

**CLAIM OF  
BENEFICIAL USE  
for Ground Water Permits  
claiming 0.1 cfs or less**



**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)

RECEIVED

JUL 03 2023

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.

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>

(See Certificate Resources)

**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

|                                 |                                            |                                    |
|---------------------------------|--------------------------------------------|------------------------------------|
| APPLICATION #<br><b>G-18373</b> | PERMIT # (IF APPLICABLE)<br><b>G-17885</b> | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------------------------|--------------------------------------------|------------------------------------|

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

|                                                  |                    |                                  |                                           |
|--------------------------------------------------|--------------------|----------------------------------|-------------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>JAVIER FONSECA</b> |                    | PHONE NO.<br><b>850.694.0993</b> | ADDITIONAL CONTACT NO.                    |
| ADDRESS<br><b>106 NW F STREET, 433</b>           |                    |                                  |                                           |
| CITY<br><b>GRANTS PASS</b>                       | STATE<br><b>OR</b> | ZIP<br><b>97526</b>              | E-MAIL<br><b>TIM@CORNERSTONE.PARTNERS</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<br><b>JAVIER FONSECA (SEE ABOVE)</b> |       |     |
| ADDRESS                                                      |       |     |
| CITY                                                         | STATE | ZIP |

**RECEIVED****4. Date of Site Inspection:****JUNE 12, 2023****JUL 03 2023****OWRD****5. Person(s) interviewed and description of their association with the project:**

| NAME                  | DATE                 | ASSOCIATION WITH THE PROJECT |
|-----------------------|----------------------|------------------------------|
| <b>JAVIER FONSECA</b> | <b>JUNE 12, 2023</b> | <b>OWNER</b>                 |
|                       |                      |                              |

**6. County:****JOSEPHINE****7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

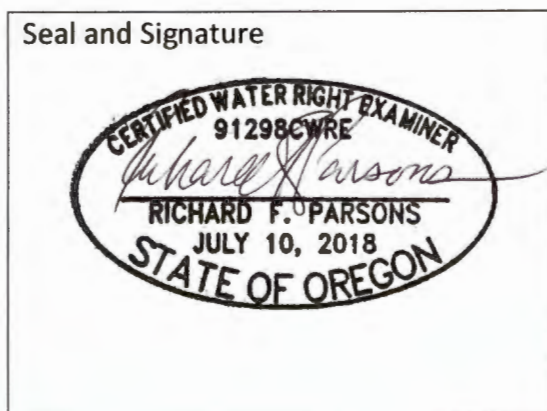
|                 |       |     |
|-----------------|-------|-----|
| OWNER OF RECORD |       |     |
| ADDRESS         |       |     |
| CITY            | STATE | ZIP |

Add additional tables for owners of record as needed

## SECTION 2 SIGNATURES

### CWRE Statement, Seal and Signature

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



**RECEIVED**  
**JUL 03 2023**  
**OWRD**

|                                                |                                  |                                               |
|------------------------------------------------|----------------------------------|-----------------------------------------------|
| CWRE NAME<br><b>RICK PARSONS</b>               | PHONE NO.<br><b>541.499.0257</b> | ADDITIONAL CONTACT NO.<br><b>303.667.5067</b> |
| ADDRESS<br><b>1619 MINEAR RD</b>               |                                  |                                               |
| CITY<br><b>MEDFORD</b>                         | STATE<br><b>OR</b>               | ZIP<br><b>97501</b>                           |
| E-MAIL<br><b>RICK.PARSONS@PARSONSWATER.COM</b> |                                  |                                               |

### Permit Holder's 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    |
|-----------|-----------------------|--------------|---------|
|           | <b>JAVIER FONSECA</b> | <b>OWNER</b> | 6/29/23 |
|           |                       |              |         |
|           |                       |              |         |
|           |                       |              |         |
|           |                       |              |         |

## SECTION 3

## CLAIM DESCRIPTION

OWRD

## 1. Point(s) of Appropriation (POA):

| POA NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID #<br>FOR ALL WORK PERFORMED ON THE WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) |
|-------------------------------------------|------------------------------------------------------------------------|-------------------------------|
| JOSE 55408                                | JOSE 55408 (JOSE 57019 ALTERATION)                                     | L-64273                       |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

