

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



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 7" 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>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES NO

Mark all that apply:

1. Change in POA(s) or Additional POA(s) 2. Change in Place of Use
3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

| |
|---------------------------------|
| APPLICATION # T-10949 |
|---------------------------------|

Revised 7/1/2021

Transfer GW Multiple - Page 1 of 11

RECEIVED

NOV 03 2022

WR

OWRD

2. Property Owner (current owner information)

| | | | |
|--|--------------------|----------------------------------|--|
| APPLICANT/BUSINESS NAME Ron La Franchi | | PHONE NO. 541-290-1710 | ADDITIONAL CONTACT NO. |
| ADDRESS 580 NORTH CENTRAL | | | |
| CITY COQUILLE | STATE OR | ZIP 97423 | E-MAIL joshlafranchi@yahoo.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 SAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

| |
|------------------|
| 7-20-2022 |
|------------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|------------------------|------------------|------------------------------|
| JOSH LA FRANCHI | 7-20-2022 | MANAGER |
| | | |

6. County:

| |
|-------------|
| LAKE |
|-------------|

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 N/A | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

RECEIVED

NOV 03 2022

OWRD

**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 GARY L. DEJARNATT | | PHONE No. | ADDITIONAL CONTACT No. John Short 541-389-2837 | |
| ADDRESS 2391 NW REDWOOD AVE | | | | |
| CITY REDMOND | STATE OR | ZIP 97756 | E-MAIL | |

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 |
|---|--------------------|-------|------------|
|  | Ron La Franchi | owner | 10-28-2022 |
| | | | |
| | | | |



RECEIVED

NOV 03 2022

OWRD

WR

NOA 0 3 SOSS

RECEIVED

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the proposed action:

The proposed action is to... (text is faint and partially illegible)

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |



This document is a copy of the original document. It is not to be used for legal purposes.

BUREAU OF LAND MANAGEMENT
 DEPARTMENT OF THE INTERIOR

SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? YES NO

If "NO", this Section can be deleted.

1. New or additional 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) | SOURCE (IF LISTED IN TRANSFER FINAL ORDER) |
|---|--|----------------------------|--|
| WELL A | LAKE 52012/51879 | L-95247 | FORT ROCK BASIN |
| WELL B | LAKE 51752 | | " |

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES **NO**

If yes, describe below.

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

RECEIVED

NOV 03 2022

OWRD

3. Claim Summary:

| NEW OR ADDITIONAL POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|---------------------------------|-------------------------|---|--------------------------|
| WELL A | 0.71 CFS | 4.01 CFS | N/A |
| WELL B | 0.02 CFS | 4.76 CFS | " |

System Description

Are there multiple new or additional Points of Appropriation (POA)? **YES** **NO**

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

WELL A LAKE 52012/51879 L-95247

A. POA System Information

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

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| | | | TURBINE | | |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| US MOTORS | 50 |

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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 50 HP | 20 PSI | 32 FT | 5 FT | 4.01 CFS |

4. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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 | | | |

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

6. Additional notes or comments related to the system:

N/A

B. Groundwater Source Information (Well and Sump)

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

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

WELL B LAKE 51752

A. POA System Information

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

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|----------------|---------------|---------------|--|-------------|----------------|
| GOULD'S | 12CMC4 | MG4035 | TURBINE | | |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|------------------|------------|
| US MOTORS | 60 |

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) |
|--------------|---------------|---|-----------------------------------|----------------------------------|
| 60 HP | 20 PSI | 33 FT | 5 FT | 4.76 CFS |

4. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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 | | | |

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

6. Additional notes or comments related to the system:

N/A

B. Groundwater Source Information (Well and Sump)

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

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

RECEIVED

WR

NOV 03 2022

OWRD

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES NO

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

| THE # OF ACRES ALLOWED | THE # OF ACRES DEVELOPED |
|------------------------|--------------------------|
| 58.16 ACRES | 58.16 ACRES |
| | |

If the new use(s) was not irrigation or nursery:

| NEW USE(S) | WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP) |
|------------|---|
| | YES NO <u>NA</u> |
| | YES NO <u>NA</u> |

