

**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.**

**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:  
<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 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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**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-17726</b>	PERMIT # (IF APPLICABLE) <b>G-17162</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
---------------------------------	--------------------------------------------	-------------------------------------------------

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

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

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
<b>Christy Davids</b>	<b>1/25/2023</b>	<b>Property Manager</b>

**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)):**

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.



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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	J. Roscoe Divine	owner	3-10-23

**SECTION 3**  
**CLAIM DESCRIPTION**

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**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 1</b>	<b>LANE 10174</b>	<b>L-146939</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 1</b>	<b>Amazon Creek</b>	<b>Long Tom River</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 1</b>	<b>Irrigation</b>	<b>strawberries &amp; hay</b>	<b>Mar. 1 – Oct. 31</b>	<b>0.25 cfs</b>
<b>Total Quantity of Water Used</b>				<b>0.25 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:

**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.  YES  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
<b>Well 1</b>	<b>0.25 cfs</b>	<b>0.23 cfs</b>	<b>System not running at time of site inspection</b>	<b>Irrigation</b>	<b>20.0</b>	<b>19.9</b>

**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):

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Well 1

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**A. Place of Use**

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
17S	4W	WM	31	NENE			Irrigation	2.3	
17S	4W	WM	31	NWNE			Irrigation	0.9	
17S	4W	WM	31	SWNE			Irrigation	4.8	
17S	4W	WM	31	SENE			Irrigation	12.0	
<b>Total Acres Irrigated</b>								<b>20.0</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  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:

½" 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
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See attached well log.

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)?

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YES  NO

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**D. Diversion and Delivery System Information**

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?

YES  NO

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
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:**

$Q = (5 * 7.04) / (101.6 + 52) = 0.23 \text{ cfs}$

**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 time 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 Emmitter 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 RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

**E. Storage**

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

YES  NO

**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  NO

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

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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:

Table with 4 columns: DATE FROM PERMIT, DATE ACCOMPLISHED\*, DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS. Rows include ISSUANCE DATE, BEGIN CONSTRUCTION (A), COMPLETE CONSTRUCTION (B), and COMPLETE APPLICATION OF WATER (C).

\* 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)? 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

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

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

Table with 4 columns: 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 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?  YES  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 forms are attached. Permit holder claims that SWL forms were submitted, but there are gaps in OWRD records.			

**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 a 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>  OWRD

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

**\*\* 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  NO

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	DLJ Meter	13 011148	working	05280280	5/19/2014

**7. Recording and reporting conditions:**

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

**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

- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?  YES  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 ½" 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 Technologies.  
 Source Date: 4/1/2022

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LANE 10174

OCT - 3 1988

17S/4W/31da

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

WATER RESOURCES DEPARTMENT (START CARD) # 6592

LANE 10174

(1) OWNER:

Name Kenneth Yi Well Number: Address 1595 E. 31st City Eugene State Or. Zip 97405

(2) TYPE OF WORK:

[X] New Well [ ] Deepen [ ] Recondition [ ] Abandon

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 130 ft. Explosives used [ ] [X] Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Row 1: 10", 0, 19, Cement, 0, 19, 5 sacks. Row 2: 6", 19, 130.

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

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. Casing: 6", +1, 37, 250, [X], [ ], [X], [ ]. Liner: [ ], [ ], [ ], [ ].

Final location of shoe(s)

(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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 100, 95, 130, 1 hr. Note: could fluctuate

Temperature of water Depth Artesian Flow Found

Was a water analysis done? [ ] Yes By whom

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other not tested

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Lane Latitude Longitude Township 17S N or S, Range 4W E or W, WM. Section 31 SE 1/4 NE 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) West of 28808 West, 11th Eugene, Or

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 9-9-88 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 80, 85, 35 gpm, 35'. Row 2: 118, 121, 65 gpm, 35'.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Rows: Topsoil (0-1), Brown Clay (1-3), Gray Clay (3-12), Gray Brown Green Cong. (12-35), Gray Green Cong. (35-80), Green Cong. (80-130), 35'.