## 2. Developed use(s), period of use, and rate for each use:

| POA<br>NAME OR<br>NUMBER     | USES       | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR<br>VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|------------------------------|------------|----------------------------------|--------------------------------------------|-------------------------------------------------------|
| JOSE 55408                   | IRRIGATION | HEMP - OUTDOOR<br>AND GREENHOUSE | JAN-DEC                                    | 10 GPM                                                |
| Total Quantity of Water Used |            |                                  |                                            | 1834 GALS                                             |

## 3. 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:

WELL LOCATED AT HIGHEST ELEVATION IN SYSTEM. 1" PRESSURIZED PIPE CONVEYS WATER FOR DOMESTIC USE AT VARIOUS LOCATIONS ON PROPERTY. WELL USED TO FIRST FILL 5000 GAL UPPER STORAGE TANK THAT IS PLUMBED TO TWO LOWER 2500 GAL STORAGE TANKS. MUCH OF WATER CONVEYED BY GRAVITY BUT 3.5 HP AND 1 HP CENTRIFUGAL PUMPS LOCATED ADJACENT TO UPPER AND LOWER TANKS, RESPECTIVELY, FOR USE AS NEEDED. CONVEYANCE PIPES BETWEEN TWO TANK LOCATIONS TANK ARE 2" PVC THAT GO INTO LOWER TANKS VIA 1.5" PVC AND THEN OUT TO GREENHOUSES VIA 2" PVC TO EITHER 2' BALL VALVES ON AUTOMATED DRIP SYSTEM OR 1" PIPES WITH SPIGOTS FOR HAND WATERING.

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).

## 4. 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 diversion. 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.")

## 5. Claim Summary:

| POD / POA<br>NAME OR #                                                                                             | MAXIMUM<br>RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF<br>WATER<br>MEASURED | USE                  | # OF<br>ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|--------------------------------|----------------------|--------------------------|-------------------------|
| JOSE 55408                                                                                                         | 0.022 CFS                     | 0.019 CFS                                         | 0.022 CFS                      | NURSERY / IRRIGATION | 3.0                      | 3.0                     |
| (HP)(EFFICIENCY) / TOTAL DYNAMIC HEAD = (0.75 * 6.61) / [LIFT (265) + HEAD ((0/0.433) * 1.1)] = 0.02 CFS / 8.4 GPM |                               |                                                   |                                |                      |                          |                         |

**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

☒ NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

RECEIVED

JUL 03 2023

**A. Place of Use**

Attach Claim of Beneficial Use map.

OWRD

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, 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:

5/8" ON WELL CAP

3. If well logs are not available, provide as much of the following information as possible:

SEE ATTACHED WELL LOGS

| CASING<br>DIAMETER | CASING<br>DEPTH | TOTAL<br>DEPTH | COMPLETION<br>DATE OF<br>ORIGINAL WELL | COMPLETION<br>DATES OF<br>ALTERATIONS | WHO THE WELL<br>WAS DRILLED FOR | WELL DRILLED<br>BY |
|--------------------|-----------------|----------------|----------------------------------------|---------------------------------------|---------------------------------|--------------------|
|                    |                 |                |                                        |                                       |                                 |                    |
|                    |                 |                |                                        |                                       |                                 |                    |

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

If "NO", items 2 through 4 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

## D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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?

RECEIVED

YES NO

JUL 03 2023

If "NO" items 2 through item 5 may be deleted.

