# 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

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

#### A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

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

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**GENERAL INFORMATION** 

SECTION 1

OWRD

#### 1. File Information:

1			
	APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
		TEMMIN (II ALLECADEE)	I LINVITI AMENDIVIENT # (IF APPLICABLE)
	G-17726	G-17162	T-
1			•

2.	<b>Property</b>	Owner	current owner	information)	):

APPLICANT/BUSINESS NAME		PHONE No.		ADDITIONAL CONTACT NO.
Roscoe Divine LLC		(541) 342-	5310	
ADDRESS				
555 Lincoln St.				
CITY	STATE	ZIP	E-MAIL	
Eugene	OR	97401	cdavids@fe	ernwoodproperties.com

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

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

3. Termit moraci or record	or remit holder or record (this may, or may not, be the current property owner).				
PERMIT HOLDER OF RECORD					
Roscoe Divine LLC					
Address					
555 Lincoln St.	555 Lincoln St.				
Сіту	STATE	ZIP			
Eugene	OR	97401			

Additional Permit Holder of Record	)			
Address				
CITY STATE ZIP				

#### 4. Date of Site Inspection:

1/25/2023

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

Name	DATE	ASSOCIATION WITH THE PROJECT
Christy Davids	1/25/2023	Property Manager

#### 6. County:

Lane

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)):

the owner of record for that prope	the owner of record for that property (OKS 337.230(3)).				
OWNER OF RECORD					
Address					
CITY	STATE	ZIP			

Add additional tables for owners of record as needed

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## SECTION 2 SIGNATURES

#### **CWRE Statement, Seal and Signature**

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



MAR 17 2023

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CWRE NAME William E. McGill			PHONE NO. ADDITIONAL CONTACT (503) 510-3026 (503) 931-0210	
ADDRESS				
15333 Pletzer Rd. SE				
CITY	STATE	ZIP	E-MAIL	
Turner	OR	97392	willmcgill.su	ırveying@gmail.com

## Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
A Rompins	J. Roscoe Divine	Quier	3-10-23
7			

#### **SECTION 3**

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#### **CLAIM DESCRIPTION**

1. Point of appropriation name or number:

**OWRD** 

(CORRESPOND TO MAP) Well 1	(IF APPLICABLE)  LANE 10174	L-146939
(POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
POINT OF APPROPRIATION	WELL LOG ID #	WELL TAG #

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	Source	TRIBUTARY
Name or Number	BASIN LOCATED WITHIN	
Well 1	Amazon Creek	Long Tom River

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)
Well 1	Irrigation	strawberries & hay	Mar. 1 – Oct. 31	0.25 cfs
<b>Total Quantity of</b>	Water Used	0.25 cfs		

**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:

Water is pumped from the well by a 5 HP submersible pump, delivered to the field through 3" and 4" aluminum above-ground mainline and applied by 3" aluminum handlines equipped with impact sprinklers.

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).

#### 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.

ES NO

(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.")

19.9 acres were developed instead of the allowed 20.0.

#### 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
Well 1	0.25 cfs 0.23 cfs		System not running at time of site inspection	Irrigation	20.0	19.9

#### **SECTION 4**

#### SYSTEM DESCRIPTION

Are there multiple POAs?	YES 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):	RECEIVED
Well 1	MAR 1 7 2023
A. Place of Use	<b>OW</b> RD
1. Is the right for municipal use?	YES 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
175	4W	WM	31	NENE			Irrigation	2.3	
175	4W	WM	31	NWNE			Irrigation	0.9	
175	4W	WM	31	SWNE			Irrigation	4.8	
175	4W	WM	31	SENE			Irrigation	12.0	
Total Ad	Total Acres Irrigated							20.0	

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

NO

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:

1/2" access port in NW side of well cap

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
See attached v	well log.		ORIGINAL WELL	ALTERATIONS	1	

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.

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

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

MAR 1 7 2023

YES

NO

#### D. Diversion and Delivery System Information

#### OWRD

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

1. Is a pump used?

YES

NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE
			SUBMERSIBLE)		SIZE
Franklin Electric	2821139310		submersible		4" O.D.

#### 3. Motor Information:

Manufacturer	HORSEPOWER
Franklin Electric	5

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)
5	40	0' (submersible)	52'	0.23 cfs

#### 5. Provide pump calculations:

Q = (5\*7.04) / (101.6+52) = 0.23 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)
System not running at t	ime of site inspection.		

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

#### 7. Is the distribution system piped?

YES

NO

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

#### 8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	800'	Aluminum	Above Ground
3"	920'	Aluminum	Above Ground

#### 9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3" 40'		Aluminum	Above Ground

#### 10. Sprinkler Information:

Size	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM Number Used	TOTAL SPRINKLER OUTPUT (CFS)
11/64" Wade Rain 33	40	5.4	23	23	0.28

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)
N/A					

#### 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
N/A					

#### 13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED	OPERATING	TOTAL PIVOT	TOTAL PIVOT
	RADIUS	PSI	Оитрит (дрм)	OUTPUT (CFS)
N/A	2			

#### E. Storage

<ol> <li>Does the distribution system include in-system storage (e.g</li> </ol>	. storage tank,	
bulge in system / reservoir)?	YES N	(

#### 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?

YES

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?

