

# CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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

## SECTION 1 GENERAL INFORMATION

### Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION # <b>T-13320</b>
---------------------------------

**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Oregon State University c/o OSU Business Office</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>100 Adams Hall</b>			
CITY <b>Corvallis</b>	STATE <b>OR</b>	ZIP <b>97331</b>	E-MAIL

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 <b>State of Oregon Acting by and Through the board of Trustees of Oregon State University</b>			
ADDRESS <b>448 Strand Agriculture Hall</b>			
CITY <b>Corvallis</b>	STATE <b>OR</b>	ZIP <b>97331</b>	

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**4. Date of Site Inspection:**

4. Date of Site Inspection:

June 15, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Scott Robbins	June 15, 2022	Farm Manager

6. County

Linn County

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)):

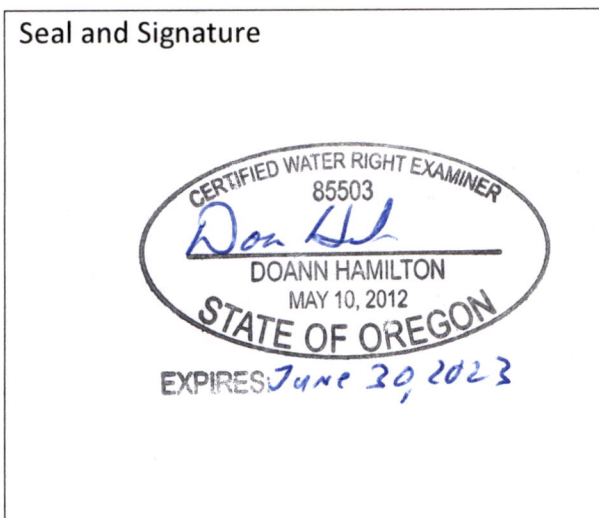
OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

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.




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CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

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
	Nicole Neuschwander Director of Leasing and Strategic Real Property Management Oregon State University		10/17/22

**SECTION 3  
CLAIM DESCRIPTION**

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

**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)
<b>Well 1</b>	<b>BENT 4678</b>	<b>NA</b>	<b>A well in the Willamette River Basin</b>
<b>Well 3 (re-described)</b>	<b>LINN 63179</b>	<b>L-134783</b>	<b>A well in the Willamette River Basin</b>
<b>Well 4</b>	<b>LINN 54464</b>	<b>L-49893</b>	<b>A well in the Willamette River Basin</b>

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*

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**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

**YES**

If yes, describe below.

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

**1. The authorized Well 2 (BENT 4675) was not performing well and has not been used; therefore, Well 2 is not included in this Claim of Beneficial Use.**

**3. Claim Summary:**

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 1	0.891 cfs	0.19 cfs	Not measured
Well 3 (re-described)		0.97 cfs	Not measured
Well 4		0.96 cfs	0.12 cfs (not running at full capacity)

**SECTION 4a of 4c**

**SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)?

**YES**

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

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

**Well 1**

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**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
Franklin Electric	45FA5S4-PE	14G2216 00053H	Submersible	2 inch	2 inch

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Franklin Electric	5 Hp

**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)
5 Hp	65 psi	16 feet	0 feet	0.19 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(16 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.19 \text{ cfs}$$

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)
Not running during site visit			

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

### B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

### C. Additional notes or comments related to the system:

The well log for Well 1 (BENT 4678) does not provide any information useful for estimating pumping drawdown. However, based on the amount of drawdown for Well 4 (LINN 54464), which was reported in the well log as only 0.06 inches, we assumed that the pumping drawdown in Well 1 was negligible; therefore we estimated the lift to be the reported static water level of 16 feet.

Well 1 (BENT 4678) also supplies GR-2992/T-13557, GR-2993/T-13558, GR-2994/T-13559, and GR-2995/T-13560.

## SECTION 4b of 4c

### SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? YES

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

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

Well 3 (re-described)
-----------------------

### 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.

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1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds Water Tech	9RCLC	KG3564	Turbine	6 inch	6 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
NIDEC Motor Corporation	25 Hp

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)
25 Hp	65 psi	17 feet (from pump test recorded on well log)	0 feet	0.97 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(25 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(17 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.97 \text{ cfs}$$

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

The well log for Well 3 (LINN 63179) does not provide any information useful for estimating the actual pumping drawdown. However, based on the amount of drawdown for Well 4 (LINN 54464), which was reported in the well log as only 0.06 inches, we assumed that the pumping drawdown in Well 3 was negligible; therefore we estimated the lift to be the reported static water level of 17 feet.