### 2. Pump Information:

OWRD

| MANUFACTURER | MODEL   | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|--------------|---------|---------------|--------------------------------------------|
| RED LION     | UNKNOWN | UNKNOWN       | SUBMERSIBLE                                |

### 3. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP<br>*If A WELL, THE WATER LEVEL<br>DURING PUMPING | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|---------------|---------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| 0.75       | UNKNOWN       | 265 FT                                                                    | 0 FT                              | 0.02                             |

### 4. Provide pump calculations:

$(\text{HP})(\text{EFFICIENCY}) / \text{TOTAL DYNAMIC HEAD} = (0.75 * 6.61) / [\text{LIFT (265)} + \text{HEAD } ((0/0.433) * 1.1)] = 0.02 \text{ CFS} / 8.4 \text{ GPM}$

### 5. Measured Pump Capacity (using meter if meter was present and system was operating):

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME<br>OBSERVED | TOTAL PUMP OUTPUT<br>(IN CFS)                       |
|-----------------------|----------------------|------------------------------|-----------------------------------------------------|
| 0 GAL                 | 1834 GAL             | 240 MINS                     | 0.013 – 0.022 CFS; 0.017 CFS<br>AVG - SEE PUMP TEST |

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

### 6. Sprinkler Information: N/A

| SIZE | OPERATING<br>PSI | SPRINKLER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF SPRINKLERS | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS) |
|------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
|      |                  |                              |                               |                        |                                 |
|      |                  |                              |                               |                        |                                 |
|      |                  |                              |                               |                        |                                 |

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

### 7. Drip Emitter Information: DRIP SYSTEM PLUMBED FOR AUTOMATIC DRIP SYSTEM THOUGH NOT YET INSTALLED

| SIZE | OPERATING<br>PSI | EMITTER<br>OUTPUT<br>(GPM) | TOTAL NUMBER<br>OF EMITTERS | MAXIMUM<br>NUMBER USED | TOTAL EMITTER OUTPUT<br>(CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
|      |                  |                            |                             |                        |                               |
|      |                  |                            |                             |                        |                               |
|      |                  |                            |                             |                        |                               |

**8. Drip Tape Information: DRIP SYSTEM PLUMBED FOR AUTOMATIC DRIP SYSTEM THOUGH NOT YET INSTALLED**

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

**E. Storage**

1. Does the distribution system include in-system storage (i.e. 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

RECEIVED

JUL 03 2023

☒ YES ☐ NO  
☒ YES ☐ NO

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

OWRD

**2. Storage Tank:**

| MATERIAL<br>(CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY<br>(IN GALLONS)   | ABOVE GROUND OR BURIED |
|-------------------------------------------------|----------------------------|------------------------|
| HDPE                                            | 5000 GAL (1); 2500 GAL (2) | ABOVE GROUND           |

**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

If "NO", items 2 through 4 relating to this section may be deleted.

**2. Complete the table:**

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|-----------|-----------|------------|----------------|----------------|-------|--------------------------------------|
| 2"        | PVC       | 150        | 18 FT          | 320 FT         | 0.06  | 0.03 CFS / 13 GPM                    |

**3. Provide calculations:**

$$Q = V * A = (1.318 * C) * R^{0.63} * S^{0.54} = (1.318 * 150) * (2 / 12 / 4)^{0.63} * (18 / 320)^{0.54} * [PI * (2 / 2 / 12)^2] = 0.12 CFS = 54 GPM$$

**4. If an actual measurement was taken, provide the following:**

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS)              |
|---------------------|--------------------------|--------------------|--------------------------------------------------|
| 6/23/2023           | QUINN'S WELL PUMP        | MASTER METER       | 0.013 – 0.022 CFS; 0.017 CFS AVG - SEE PUMP TEST |

Attach measurement notes.

## 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

*If "NO", items 2 through 4 relating to this section may be deleted.*

H. Additional notes or comments related to the system:

RECEIVED

JUL 03 2023

OWRD

## 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 any 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 extension final order:

|                                   | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS          |
|-----------------------------------|------------------|--------------------|------------------------------------------------------------------------------------|
| ISSUANCE DATE                     | 10/11/2017       |                    |                                                                                    |
| BEGIN CONSTRUCTION (A)            | 10/11/2022       | JUL 2003           | EXISTING WELL                                                                      |
| COMPLETE CONSTRUCTION (B)         | 10/11/2022       | FEB 2006           | LINER IN WELL REPLACED                                                             |
| COMPLETE APPLICATION OF WATER (C) | 10/11/2022       | SUMMER 2022        | INSTALLED CONVEYANCE SYSTEM, PLANTED CROPS AND APPLIED WATER TO SAME (2019 – 2021) |

\* 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.