YES

H. Additional notes or comments related to the system:

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# SECTION 5

#### **CONDITIONS**

## **OWRD**

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	4/24/2014		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	4/24/2019	5/19/2014	Application made on an existing well, date provided is when flow meter was installed.
COMPLETE APPLICATION OF WATER (C)	4/24/2019	June 2019	Irrigated entire POU to be claimed.

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

<ol><li>Is there an extension final order(s</li></ol>	2.	Is	there	an	extension	final	order	s	1
---	----	----	-------	----	-----------	-------	-------	---	---

YES

NO

3. Initial Water Level Measurements:

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

YES

NO

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		
IAIGICII		

c. Was the measurement submitted to the Department?

YES

NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	MEASUREMENT

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

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

YES

NO

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?

YES

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
March 2015 - March 2022 SWL measurement form	s are attached. Permit he	older claims that SWL forms
were submitted, but there are gaps in OWRD recor	ds.	

#### 5. Pump Test:

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

YES

NO

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 **E** EIVED multiple well exemption or an unreasonable burden exemption.

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For additional information regarding pump tests see:

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

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

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

YES

NO

c. Is the pump test attached to this claim?

YES

NO

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

YES

NO

e. Has a pump test exemption been approved by the Department?

YES

NO

#### 6. Measurement Conditions:

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

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

NO

#### c. Meter Information

POD/POA Name or #	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	DU Meter	13	working	05280280	5/19/2014
		011148			

#### 7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES



8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required?

YES

NO

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

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



NO

WELL ID # DATE ATTACHED TO WELL
L-146939 June 2022

e. 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):

Usable access port – well equipped with 1/2" access port on NW side of well cap

Restore disturbed riparian areas - no riparian area disturbed by development.

#### **SECTION 6**

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
LANE 10174	Well log for authorized POA, Well 1
8- March SWLs	2015-2022 SWL forms
6- pictures	Taken 1/25/2023 at site inspection

#### **SECTION 7**

#### **CLAIM OF BENEFICIAL USE MAP**

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

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

Survey	method	used	was	aerial	photo	provided	by	Maxar	Technolo	gies.
Source	Date: 4/	1/202	22							

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**LANE 10174** 

· STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765) WATER RESOURCES DESTART CARD) (1) OWNER: LOCATION OF WELL by legal description: Well Number Name Kenneth Yi Latitude Address 1595 E. 31st Longitude Eugene Nor S, Range State 97405 Section . (2) TYPE OF WORK: Block New Well Deepen Deepen ☐ Recondition Street Address of Well (or nearest address) West of 28808 (3) DRILL METHOD West. 11th Eugene. Or Rotary Air Rotary Mud Cable (10) STATIC WATER LEVEL: Other \_\_\_\_ ft. below land surface. (4) PROPOSED USE: lb. per square inch. Domestic Community ☐ Industrial ☐ Irrigation ☐ Thermal (11) WATER BEARING ZONES: ☐ Injection Other (5) BORE HOLE CONSTRUCTION: Depth at which water was first found . Special Construction approval Yes No Depth of Completed Well 130 From X Estimated Flow Rate Yes No SWL 80 Explosives used Type 85 351 118 121 HOLE SEAL 351 Amount Diameter From Material From To sacks or pounds 10" 0 Cement 5 sacks 611 19 (12) WELL LOG: Ground elevation Material From To SWL Topsoil How was seal placed: Method  $\Box$  A  $\Box$  B XC DD Brown Clay Other \_ 1 3 Gray Clay Backfill placed from\_ 3 ft. to \_ 12 \_ ft. Material Gray Brown Green Cong. Gravel placed from \_ 12 35 ft. to Size of gravel Gray Green Cong. 80 (6) CASING/LINER: Green Cong. 130 351 Diameter From Gauge Steel Plastic Welded Threaded П Final location of shoe(s) (7) PERFORATIONS/SCREENS: ☐ Perforations Method ☐ Screens Type Material Tele/pipe From Number Diameter Casing Date started. 9-9-88 (8) WELL TESTS: Minimum testing time is 1 hour (unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or Flowing ☐ Pump ☐ Bailer abandonment of this well is in compliance with Oregon well construction X Air Artesian standards. Materials used and information reported above are true to my best Yield gal/min Drill stem at Drawdown Time knowledge and belief. 100 WWC Number could flucuate (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment Depth Artesian Flow Found work performed on this well during the construction dates reported above. all Was a water analysis done? Yes By whom work performed during this time is in compliance with Oregon well Did any strata contain water not suitable for intended use? 🔲 Too little construction standards. This report is true to the best of my knowledge and ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_ Depth of strata: WWC Number ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR



## **Oregon Water Resources Department** PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name

Address	550	1 : 11	COLN	00	-23.0				Applica		G-1.	1726	
City/State/Zip	FUGG	5 NS	- ULN	ZIK		00		-	Permit:		9-17	162	
Phone/Fax/Cell	<14-24-3	-62	61.119	201	OR		101		Certific	ate:	MA		
Email			1241.4	02.0	411 1841.5	10.4	4666	•	Jserid:		-		
		:	***************************************						Transfe		7.		
Your water right remeasurements show measurement report used. Please contact Other water right	rts for your r ct the Depar	records. tment if	All wells to	hat ha	ve been con	struc of this	ted mu	st be me	e meas	urement	ts. Keep a c	e to determi opy of all her they are	ne when
omor water right	s wat his ti	IIS WEII:											
Application number	r(s):								T		1		
Permit number(s):													
Certificate number(	s):								_				
Identification of m			ide as muci	n infor	mation as po	ssible	e.)						
Water Resources V					Owner's	well r	name:					-	
Well ID (Well Tag													
Well ID (Well Tag	g) on Well L	og:L-			Well dril	led by	<i>r</i> : [			**************************************			
Start Card # on We	ell Log:		659	2	Total dep			***************************************		asing dia	meter (inch	es): 6"	
Date drilled:					Owner or		log.			asing the	uneter (mich	cs). 10	
Water-Level Mo	easureme	nt			,	, .,	vos. [						
Date of measuremen	t: 03/26/2	015			Measurements the nearest pou	should and, if t	i be made using a ga	e to at least age.	the neare	est tenth of	a foot (10.2'),	the nearest inch	(10'3") or
Depth to water below	v measuring	point:		22'7"		Ai	rline le	ngth or tr	ansduc	er denth:			76
Measuring point heigh	_	_	d surface:	15"		1		essure:	unoute	or dopui.	psi x 2.31	_	feet
Depth to water below				21'4"		1	_	essure:			psi x 2.31=		feet
Measurement Status: Measurement Metho	Static		Pumping [ Airline [	R	Rising   Other		ing 🗌	Other			psi x 2.31		feet
Length of time well v	was idle prio	r to me	asurement:										
Measuring point desc	^			-									
The measuring point is the	reference poin	t from wh	ich the meast	rement i	is made. Examp	les are:	1/2" acc	ess port in	well cap;	1-1/2" por	t pipe on N sid	e; pressure gag	ð.
Comments:													
When did water use b	egin for this	s well ur	nder this pe	rmit?	Month				Year [				
I hereby certify that the	ne informati	on on th	is report is	accura	ate and repres	sents t	the stati	ic water l	evel in	the well			
Person making measurer Signature of measurer	:	nt): Ricl Ruche	nard M Ab	erle Abe	le							ECEIVI	
Company: C & M Pur Licensed number (circ		pe: CW	RE, RG, P	E, WV	VC(Pump In	staller	: CCE	3 48231	CPI	9	M	AR 1720	23
Daytime phone number Email address: cmpur	er: 541-726	-5586	,,									OWRD	

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822. Return this Form to: OWRD. Meas & Rept Section. 725 Summer St. NE. Suite. A. Salem. OR 97301-1266 or email as an attachment to reportingmmts@wrd.state.or.us. Additional forms can be obtained from our web site at: http://www.wrd.state.or.us



## Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic s certificate to determine when mea allowed to make the measuremen that have been constructed must le contact the Department if you are no	asurements should ts. Keep a copy of be measured rega	d be made, who all measurement rdless of wheth	en reports ar nt reports for they are I	re due, and your record	who is s. All wells	Ce	plication: Permit: ertificate: Transfer: POD:	G 17726 G 17162
							Userid:	31699
ROSCOE DIVINE		DECENA			ell History, if			
K & R LLC	l	RECEIVI			gid NE 1068	Type Work	Date	Depth
555 LINCOLN ST		MAR 17 20	123		1000	NEW WELL	08/24/1981	85
EUGENE OR 97401		WAIT - 10 EC	,,,					-
		OWRD		-				
		O dal 15						
				have				
Identification of Measured V	Vell (Provide as m	uch informatio	n as possible.	Correct any	y errors.)			
Water Resources Well Log ID:	LANE 1068		r's well name:					
Well ID (Well Tag) on Well: L-			n water right:		68			
Well ID (Well Tag) on Well Log: L-						L DRILLING	3	====
Start Card # on Well Log:			Total depth:			sing diameter		
Date drilled:	8/24/1981	Owne	r on well log:	The state of the s	ETCHERSI	DE	(monos).	
Well location on water right:	In the SW quarter of	of the NE quart	er of Section	31, Townsh	ip 17.00S, F	Range 4.00W.		
i	1575 FEET SOUT	H AND 1500 F	EET WEST F	FROM NE	CORNER, S	ECTION 31		
Water-Level Measurement								
	Me	asurements should	he made to at lea	act the nearest	tenth of a foot	(10.21) the neeres	t inch (10/211)	u sh a
Date of measurement: 3 - 2/	/_/6 nea	rest pound, if using	a gage.	ast the malest	terrar or a root (	10.2), the heares	at inch (10°3°) (	or the
Depth to water below measuring point		24	Airline leng		lucer depth:		feet	
Measuring point height above below		6"	Airline pres		*	2.31 =	feet	
Depth to water below land surface:	ا کم	2'6"	Shut-in pres	ssure:	psi x	2.31 =	feet	
Measurement status: Static	Pumping	Rising	Flowin	ng	Other			
Measurement method: E-tape	Airline	Other _	The factor of the same of the					
Length of time well was idle prior to n	neasurement:	6 man	ths					
Measuring point description:	access son		elseal	2				
The measuring point is the reference point from	which the measuremen	t is made. Example	es are: 1/2" access	s port in well o	cap; 1-1/2" port	pipe on N side;	oressure gage.	
Comments:								
commons.				the may provide a test provide and a provide	******************************			
When did water use begin for this well	under this permit?	Month		Year				***********
whom are water use begin for this went	under uns permit.	TVIORELI		ı caı				
I hereby certify that the information on	this report is accu	rate and represe	ents the static	water level	in the well	at the time of	mesasureme	nt.
Person making measurement (print): Signature of measurer:				*************************				
Company: $C + M P_{\nu n}$	2 P Ca	- Mus	race	<del></del>				
License number (Circle license type:	CWRE, RG, PE, V	WWC, Pump In	staller); C	CB 4	8231		***************************************	
Daytime phone number: 541-72	6-5586	Email address:	cmp	coupe	3/100, c	072		
f you have any questions about this not this Form to: OWRD, Meas & Rept S								
reportingmmts@wrd.state.or.us. Additional forms can be obtained from	our web sit at: http	p://www.wrd.st	ate.or.us.	OWRD	GW/KC	W 1/27/20	16	
Water Level Data on File at OWRD for this we hate MP Height WL BLS Pump Idle Time			nt date on top) :		suring Point Descrip	tion		

