

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



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

**A fee of \$230 must accompany this form for 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 # G-18818	PERMIT # (IF APPLICABLE) G-18486	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME K2A Properties LLC (Amy Doerfler)		PHONE NO. (503) 887-6652	ADDITIONAL CONTACT NO.
ADDRESS 12333 Silver Falls Hwy. SE			
CITY Aumsville	STATE OR	ZIP 97325	E-MAIL amy@doerflerfarms.com

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 K2A Properties LLC			
ADDRESS 12333 Silver Falls Hwy. SE			
CITY Aumsville	STATE OR	ZIP 97325	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

6/9/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Joe Voltin	6/9/2023	Irrigation Manager

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.



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

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>Amy Doerfler</i>	Amy Doerfler	Member	7/3/23

**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 62889	L-134778

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	Thomas Creek	South 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	Irrigation	Grass Seed	Mar. 1 – Oct. 31	0.25 cfs
Total Quantity of Water Used				0.25 cfs

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

Water is pumped from the well by a 75 HP centrifugal pump and delivered to the place of use through 8" and 6" buried PVC mainline. The water is applied to the place of use by an Echo 125 hard hose traveler with a big gun.

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 authorized 30.0 acres in the NENW and 22.32 in the SENW. The water user developed 27.4 acres in the NENW and 24.92 in the SENW keeping the total acreage the same as permitted.

The permitted well location was 904' S and 957' E from NW corner, Section 20. The correctly described location is shown on the map: 904' S and 857' E from NW corner, Section 20.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.25 cfs	1.84 cfs	*	Irrigation	52.32	52.32

*System not running at time of onsite inspection.

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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
10S	2W	WM	20	NENW			Irrigation	27.4	
10S	2W	WM	20	SEnw			Irrigation	24.92	
Total Acres Irrigated								52.32	

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:

Access for measurements is through an open well casing along side of centrifugal pump suction line.

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

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
Cornell Pump Co.	4HH75-4	30377	Centrifugal	5"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	75

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)
75	100	12'	3'	1.84

5. Provide pump calculations:

$Q = (75 * 6.61) / (254 + 12 + 3) = 1.84 \text{ cfs}$

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 onsite 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
8"	~450'	PVC	Buried
6"	~2,000'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Echo 125	100	300	1	1	0.67

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED 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:

System sized to deliver for other water rights on the farm.

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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	9/15/2020		
BEGIN CONSTRUCTION (A)	9/15/2025	Sept. 2021	Application was made on an existing system, but additional mainline was installed for this right in 2021.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	9/15/2025	6/2/2023	Finished irrigation of the permitted acreage.

* 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?

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

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

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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

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>

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 (@ POA)	Netafim	19-150061506	Working	15,060,000	Sept. 2021
Well 1 (@ property line)	Netafim	20-150008659	Working	1,560,000	Sept. 2021

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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-134778	9/5/2019

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):

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	LINN 62889 (1 pg.)
Pump Test	Jones Pump Co. test (2 pgs.)
Pictures	Taken 6/9/2023 during site inspection (8 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

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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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Amended 4/17/2020

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

LINN 62889

Revised

WELL I.D. LABEL# L 134778
START CARD # 1044664
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. 6053
First Name Amy Last Name Doerfler

Company K2A Properties LLC
Address 12333 Silver Falls Hwy SE
City Aumsville State OR Zip 97325

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] []

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 110 ft.

BORE HOLE

Dia	From	To	Material	SEAL From	To	Amt	sacks/lbs
16	0	63	Bentonite	11	18	24	S
12	63	110				Calculated	5.5
			Cement	0	11	15	S
						Calculated	5.5

How was seal placed. Method A B C D E
 Other Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used. Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	1	63	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 63

(7) PERFORATIONS/SCREENS
Perforations Method Torchcut

Perf/S	Casing/Screen	Material	Perf/S	Casing/Screen	Material		
Perf	Casing	12	19	63	375	12	600

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,050	7	30	4

Temperature 61 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 170
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Linn Twp 10 S N/S Range 2 W E/W WM
Sec 20 NW 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address

38331 Densmore Dr. - Jefferson, OR 97352

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 09-05-2019 5 11
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-05-2019	18	110	2,000		11

(11) WELL LOG
Ground Elevation APR 17 2020

Material	From	To
Topsoil	0	2
Cobbles & clay	2	5
Brown clay	5	18
Gravel & sand	18	25
Gravel cemented	25	30
Gravel & sand	30	40
Cemented gravel	40	52
Red clay	52	56
Gravel cemented	56	60
Clay w/some gravel	60	65
Cemented gravel	65	95
Red clay & gravel	95	105
Cemented gravel	105	110