Well 3 (LINN 63179) also supplies GR-2992/T-13557, GR-2993/T-13558, GR-2994/T-13559, and GR-2995/T-13560.

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**SECTION 4c of 4c**  
**SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

**Well 4**

**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
Flowserve	10ELM	0812CGC83526	Turbine	6 inch	6 inch

**2. Motor Information**

MANUFACTURER	HORSEPOWER
NIDEC Motor Corporation	25 Hp

**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)
25 Hp	65 psi	18.005 feet (from well test recorded on well log)	0 feet	0.96 cfs

**4. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(25 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(18.005 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.96 \text{ cfs}$$

**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)
39,809,900 gallons	39,810,630 gallons	14 mins	0.12 cfs (not running at full capacity)

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

**B. Groundwater Source Information (Well and Sump)**

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

If "NO", items 4 through 6 relating to this section may be deleted.

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**C. Additional notes or comments related to the system:**

Well 4 (LINN 54464) also supplies GR-2992/T-13557, GR-2993/T-13558, GR-2994/T-13559, and GR-2995/T-13560.

**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

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

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	<b>February 10, 2021</b>	
COMPLETENESS DATE FROM ORDER (C)	<b>October 1, 2022</b>	<b>2021</b>

\* 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)?** **NO**  
*If "NO", you may delete the following table.*

**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**

*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.**

b. Has a meter been installed? **YES**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
<b>Well 1</b>	<b>McCrometer</b>	<b>04-04665-2</b>	<b>Working</b>	<b>3,488,310 gallons (June 15, 2022)</b>	<b>2004</b>
<b>Well 3</b>	<b>Netafim</b>	<b>18-100073645</b>	<b>Working</b>	<b>20,360,503 gallons (June 15, 2022)</b>	<b>2020</b>
<b>Well 4</b>	<b>Netafim</b>	<b>18-100073644</b>	<b>Working</b>	<b>39,810,629 gallons (June 15, 2022)</b>	<b>2019</b>

*If a meter has been installed, items d through f relating to this section may be deleted.*

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4. 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.*
5. Other conditions required by the transfer 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. Other conditions? **YES**

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

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

**Compliance:**  
**Original Well 3 (LINN 10536) develops water from the alluvial aquifer between the depths of 24.25 and 34.33 feet with in sand and gravels.**

**Well 1 (BENT 4678) develops water at a depth of 34 feet.**

**New Well 3 (LINN 63179) develops water from the alluvial aquifer between the depths of 19.5 and 34.5 feet within sand and gravels.**

**Well 4 (LINN 54464) develops water from the alluvial aquifer between the depths of 24 and 34 feet within sand and gravels.**

**It appears these wells obtain water from the alluvial aquifer; therefore, this condition has been met.**

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Claim of Beneficial Use Map</b>	<b>Claim of Beneficial Use Map</b>
<b>State Water Well Report – BENT 4678</b>	<b>Well log and driller's notes for BENT 4678 – Well 1</b>
<b>State Water Well Report – LINN 63179</b>	<b>Well log and driller's notes for LINN 63179 – Well 3</b>
<b>State Water Well Report – LINN 54464</b>	<b>Well log and driller's notes for LINN 54464 – Well 4</b>
<b>BLM Cadastral Map</b>	<b>BLM Cadastral Map T. 12S. R.4W. showing DLC and Government Lot locations</b>

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## SECTION 7

### CLAIM OF BENEFICIAL USE MAP

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

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

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

**The COBU map was prepared using tax assessor's map 12S04W06, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:  
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>**

### Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water

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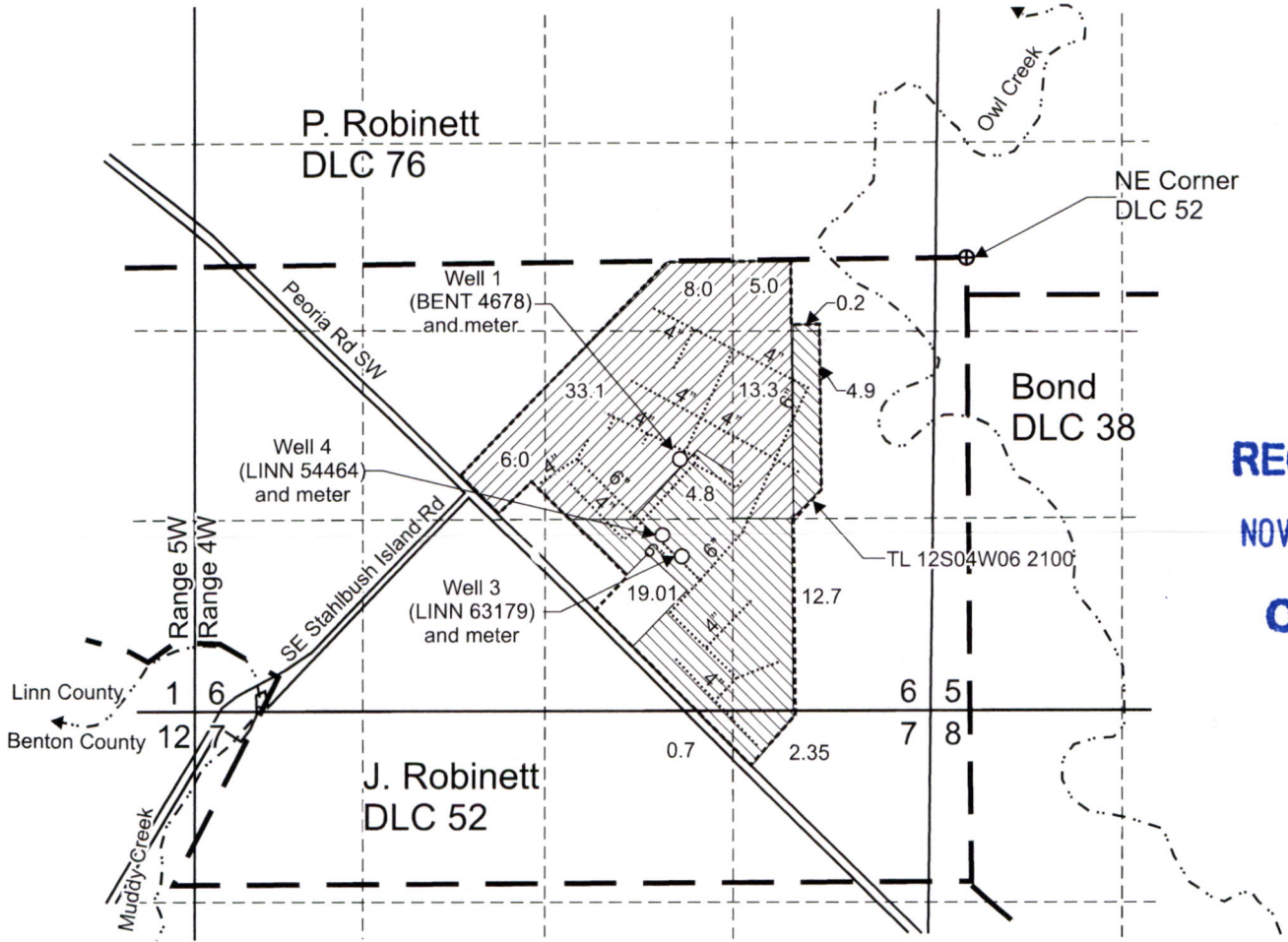
- Disclaimer (“This map is not intended to provide legal dimensions or locations of property ownership lines”)
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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# T.12S. R.4W. Sec. 6 & 7, W.M.





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Well 1 (BENT 4678) is located 1,395 feet south and 1,990 feet west from the NE corner, DLC 52.

Well 3 (LINN 63179) is located 1,065 feet north and 1,730 feet west from the SE corner, Section 6.

Well 4 (LINN 54464) is located 1,215 feet north and 1,870 feet west from the SE corner, Section 6.

 Area (44.66 Acres) of primary irrigation under T-13320 formerly Certificate 60433, priority date May 16, 1979.

 Area (65.40 Acres) of supplemental irrigation under T-13320 formerly Certificate 60433, priority date May 16, 1979.

- Tax lot boundary
- ■ — Donation Land Claim boundary
- ..... Water main line

Scale: 1" = 1,320'



EXPIRES: *June 30 2022*

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.



OSU T-13320COBUMMapap.cdr

Pacific Hydro-Geology Inc.

10/2022

Claim of Beneficial Use Map  
T-13320 Formerly Certificate 60433  
Oregon State University  
College of Agricultural Sciences  
T.12S. R.4W. Sec. 6 & 7, W.M.

