

**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)

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

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**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>

**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-15152</b>	PERMIT # (IF APPLICABLE) <b>G-14025</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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2. Property Owner (current owner information):

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APPLICANT/BUSINESS NAME <b>LGC Twin Cedars LLC</b>		PHONE NO. <b>(541) 405-4232</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>32313 Broadway St., Suite 101</b>			
CITY <b>Sebring</b>	STATE <b>FL</b>	ZIP <b>33870</b>	E-MAIL <b>twincedars@legacy.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>LGC Twin Cedars LLC</b>		
ADDRESS <b>32313 Broadway St., Suite 101</b>		
CITY <b>Sebring</b>	STATE <b>FL</b>	ZIP <b>33870</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

<b>4/7/2023</b>
-----------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Gary Moffatt</b>	<b>4/7/2023</b>	<b>Property Manager</b>

6. County:

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed



SECTION 2  
SIGNATURES

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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
	Andrew J. Fells	COO	4/18/23

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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)
Well 1	LINN 56567	L-66704

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	Burkhart Creek	Willamette 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	Group Domestic including Irrigation	Lawn & Garden	Year-Round	0.24 cfs
Total Quantity of Water Used				0.24 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 Well 1 by a 1/2 HP submersible starter pump until operating PSI is reached. Then, a 5 HP submersible pump takes over. Water is delivered from the 1/2 HP pump through 1" PVC pipe and from the 5 HP pump through 2" PVC pipe to three 120-gallon pressure tanks. From the pressure tanks, water is delivered to the users by 2 1/2" buried PVC mainline and 1/2" buried lateral service lines.

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.")

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	0.24 cfs	0.23 cfs	*	Group Domestic including Irrigation	N/A	N/A

\* System runs intermittently, so an accurate measurement was not taken.



SECTION 4

SYSTEM DESCRIPTION

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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
12S	2W	WM	22	NENE			Group Domestic including Irrigation		
12S	2W	WM	22	NWNE					
Total Acres Irrigated								N/A	N/A

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:

3/8" threaded port on North edge 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 well log LINN 56567

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)?

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YES

NO

**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
¾ HP - Grundfos	15S0E07-180	96160192	Submersible	1 ¼"	1"
5 HP - Gould	60GS50		Submersible	2"	2"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Grundfos	¾
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	60	0'	-2'	0.23

**5. Provide pump calculations:**

$$Q = (5 * 7.04) / (152.4 - 2) = 0.23 \text{ cfs}$$

**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 runs intermittently for group domestic, so accurate measurement not taken.			

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.



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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 ½"	? - Pressure tanks to homes	PVC	Buried
2"	? - 5 HP to pressure tanks	PVC	Buried
1"	? - ¾ HP to pressure tanks	PVC	Buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
¾"	? - laterals to homes	PVC	Buried

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Attached picture #3 shows the typical oscillating sprinkler and hand held nozzle used by home owners to irrigate their gardens and lawns. The equipment may vary slightly by home owner and a total or maximum number used could not be determined.					

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:**

The mobile park primarily operates off the well and uses city water only as a backup source. See attached pictures 4 and 5. There is a separate flow meter for the municipal water.

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SECTION 5  
CONDITIONS

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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	7/9/2001		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	10/1/2010	8/12/2008	Installed flow meter.
COMPLETE APPLICATION OF WATER (C)	10/1/2010	1/31/2007	Star Water Systems Inc. installed the pumps and connected to the existing system which had been operating on city water.

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

2. Is there an extension final order(s)?

YES  NO

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

a. Did the Extension Final Order require the submittal of Progress Reports?

YES  NO

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

b. Were the Progress Reports submitted?

YES  NO

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

3. Initial Water Level Measurements:

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

YES  NO

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:

See remarks under 8.b

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? **OWRD**  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

**\*\* 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	Badger Meter	Not legible	Working	08992500	8/12/2008

**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?  YES  NO



to the well?