Well owner:

Name	CHRISTY DAVIDS	ER LLC		Application:	G-17726
Address	555 LINCOLN ST			Permit:	G-17162
City/State/Zip	EUGENE	OR	97401	Certificate:	
Phone/Fax/Cell	CD AVVID C CO			Userid:	31699
Email	CDAVIDS@FERNWOOD	PROPERTIES.COM		Transfer	
reports for your recontact the Department	equires periodic static water-le buld be made, when reports cords. All wells that have been ment if you are no longer the le ts that list this well:	are due, and who is a en constructed must b	llowed to make the measu e measured regardless of o longer have an interest in	rements. Keep a co	C - 11
Application numb					
Permit number(s)					
Certificate number	er(s):				
Identification of r	neasured well (Provide as m	uch information as pos-	sible.)		
Water Resources V Well ID (Well Tag		Owner's	well name: WELL 1 (TO	BE AMENDED C	N WR)
Well ID (Well Tag					
Start Card # on Wo			ell drilled by:	_	
Date drilled:	on bog.		Total depth:	Casing diameter	(inches):
Water-Level M	L	Owner	on well log:		
		Measurements should	he made to at least the mannet to	4 - F - F - (10 0) - 1	
Date of measureme	ent: 3-9-17	nearest pound, if using	be made to at least the nearest ter g a gage.	im of a foot (10.2'), the	nearest inch (10' 3") or the
Depth to water belo	ow measuring point:	26' A	irline length or transducer of	lepth:	Cont
	eight above/below land surfac		irline pressure:	psi x 2.31=	feet
Depth to water belo	ow land surface:		hut-in pressure	psi x 2.31=	feet
Measurement Status	Static Pumping	Rising	Floring -		Teet
Measurement Metho	- tamping		Flowing Other		
	was idle prior to measureme	- Outer			
Measuring point de	scription: 1/2 "access	port in Well	Seal		
	the reference point from which the m	easurement is made. Exampl	es are: 1/2" access port in well cap	o; 1-1/2" port pipe on N	side; pressure gage.
Comments:	-				RECEIVED
When did water use	begin for this well under this	permit? Month	Year		MAR 1 7 2023
I hereby certify that	the information on this repor	t is accurate and repres	ents the static water level in	the well at the time	a af QUALDIN
Person making m	reasurement (print): R 1	and an A	le a d'a	the wen at the tim	e of measurement
Signature of mean	neasurement (print): Rich	and mil	oer it		
Company:	C+M Pump	Co	ere		
	(circle license type: CWRE,	RG. PE. WWO Pump	Installer) UG3215	(0 0 -	01
Daytime phone n	umber: <u>541-726-53</u>	Email -	ddragg 6	CB 9C	P1
If you have any	etions about the series	Email a	duress: Cmpump	@live.co	m
303-986-0843. <b>Retu</b>	stions about this notice, pleas nrn this Form to: OWRD, M n be obtained from our web s	leas & Rept Section, 7	25 Summer St. NE. Suite.	A, Salem, OR 97	301-1266.
	ii de dotained from our web s	it at: http://www.wrd.s	state.or.us	OWRD GW	//KCW 1/13/2009

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17726
Permit G 17162
Certificate
Transfer
POD 1
Userid 31699