STATE ENGINEER  
Salem, Oregon

Well Record *Bent*

STATE WELL NO. 12/4W-6K  
COUNTY BENTON  
APPLICATION NO. GR-2992

*4678*

OWNER: Oregon State College

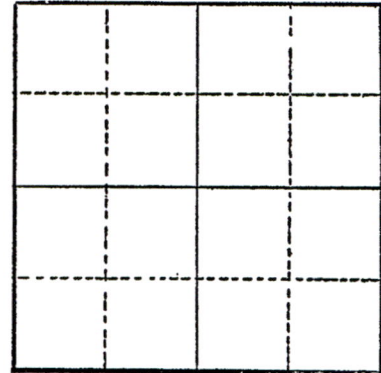
MAILING ADDRESS: Corvallis,

LOCATION OF WELL: Owner's No. \_\_\_\_\_

CITY AND STATE: Oregon

NW 1/4 SE 1/4 Sec. 6 T. 12 N. S., R. 4 E. W., W.M.

Bearing and distance from section or subdivision  
corner 2025' W. 1550' S. of James Robinette D.L.C. 52



Section \_\_\_\_\_

Altitude at well \_\_\_\_\_

TYPE OF WELL: Drilled Date Constructed \_\_\_\_\_

Depth drilled 34 Depth cased 34

CASING RECORD:

10-inch

FINISH:

AQUIFERS:

WATER LEVEL:  
16-feet

PUMPING EQUIPMENT: Type Gardner Denver Centrifugal H.P. 5  
Capacity 120 at 130' G.P.M.

WELL TESTS:

Drawdown \_\_\_\_\_ ft. after \_\_\_\_\_ hours \_\_\_\_\_ G.P.M.  
Drawdown \_\_\_\_\_ ft. after \_\_\_\_\_ hours \_\_\_\_\_ G.P.M.

USE OF WATER Irrigation Temp. \_\_\_\_\_ °F. \_\_\_\_\_, 19.

SOURCE OF INFORMATION GR-2801

DRILLER or DIGGER \_\_\_\_\_

ADDITIONAL DATA:

Log \_\_\_\_\_ Water Level Measurements \_\_\_\_\_ Chemical Analysis \_\_\_\_\_ Aquifer Test \_\_\_\_\_

REMARKS:

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Revised

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

LINN 63179

WELL I.D. LABEL# L 134783  
START CARD # 1048014  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 6130  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Oregon State University  
Address 2700 SW Campus Way  
City Corvallis State OR Zip 97331

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

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

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

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 38 ft.  
BORE HOLE SEAL sacks/lbs  
Dia From To Material From To Amt lbs  
16 0 38 Bentonite 0 18 15 S  
Calculated 14.2  
Calculated

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

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

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
12 2 19.5 250  
12 34.5 37.5 250  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia 16 From 0 To 38

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type Wrap rib Material 55  
Perf/S Casing/ Screen  
Screen Liner Dia From To Scrn/slot Slot # of Tel/ pipe size  
Screen 12 19.5 34.5 .25

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
500 \_\_\_\_\_ 38 2  
Temperature 61 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 147  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County LINN Twp 12 S N/S Range 4 W E/W WM  
Sec 6 SW 1/4 of the SE 1/4 Tax Lot 2100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
33329 Peoria Rd. - Corvallis, OR 97331

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 07-10-2020 \_\_\_\_\_ 17  
Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 20  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
07-10-2020 20 34 500 17

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
Gravel fill 0 .5  
Sandy loam .5 3  
Cemented gravel 3 20  
Gravel & sand 20 24  
Black gravel & sand 24 32  
Brown clay & some gravel 32 34  
Blue clay 34 38  
16" hole naturally caved as casing pulled out  
JONES DRILLING CO., INC.  
29400 SANTIAM HWY.  
LEBANON, OR 97355  
541-367-2560 541-451-2686  
1-800-915-8388

Date Started 07-08-2020 Completed 07-10-2020  
(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number 1411 Date 07-17-2020  
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.  
License Number 1604 Date 07-17-2020  
Signed \_\_\_\_\_  
Contact Info (optional) jonesdrilling@hotmail.com

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 49893  
START CARD # 127160

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name OSU Horticulture  
Address 4017 Als  
City Corvallis State OR Zip 97331

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

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 40 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<input checked="" type="checkbox"/>						
16"	0	18"	cement	0	18	9sacks
12"	18'	40'				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12"	+2'	34'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			06"		<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) 34' 06"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
24'	34'	1/2"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		06" x 12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
130 gpm	.06"		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 Linn Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 12 S N or S Range 4 W E or W. WM.  
Section 6 NW 1/4 SE 1/4  
Tax Lot 2100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 33329 Peoria Rd - Corvallis