WELL ID #	DATE ATTACHED TO WELL
L-66704	5/4/2005

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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):

**b. GW monitoring plan – Permit G-14025 does not specify a month for static water level measurements to be taken. It does require the user to develop a plan to monitor and report the impact of water use. We have not found the original monitoring plan, but have attached a copy of the revised monitoring plan received by OWRD on 3/25/2013. This was approved by OWRD. The revised plan proposes March SWL measurements. Since we do not have the original plan, we claim the SWL measurement completed 1/31/2007 done for the pump test to be prior to the extended completion date of 10/1/2010.**

**e. Usable access port – well is equipped with a 3/8" threaded port on the N edge of the well cap.**

### SECTION 6

#### ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	LINN 56567
Pump Test	By Star Water Systems Inc. (3 pgs.)
Groundwater Monitoring and Reporting Plan	Revised plan submitted 3/25/2013 and approval email from OWRD (2 pgs.)
Pictures	Taken at 4/7/2023 onsite inspection (13 pgs.)

### 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: 10/30/2021**

## 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 SUPPLY WELL REPORT  
(as required by ORS 537.765)

WELL I.D. # L L66704  
START CARD # 172130

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

(1) LAND OWNER  
Name TWIN COAKES MOBILE PARK Well Number DR-1928  
Address 2292 N.W. KINGS BLVD.  
City CORVALLIS State OREGON Zip 97330

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

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

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

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

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	30	Cement	0	30	28 SACKS
8"	30	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
8"	+1	88	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 88

(7) PERFORATIONS/SCREENS  
 Perforations Method TORCH-PLAZMA  
 Screens Type SLOT Material STEEL

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
69	83	1/8x6	84	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
60	15'		1 HOUR

Temperature of water 56° 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 (legal description)  
County LINN  
Tax Lot 1000 Lot \_\_\_\_\_  
Township 12  S  T Range 2  or  W  M  
Section 22 NE 1/4 NE 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) 2796 S. MAIN ST. LEBANON, OREGON 97355

(10) STATIC WATER LEVEL  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
6' ft. below land surface. Date 5-4-05  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 67'

From	To	Estimated Flow Rate	SWL
67	83	60+ gpm	6'

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

Material	From	To	SWL
TOP SOIL	0	2	
CLAY-BROWN w/COBBLES	2	25	
GRAVEL w/CLAY-BROWN	25	42	
CLAY-GRAY w/GRAVEL	42	56	
GRAVEL-CEMENTED	56	67	
SAND GRAVEL (PART CEMENTED)	67	90	6'

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WATER RESOURCES DEPT  
SALEM, OREGON  
Date Started 4-22-05 Completed 5-4-05

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

WWC Number \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

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

WWC Number 6664 Date 5-5-05  
Signed Charles D. August

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Oregon Water Resources Department  
**PUMP TEST FORM COVER SHEET**



**Well Owner:**  
 Name Twin Cedars Mobile Park  
 Address 2796 S. Main St.  
 County Linn  
 City, State, Zip Lebanon, OR 97355

**Well Location:**  
 Twnshp 12 (N or S), Range 2 (E or W)  
 Section 22 1/4, 1/4, 1/4 ne, ne  
 Well Depth 90 Date Drilled 5-4-05  
 Owners Well No. (if any) L66704

**Water Right Information:**

Application No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Does this pump test apply to more than one water right? \_\_\_\_\_ If Yes, fill out numbers below:  
 App. No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 App. No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Cert. No. \_\_\_\_\_

**Pump Test:**

Test conducted by: Jerry Kinzer Well Owner? N (Y/N)  
 Company Star Water Systems, Inc.  
 Address 250 Market St. Date of Test 1-31-07  
 City, State, Zip Lebanon, OR 97355

