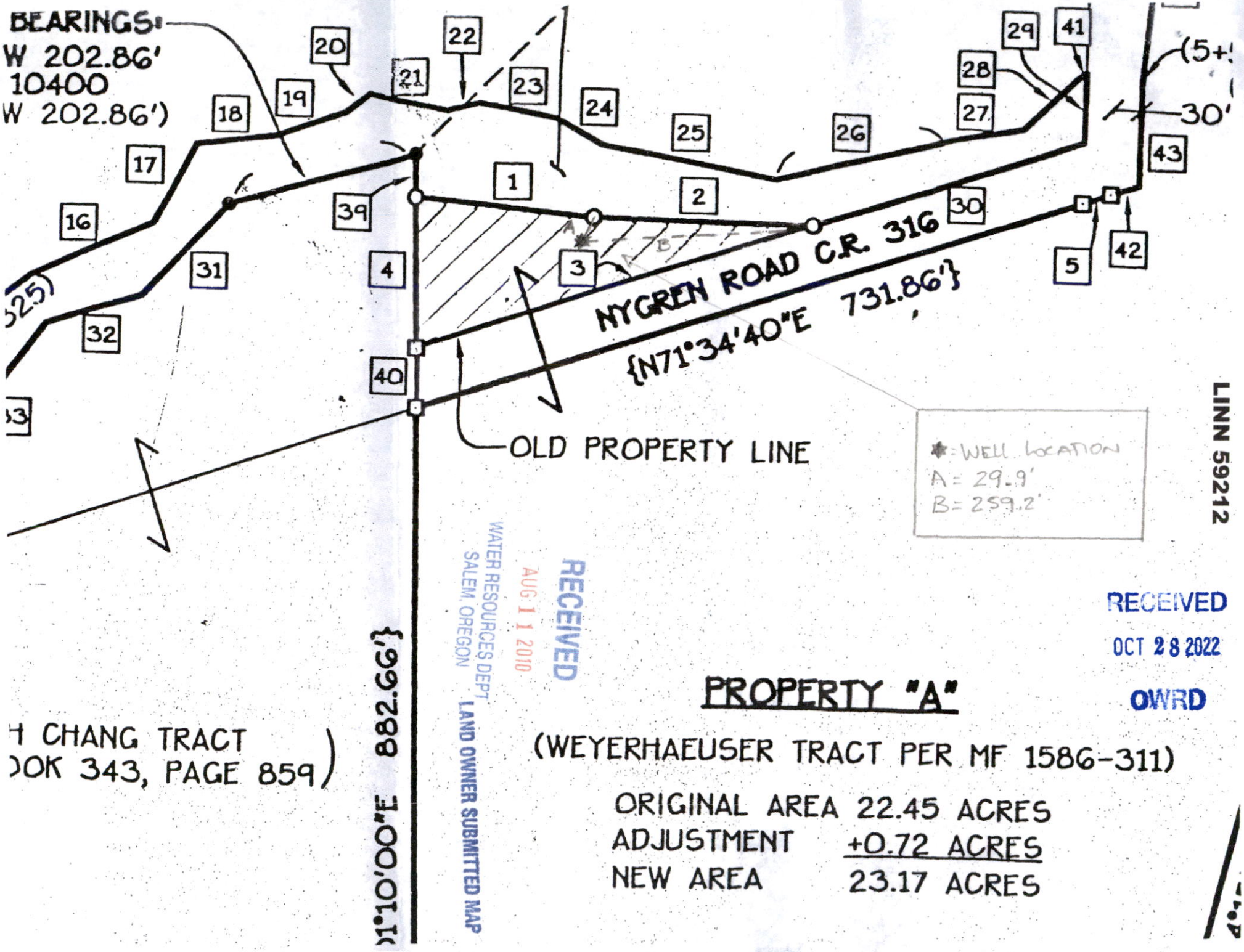
SALEM, OREGON

LAND OWNER SUBMITTED MAP


BEARINGS:
W 202.86'
10400
W 202.86')
NYGREN ROAD C.R. 316
{N71°34'40"E 731.86'}
OLD PROPERTY LINE
*: WELL LOCATION
A = 29.9'
B = 259.2'
H CHANG TRACT
OOK 343, PAGE 859)
)1°10'00"E 882.66'}
(5+
30'
LINN 59212
RECEIVED
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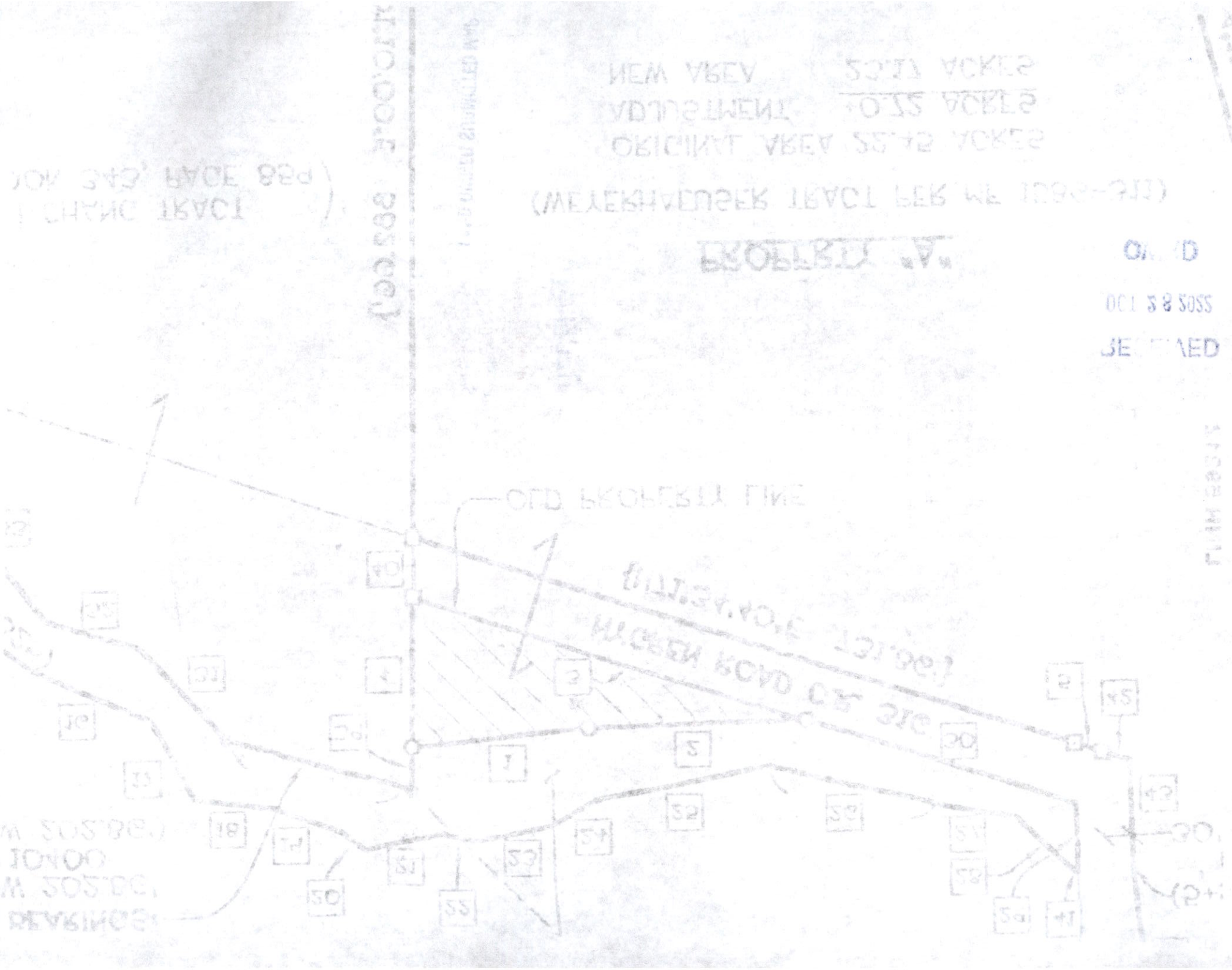
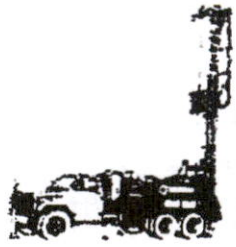
RECEIVED
AUG 11 2010
WATER RESOURCES DEPT
SALEM, OREGON
LAND OWNER SUBMITTED MAP
PROPERTY "A"
(WEYERHAEUSER TRACT PER MF 1586-311)
ORIGINAL AREA 22.45 ACRES
ADJUSTMENT +0.72 ACRES
NEW AREA 23.17 ACRES



JONES DRILLING CO. INC.
29404 Santiam Hwy
LEBANON OREGON
[illegible] 2686



Flakeboard
P.O. Box 428
Albany, OR 97321

Date : 6/02/2010

Location: 2550 NE Old Salem Rd., Albany, OR 97321

This well was pumped for a total of 20 hours. The average flow was 52.49 gallons per minute. The total gallons pumped was 62,988 gallons. Recovery was taken for 8 hours continuous and 3 later measurements. This well never had a full recovery in a 24 hour period.