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES NO

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

RECEIVED

NOV 03 2022

WR

OWRD

**SECTION 4
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 AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|--------------------|--|
| ISSUANCE DATE | 11-5-2010 | |
| COMPLETENESS DATE FROM ORDER (C) | 10-1-2012 | 10-1-2012 |

* 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 NO

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 NO

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

4. Recording and reporting conditions

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

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

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

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Other conditions? YES NO

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

N/A

RECEIVED WR
NOV 03 2022
OWRD

**SECTION 5
ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION |
|-------------------|---|
| WELL LOGS | LAKE 52012, LAKE 51879, LAKE 51752 |
| PUMP CALCS | OWRD PUMP CAPACITY CALCULATIONS |
| CBU MAP | CLAIM OF BENEFICIAL USE MAP |

RECEIVED

NOV 03 2022

OWRD

SECTION 6

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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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.

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

RECEIVED

NOV 03 2022

OWRD

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
- N/A 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
- 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

RECEIVED

NOV 03 2022

OWRD

| Pump Capacity Calculation Sheet | | <u>La Franchi Well B</u> | |
|--|--------------|---------------------------------|--|
| using Department designed formula: | | | |
| $(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$ | | | |
| Efficiency: | | | |
| Centrifugal = 6.61 | | | |
| Turbine = 7.04 | | | |
| Data Entry (fill in underlined blanks) | | | |
| HP = | <u>60</u> | | |
| Efficiency = | <u>7.04</u> | | |
| Lift = | <u>38</u> | | |
| PSI = | <u>20</u> | | |
| Results Calculated | | | |
| $(hp)(\text{efficiency}) =$ | <u>422.4</u> | | |
| Head based on psi = | <u>50.8</u> | | |
| Total dynamic head = | <u>88.8</u> | | |
| (head + lift) | | | |
| Pump Capacity = | 4.76 | feet per second | |

RECEIVED

NOV 03 2022

OWRD

| Pump Capacity Calculation Sheet | | <u>La Franchi Well A</u> | |
|--|-------------|---------------------------------|--|
| using Department designed formula: | | | |
| $(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$ | | | |
| Efficiency: | | | |
| Centrifugal = 6.61 | | | |
| Turbine = 7.04 | | | |
| Data Entry (fill in underlined blanks) | | | |
| HP = | <u>50</u> | | |
| Efficiency = | <u>7.04</u> | | |
| Lift = | <u>37</u> | | |
| PSI = | <u>20</u> | | |
| Results Calculated | | | |
| $(hp)(\text{efficiency}) =$ | <u>352</u> | | |
| Head based on psi = | <u>50.8</u> | | |
| Total dynamic head = | <u>87.8</u> | | |
| (head + lift) | | | |
| Pump Capacity = | 4.01 | feet per second | |

RECEIVED

NOV 03 2022

OWRD

LAKE 52012

LAKE 52012

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

DRAFT

WELL I.D. # L 95247
 START CARD # 193752

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

(1) **LAND OWNER** Well Number _____
 Name LaFranchi
 Address 380 N Central
 City Clatskanie State OR Zip 97123

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

| BORE HOLE | | | SEAL | | | |
|-----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | 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: | | | | <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"/> |

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

(7) **PERFORATIONS/SCREENS**

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <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 _____

Temperature of water _____ Depth _____ Flow _____
 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 Lake
 Tax Lot 2800 Lot _____
 Township 26 N or S Range 15 E or W WM
 Section 21 1/4 _____ 1/4 _____

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 80486 Connelly Lane Silver Lake, OR 97135

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

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

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |

(12) **WELL LOG**

| Material | From | To | SWL |
|---------------------------|------|----|-----|
| <u>570 ft to 200 ft</u> | | | |
| <u>WASH CRUSH</u> | | | |
| <u>314 ROCK</u> | | | |
| <u>200 ft - 351 SACKS</u> | | | |
| <u>OF hole plus</u> | | | |
| <u>Gennite</u> | | | |

(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 _____
 Signed _____

(bonded) **Water Well Constructor Certification**
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number _____ Date _____
 Signed _____