CHRISTY DAVIDS K & R LLC 555 LINCOLN ST EUGENE OR 97401 RECEIVED MAR 1 7 2023

	POD	1
	Userid	31699
Water Rig	ht (OWRD Use Only):	
Permit: G	17162 * {17854	5}

Well Id- Well Tag	Well rog Id	LANE 10174	*	Well name on w	ater right	WELL 1 (L	ANE 1068)			
	on Well: L-			Owner's v						
Water Us	se Report Id	Per OWRD records	W	ater use rpt faci	lity name					
Logid (Well History)	Type Work	Startcatd Nbr	•	Csg (inches) M	ax Depth C	Complete Date	Owner on We	ell I oa		
			<u> </u>							
	bis. in		-							
						,				
B. Well Location  Location on			Long: NE qtr of Section	Est on 31, T. 17.00S, R.	t loc error (fe 4.00W, 157	eet): 5 FT S & 1500	Loc Source (gps FT W FR NE C	): OR, S31		
C. Water-Level			* *	* -		**				
Date of measurement		- 14 - 1	Measure	ements should be ma	ade to at leas	t the nearest ten	th of a foot (10.	2'), the nea	arest inch (10'	3") or the
*	500		nearest p	oound, if using a gag	ge.					
Depth to water below			0.6	CONT. CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO			er depth (below	1	-	fe
Measuring point heig			(0.000000000000000000000000000000000000	00.0000000000	_	ige pressure:		psi x 2.	DESCRIPTION OF THE PERSON NAMED IN COLUMN	fee
epth to water below	land surface:		24.	9'' Shut-in	pressure (	flowing wells):		psi x 2.	31 =	fee
feasurement status:	Static >	Pump	ing	Rising	Flowin	ig	Other			
feasurement method	l: E-tape	➤ Airl	ine	Other			,			
ength of time well w	vas idle prior t	o measureme	int:							
leasuring point desc	ription:	rom which the m	neasurement is	well sa made. Examples are	al 2. 1/2" access	s port in well ca	p: 1-1/2" port pi	pe on N si	ide; pressure g	
he measuring point is the leasuring points should no lowing wells should be fu	ot be used for airl	line measuremen	e is stable to ge	ngths should be refe	erenced to la	nd surface.		he gage at	bove land surfa	
the measuring point is the Measuring points should no lowing wells should be further than the formments:	ot be used for airl	line measuremen	its as airlines le e is stable to ge	ngths should be refe	erenced to la	nd surface.		he gage at	bove land surfa	
the measuring point is the feasuring points should no feasuring points should be full formments:  O. Certification	ot be used for airluly shut off until	fine measuremen the gage pressure	e is stable to ge	represents the s	erenced to lar ement. The m	nd surface. leasuring point	is the height of t			ace.
the measuring point is the leasuring points should no lowing wells should be further comments:  Certification  Person making mea	ot be used for airluly shut off until	fine measuremen the gage pressure	e is stable to ge	represents the s	erenced to lar ement. The m	nd surface. leasuring point	is the height of t			ace.
he measuring point is the leasuring points should no lowing wells should be further comments:  Certification  Person making mea Signature of measur	ot be used for airluly shut off until	his report is a	accurate and	represents the s	erenced to lar ement. The m	nd surface. leasuring point	is the height of t			ace.
the measuring point is the leasuring points should not owing wells should be further comments:  Certification  Person making mea Signature of measur Company:	ot be used for airluly shut off until	his report is a	accurate and	represents the s	erenced to largement. The m	nd surface. leasuring point	s the height of t	ime of n		ace.
the measuring point is the leasuring points should no leasuring wells should be further comments:  Certification  Person making mea Signature of measur Company:  License number (Ci	ot be used for airluly shut off until	his report is a nt):	accurate and	represents the s	static wate	nd surface. leasuring point or level in the	well at the t	ime of n		ace.
e measuring point is the leasuring points should nowing wells should be further comments:  Certification Person making mea Signature of measure Company: License number (Cin Daytime phone number)	I certify that the surement (princer:  rele license tyler: 541.2	his report is a nt): Recall the gage pressure th	accurate and Pump  BG, PE, WV	represents the s	static water	easuring point	well at the t	ime of n		ace.
company: License number (Ci Daytime phone num uestions? Call the M	I certify that the surement (printer:  Trele license ty aber: 541 2  I casurement &	his report is a nt): Richard Pre: CWRE, F	accurate and Pump RG, PE, WV	represents the s  Above  VC, Pump Instal  mail address:	static water length of the month of the mont	er level in the	well at the ti	ime of n		ace.
e measuring point is the easuring points should no be should be further than the comments:  Certification  Person making measure of measure Company:  License number (Circular Daytime phone number to measure the company:  License number (Circular Daytime phone number to measure the company:  License number (Circular The company:	I certify that the surement (printer:  Tele license typher: 541.2  I casurement & OWRD, Me	his report is a nt):  Reporting S Reporting S as & Rept S	accurate and  G. PE, WV  Bection of the ection, 725	represents the s  Aber  VC, Pump Instal  mail address:  Department at  Summer St. NI	static water length of the month of the mont	er level in the	well at the ti	ime of n		ace.
e measuring point is the leasuring points should nowing wells should be further comments:  Certification Person making mea Signature of measure Company: License number (Cin Daytime phone number)	I certify that the surement (printer:  The certific that the surement (printer:  The certif	his report is a nt): Reporting S Reporting MR	accurate and  G. PE, WV  ection of the ection, 725  s@wrd.stat	represents the selection of the selectio	static water length of the month of the mont	er level in the	well at the ti	ime of n		ace.

