

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:Dante Luongo
Transfer #:T-12523	
Date Received:1-11-2023	
CWRE Name:Steven Bruce	
Priority Date (s):2-13-1975	

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 REC'D \$ _____

1083 TREASURY 4199 MISC CASH ACCT. _____

0407 COPIES _____ OTHER (IDENTIFY) _____

0243 Instream Lease _____ 0244 Non Water Right Perm _____ 0245 Conc. Water _____

1083 TREASURY 4276 MISC OPERATING ACCT. _____

MISCELLANEOUS 4611 _____ \$ _____

0407 COPY & 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 _____ \$ _____ 0226 \$ _____

0200 OTHER (IDENTIFY) COBU \$200.00

0207 TREASURY 0487 HYDROELECTRIC _____

0233 POWER LICENSE FEE (FWRWD) _____ \$ _____

0231 HYDRO LICENSE FEE (FWRWD) _____ \$ _____

HYDRO APPLICATION _____ \$ _____

SPECIAL INSTRUCTIONS: _____

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

January 6, 2023
Project No. 10004.007

City of Junction City
P.O. Box 250
Junction City, OR 97448
Attn: Mr. Gary Kaping

SKOOKUM
WATER ASSOCIATES INC
Via Hand Delivery

RECEIVED
JAN 11 2023
OWRD
SALEM, OREGON

**Transmittal of Claims of Beneficial Use and Filing Instructions
Oregon Water Resources Department Water-Right Transfer T-12523**

Dear Mr. Kaping,

Skookum Water Associates Inc. is pleased to provide the enclosed four Claims of Beneficial Use (CBU) reports and two mylar CBU maps for the referenced Oregon Water Resources Department (WRD) water-right transfer. Please note that each report contains a folded copy of the Figure 1 CBU Map. The WRD will use the CBU as the basis for issuing a water-right certificate to the City.

If the City does not have any changes to the CBU report or map, the following are instructions for executing and filing the documents.

1. Please sign and date the four originals of the CBU report in the space indicated at the bottom of page 3. One signed report and one mylar Figure 1 map should be sent to the WRD at the address shown below. If the documents are mailed, we recommend using a method that provides documentation that the WRD received the CBU.

Oregon Water Resources Department
725 Summer Street N.E., Suite A
Salem, Oregon 97301-1266

2. Please distribute the remaining documents as follows:
 - Two reports and one mylar Figure 1 map are intended for the City's records.
 - One report should be returned to us for our records.

Currently, the WRD estimates the CBU will be processed in 2 to 4 years. Please contact me if the City is interested in using the WRD Reimbursement Authority program to expedite the CBU processing. Under this program, the City would pay a fee (estimated to be less than \$3,000) to have the WRD process the CBU in about 4 to 5 months.

Please call or email us if you have any questions about the CBU documents or the filing process. We appreciate this opportunity to be of service to the City of Junction City.

Sincerely,

SKOOKUM WATER ASSOCIATES INC.



Steven R. Bruce, RG, CWRE
Principal Hydrogeologist

attachments

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

WELL I.D. # L 76770 START CARD # W 205112

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

(1) LAND OWNER Well Number Name City of Junction City Address P.O. Box 250 City Junction City State OR Zip 97448

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 267.5' ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes Drive Shoe used [] Inside [] Outside [] None

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material. Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [] Air [] Flowing Artesian. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water Depth Artesian Flowing Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata: WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL by legal description: County Lane Latitude Longitude Township 15 S N or S Range 4 W E or W. WM. Section 32 SE 1/4 NW 1/4 Tax Lot R.O.W. Lot Block Subdivision Street Address of Well (or nearest address) 11th & Elm St. Junction City, OR

(10) STATIC WATER LEVEL: 15 ft. below land surface. Date 5-18-10 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Depth at which water was first found 18'

(12) WELL LOG: Continued from page # 1 Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries like Gray silt sand wood, water, Gray clay silt wood, etc.

RECEIVED RECEIVED JAN 11 2023 MAY 27 2010 OWRD SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date started 2-9-10 Completed 5-20-10

(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. Signed Terry Johnson WWC Number 1321 Date 5-24-10

(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. Signed Ron Aspaas WWC Number 1445 Date 5-24-10

MAY 27 2010

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

WATER RESOURCES DEPT SALEM, OREGON

WELL I.D. # L 76770 START CARD # W 205112

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

(1) LAND OWNER: City of Junction City, Well Number, Address P.O. Box 250, City Junction City, State OR, Zip 97448

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Depth of Completed Well 267.5', Explosives used

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

How was seal placed: Method A, B, C, D, E, Other Pressure grouted thru trimmie pipe

(6) CASING/LINER: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Table for Casing and Liner details with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns for Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water 55.2°, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for...