Pulled temporary casing back to 18' and drilled open well allowing formation from 18' to 63' to naturally cave on the outside of 12"

Date Started 08-26-2019 Completed 09-05-2019
(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1411 Date 09-26-2019
Signed [Signature]

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1684 Date 09-26-2019
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com

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OCT 04 2019

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: Doerfler Farms
 Address: 38331 Densmore
 County: Linn
 City: Jefferson State: OR Zip: 97352
 Original owner (from well log): _____

Well Location:

Township: 10 S Range: 2 W
 Section: 20 $\frac{1}{4}$: NW $\frac{1}{16}$: NW $\frac{1}{64}$: NE
 Well depth: 110.0 Date drilled: 9/05/2019
 Owners well no. (if any): _____
 POD ID: L-134778

Water Right Information:

Application: G-18818 Permit: G-18486 Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: _____ Permit: _____ Certificate: _____
 Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Justin Jones Well Owner? Yes
 Company: Jones Pump Company
 Address: 29400 Santiam Hwy. Date of Test: 09/24/2019
 City: Lebanon State: OR Zip: 97355
 Daytime phone: 541-367-2560

Method of discharge measurement (see our brochure for more information): Flow meter
 Method of water-level measurement (pick one or enter other method used): Electric tape
 Length of air line (if used): _____

Pump type (pick one or enter other method used): Centrifugal
 Was the pump test conducted during normal use of the well? Yes Note: _____

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? Yes Note: _____
 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 $\frac{1}{4}$ mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is below surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) _____

Measuring point distance below land surface _____ feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>10:35 am</u>	<u>12.00</u>	<u>11.00</u>
<u>10:55 am</u>	<u>12.00</u>	<u>11.00</u>
<u>11:15 am</u>	<u>12.00</u>	<u>11.00</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>12:05 pm</u>	<u>1,200.00</u>	<u>gpm (gallons per minute)</u>
<u>1:05 pm</u>	<u>1,050.00</u>	<u>gpm (gallons per minute)</u>
_____	<u>1,050.00</u>	<u>gpm (gallons per minute)</u>
_____	<u>1,050.00</u>	<u>gpm (gallons per minute)</u>
_____	<u>1,050.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 09/24/2019 Time 12:05 pm
 Time pump turned off: Date 09/24/2019 Time 4:05 pm
 Total pumping time: 4 hours 0 minutes

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

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

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Required Signature: 

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K2A Properties

onsite COBU 6/9/23

Well Tag



K2 A
Properties

Onsite COBM
6/9/23

Well

RECEIVED

JUL 07 2023

COBM



RECEIVED

JUL 07 2023

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K2A Properties onsite COBU 6/9/23

Centrifugal pump @ well

MODEL 5K365JL245		SER. NO. 85083015	
HP 75		SERVICE FACTOR 1.15	
RPM 1770		TIME RATINGS CONT	
VOLTS 460	PHASE 3	HERTZ 60	
AMP 93			
40	DEG. C MAX. AMB.	INS CLASS B	BEAR DESIGN B
65TCZ DP	FRAME	TYPE	CODE F
70	103J3	OPP DRIVE END BAG AFBMAN	65BC02J3
GENERAL		ELECTRIC	
AC MOTOR			
N.P. 249A5500		NASHVILLE TN	

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 JUL 07 2023
 OWRD

K2A Properties

onsite COBU 6/9/23

Motor Tag



MODEL 4HH75-4

SERIAL 30377 157
32

CORNELL PUMP CO.
PORTLAND, OREGON

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k2A Properties onsite CoBu 6/9/23

Pump Tag

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K2A
Properties

Onsite Cobu
6/9/23

Flow Meter
@ Well
(14's)

RECEIVED

JUL 07 2023

OWRD



K2A
Properties

onsite COBU

6/9/23

Meter and
pump @
well

⑦

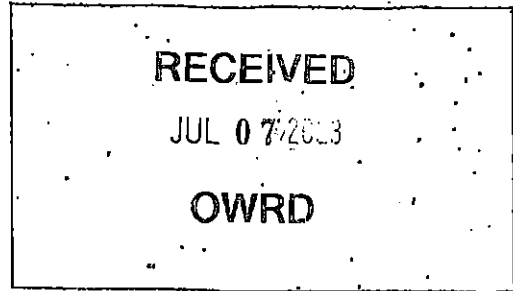
JUL 07 2023

OWRD



2nd Flow
Meter @
Mainline
entrance to
POU

WLA
Properties
on-site COBM
6/9/23



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: KZH Properties LLC (Tring Noerster)

12333 Silver Falls Hwy SE Astoria, OR 97103

Transaction Type: COBU

Fees Received: \$ 230

Cash Check; Check No. 2169

Name(s) on Check: Will McGill Surveying

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 in the Safe slot.