

**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-18530</b>	PERMIT # (IF APPLICABLE) <b>G-17964</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Heuberger Investments LLC</b>		PHONE NO. <b>(503) 931-5600</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 827</b>			
CITY <b>Sublimity</b>	STATE <b>OR</b>	ZIP <b>97385</b>	E-MAIL <b>jonheuberger@gmail.com</b>

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

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

PERMIT HOLDER OF RECORD <b>Heuberger Investments LLC</b>		
ADDRESS <b>PO Box 827</b>		
CITY <b>Sublimity</b>	STATE <b>OR</b>	ZIP <b>97385</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**3/14/2023**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Jon Heuberger</b>	<b>3/14/2023</b>	<b>Owner</b>

**6. County:**

**Linn**

**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.



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
<i>Jon Heuberger</i>	Jon Heuberger	Managing member	4/11/2023

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## SECTION 3

### CLAIM DESCRIPTION

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

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	LINN 2341	L-141750

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
Well 1	North Santiam River	Santiam 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	Nursery	Cannabis	Year Round	0.02 cfs
Well 1	Irrigation	Grass/Pasture	May 1 – Sep. 30	0.05 cfs
<b>Total Quantity of Water Used</b>				<b>0.07 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 Well 1 by a 1 HP submersible pump and delivered to the place of use through 1 ½" buried PVC line. For nursery areas, water is first delivered to a 5,000-gallon above ground poly tank before use.

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.")

The permit allowed 5.51 acres of Nursery Use and 4.81 acres of Irrigation. The water user developed 0.7 acres of Nursery and 3.8 acres of Irrigation

**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	0.14 cfs	0.06 cfs	*	Nursery	5.51	0.7
Well 1	0.06 cfs	0.06 cfs	*	Irrigation	4.81	3.8

\*Well also used intermittently for domestic use and accurate measurement could not be taken.

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**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):

**Well 1**

**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
9S	1W	WM	15	NWSE			Nursery	0.7	
9S	1W	WM	15	NWSE			Irrigation	3.8	
<b>Total Acres Irrigated</b>								<b>4.5</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" threaded access port on E 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)**

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

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
*	*	*	Submersible	*	1.5"

3. Motor Information:

MANUFACTURER	HORSEPOWER
*	1

\*Being a submersible pump, we could not access the requested information. The pump was in place for domestic use when the current owner purchased the property.

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)
1	40	0'	15'	0.06

5. Provide pump calculations:

$$Q = (1 * 7.04) / (101.6 + 15) = 0.06 \text{ cfs}$$

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 other than intermittently for domestic use. Could not get accurate measurement.			

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
1 1/2"	<200'	PVC	Buried

9. Lateral or Handline Information:

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





**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1 1/2" K-Line	40	5.5	8	8	0.09

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

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

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

YES     NO  
 YES     NO

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Polyethylene	5,000	Above Ground

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**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:**

Water is delivered from the 5,000-gal. poly tank to the nursery areas through 1 1/2" PVC lines. Water is then dispensed through faucets into a 50-gallon tote which is mobile for hand watering of plants.

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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:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	2/2/2018		
BEGIN CONSTRUCTION (A)	2/2/2023	8/3/1993	Permit issued on an existing well.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	2/2/2023	August 2022	Completed watering all areas to be claimed.

\* 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:

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  
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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: APR 12 2023

March

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

**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.

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

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**\*\* 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	Netafim	16-40110532	Working	655800	January 2018

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted?  YES  NO

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

**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-141750	March 2021

- 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):

*Repair disturbed riparian areas – No areas disturbed.*

### SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
LINN 2341	Well log for Well 1
5- Pictures	Pictures taken at 3/14/2023 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: 9/26/2021*

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

*LINN*  
*2341*

AUG 10 1994  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

*9s/1w/15db*  
 (START CARD) # 69304

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

(1) OWNER: Well Number 94-56  
 Name LEROY M. CHRISMAN  
 Address 41639 Stayton Scio Road SE  
 City Stayton State OR Zip 97383

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

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

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

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 90 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Cement grt	0	18	16 sacks 5% bentonite
7.5"	18	90				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	90	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 90' 5 5/8" ID underreamer shoe.

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
Method		Material							
<input type="checkbox"/>	Perforations							<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Screens							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
85	40'	80'	1 hr.

Temperature of water 51° Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Linn Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 9 N or (S) Range 1 E or (W) WM.  
 Section 15 NW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 41639 Stayton Scio Road Stayton, OR. 97383

(10) STATIC WATER LEVEL:  
17 ft. below land surface. Date 8/8/94  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 27'

From	To	Estimated Flow Rate	SWL
35	60	60	17
60	90	85	17

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

Material	From	To	SWL
Sand brown	0	4	
Sand brown w/boulders	4	10	
Gravel cobbles w/some boulders	10	27	
Cobbles & boulders some large gravel	27	32	
Gravel small to large w/some cobbles	32	51	
Gravel & cobbles sandy brown	51	60	
Gravel small to medium clean	60	85	
Cobbles small to large w/boulders	85	90	

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Date started 8/3/93 Completed 8/4/94

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

Signed Shawn Mad WWC Number 1619  
 Date 8-9-94

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

MACK DRILLING CO. INC. WWC Number 1394  
 Signed Shawn Mad Date \_\_\_\_\_





Well Tag  
Haberger  
COBU  
3/14/23

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3/14/23  
Heubeger  
Cobal  
Well





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DWRD

3/14/23

Heubeger  
CDSU

5,000-gal.  
poly jug  
tank





3/14/23  
Heritage  
Cash  
Flow  
meter

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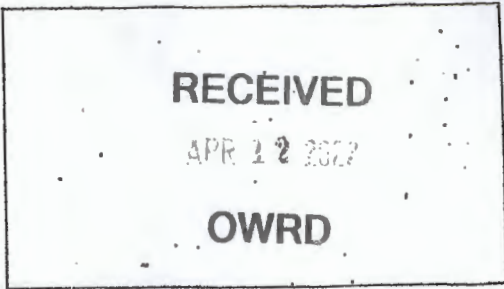
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3/14/23

Henderson  
Cowan

Flow  
meter  
s/r





Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Heiberger Investments LLC

PO Box 827, Sublimity OR 97385

Transaction Type: Claim

Fees Received: \$ 230.00

Cash     Check;    Check No.                     

Name(s) on Check:                     

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: Corie Lourien  
(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.

OREGON



WATER RESOURCES  
DEPARTMENT

RECEIVED

APR 12 2012

OWRD

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Heiberger Investments LLC

PO Box 827, Sublimity OR 97385

Transaction Type: Claim

Fees Received: \$ 230.00

Cash     Check;    Check No.           

Name(s) on Check:           

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: Conie Lourien  
(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.