RECEIVED
NOV 03 2022
OWRD

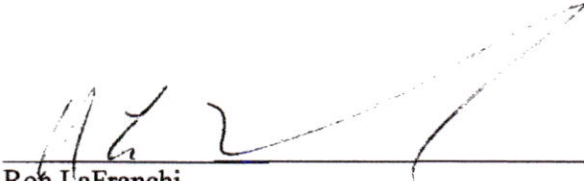
RECEIVED
FEB 14 2008

LAKE 52012
RON'S OIL COMPANY

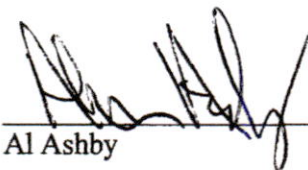
580 North Central Coquille, Oregon 97423 (541) 396-5571

Pivot # P-13
Start Card # 193752

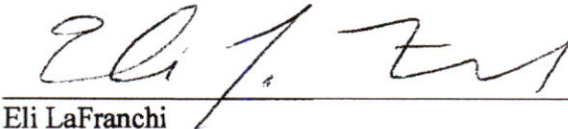
The following people were drilling machine operators during the construction of this well.



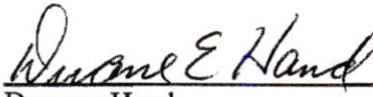
Ron LaFranchi Date **JUL 18 2007**



Al Ashby Date **JUL 18 2007**



Eli LaFranchi Date **JUL 18 2007**



Dwayne Hand Date **JUL 18 2007**

RECEIVED
DEC 19 2007
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
NOV 03 2022
OWRD

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

LAKE 51879

Lake 51879

WELL I.D. # L _____

START CARD # 187901

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

(1) LAND OWNER Ken LaFranchi Well Number _____
Name Ken LaFranchi
Address 580 N Central
City COQUILLE State OR Zip 97423

(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 331 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | |
|-----------|------|-----|----------|------|-------|-----------------|
| Diameter | From | To | Material | From | To | Sacks or Pounds |
| 26" | 0 | 70 | CEMENT | 0 | 70 ft | |
| 12" | 70 | 531 | 12" hole | | | |

How was seal placed: Method A B C D E
 Other pump
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: 14" | 0 | 70 | 114 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) Push casing down 6' w/220

(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"/> |

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

Yield gal/min 11000 gal per min Drawdown 6' + Drill stem at _____ Time _____
field test

Temperature of water 55.0 Depth Artesian Flow Found _____
Wells tested and analyzed By whom _____
Did any strata contain water not suitable for intended use? Yes No little
 Salty Muddy Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Lake
Tax Lot 2800 Lot _____
Township 26 N or S Range 5 E or W WM
Section 01 14 06 14

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 50686 Central Ln Silver Lake, OR 97735

(10) STATIC WATER LEVEL
32 ft. below land surface. Date 7-20-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES 220

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 220' | | 1600 per min | |
| | | | |
| | | | |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|-------------------------|------|-----|-----|
| Grey clay | 0 | 50 | |
| lt br clay | 70 | 100 | |
| Dark green clay | 100 | 140 | |
| Coarse sand (wash) | 140 | 160 | |
| Soft clay / coarse sand | 160 | 180 | |
| Coarse | 180 | 200 | |
| Hard black basalt | 200 | 360 | |
| golden clay | 360 | 380 | |
| lt tan clay | 380 | 400 | |
| green tan clay | 400 | 420 | |
| Black sand | 420 | 440 | |
| lt tan / tan clay | 440 | 460 | |
| Soft black clay | 460 | 480 | |
| Soft black mud | 480 | 510 | |
| Hard black basalt | 510 | 537 | |

Date Started 7-20-06 Completed 8-22-06

(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 11-9-06
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number _____ Date _____
Signed _____

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

MAY 15 2007

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

RECEIVED

NOV 03 2002

OWRD

LAKE 51879

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

WELL I.D. # L _____
 START CARD # 187901

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

(1) **LAND OWNER** Well Number _____
 Name Ray LaFrance
 Address 520 N Central
 City Coquille State OR Zip 97423