After reviewing the well flow testing, it seems as though the well is confined to a small fractured bedrock area which limits the amount of water flow connected by surrounding water bearing zones. I would recommend no more than 25,000 gallons of water be pumped in a 24 hour period of repeated usage (day after day). This well could be pumped at a continuous flow of 15 - 20 gallons per minute for the entire day, or it could be pumped at a higher flow (40 - 50 gallons per minute) for shorter periods of time off and on throughout the day.

This well could be pumped intermittently (once or twice a week) at a rate of 55,000 gallons per day. There could be other limiting factors in connected water strata, that further restrict continual usage, that was not detected on the 20 hour pumping session.

Sincerely,

Bret Jones

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Oregon Water Resources Department

PUMP TEST DATA SHEET

Application: _____ Permit: _____ Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data						Recovery Data					
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
5/25/2010	12:00 pm		9' 3.75"								
	12:20 pm		9' 3.75"								
	12:40 pm		9' 3.75"								
	1:00 pm		9' 3.75"								
	1:20 pm		9' 3.75"								
	1:40 pm		9' 3.75"								
	2:00 pm		9' 3.75"								
	2:02 pm	2		62							
	2:04 pm	4		78							
	2:06 pm	6		85							
	2:08 pm	8		92							
	2:10 pm	10		95							
	2:15 pm	15	103' 8"								
	2:20 pm	20	108' 1"		61 gpm						
	2:25 pm	25	111' 4.25"		62 gpm						
	2:30 pm	30	112' 3.75"		58 gpm						
	2:45 pm	45	119'		59 gpm						
	3:00 pm	60	124' 2.5"		58.67 gpm						
	3:15 pm	75	127' 9.5"		58 gpm						
	3:30 pm	90	130' 3.75"		58.33 gpm						
	3:45 pm	105	132' 7"		58.67 gpm						
	4:00 pm	120	134' 6.75"		58.47 gpm						
	4:15 pm	135	136' 1"		56.53 gpm						
	4:30 pm	150	137' 7.25"		56 gpm						
	4:45 pm	165	139' 2"		56.67 gpm						
	5:00 pm	180	140' 4.75"		55 gpm						
	5:15 pm	195	141' 5"		54.67 gpm						
	5:30 pm	210	142' 7.25"		55.33 gpm						
	5:45 pm	225	143' 8"		57.67 gpm						
	6:00 pm	240	144' 8"		54.33 gpm						
	6:30 pm	270	145' 1.75"		53.83 gpm						
	7:00 pm	300	146' 11"		55.10 gpm						
	7:30 pm	330	148' 6"		54 gpm						
	8:00 pm	360	150' 3.5"		53.73 gpm						
	8:30 pm	390	151' 10"		53.60 gpm						
	9:00 pm	420	153' 2.5"		53 gpm						
	9:30 pm	450	154' 6"		52.17 gpm						
	10:00 pm	480	156'		53.4 gpm						
	11:00 pm	540	160' 1.5"		52.28 gpm						
5/26/2010	12:00 am	600	161' 9"		51.72 gpm						

Additional forms can be obtained from our web site at: http://www.wrd.state.or.us

RECEIVED
OCT 28 2022
OWRD

Oregon Water Resources Department

PUMP TEST DATA SHEET

Application: _____ Permit: _____ Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data						Recovery Data					
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
5/26/2010	1:00 am	660	163' 1"		50.17 gpm						
	2:00 am	720	165' 11"		51.63 gpm						
	3:00 am	780	167' 10.5"		51.95 gpm						
	4:00 am	840	169' 9.5"		50.57 gpm						
	5:00 am	900	172' 5"		51.27 gpm						
	6:00 am	960	173' 10.5"		50.17 gpm						
	7:00 am	1020	175' 6"		50.78 gpm						
	8:00 am	1080	176'		49.63 gpm						
	9:00 am	1140	178' 2.5"		49.93 gpm						
	10:00 am	1200	179' 10"		48.12 gpm						
						5/26/2010	10:02 am	2	156' 8"		
							10:04 am	4	135' 6"		
							10:06 am	6	111' 5"		
							10:07 am	7	110' 3"		
							10:08 am	8	96' 7.5"		
							10:10 am	10	91' 6"		
							10:15 am	15	82' 6.25"		
							10:20 am	20	77' .25"		
							10:25 am	25	71' .75"		
							10:30 am	30	67' 6"		
							10:45 am	45	62' 3.83"		
							11:00 am	60	58' 2.25"		
							11:15 am	75	55' 1.83"		
							11:30 am	90	52' 10.88"		
							11:45 am	105	50' 6.25"		
							12:00 pm	120	48' 7.5"		
							12:15 pm	135	48' 11"		
							12:30 pm	150	46' 5"		
							12:45 pm	165	44' 2"		
							1:00 pm	180	42' 11.75"		
							1:15 pm	195	41' 10.75"		
							1:30 pm	210	40' 11"		
							1:45 pm	225	39' 11"		
							2:00 pm	240	39' 1.88"		
							2:15 pm	255	38' 4.38"		
							2:30 pm	270	37' 8"		
							2:45 pm	285	37'		
							3:00 pm	300	36' 4.5"		
							3:15 pm	315	35' 8.25"		