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Date started 9-9-88 Completed 9-9-88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Bob Murphy WWC Number 1344 Date 9-9-88

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

Signed Casey Jones WWC Number 559 Date 9-9-88

7.

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

Well owner:

Name	K&R LLC		
Address	555 LINCOLN STREET		
City/State/Zip	EUGENE	OR	97401
Phone/Fax/Cell	541.485.6411	541.510.4666	
Email			

Application:	G-17726
Permit:	G-17162
Certificate:	NA
Userid:	S.
Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate 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. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):				
Permit number(s):				
Certificate number(s):				

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:		Owner's well name:	
Well ID (Well Tag) on Well: L-		Well drilled by:	
Well ID (Well Tag) on Well Log: L-		Total depth	Casing diameter (inches): 6"
Start Card # on Well Log:	6592	Owner on well log:	
Date drilled:			

## Water-Level Measurement

Date of measurement: 03/26/2015

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	22'7"	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	15"	Airline pressure:		psi x 2.31= feet
Depth to water below land surface:	21'4"	Shut-in pressure:		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: 1/2" vent hole on top of well seal

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 gage.

Comments:

When did water use begin for this well under this permit? Month \_\_\_\_\_ Year \_\_\_\_\_

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Richard M Aberle

Signature of measurer: *Richard M Aberle*

Company: C & M Pump Co.

Licensed number (circle license type): CWRE, RG, PE, WWC, Pump Installer: CCB 48231 CPI 9

Daytime phone number: 541-726-5586

Email address: cmdumd@live.com

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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@wrdd.state.or.us](mailto:reportingmmts@wrdd.state.or.us). Additional forms can be obtained from our web site at: <http://www.wrdd.state.or.us>



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

**Well owner:**

Name	CHRISTY-DAVIDS K & R LLC		
Address	555 LINCOLN ST		
City/State/Zip	EUGENE	OR	97401
Phone/Fax/Cell			
Email	CDAVIDS@FERNWOODPROPERTIES.COM		

Application:	G-17726
Permit:	G-17162
Certificate:	
Userid:	31699
Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate 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. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

**Other water rights that list this well:**

Application number(s):					
Permit number(s):					
Certificate number(s):					

**Identification of measured well** (Provide as much information as possible.)

Water Resources Well Log ID:	LANE 10174	Owner's well name:	WELL 1 (TO BE AMENDED ON WR)
Well ID (Well Tag) on Well: L-			
Well ID (Well Tag) on Well Log: L-		Well drilled by:	
Start Card # on Well Log:		Total depth:	Casing diameter (inches):
Date drilled:		Owner on well log:	

**Water-Level Measurement**

Date of measurement: 3-9-17 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	<u>26'</u>	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	<u>1' 3"</u>	Airline pressure:		psi x 2.31 =
Depth to water below land surface:	<u>24' 9"</u>	Shut-in pressure:		psi x 2.31 =

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: 1/2" access port in well seal

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 gage.

Comments: \_\_\_\_\_

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When did water use begin for this well under this permit? Month \_\_\_\_\_ Year \_\_\_\_\_

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Richard M Aberle

Signature of measurer: Richard M Aberle

Company: C+M Pump Co.

Licensed number (circle license type: CWRE, RG, PE, WWG, Pump Installer): 49231 CCB 9 CPI

Daytime phone number: 541-726-5596 Email address: cmpump@live.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. **Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.**







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

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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**MAR 17 2023**  
**OWRD**

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

**A. Identification of Measured Well** (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	LANE 10174*	Well name on water right	WELL 1 (LANE 1068)
Well Id- Well Tag on Well: L-		Owner's well name	
Water Use Report Id		Water use rpt facility name	

\* Per OWRD records, if shown

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

**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: 3-12-2020 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 22' Airline length or transducer depth (below land surface):  feet

Measuring point height above / below land surface: 15" Airline gage pressure:  psi x 2.31 =  feet

Depth to water below land surface: 20' 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: 1/2" access port in well seal

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 gage. 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.