(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 531 ft.
 Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|-----|----------|------|---------|-----------------|
| Diameter | From | To | Material | From | To | |
| 26" | 0 | 70 | Concrete | 0 | 70 1/4" | |
| | 70 | 531 | 12" PVC | | | |

How was seal placed: Method A B C D E
 Other grout
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER**

| Casing/Liner | Diameter | From | To | Gauge | Material | | | |
|--------------|----------|------|----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Casing | 14" | 0 | 70 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
 Final location of shoe(s) Push casing down 6' w/220

(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"/> |

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown 6ft Drill stem at _____ Time _____

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? Yes No little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

RECEIVED

MAY 15 2007

**WATER RESOURCES DEPT
 SALEM, OREGON**

(9) **LOCATION OF WELL (legal description)**
 County Lake
 Tax Lot 2800 Lot _____
 Township 26 N or S Range 5 E or W WM
 Section 21 1/4 _____ 1/4 _____
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) 80686 Conley Ln
Silver Lake OR 97135

(10) **STATIC WATER LEVEL**
32 ft. below land surface. Date 7-20-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES** 220
 Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|----------------|----|---------------------|-----|
| <u>220 1/2</u> | | <u>1600 per min</u> | |

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

| Material | From | To | SWL |
|-------------------|------|-----|-----|
| Grey clay | 0 | 50 | |
| Light grey clay | 0 | 110 | |
| Dark grey clay | 110 | 140 | |
| Light grey clay | 140 | 160 | |
| Light grey clay | 160 | 180 | |
| Light grey clay | 180 | 200 | |
| Hard black gravel | 200 | 300 | |
| Grey clay | 300 | 350 | |
| Light grey clay | 350 | 400 | |
| Light grey clay | 400 | 420 | |
| Black gravel | 420 | 440 | |
| Dark grey clay | 440 | 460 | |
| Dark grey clay | 460 | 480 | |
| Dark grey clay | 480 | 510 | |
| Hard black gravel | 510 | 531 | |

Date Started 7-20-06 Completed 8-22-06

(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 _____
 Signed _____

(bonded) **Water Well Constructor Certification**
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number _____ Date _____
 Signed _____

RECEIVED

**LAKE 51752
LAKE 51752**

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

WELL I.D. # L 806495
START CARD # 1-71-146

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

(1) LAND OWNER Bon la Franchi Well Number _____
Name Bon la Franchi
Address 580 N Central
City COQUILLE State OR Zip 97423

(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 960 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | |
|-------------------|----------------|----------------|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or Pounds |
| 11 1/2 | 320 | 960 | | | | |

How was seal placed: Method A B C D E

Other Gravity Deeping

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: <u>14</u> | <u>+1</u> | <u>104</u> | <u>.250</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None

Final location of shoe(s) _____

(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"/> |

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

Pump Bailor Air Flowing Artesian

Yield gal/min 110 Drawdown 49 ft Drill stem at _____ Time 4 hrs

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?

Salty Muddy Odor Color Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Lake
Tax Lot 1900 Lot _____
Township 26 N or S Range 15 E or W WM
Section 22 1/4 _____ 1/4 _____

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 80686 Connely Ln
Silver Lake OR 97735

(10) STATIC WATER LEVEL

33 ft ft. below land surface. Date Nov 25 2004

_____ ft. below land surface Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 33 ft

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|-----|
| <u>98</u> | <u>141</u> | <u>100 gal/min</u> | |
| <u>480</u> | <u>560</u> | | |
| <u>900</u> | <u>960</u> | | |

