

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



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

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

## SECTION 1

### GENERAL INFORMATION

**1. File Information:**

APPLICATION # <b>G-15133</b>	PERMIT # (IF APPLICABLE) <b>G-14035</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>N/A</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>BRIAN &amp; AMY KOLLMAN</b>		PHONE NO. <b>541-377-1055</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>P.O. BOX 921</b>		<b>briank@columbiabasin.cc</b>	
CITY <b>HEPPNER</b>	STATE <b>OREGON</b>	ZIP <b>97836</b>	E-MAIL <b>Akollman39@gmail.com</b>

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

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

PERMIT HOLDER OF RECORD <b>JERRY &amp; TERRY GENTRY</b>			
ADDRESS <b>RT 1 BOX 3054</b>			
CITY <b>HEPPNER</b>	STATE <b>OREGON</b>	ZIP <b>97836</b>	

**4. Date of Site Inspection:**

**AUGUST 10, 2022**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>BRIAN KOLLMAN</b>	<b>AUGUST 10, 22</b>	<b>OWNER</b>

**6. County:**

**MORROW**

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

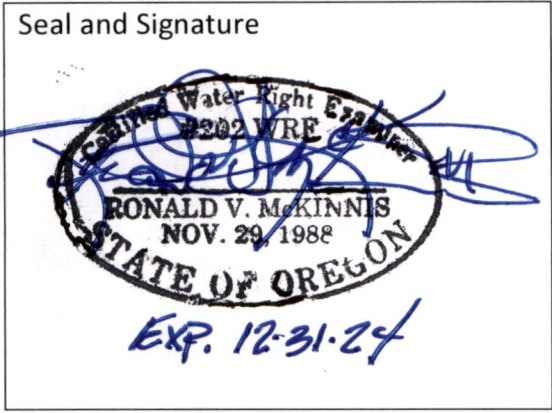
OWNER OF RECORD <b>BILLY GENTRY (Water Rights For: Tax Map 2S26E34, Tax Lot 603) WAS NOT DEVELOPED</b>		
ADDRESS <b>61230 HWY 207</b>		
CITY <b>HERMISTON</b>	STATE <b>OREGON</b>	ZIP <b>97836</b>

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>RONALD V. McKINNIS</b>		PHONE NO. <b>541-567-2017</b>	ADDITIONAL CONTACT NO. <b>541-571-1672</b>	
ADDRESS <b>79980 PRINDLE LOOP ROAD</b>				
CITY <b>HERMISTON</b>	STATE <b>OREGON</b>	ZIP <b>97838</b>	E-MAIL <b>rvmeng@eotnet.net</b>	

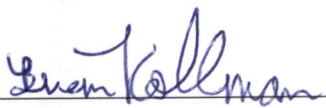
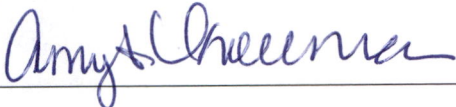
Permit Holder of Record Signature or Acknowledgement

**Each** permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

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SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	BRIAN KOLLMAN	OWNER	2/17/2023
	AMY KOLLMAN	OWNER	2/17/2023

**SECTION 3  
CLAIM DESCRIPTION**

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
<b>WELL</b>	<b>MORR 50653</b>	<b>L18921</b>

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
<b>WELL</b>	<b>SHOBE CREEK BASIN</b>	<b>WILLOW CREEK</b>

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
<b>WELL</b>	<b>IRRIGATION</b>	<b>Grass/Hay</b>	<b>Mar. 1 – Oct. 31</b>	<b>0.95 CFS</b>
<b>Total Quantity of Water Used</b>				<b>0.95 CFS</b>

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

**A Well With a 7.5 HP Submersible Pump Supplies Water to a 2" Mainline that Serves a 4500 Gallon Cistern. A 3.0 HP Pump in the Cistern Serves 3" Mainlines that Supply Water to Big Guns, Pods, Irrigate Lawn, Garden, & Pastures.**

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

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**5. Variations:**

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

**YES**

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

**Permit Allowed for 19.0 Total Acres on Two (2) Tax Lots. Tax Lot 603 Was Not Developed. Tax Lot 600 Could have Developed Up To 14.0 Acres. Only 12.8 of Those Acres Were Developed.**

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
<b>WELL</b>	<b>0.24 CFS</b>	<b>0.158 CFS</b>	<b>0.95 CFS</b>	<b>IRRIGATION</b>	<b>19.0</b>	<b>12.8</b>

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**SECTION 4**

**SYSTEM DESCRIPTION**

Are there multiple POAs?

**NO**

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

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

**WELL**

**A. Place of Use**

1. Is the right for municipal use?

**NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
<b>Total Acres Irrigated</b>									

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

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

1. Is the appropriation from a well?

**YES**

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

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

**Must Pull Well Cap To Measure Static Water Level**

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
<b>SEE WELL</b>	<b>LOG</b>	<b>MORR</b>	<b>50653</b>			

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

**N/A**

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**C. Groundwater Source Information (Sump)**

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

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NO

**D. Diversion and Delivery System Information**

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

1. Is a pump used? (PUMP INSIDE CONCRETE TANK / CISTERN)

YES

TANK IS ON A LEVEL SWITCH TO CONTROL WATER FROM WELL

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
UNKNOWN			Both Are SUBMERSIBLE		

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
UNKNOWN WELL	7.5 HP (According to Owner)
UNKNOWN CISTERN	3.0 HP (According to Owner)

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
3.0	58 PSI (Gage)	0	0	0.158 CFS