### 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 2019

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.

b. Provide the month, or months, in which the static water level measurement(s) were to be made:

MARCH

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

d. If "YES", were those measurements submitted to the Department?

☒ YES ☐ NO

e. If the annual measurements were not submitted, provide the measurements now:

| DATE OF MEASUREMENT                                                                                                         | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------|--------|-------------|
| MARCH 2019 AND MARCH 2020 MEASUREMENTS SUBMITTED TO DEPARTMENT; CURRENT OWNER UNAWARE OF PERMIT CONDITIONS UNTIL THIS MONTH |                     |        |             |
| 6/12/2023                                                                                                                   | RICK PARSONS, CWRE  | VISUAL | 0 FT        |

## 5. Pump Test:

a. Is a pump test required?

☒ 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>

RECEIVED

JUL 03 2023

OWRD

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

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

YES ☐ NO ☒

c. Is the pump test attached to this claim?

YES ☐ NO ☒

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

YES ☐ NO ☒

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

YES ☐ NO ☒

**\*\*The Claim 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 appropriation.**

b. Has a meter been installed?

☒ YES ☐ NO

c. Meter Information

| POA NAME OR #                                                                | MANUFACTURER | SERIAL #  | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|------------------------------------------------------------------------------|--------------|-----------|----------------------------|-----------------------|----------------|
| JOSE 55408                                                                   | MASTER METER | 222369195 | WORKING                    | 1834 GALLONS          | SUMMER 2022    |
| METER INSTALLED IN 2022 BUT NURSERY OPERATIONS TEMPORARILY HALTED AFTER 2021 |              |           |                            |                       |                |

If a meter has been installed, items d through f relating to this section may be deleted.

## 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 a Well Identification Number (Well ID tag) assigned and attached to the well? ☒ YES NO

| WELL ID #                   | DATE ATTACHED TO WELL |
|-----------------------------|-----------------------|
| JOSE 55408 /<br>JOSE 57019) | 2003                  |

- d. 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):

|                                          |
|------------------------------------------|
| <br><br><br><br><br><br><br><br><br><br> |
|------------------------------------------|

**SECTION 6  
ATTACHMENTS**

RECEIVED  
JUL 03 2023  
OWRD

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

| ATTACHMENT NAME | DESCRIPTION                             |
|-----------------|-----------------------------------------|
| JOSE 55408 LOG  | ORIGINAL WELL LOG (2003)                |
| JOSE 57019 LOG  | WELL ALTERATION LOG (2006)              |
| PUMP TEST       | WELL YIELD AND WATER LEVEL MEASUREMENTS |

## 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.

**GPS CONFIRMED VIA REVIEW OF VARIOUS AERIAL PHOTOS**

#### 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.)

RECEIVED  
JUL 03 2023  
OWRD

- X Map on polyester film.
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- X Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- X Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature



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

WELL I.D. # L 64273

JUL 03 2023

**START CARD # 180593**

**OWRD**

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

(1) LAND OWNER \_\_\_\_\_ Well Number \_\_\_\_\_  
Name **DAVID MAHONEY**  
Address **5345 WES T SIDER D.**  
City **CAVE JUNCTION** State **OR** Zip **97523**

(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**

|                                              |                                    |                                     |                                      |
|----------------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Community | <input type="checkbox"/> Industrial | <input type="checkbox"/> Irrigation  |
| <input type="checkbox"/> Thermal             | <input type="checkbox"/> Injection | <input type="checkbox"/> Livestock  | <input type="checkbox"/> Other _____ |

**(5) BORE HOLE CONSTRUCTION** Special Construction: ☐ Yes ☒ No  
Depth of Completed Well 288 ft.  
Explosives used: ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| BORE HOLE |      |    | SEAL     |      |    | Sacks or Pounds |
|-----------|------|----|----------|------|----|-----------------|
| Diameter  | From | To | Material | From | To |                 |
|           |      |    |          |      |    |                 |
|           |      |    |          |      |    |                 |
|           |      |    |          |      |    |                 |