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Method of Discharge Measurement: Flow Meter  
 Method of Water Level Measurement: Well Probe  
 Depth of Air Line (if used) \_\_\_\_\_  
 Pump Type: 5HP Submersible  
 Was pump test conducted during normal use of the well? N (Y/N)  
 Description of point from which water level was measured: Top Of Casing

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Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? N (Y/N). If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: \_\_\_\_\_

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? N (Y/N)  
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: \_\_\_\_\_ Approximate elevation difference: \_\_\_\_\_  
 Is well elevation above or below the surface water body? \_\_\_\_\_

**Static water level measurements:** (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>8:10</u>	Depth to Water: <u>6' 4"</u>
Time: <u>8:30</u>	Depth to Water: <u>6' 4"</u>
Time: <u>8:50</u>	Depth to Water: <u>6' 4"</u>

**Discharge Measurements:** (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: <u>9:10</u>	Discharge Rate: <u>75</u>
Time: <u>10:10</u>	Discharge Rate: <u>75</u>
Time: <u>11:10</u>	Discharge Rate: <u>75</u>
Time: <u>12:10</u>	Discharge Rate: <u>75</u>
Time: <u>1:10</u>	Discharge Rate: <u>75</u>

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Pump turned on: Date: 1-31-07 Time: 9:10am Pump turned off: Date: 1-31-07 Time: 5:10pm  
 Total pumping time: 8 hours, 0 minutes.

**Note:** Well must be idle for at least 16 hours prior to the test.



# PUMP TEST DATA SHEET

APPLICATION NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA							RECOVERY DATA						
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS GPM	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
1-31	9:10	0	6'4"			75							
	9:12	2	11'6"			75							
	9:14	4	18'0"			75							
	9:16	6	18'0"			75							
	9:18	8	18'0"			75							
	9:20	10	18'0"			75							RECEIVED
	9:25	15	18'4"			75							JAN 24 2023
	9:30	20	18'7"			75							OWRD
	9:35	25	18'8"			75							
	9:40	30	18'9"			75							
	9:45	35	18'10"			75							
	9:50	40	19'0"			75							
	10:05	55	19'1"			75							RECEIVED
	10:20	70	19'3"			75							APR 24 2023
	10:35	85	19'4"			75							OWRD
	10:50	100	19'5"			75							
	11:05	115	19'5"			75							
	11:20	130	19'6"			75							
	11:35	145	19'7"			75							
	11:50	160	19'7"			75							
	12:05	175	19'8"			75							
	12:20	190	19'8"			75							
	12:35	205	19'8"			75							
	12:50	220	19'9"			75							
	1:05	235	19'9"			75							
	1:20	250	19'10'			75							
	1:35	265	19'10'			75							
	1:50	280	19'10'			75							
	2:05	295	19'10'			75							
	2:20	310	19'11"			75							
	2:35	325	19'11"			75							







**TWIN CEDARS MOBILE HOME PARK  
2796 S. Main Rd.  
Lebanon, Oregon 97355**

Plan to Monitor and Report the Impact of Water Use, Permit # G14025  
Application # G15152.

The following is a draft monitoring plan intended to satisfy the requirement in the above permit.

1. We will measure the water level in March of each year.
2. The reference water level will be established by the measurement made in March 2013.
3. The well log ID is Linn 56567; the well tag numbers is L-66704
4. The methodology for obtaining the measurements will be an E-tape marked in 5-foot increments and a tape measure marked in feet and hundredths of a foot.
5. The measurements will be reported in feet and hundredths of a foot below land surface.
6. The well will not be pumped for 16 hours prior to taking the measurement.
7. The company obtaining the measurements will be Star Water Systems.
8. Annual reports will be sent to the Measurements and Reporting Section of the Department by April 30<sup>th</sup>.

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If you have any questions or if any changes are required, please contact me at Duerksen & Associates, Inc. 913 NW Grant Ave. Corvallis, OR 97330 Telephone # 541-753-3620 Ext. 206.