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17726 Permit G 17162

CHRISTY DAVIDS K&RLLC 555 LINCOLN ST EUGENE OR 97401 RECEIVED

MAR 17 2023

**OWRD** 

Certificate	
Transfer	······
POD	1
Userid	31699

Water R

Permit:

A. Identification of Measu Water Resources Well Log Id	LANE 10174	*			t WELL 1 (L.	
Well Id- Well Tag on Well: L-			Owner	's well name	WELL I (L)	ANE 1008)
Water Use Report Id		ν	Vater use rpt f			
Logid (Well History) Type Work	*Per OWRD records, Startcatd Nbr	if shown			terino de la constantina della	
Type work	StartCatd NDF	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
:	-		-			
	-	-				
B. Well Location Lat (WGS198	84):	Long:		Eat les amin (	c 0 0000 -	
Location on water right: In the	he SW qtr of the N	E gtr of Secti	on 31, T. 17,00S	R 4 00W 15	feet): I	Loc Source (gps):
C. Water-Level Measurem	ent			, 10. 4.00 11, 13	73 F1 3 & 1300	FI W FR NE COR, S31
Date of measurement: 4-3	. //	Measur	ements should be	made to at lea	st the nearest ten	th of a foot (10.2'), the nearest inch (10' 3") or the
	- / 4	nearest	pound, if using a	gage.	are medical tell	an or a root (10.2), the hearest inch (10.3") or the
Depth to water below measuring p	point:	23	16" A	Airline lengt	h or transduce	r depth (below land surface): feet
Measuring point height above be	low land surface	ce: 15			gage pressure:	psi x 2.31 = feet
Depth to water below land surface	:	22	3 "Shut-		(flowing wells):	psi x 2.31 = feet
Measurement status: Static	Y Pumpi	na	Rising	580		
Measurement method: E-tape	000.000.000	2002000000	. 00,000	Flowi	ng (	Other
A bid		-	Other			
Length of time well was idle prior		it:				
Measuring point description:	" acces	POI	tin w.	ellsea	1	
The measuring point is the reference point Measuring points should not be used for a	from which the me	easurement is	made Examples	are: 1/2" acce	eg nort in well and	o; 1-1/2" port pipe on N side; pressure gage.
points should not be used for all	mue measurement	s as airlines l	enoths should be	reterenced to I	and arreface	s the height of the gage above land surface.
Comments:	and Babo brosonio	is stable to g	or a static illeas	utement. The i	neasuring point is	s the height of the gage above land surface.
•						
D. Certification I certify that	this report is ac	annata and				
D. Certification I certify that the Person making measurement (principle)	int). Real	ar d	represents the	e static wat	er level in the	well at the time of mesasurement.
Signature of measurer:	chair	em	alrea	le	* -:	
Company:	M Pu	mp C	0			
License number (Circle license t	vne CWRF R		The state of the s	tallow).	CB 48	231
Daytime phone number: \$41-	726-559	3.6 E	mail address:	tallel J.		Olive, com
			a Denartment			
Sacrations: Can the Measurement v		onon or m	o Department	at 202-280-	0022.	
Return this Form to: OWRD. Me	eas & Rent Se	ction, 725	Summer St	NE Smita	Salam OD	07301 1266
keturn this Form to: OWRD, Mo	eas & Rept Sec	ction, 725	Summer St. ] e.or.us	NE, Suite. A	A, Salem, OR	97301-1266.
Questions? Call the Measurement & Return this Form to: OWRD, Ma Or email it as an attachment to re Additional forms can be obtained fi	eas & Rept Sec eportingmmts	ction, 725 @wrd.stat	e.or.us		A, Salem, OR	2.72.42
keturn this Form to: OWRD, Me	eas & Rept Sec eportingmmts com our web sit	ction, 725 @wrd.stat t at: http://	t <b>e.or.us</b> www.wrd.sta	te.or.us.		97301-1266.  OWRD GW/KCW 2/15/2018

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	G 17726
Permit	G 17162
Certificate	i
Transfer	
POD	1
Userid	31699