(9) LOCATION OF WELL by legal description: County Lane, Township 15 S, Range 4 W, Section 32, Tax Lot R.O.W., Street Address of Well 11th & Elm St., Junction City, OR

(10) STATIC WATER LEVEL: 15 ft. below land surface, Date 5-18-10, Artesian pressure

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Continued on page # 2, Ground Elevation

Table for Well Log with columns: Material, From, To, SWL

Date started 2-9-10, Completed 5-20-10

(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.

(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.

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
- NA If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- NA Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Not Required Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- NA – Municipal Use Tax lot boundaries and numbers
- NA Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Figure 1	Claim of Beneficial Use Map for Transfer T-12523
Exhibit A	Water Supply Well Report LANE 70495

**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.

The map was tied using a Garmin Oregon 750t GPS.

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**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	1/22/2018	
COMPLETENESS DATE FROM ORDER (C)	10/1/2023	June 2018

* 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? 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? 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):

The well was required to obtain water from the same aquifer as the original point of appropriation. This requirement is assumed to be met, given the well existed at the time the transfer application was filed and the transfer was approved by the Department.

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6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

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

NO

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

Change #2

Change in Place of Use

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

YES

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
NA – Municipal Use	NA

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)
Municipal	YES

2. Variations:

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

YES

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.")

The place of use authorized by the Order included the SESW, SWSE and SESE of Section 30 in T15S, R4W, WM. The City currently does not provide water service to these three quarter-quarter sections.

Change #3

Change in Character of Use

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

NO

If "NO", this Section can be deleted.

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System Description

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

11th & Elm Well

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
Wolf American Turbine	10M55/22STG-2D	1502056	Submersible	Unknown	8 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	100

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)
100	14	102 feet reported	20 feet	4.47

4. Provide pump calculations:

Q Pump = $\frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = \frac{(100)(7.04)}{35.5+102+20} = \frac{704}{157.5} = 4.47 \text{ cfs (approx. 2,006 gpm)}$

Where:

- hp = 100
- efficiency = 7.04 ft⁴/sec/hp
- total head = 35.5 ft (conversion of 14 psi using 2.54 ft head/psi) + 102 feet + 20 ft to treatment plant = 157.5 ft

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)
NA – pump off			

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

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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**

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)
11th & Elm Well	LANE 70495	L-76770	A Well within Willamette River Basin

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? **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.")

3. Claim Summary:

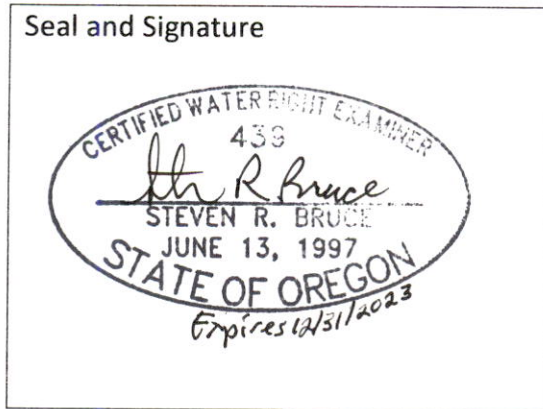
NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
11th & Elm Well	1.11 cfs	4.47 cfs	--

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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.



CWRE NAME Steven R. Bruce		PHONE NO. (503) 319-8926	ADDITIONAL CONTACT NO.	
ADDRESS 1626 Victorian Way				
CITY Eugene	STATE OR	ZIP 97401	E-MAIL steve@skookumwater.com	

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
	Gary Kaping	Public Works Director	

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME City of Junction City Attn: Gary Kaping		PHONE NO. (541) 998-3125	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 250			
CITY Junction City	STATE OR	ZIP 97448	E-MAIL GKaping@ci.junction.city.or.us

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 City of Junction City Attn: Gary Kaping		
ADDRESS P.O. Box 250		
CITY Junction City	STATE OR	ZIP 97448

4. Date of Site Inspection:

December 21, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Gary Kaping	12/21/22	Public Works Director

6. County:

Lane

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



**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.

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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

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-12523

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**CLAIM OF BENEFICIAL USE
WATER-RIGHT TRANSFER T-12523**

CITY OF JUNCTION CITY

**P.O. BOX 250
JUNCTION CITY, OR 97448**

January 6, 2023

Project 10004.007

**Skookum Water Associates Inc.
1626 Victorian Way Eugene, OR 97401
(503) 319-8926**