(10) STATIC WATER LEVEL:  
18' ft. below land surface. Date 8-31-01  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20'	40'	130 gpm	18'

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	3	
Loam	3	8	
Sandy clay & gravel	8	20	
Brown sand & gravel	20	32	18
Blue clay	32	40	

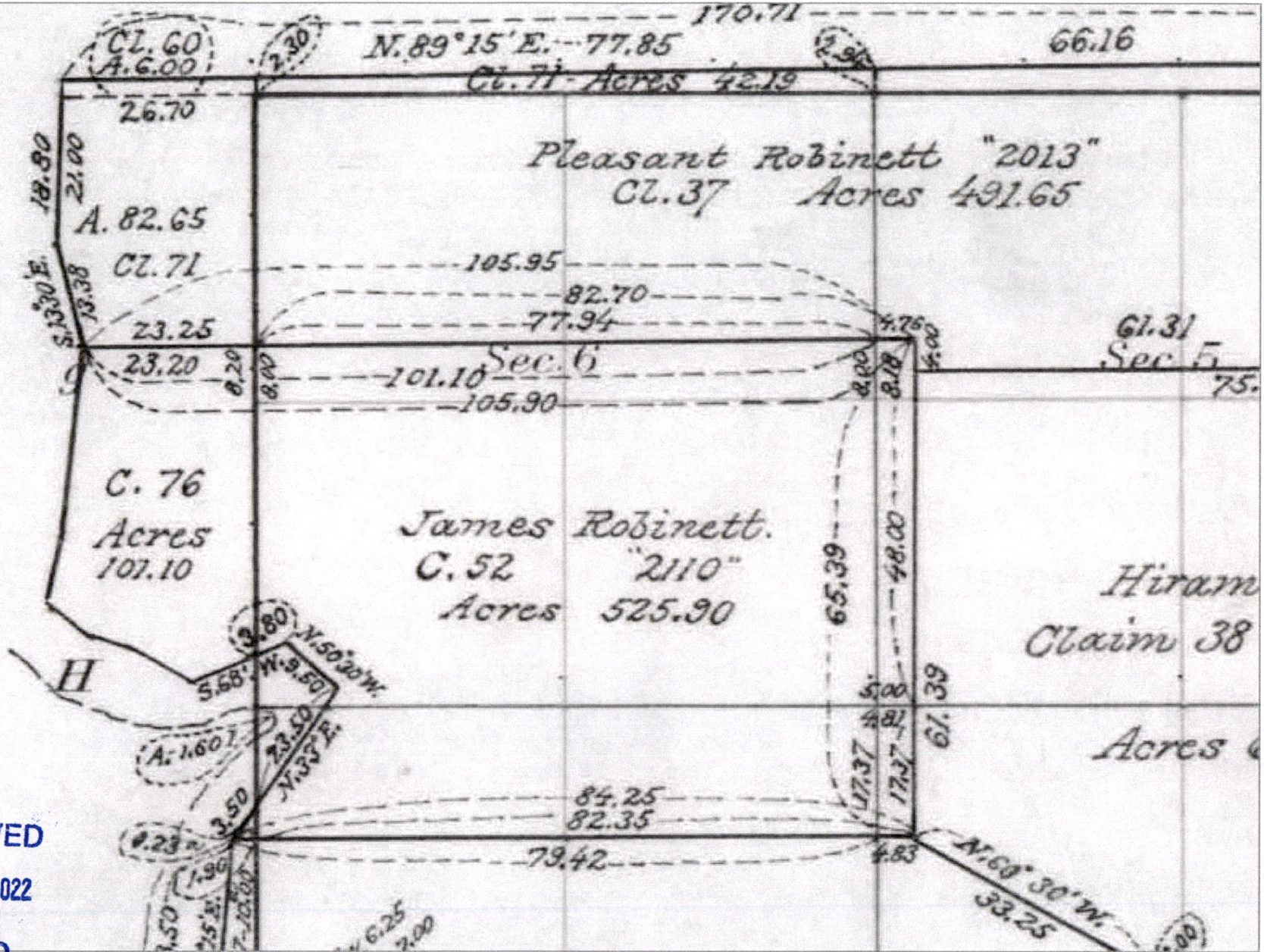
Date started 8-23-01 Completed 8-31-01

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

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

WWC Number 1378  
Signed Martin Ware Date 9-7-01



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