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 |          |      |     | Steel | Plastic                             | Welded                   | Threaded                 |
|------------------|----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|
|                  | Diameter | From | To  | Gauge |                                     |                          |                          |
| Casing:          |          |      |     |       | <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:           | 4        | 0    | 288 | .160  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used ☐ Inside ☐ Outside ☐ None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
☒ Perforations Method SAWN  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot<br>Size | Number | Diameter | Tele/pipe<br>size | Casing                   | Liner                               |
|------|-----|--------------|--------|----------|-------------------|--------------------------|-------------------------------------|
| 268  | 288 | 1/4X6        | 60     | 4        | 4                 | <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"/>            |

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

| <b>Yield gal/min</b> | <b>Drawdown</b> | <b>Drill stem at</b> | <b>Time</b>  |
|----------------------|-----------------|----------------------|--------------|
| <b>3 GPM</b>         |                 | <b>265</b>           | <b>1 HR.</b> |
|                      |                 |                      |              |

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 **JOSEPHINE**  
 Tax Lot **707** Lot \_\_\_\_\_  
 Township **39** S Range **8** W WM  
 Section **29** SW 1/4 SW 1/4

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

Street Address of Well (or nearest address) **5345WEST SIDE RD**

**(10) STATIC WATER LEVEL**  
 0 \_\_\_\_\_ ft. below land surface. Date **2-6-06**  
 -1 \_\_\_\_\_ ft. below land surface. Date **2-8-06**  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES**  
Depth at which water was first found \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

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

| Material | From | To | SWL |
|----------|------|----|-----|
|----------|------|----|-----|

|                                                                              |  |  |  |
|------------------------------------------------------------------------------|--|--|--|
| DRILLED OUT LINER. COULD<br>NOT DRILL PAST 290 FT. DUE<br>TO AN OBSTRUCTION. |  |  |  |
|------------------------------------------------------------------------------|--|--|--|

|                         |  |  |  |
|-------------------------|--|--|--|
| RELINED WELL TO 288 FT. |  |  |  |
|-------------------------|--|--|--|

RECEIVED

MAR 08 2006

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started **2-6-06** Completed **2-8-06**

**(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 **1659** Date **2-8-06**

Signed Steven Carter

**(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 **675** Date **2-8-06**

Signed Bob Quinn

# PUMP TEST FORM COVER SHEET

**Water-Level Measurement Method:** Acoustic Sounder      \*Verify here: { Airline: N/A      psi      feet.  
Length of air line (if used): N/A      { E-Tape: N/A      feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: POWERS ELECTRIC      Serial #: \_\_\_\_\_

Date Last Calibrated: NEW METER      Units: \_\_\_\_\_

**Discharge Measurement Method:** Flowmeter

Flowmeter (if used):

Manufacturer: BLUE-WHITE      Serial #: \_\_\_\_\_

Date Last Calibrated: NEW METER      Units: \_\_\_\_\_

**Pump Type:** Submersible

HP: UNK      Pump set at: UNK      feet.

Pump idle time: 16+

**Note:** Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

**Measuring Point (MP):** Measuring point distance above land surface .45 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2" PORT IN WELL SEAL

**Time pump turned on:** Date 6/23/23      Time 9:24

**Time pump turned off:** Date 6/23/23      Time 1:24

Total pumping time: 4 HOURS      hours 0      minutes.

RECEIVED

JUL 03 2023

OWRD

Remember, your pump test may not be approved unless it meets the following criteria\*:

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☒ The pump was on during the entire pumping phase ( $\geq 4$  hours).
- ☒ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☒ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours ( $\leq 2$  min for the first 10 minutes,  $\leq 5$  min for 10 – 30 minutes, and  $\leq 15$  min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was  $\geq 300$  feet.
- ☒ The pump test cover sheet was completely filled out and signed.
- ☒ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☒ The well was idle for at least 16 hours prior to the test.
- ☒ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action.JSESSIONID.OARD=1BdwLynsYAPNSQIW330ZiSFZuMscp4Hfi1-1ftsDAAEsMC2.ROSS!-277278532?selectedDivision=3186>