(12) WELL LOG

Ground Elevation _____

| Material | From | To | SWL |
|---------------------------|-----------|------------|-----|
| <u>Sandy Soil Br clay</u> | <u>0</u> | <u>3</u> | |
| <u>lt BR clay</u> | <u>3</u> | <u>67</u> | |
| <u>Sand Brown</u> | <u>67</u> | <u>67</u> | |
| <u>clay brown</u> | <u>67</u> | <u>98</u> | |
| <u>Amico Conn. white</u> | <u>98</u> | <u>104</u> | |

| | | | |
|--------------------------------|------------|------------|---------------|
| <u>Basalt Hard Grey</u> | <u>104</u> | <u>104</u> | <u>20-480</u> |
| <u>Clay Lt BR</u> | <u>480</u> | <u>560</u> | |
| <u>Lava Rock Black</u> | <u>560</u> | <u>720</u> | |
| <u>DRK BR clay white Amico</u> | <u>720</u> | <u>800</u> | |
| <u>Basalt Hard Grey</u> | <u>800</u> | <u>900</u> | |
| <u>DRK BR clay white hole</u> | <u>900</u> | <u>960</u> | |

Date Started 11-22-04 Completed 1-16-05

(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 Lundown Date 3-21-06

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.

WWC Number _____ Date _____

Signed _____

RECEIVED
APR 19 2006
WATER RESOURCES DEPT
SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER 06/16/2004

NOV 08 2006
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
NOV 03 2022
OWRD


LAKE 51752

RON'S OIL COMPANY

580 North Central Coquille, Oregon 97423 (541) 396-5571

Pivot # P-4
Start Card # 171411

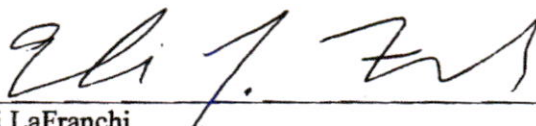
The following people were drilling machine operators during the construction of this well.



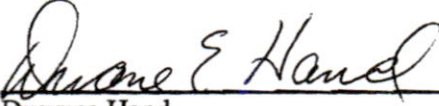
Ron LaFranchi Date **MAR 21 2006**



Al Ashby Date **MAR 21 2006**



Eli LaFranchi Date **MAR 21 2006**



Dwayne Hand Date **MAR 21 2006**

RECEIVED

NOV 03 2022

OWRD

RECEIVED

APR 19 2006

**WATER RESOURCES DEPT.
SALEM, OREGON**

THE
OFFICE OF THE
SECRETARY OF THE
TREASURY

Checklist for Claims of Beneficial Use Received at CSG Counter

| | |
|-----------------------------|---------------------------|
| Application #: | WRD Reviewer:Dante Luongo |
| Transfer #:T-10949 | |
| Date Received:11-3-2022 | |
| CWRE Name:Gary DeJarnett | |
| Priority Date (s):1-24-2018 | |

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))

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)

MONEY SLIP

| | | | |
|--|---------------------------|--------------------------|---------------|
| DATE: | | RECEIPT #: | |
| RECEIVED FROM: | | APPLICATION | |
| | | PERMIT | |
| | | TRANSFER | |
| CASH | CHECK # | OTHER (IDENTIFY) | TOTAL RECD \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1583 TREASURY 4178 MISC CASH ACCT | | | |
| 0427 | COPIES | | \$ |
| | OTHER (IDENTIFY) | | \$ |
| 0243 Irrigation Lease 0244 Multi Water Right Perm 0245 Cons Water | | | |
| 1583 TREASURY 4278 WRD OPERATING ACCT | | | |
| MISCELLANEOUS | | | |
| 0427 | COPIES & TIME FEES | | \$ |
| 0410 | RESEARCH FEES | | \$ |
| 0408 | MISC REVENUE (IDENTIFY) | | \$ |
| TC 162 | DEPOSIT LNS (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 CONSTRUCTION | 0219 | \$ |
| | LANDOWNER'S PERMIT | 0220 | \$ |
| 0220 | OTHER (IDENTIFY) | COBU | \$200.00 |
| 1587 TREASURY 6487 HYDROELECTRIC | | | |
| HYDRO APPLICATION | | | |
| 0223 | POWER LICENSE FEE (PWWRD) | LC NUMBER | \$ |
| 0231 | HYDRO LICENSE FEE (HWWRD) | | \$ |

RETURN TO APPLICANT - LETTER ATTACHED

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

11/7/2022

RON LA FRANCHI
580 N CENTRAL
COQUILLE, OR 97423

Dear Applicant,

On 11-3-2022, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following files:

Application T-10949

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 certificat , 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