Comments: \_\_\_\_\_

**D. Certification** I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Richard M Aberle

Signature of measurer: Richard M Aberle

Company: C & M Pump Co

License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB 48231 CPI 9

Daytime phone number: 541-726-5586 Email address: cm.pump@live.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.  
 Or email it as an attachment to [reportingmmts@wrdd.state.or.us](mailto:reportingmmts@wrdd.state.or.us)

Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD> OWRD GW/BPS 1/30/2020

**Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):**

Date	Arin Len	WL BMP MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
04/03/2019	23.50	1.25	22.25	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal
03/14/2018	26.00	1.25	24.75	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal
03/09/2017	26.00	1.25	24.75	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal

\* The most recently submitted water level measurement may have been measured at the wrong time. Please consult your permit.

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

1075

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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**MAR 17 2023**  
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Water Right (OWRD Use Only):
Permit: G 17162 * {178545}

**A. Identification of Measured Well** (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	LANE 10174*	Well name on water right	WELL 1 (LANE 1068)
Well Id- Well Tag on Well: L-		Owner's well name	
Water Use Report Id		Water use rpt facility name	

\* Per OWRD records, if shown

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

**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: 3-25-21 Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 16' 2" Airline length or transducer depth (below land surface):  feet

Measuring point height above / below land surface: 15" Airline gage pressure:  psi x 2.31 =  feet

Depth to water below land surface: 14' 11" 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: 1/2" access port in well seal

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 gage. 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.

Comments: \_\_\_\_\_

**D. Certification** I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Richard M Aberle

Signature of measurer: Richard M Aberle

Company: C + M Pump Co

License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 48231 CCB 9 CPI

Daytime phone number: 541-726-5586 Email address: cmppump@live.com

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.

Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD>

OWRD GW/BPS 2/18/2021

**Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top) :**

Date	Arln Len	WL BMP MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03/12/2020	22.00	1.25	20.75	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal.
04/03/2019	23.50	1.25	22.25	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal.
03/14/2018	26.00	1.25	24.75	STATIC	ETAPE	Richard M Aberle	1/2" Access port in well seal.