Submit forms to:      Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: \_\_\_\_\_ DATE: 06/28/23

OWNER SIGNATURE: [Signature] DATE: 6/26/23



**OREGON  
WATER  
RESOURCES  
DEPARTMENT**

RECEIVED

JUL 03 2023

**PUMP TEST FORM  
COVER SHEET**

OWRD

**Owner Information:**

|                                                    |                  |                                   |                                        |
|----------------------------------------------------|------------------|-----------------------------------|----------------------------------------|
| <b>OWNER NAME/BUSINESS NAME:</b><br>Javier Fonseca |                  | <b>PHONE No.:</b><br>305.479.3532 | <b>ADDITIONAL CONTACT No.:</b>         |
| <b>ADDRESS:</b> 5433 West Side Rd                  |                  |                                   |                                        |
| <b>CITY:</b> Cave Junction                         | <b>STATE:</b> OR | <b>ZIP:</b> 97523                 | <b>E-MAIL:</b> fonseca305707@yahoo.com |

**Pump Test Conducted By (If Different From Owner):**

|                                             |                                                  |                                |
|---------------------------------------------|--------------------------------------------------|--------------------------------|
| <b>TEST CONDUCTED BY NAME:</b><br>Luke Gill | <b>QUALIFICATION:</b><br>(SELECT) Pump Installer | <b>LICENSE #:</b><br>CP175     |
| <b>COMPANY:</b><br>Quinn's Well Pump        | <b>PHONE No.:</b><br>541.862.9355                | <b>ADDITIONAL CONTACT No.:</b> |
| <b>ADDRESS:</b> 6811 Williams Hwy           |                                                  |                                |
| <b>CITY:</b> Grants Pass                    | <b>STATE:</b> OR                                 | <b>ZIP:</b> 97527              |
| <b>E-MAIL:</b> thad@quinnswell.com          |                                                  |                                |

**Tested Well Information (please attach well log(s) if available):**

| WELL LOG #<br>(EX: MARI 99999) | WELL TAG #<br>(EX: L-999999) | WELL NAME OR # | WELL DEPTH | ORIGINAL OWNER | DATE DRILLED | TEST DATE  |
|--------------------------------|------------------------------|----------------|------------|----------------|--------------|------------|
| JOSE 57019                     | L- 64273                     |                | 288        | David Mahoney  | 02/08/2006   | 06/23/2023 |

(CONTINUED)

| TWP<br>(EX: 25S) | RNG<br>(EX: 31E) | SEC<br>(EX: 12) | QQ<br>(EX: SE/SW) | SURVEYED LOCATION<br>(EX: 100 ft N & 735 ft E fr SE cor, sec 6) | LATITUDE<br>(EX: 44.94473859) | LONGITUDE<br>(EX: -123.02787000) |
|------------------|------------------|-----------------|-------------------|-----------------------------------------------------------------|-------------------------------|----------------------------------|
| 39               | 8                | 29              |                   |                                                                 |                               |                                  |

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

| APPLICATION | PERMIT | TRANSFER | CERTIFICATE | IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?                           |
|-------------|--------|----------|-------------|-------------------------------------------------------------------------------|
| G-          | G-     | T-       |             | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |
| G-          | G-     | T-       |             | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |
| G-          | G-     | T-       |             | <input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form) |

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

☐ Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

| WELL LOG #<br>(EX: MARI 99999) | BEARING & DISTANCE FROM PUMPED WELL (FT) | DATE & TIME PUMP ON | DATE & TIME PUMP OFF | PUMPING RATE (GPM) |
|--------------------------------|------------------------------------------|---------------------|----------------------|--------------------|
|                                |                                          |                     |                      |                    |
|                                |                                          |                     |                      |                    |
|                                |                                          |                     |                      |                    |

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

☐ Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: ON THE GROUND  
How far from the pumped well was water discharged? 15' AWAY SLOPED AWAY FROM WELL ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

OWRD20200115



## Page 1 of 2

[illegible]