Sincerely,  
Linda Townsend

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MAR 25 2013

WATER RESOURCES DEPT  
SALEM, OREGON

**Mike Zwart**

---

**From:** Mike Zwart  
**Sent:** Tuesday, March 26, 2013 1:48 PM  
**To:** jerry@duerksenrentals.com  
**Subject:** Measurement Plan

Linda,

I received your revised measurement plan on March 25, 2013, and can approve it. I will place a copy in the water rights file along with this e-mail. I look forward to receiving your March water-level data.

Mike Zwart

Michael J. Zwart, Hydrogeologist  
Technical Services Division  
725 Summer Street NE, Suite A  
Salem, OR 97301  
Direct Line: 503-986-0844 Fax: 503-986-0902  
[mike.j.zwart@wrд.state.or.us](mailto:mike.j.zwart@wrд.state.or.us)

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4/7/23  
Twin Cedars  
COBU onsite

- pressure tanks
- supply lines in from well
- supply lines out to park



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Franklin Electric  
Bluffton, Indiana 48714

155661101

MOTOR & CONTROL BY

**Franklin Electric**



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**

4/7/23  
Twin Cedars  
COBU onsite

- 5HP pump motor tag



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4/7/23  
 Twin Cedars  
 CoBU onsite

- irrigation equipment examples



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City Flow  
meter

4/7/23  
Tina Cedeno  
Cobu onsite



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4/7/23  
Twin Cedars  
CDBU onsite

- Check valve to separate city and well sources



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OWBD

OWBD



4/7/23  
 Twin Cedars  
 Cobd onsite

-Flow meter  
 From well



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4/7/23  
 Twin Cedars  
 Cobd onsite

-Flow  
 meter eq,  
 Badger  
 meter



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APR 24 2023

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4/7/23  
Twin Cedars  
Cobd onsite

- Flow meter from well



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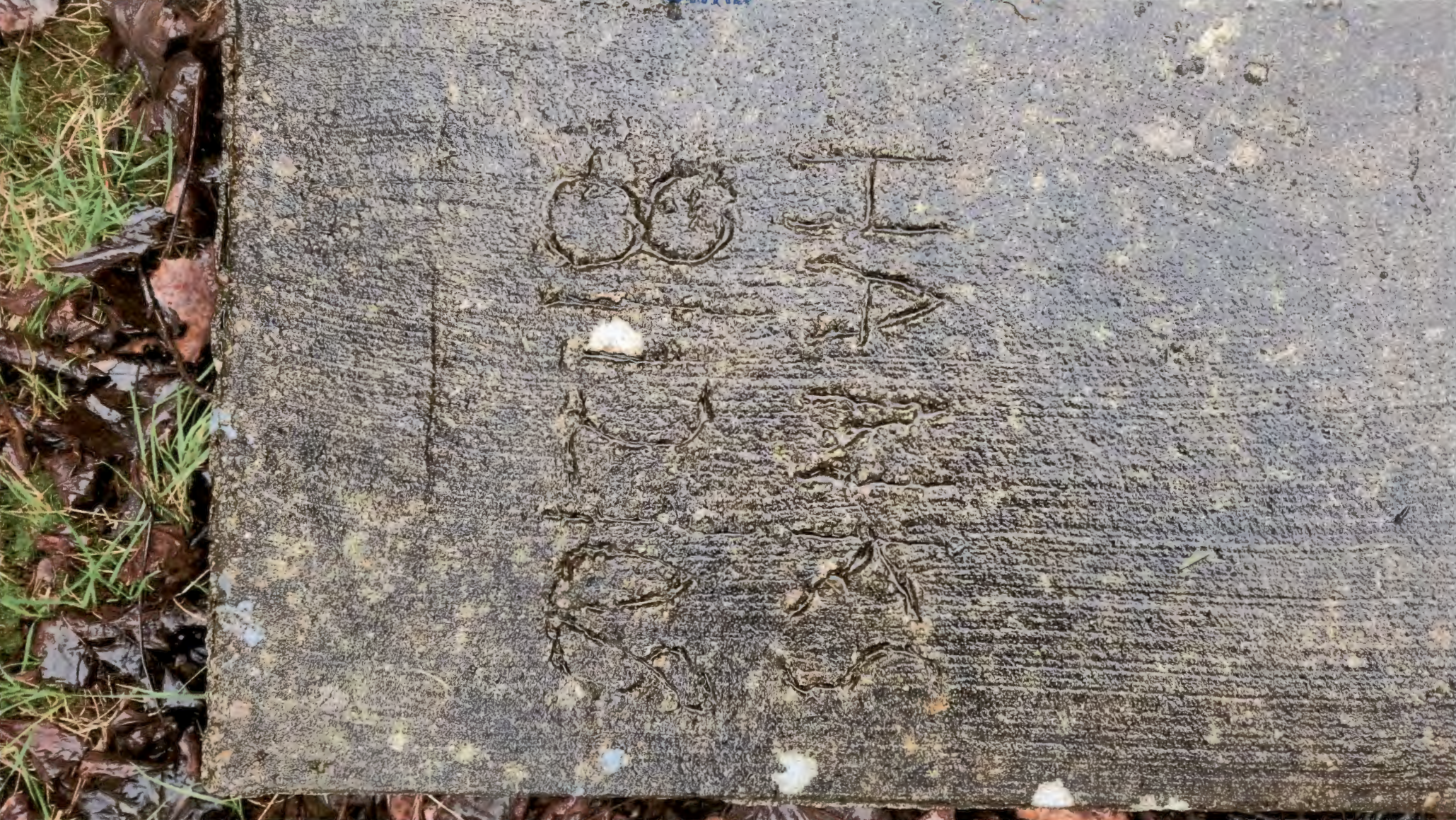
JAN 24 2023