Additional forms can be obtained from our web site at: http://www.wrd.state.or.us

RECEIVED
OCT 28 2022
OWRD

Oregon Water Resources Department

PUMP TEST DATA SHEET

Application: _____ Permit: _____ Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data						Recovery Data					
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
						5/26/2010	3:30 pm	330	35' 2.25"		
							3:45 pm	345	34' 7.75"		
							4:00 pm	360	34'		
							4:15 pm	375	33' 7.5"		
							4:30 pm	390	33' 2.25"		
							4:45 pm	405	32' 9"		
							5:00 pm	420	32' 4"		
							5:15 pm	435	31' 11.5"		
							5:30 pm	450	31' 7"		
							5:45 pm	465	31' 3"		
							6:00 pm	480	30' 11"		
							8:55 pm	655	27' 8"		
							9:00 pm	660	27'		
						5/27/2010	7:30 am	1290	21' 5.5"		
							5:28 pm	1868	18' 8"		
						5/28/2010	7:30 am	2730	18' 4.5"		

Additional forms can be obtained from our web site at: http://www.wrd.state.or.us

RECEIVED

OCT 28 2022

OWRD

JD McGEE, Inc.

Engineering & Surveying
Land Use Planning
"Solving Problems for You"
www.jdmcgee.com

PO Box 1472
1215 Main Street
Philomath, OR 97370

Office: (541) 929-4226
Fax: (541) 929-4227
E-mail: admin@jdmcgee.com

LETTER OF TRANSMITTAL

To:	**Oregon Water Resources**
	Department
	725 Summer Street NW, Suite A
	Salem, Oregon 97301-1266

Job No:	**21-47**
Project:	**Arauco – WR P#G-17914**
Date:	**10/25/2022**
From:	**JD McGee, Inc.**
Via:	**USPS**

Copies	Date	Description
1	10/10/2022	Claim of Beneficial Use form for Permit G-17914
1	8/31/2022	Claim of Beneficial Use Exhibit Map
1	5/27/2010	Well Log for LINN 59212
1	6/2/2010	Well #1 Pump Test Summary and Data Sheets
1	6/10/2022	Fire Protection System Map – map of underground piped water system
1	10/26/2022	Check #1180 for payment to OWRD for Claim of Beneficial Use

THESE ITEMS ARE TRANSMITTED AS CHECKED BELOW OR OTHERWISE NOTED

□ Approved as Submitted
□ Approved as Noted
□ Returned with Comments

□ Rejected
□ Resubmit for Approval
□ As Requested

x For Approval
□ For Your Use
□ For Review and Comment

□ For Distribution
□ As Indicated Below

REMARKS:

cc:_____

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-18348	WRD Reviewer: Dante Luongo
Transfer #:	
Date Received: 10-28-2022	
CWRE Name: John McGee	
Priority Date (s): 7-22-2016	

Fees Required:

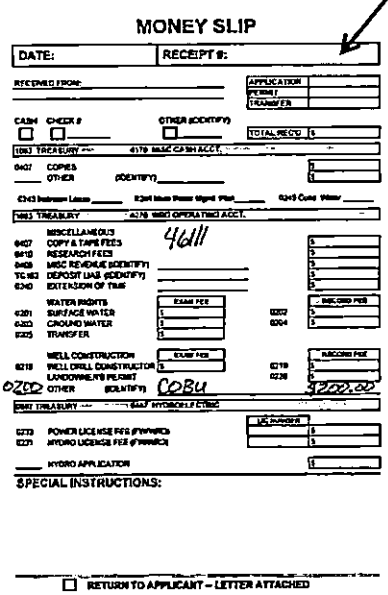
☑ YES NO ☐ A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

☐ YES NO ☐ A fee of $230 must accompany this form for any transfers 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.