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1/25/23 Well



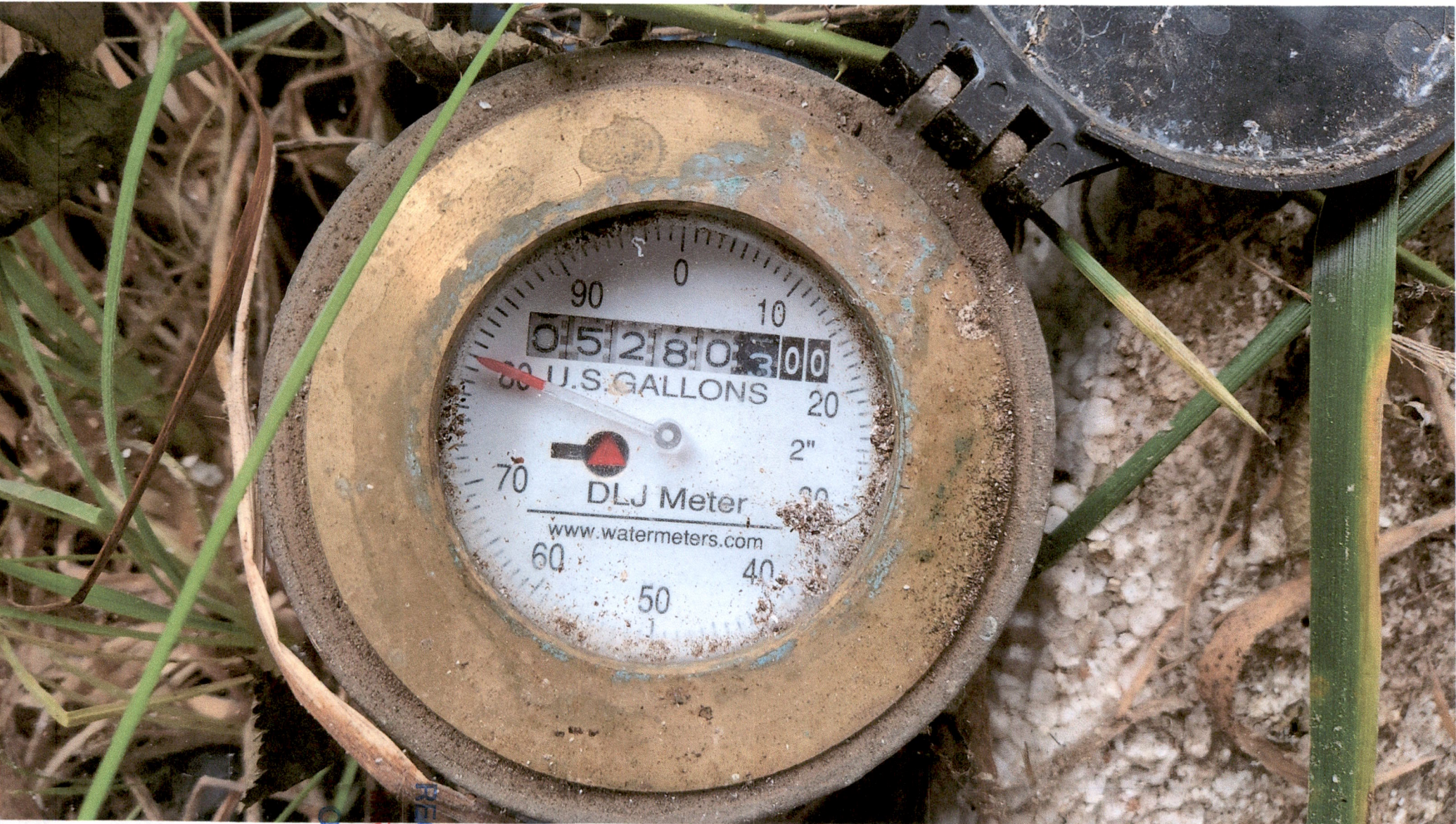
1/25/23 Well head w/ access port

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APR 17 2023  
OWRD

1/25/23 well tag



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2/17/2023  
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1/25/23 Flow meter reading



1/25/23 Flow meter serial #

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Franklin Electric  
Bluffton, Indiana 48714

MOTOR & CONTROL BY

**Franklin Electric**

 **US LISTED** 34CL REU27

MODEL 2821139310

INDOOR/OUTDOOR USE (ENCL. 3)

HP 5 VOLT 230 S.F. MAX AMP 27.5

**BOTH OVERLOADS MUST BE**  **RESET FOR MOTOR TO START**

OWRD

MAR 17 2023

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1/25/23 Pump motor info tag

## Map Checklist

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

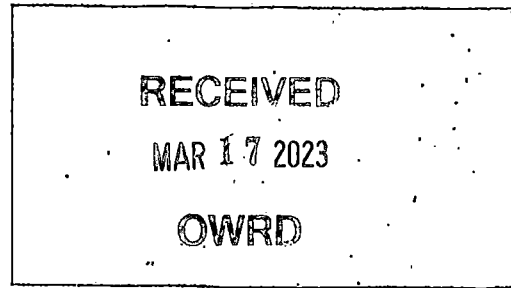
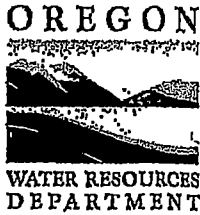
**(Reminder: Incomplete maps and/or claims may be returned.)**

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- 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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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. Eugene OR 97401

Transaction Type: COBU

Fees Received: \$ 230<sup>00</sup>

Cash  Check; Check No. 2110

Name(s) on Check: Will McGill Surveying LLC

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: Mike Reese  
(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.