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- install date  
8/12/08  
stamped in  
concrete

4/7/23  
Tuan Uebars  
Costi onsite



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APR 24 2023

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OWRD



4/7/23  
Twin Cedars  
COBU onsite

-Well head with access port



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4/7/23  
Twin Cedars  
COBU onsite

-Well head with supply lines



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-Well tag  
L-66704

Tuan Cedros  
Cobb site

4/7/23

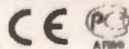


GRUNDFOS INSTRUCTIONS

**15 SQE07-180**

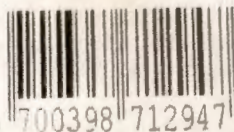
[WWW.GRUNDFOS.COM](http://WWW.GRUNDFOS.COM)

**PUMP COMPLETE**



**1x200-240V**

**7,8 A**



**6.6 kg / 14.6 lb**

**P1 0801 MADE IN DENMARK**

**96160192**

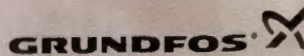
*SEE back  
for model #*

*4/7/23  
Tom Cedars  
COBOL onsite*

*3/4 HP  
pump info  
on file @  
Star Water  
Systems*



BE > THINK > INNOVATE >



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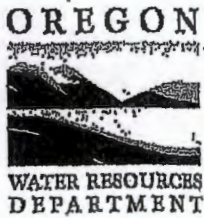
APR 24 2023

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JAN 24 2023

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APR 9 4 2023

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JAN APR 2023

OWRD

Date Received (Date Stamp Here)

### OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: LTC Twin Cedars LLC  
32313 Broadway St., Suite 101 Sebring, FL 33870

Transaction Type: Claim

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

Cash  Check; Check No. 2138

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.

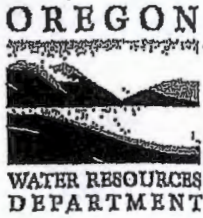
Sincerely,  
OWRD Customer Service Staff

Submission received by: Nick Reece  
(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.





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Date Received (Date Stamp Here)

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