CHRISTY DAVIDS K & R LLC 555 LINCOLN ST EUGENE OR 97401 RECEIVED

MAR 1 7 2023

Water Right (OWRD Use Only): Permit: G 17162 \* {178545}

A Identification of Massured Well (D. 11)	***********
A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)	
Water Resources Well Log Id Well Id- Well Tag on Well: L-  Well name on water right  WELL 1 (LANE 1068)	
What is well finding	
Water Use Report Id  * Per OWRD records, if shown  Water use rpt facility name	
l acid (	
Logid (Well History) Type Work Startcatd Nbr Well Tag Csg (inches) Max Depth Complete Date Owner on Well Log  LANE 10174 NEW 6592 6 130.00 09/09/1988 KENNETH YI	
SOURCE TO THE STATE OF THE STAT	
B. Well Location Lat (WGS1984): Long: Est loc error (feet): Loc Source (gps):	
Location on water right: In the SW qtr of the NE qtr of Section 31, T. 17.00S, R. 4.00W, 1575 FT S & 1500 FT W FR NE COR, S31	
C. Water-Level Measurement	
Date of measurement: 3 - 10 - 2002 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10')	3") or the
Double to the state of the stat	
Messuring a sixth in the district and surface).	fee
Measuring point height above / below land surface:    15"   Airline gage pressure:   psi x 2.31 =	feet
Depth to water below land surface:    30'9"   Shut-in pressure (flowing wells):   psi x 2.31 =	feet
Measurement status: Static Pumping Rising Flowing Other	
Measurement method: E-tape Airline Other	
Length of time well was idle prior to measurement:	
Measuring point description: 15 access port in well seal	e Chambridge Ann
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure game Measuring points should not be used for airline measurements as airline length should be referenced to land surface.	
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.	ce
Comments:	JC.
D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement	t.
Person making measurement (print): Richard M Aberte	
Signature of measurer: Richard Maberle	
Company: Can Pump Co	
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB 48231 CP1 9	
Daytime phone number: 54-726-5586 Email address: _cm pumpelive.com	
Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.	
Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.	
of email it as an attachment to reportingmmts@wrd.state.or.us	
additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD OWRD GW/BPS	1/30/2020
Vater Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):	
4/03/2019 23 SO 125 225 Status Method Measured By Measuring Point Description	
23.00	

<sup>| 103/09/2017 | 26.00 | 1.25 | 24.75 |</sup> STATIC | ETAPE | Richard M Aberle | 1/2" Access port in well seal | 1/2" Access port in

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17726
Permit G 17162
Certificate
Transfer
POD 1
Userid 31699

CHRISTY DAVIDS K & R LLC 555 LINCOLN ST EUGENE OR 97401 **RECEIVED** 

MAR 1 7 2023

lder	Transfer	
	POD	1
	Userid	31699
ater Right	(OWRD Use Only):	
ermit: G 1	7162 * {178545}	
	and it is the there will	

Water Resour Well Id- Well 7	ces Well Log Id	LANE 10174	*	Well name	on water righter's well name	WELL 1 (I	ANE 1068)
	er Use Report Id			Water use rpt		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
		* Per OWRD records	if shown		,		
Logid (Well History) LANE 10174	Type Work NEW	Startcatd Nbr 6592	Well Tag	Csg (inches	) Max Depth		e Owner on Well Log
		0392		6	130.00	09/09/1988	KENNETH YI
	1						
	-	The second secon					
P Well I age	<b>!</b>				1		
B. Well Locat	ION Lat (WGS198	34):	Long:		Est loc error (	feet):	Loc Source (gps):
C	on water right. In th	ie Sw qtr of the N	E qtr of Sec	tion 31, T. 17.00	S, R. 4.00W, 15	75 FT S & 1500	FT W FR NE COR, S31
C. Water-Lev		ent	M				
Date of measurer	nent: $3-2$	5-21	neares	t pound, if using	be made to at lea	st the nearest te	nth of a foot (10.2'), the nearest inch (10' 3") or the
Depth to water be	elow measuring r	ooint:	1	7 1 - 37		h or transdua	on donth (L.).
Measuring point			ce: 16	-11		gage pressure	ter depth (below land surface): fee
Depth to water be			1 1	1/11/Sh	it-in pressure		
							psi x 2.31 = fee
Measurement stat	-	Pump		Rising	Flowi	ng	Other
Measurement me	A 1	Airl		Other		11	and marking or completely so
Length of time we	ell was idle prior	to measureme	nt:				
Measuring point	description:	"accecc	Part in	20-011	6001		
The measuring point is	s the reference point	from which the m	easurement	s made Evample	es are: 1/2" acces	ss port in well ca	ap; 1-1/2" port pipe on N side; pressure gage.
Traducting points shot	na not oc used for all	mic measuremen	s as airiine i	ength should be:	referenced to lan	deurface	
Comments:	be fully shut off until	the gage pressure	is stable to	get a "static" me	asurement. The r	neasuring point	is the height of the gage above land surface.
D. Certificatio	n I certify that	this report is a	ccurate an	d represents t	he static wat	er level in th	e well at the time of measurement.
Person making	measurement (pr	int): R	chard	MA	ho-lo	er level in til	e wen at the time of measurement.
Signature of me		Rica	1 and	mal	20 //		
Company:	C+M	Pump	Co				
License number	(Circle license t	ype: CWRE, F	RG, PE, W	WC, Pump I	nstaller):	182310	CCB 9 CPI
Daytime phone	number: <u>541-</u> >	26.5586		Email address	: Cmpu	mpalin	e.com
Questions? Call th	e Measurement	& Reporting S	ection of t	he Departmen	nt at 503-930	-3828	
Return this Form	to: OWRD, Me	eas & Rept Se	ction, 72	Summer St	. NE, Suite.	A. Salem. O	R 97301-1266.
Or email it as an	attachment to r	eportingmmt:	@wrd.st	ate.or.us			
Additional forms of							OWRD GW/BPS 2/18/2021
Water Level Data	on File at OW	RD for this w	ell (last 3	measuremen	ts only, mos	t recent date	e on top):
Date Ann Len WL	BMP MP Height WL BLS .00 1.25 20.75	Status STATIC	Me	thod Meas	sured_By	Meas	uring Point Description
	50 1.25 22.25	STATIC			ard M Aberle ard M Aberle	1/2"	Access port in well seal. Access port in well seal.