**5. Provide pump calculations: WELL CAN PROVIDE A LOT MORE WATER THAN THE CISTERN PUMP CAN HANDLE**

58 PSI by Gage = 134 Ft., Pump Set only A Few Feet Below Gage

TDH = 134 FT Assume 3.0 HP X 0.8 = 2.4 HP

2.4 X 3960 / 134 = 70.9 GPM = 0.158 CFS

**6. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
8831500 Gal	8832100 gal	14:09.4 (14.2 Min.)	42.3 GPM = 0.95 CFS

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND



**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

**10. Sprinkler Information: (BIG GUNS & PODS)**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/32	68	27.4	3	1	28.1
PODS	68	4.5	10	5	22.5
					<b>TOTAL = 50.6 GPM, 0.11 CFS</b>

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

**11. Drip Emitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

**12. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

**E. Storage**

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

YES

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

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

YES

NO

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

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**2. Storage Tank: (CISTERN)**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
CONCRETE	4500 GALLONS	BURIED

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
N/A		

**F. Gravity Flow Pipe**

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

**1. Does the system involve a gravity flow pipe?** NO

**G. Gravity Flow Canal or Ditch**

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

**1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?** NO

**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	July 20, 2001		
BEGIN CONSTRUCTION (A)		July 20, 2001	Well was Completed Prior to Permit
COMPLETE CONSTRUCTION (B)	Oct. 1, 2018	August, 2018	Use of Water
COMPLETE APPLICATION OF WATER (C)	Oct. 1, 2018	August, 2018	Use of Water

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

**2. Is there an extension final order(s)?** FO Issued on 09-18-2015 YES

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

a. Did the Extension Final Order require the submittal of Progress Reports? **NO**

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

b. Were the Progress Reports submitted? **N/A**

If the reports have not been submitted, attach a copy of the reports if available.

**3. Initial Water Level Measurements:**

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

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

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

**MARCH**

c. Was the measurement submitted to the Department? **NO**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**4. Annual Static Water Level Measurements:**

a. Was the water user required to submit annual static water level measurements? **YES**

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

**MARCH**

c. Were the static water level measurements taken in the month(s) required? **NO**

d. If "YES", were those measurements submitted to the Department? **NO**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**5. Pump Test:**

a. Did the permit require the submittal of a pump test? **YES**

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department?

c. Is the pump test attached to this claim?

d. Has the pump test been approved by the Department?

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**NO**  
**NO**  
**NO**

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

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

**6. Measurement Conditions:**

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

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

**Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.**

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL	DLJ METER (2")	09-8092	WORKING	18830800 (Gal)	2009

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? N/A

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
N/A		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A		

**7. Recording and reporting conditions:**

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

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

a. Were there special well construction standards? NO

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

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

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

WELL ID #	DATE ATTACHED TO WELL
L18921	NOV. 2006

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e. Other conditions? NO



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

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>KOLLMAN COBU Map</b>	<b>CLAIM OF BENEFICIAL USE MAP</b>
<b>MORR 50653</b>	<b>WELL LOG FOR WELL, L18921</b>

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MORR 50653  
CORRECTED

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

\* Section 5 \*  
MORR 50653

WELL LABEL # L 18921  
START CARD # 118938

(1) LAND OWNER Owner Well I.D.

First Name Jerry Last Name Gentry  
Company Rt 1 Box 3054  
Address  
City Heppner State OR Zip 97836

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

(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 368 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Cement	0	18	9	5
10	18	78	Cement	58	78	5	5
8	78	368					

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	2	78	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150		368	1
150		268	1
100		186	1

Temperature 66 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)

County Morrow Twp 2 N 0 Range 26 E W WM  
Sec 34 SE 1/4 of the SE 1/4 Tax Lot 600  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ ° 0 ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ ° 0 ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-15-99		113
Flowing Artesian?	<input type="checkbox"/>		

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12/15/99	300	308	16		113
12/15/99	335	340	20		113
12/15/99	360	368	150		113

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Soil	0	2
Cemented Gravel	2	57
Black w/Brown Basalt	57	59
Black Basalt	59	300
Black Basalt med. hard	300	308
Black Basalt	308	335
Black w/Brown Basalt	335	340
Black Basalt	340	360
Brown w/Green Soapstone	360	368

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Date Started 12-10-99 Completed 12-15-99

(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 \_\_\_\_\_ Date \_\_\_\_\_  
Password: (if filing electronically) \_\_\_\_\_  
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 544 Date 11-8-06  
Password: (if filing electronically) \_\_\_\_\_  
Signed Larry Bird  
Contact Info (optional) \_\_\_\_\_

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0 86

NOV 13 2006  
WATER RESOURCES DEPT  
SALEM, OREGON



MORR 50653

MORR 50653 JAN 18 2000

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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 18921 START CARD # 118938

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

(1) OWNER: Name JERRY GENTRY, Address RT. 1 BOX 3054, City HEYBURN, State OR, Zip 97836

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 368 ft.

Table with columns for HOLE Diameter, From, To, Material, and SEAL Sacks/pounds.

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

Table for (6) CASING/LINER with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded.

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

(8) WELL TESTS: Minimum testing time is 1 hour. Includes Pump, Bailer, Air, Artesian data.

(9) LOCATION OF WELL by legal description: County MORROW, Township 2, Range 26, Section 34, S/E 1/4, S/E 1/4.

(10) STATIC WATER LEVEL: 113' ft. below land surface. Date 12-15-99.

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

(12) WELL LOG: Ground Elevation

Table for (12) WELL LOG with columns for Material, From, To, SWL.

Date started 12-10-99, Completed 12-15-99. (unbonded) Water Well Constructor Certification.

(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.