Fill in App or Transfer Number

Map Review:

☑ Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
☑ Application & permit #; or transfer # (OAR 690-014-0100(1))
☑ Disclaimer (OAR 690-014-0170(5))
☑ North arrow (OAR 690-310-0050(2)(c))
☑ CWRE stamp and signature (OAR 690-014 & 310-0050)
☑ Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
☑ Township, range, section, and tax lot numbers (OAR 690-310-0050(4))


MONEY SLIP
DATE:
RECEIPT #:
4611
COBU
$230.00
SPECIAL INSTRUCTIONS:
RETURN TO APPLICANT – LETTER ATTACHED

Report Review:

☑ On form provided by the Department (OAR 690-014-0100(1))
☑ Application & permit #; or transfer # (OAR 690-014)
☑ Ownership information (OAR 690-014)
☑ Date of survey (OAR 690-014)
☑ Person interviewed (OAR 690-014)
☑ County (OAR 690-014)
☑ CWRE stamp and signature (OAR 690-014-0100)
☑ Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

Groundwater File Review:

☐ Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
☑ Pump Test required (Priority Date on or after December 20, 1988)
☑ Pump Test submitted
☐ Pump Test not submitted

Oregon
Kate Brown, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

10/31/2022

Arauco North America, Inc.
2550 Old Salem Rd. NE
Albany, OR 97321

Dear Applicant,

On 10-28-2022, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following files:

Application G-18348

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at: https://www.oregon.gov/owrd/programs/waterrights/ra/pages/default.aspx.

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the $230.00 COBU recording fee.

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Sincerely,
Dante Luongo

Cc: file

MONEY SLIP

DATE: 10-28-2022	RECEIPT #: 139437

RECEIVED FROM: JD McGee Inc.

APPLICATION	G-18348
PERMIT	
TRANSFER	

CASH ☐ CHECK # ☒ 1180 OTHER (IDENTIFY) ☐ _____

TOTAL REC'D $ 230.00

1083 TREASURY 4170 MISC CASH ACCT.

0407 COPIES $

_____ OTHER: (IDENTIFY) _____ $

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan_____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

46111

0407	COPY & TAPE FEES	$
0410	RESEARCH FEES	$
0408	MISC REVENUE (IDENTIFY) _____	$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	$
0240	EXTENSION OF TIME _____	$

WATER RIGHTS

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$	0204	$
0205	TRANSFER	$		

WELL CONSTRUCTION

		EXAM FEE		RECORD FEE
0218	WELL DRILL CONSTRUCTOR	$	0219	$
	LANDOWNER'S PERMIT		0220	$
_____	OTHER (IDENTIFY) -- COBV			$230

0607 TREASURY 0467 HYDROELECTRIC

		LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)		$
0231	HYDRO LICENSE FEE (FW/WRD)		$

_____ HYDRO APPLICATION $

SPECIAL INSTRUCTIONS:

☐ RETURN TO APPLICANT -- LETTER ATTACHED

MONEY SLIP

DATE:	RECEIPT #:

RECEIVED FROM: _____

APPLICATION	
PERMIT	
TRANSFER	

CASH ☐ CHECK # ☐ _____ OTHER (IDENTIFY) ☐ _____

TOTAL REC'D	$

1083 TREASURY **4170 MISC CASH ACCT.**

0407	COPIES		$
_____	OTHER:	(IDENTIFY) _____	$

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan_____ 0245 Cons. Water _____

1083 TREASURY **4270 WRD OPERATING ACCT.**

	MISCELLANEOUS		
0407	COPY & TAPE FEES		$
0410	RESEARCH FEES		$
0408	MISC REVENUE (IDENTIFY)	_____	$
TC162	DEPOSIT LIAB. (IDENTIFY)	_____	$
0240	EXTENSION OF TIME	_____	$

		EXAM FEE		RECORD FEE
	WATER RIGHTS			
0201	SURFACE WATER	$	0202	$
0203	GROUND WATER	$	0204	$
0205	TRANSFER	$		

		EXAM FEE		RECORD FEE
	WELL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTOR	$	0219	$
	LANDOWNER'S PERMIT		0220	$

_____ OTHER (IDENTIFY) _____

0607 TREASURY **0467 HYDROELECTRIC**

		LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)		$
0231	HYDRO LICENSE FEE (FW/WRD)		$

_____ HYDRO APPLICATION $

SPECIAL INSTRUCTIONS:

☐ RETURN TO APPLICANT -- LETTER ATTACHED