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17726
Permit G 17162
Certificate
Transfer
POD 1
Userid 31699

CHRISTY DAVIDS K & R LLC 555 LINCOLN ST EUGENE OR 97401

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		LINE OF THE PARTY	a limitada

A. Identificatio Water Resources	n of Measu	red Well (P	rovide as r	nuch-informa	tion as poss	ible Correct a	ny errore		
Water Resources Well Log Id Well Id- Well Tag on Well: L- Water Use Report Id		LAINE 10174*		Well name on water right Owner's well name		WELL 1 (LANE 1068)			
Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log		
				-					
:									
B. Well Location	water right: In the	SW qtr of the NE	Long:	on 31, T. 17,00S	Est loc error (	feet): I	oc Source (gps):		
C. Water-Level	Measureme	ent			. 4.00 , 13		T W FR NE COR, S3	1 .	
Date of measurement			Measure	ements should be	made to at lea	ast the nearest tent	h of a foot (10.2'), the		
			nearest	pound, if using a	gage.	ist the nearest ten	ii of a foot (10.2'), the	nearest inch (10	1 3") or the
Depth to water below measuring point:  Measuring point height above below land surface):  Airline length or transducer depth (below land surface):  fee							feet		
Depth to water below 1.3 Section 1.3 Secti							feet		
	f-re-		17	Shut-	in pressure	(flowing wells):	psi x	2.31 =	feet
Measurement status:	Static	Pumpin	ıg	Rising	Flowi	ng C	Other		
Measurement method	A (	Airlin		Other					
Length of time well w	vas idle prior t	o measuremen	t: 🗵						
Measuring point desc The measuring point is the Measuring points should n Flowing wells should be fu Comments:	ot be used for airli	ine measurements	surement is	made. Examples	are: 1/2" acces	ss port in well cap and surface, neasuring point is	; 1-1/2" port pipe on N	side; pressure a	gage.
D. Certification  Person making mean	I certify that th	is report is acc	urate and	represents the	static water	er level in the	well at the time of	mesasureme	nt
Person making measure of measure	sar cinetit ( Di III	t): Drigh	277	301 71	b-e-1-	e			7
Company: ———	er: C+A	1 Pun		nabe	le	• ::	· · · · · · · · · · · · · · · · · · ·		
License number (Ci	rcle license tyr	e CWRE DO	DE TIM	IC Duman In at	-II-w) C	CB 482	21.90.	21	***************************************
Daytime phone num	ber: 591-7	26-558	En	nail address:	aller):	pumpe			
uestions? Call the M	easurement &	Reporting Sec	tion of the	Department	at 502 006	0000			1.
centu this rothi to:	UWKD, Mea	s & Rept Sect	ion, 725 S	Summer St N	IE. Suite. A	V. Salem. OR	97301-1266		
AL MI MILLA	cument to let	iorungmmts(a	Dwrd state	O OF MC		-, OIL	J / 501-1200.		*
dunional forms can b	be obtained fro	m our web sit	at: http://v	www.wrd.state	e.or.us.		OWRD	GW/KCW	2/15/2018
Vater Level Data on File a ate Arln Len WL BMP N	It OWRD for this AP Height WL BLS	s well (last 3 meas	Surements of Method	nly, most recent	date on top)				
				171Casul Ct		Measurin	g Point Description		1



1/25/23 Well



1/25/23 Well head wy access port



1/25/23

Well tag



1/25/23 Flow meter reading



MAR 1 7 2023
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1/25/23 Flow meter serial #



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1/25/23 Pump motor into tag

### **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.)

$\boxtimes$	Map on polyester film
$\boxtimes$	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
$\boxtimes$	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
$\boxtimes$	Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)
$\boxtimes$	Tax lot boundaries and numbers
	Source illustrated if surface water
$\boxtimes$	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
$\boxtimes$	Application and permit number or transfer number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

MAR 1 7 2023



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MAR 17 2023

OWRD

Date Received (Date Stamp Here)

# **OWRD Over-the-Counter Submission Receipt**

Applicant Name(s) & Address: Roscoe Divine LLC
555 Lincoln St. Eugen OR 97401
Transaction Type: $(OB)$
Fees Received: \$ 23000
☐ Cash   ☑ Check; Check No.
Name(s) on Check: Will McGill Surveying L.
Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.
If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.
If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.
Sincerely, OWRD Customer Service Staff
Submission received by: MCCCC (Name of OWRD staff)
Instructions for OWRD staff

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place
  the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.