

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



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

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

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see  
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-17889</b>	<b>G-18269</b>	<b>T-</b>

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

APPLICANT/BUSINESS NAME <b>Richard Kraft</b>		PHONE NO. <b>(503) 991-1226</b>	ADDITIONAL CONTACT NO. <b>(503) 979-2970</b>
ADDRESS <b>8644 Warner Dr. SE</b>			
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97317</b>	E-MAIL <b>rmkraft244@msn.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>Richard Kraft</b>		
ADDRESS <b>8644 Warner Dr. SE</b>		
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97317</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>9/5/2023</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Richard Kraft</b>	<b>9/5/2023</b>	<b>Owner</b>

**6. County:**

<b>Marion</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 <b>N/A</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



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

Permit Holder of Record Signature or Acknowledgement

***Each*** permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Richard Kraft</i>	Richard Kraft	owner	9/22/23

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**SECTION 3  
CLAIM DESCRIPTION**

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

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	MARI 64909, MARI 65942, MARI 69371, MARI 69505	L-103761

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	Drift Creek	N/A

**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	Hazelnuts, Pasture, Landscaping	Mar. 1 – Oct. 31	1.0 cfs
<b>Total Quantity of Water Used</b>				<b>1.0 cfs</b>

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

Water is pumped from the well by a 50 HP submersible pump and delivered to the place of use through 6", 4", and 3" buried PVC mainline. Water is applied to the hazelnuts by drip emitters and to the pasture and landscaping by a hose reel 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 application map did not accurately describe the well location from the NE corner of section 35. The actual location is 920' N and 780' W from the NE corner of section 35. The developed place of use totals the same 120.7 acres within the same property, but the QQ acreages are slightly different than permitted based on what parts of the property were irrigated for pasture or landscaping (see map).

**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	1.0 cfs	1.16 cfs	*	Irrigation	120.7	120.7

\*System not running at time of site inspection.

**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
7S	2W	WM	26	SWSE		65	Irrigation	4.7	
7S	2W	WM	26	SESE		65	Irrigation	23.3	
7S	2W	WM	35	NENE		65	Irrigation	4.0	
7S	2W	WM	35	NENE	7		Irrigation	8.0	
7S	2W	WM	35	NWNE		65	Irrigation	0.1	
7S	2W	WM	35	SWNE	4		Irrigation	4.6	
7S	2W	WM	35	SENE			Irrigation	37.0	
7S	2W	WM	35	NESE			Irrigation	30.7	
7S	2W	WM	35	NWSE	5		Irrigation	3.5	
7S	2W	WM	35	SESE			Irrigation	4.8	
<b>Total Acres Irrigated</b>								<b>120.7</b>	

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES  NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

**1 1/2" steel pipe protruding out of the 10" well casing at a 45 deg. angle on the SW side of the casing.**

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**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 logs.

**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

**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
Berkely	6TMH-300		Submersible		6"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Berkeley	50

**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)
50	80-125	0'	33' (lower), 178' (upper)	0.71 (upper), 1.16 (lower)

**5. Provide pump calculations:**

Lower Field:  $Q = (50 * 7.04) / (203.2 + 67 + 33) = 1.16 \text{ cfs}$   
 Upper Field:  $Q = (50 * 7.04) / (317.4 + 67 + 111) = 0.71 \text{ cfs}$

**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)
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System not running at time of site inspection.

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

7. Is the distribution system piped?

YES  NO

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~4,200'	PVC	Buried
4"	~1,150'	PVC	Buried
3"	~1,500'	PVC	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Ehco Reel w/ Nelson Gun (1-1/8" nozzle)	60	250 +/-	1	1	0.56 +/-

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)
18 mm, 0.42 gph, 24" & 30" spacing	60	0.007	89,298	54,450	0.85 cfs

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)?

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**F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM’S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

**1. Does the system involve a gravity flow pipe?**

YES  NO

**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING’S FORMULA FOR CANALS AND DITCHES)

**1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?**

YES  NO

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

The lower field of hazelnuts is irrigated by two buried drip lines on each row with 24” emitter spacing. The upper field of hazelnuts is irrigated by one above-ground drip line on each row with 30” spcaing.

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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	5/22/2015**		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	5/22/2020	October 2015	Completed construction of irrigation system.
COMPLETE APPLICATION OF WATER (C)	5/22/2020	June 2016	Completed irrigating claimed acreage the first time.

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

\*\*Original permit issuance date. Replacement permit issued 8/15/2019.

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?

No month specified.

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	Netafim	15-150076989	Working	86,597,498	September 2015

**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.*

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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-103761	9/30/2013

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):

a. Well 1 cased and sealed into hard dense basalt to a minimum depth of 240': See MARI 65942 log.  
e. Restore disturbed riparian areas: Application was made on an existing well, no riparian areas were disturbed.

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Logs (x4)	MARI 64909 (2 pgs.), MARI 65942 (2 pgs.), MARI 69371 (2 pgs.), MARI 69505 (2 pgs.)
Pictures (x11)	Taken 9/5/2023 during site inspection
Pump Test	Completed by Westerberg Drilling, Inc. (2 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: 10/14/2022

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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
- N/A 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
- N/A 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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well 1

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

MARI 64909 10/2/2013

WELL I.D. LABEL# 103761 START CARD # 209973 ORIGINAL LOG #

(1) LAND OWNER Richard KRAFT, Owner Well I.D., First Name RICHARD, Last Name KRAFT, Company KRAFT MASONRY INC, Address 8644 WARNER DR., City SALEM, State OR, Zip 97317

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

(2a) PRE-ALTERATION Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

(4) PROPOSED USE [ ] Domestic [ ] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [X] Other TEST WELL FOR WATER

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 340.00 ft. BORE HOLE table with columns Dia, From, To, Material, From, To, Amt, lbs

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other CHIPS 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 [ ] Actual Amount [ ]

(6) CASING/LINER Casing Liner table with columns Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) [ ] Temp casing [X] Yes Dia 12 From 0 To 18

(7) PERFORATIONS/SCREENS Perforations Method [ ] Screens Type [ ] Material [ ] Perf/ Casing/ Screen table with columns Dia, From, To, width, length, slots, pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian Yield gal/min 275 Drawdown [ ] Drill stem/Pump depth 340 Duration (hr) 1 Temperature 51 °F Lab analysis [ ] Yes By [ ] Water quality concerns? [ ] Yes (describe below) TDS amount [ ]

(9) LOCATION OF WELL (legal description) County MARION Twp 7.00 S N/S Range 2.00 W E/W WM Sec 26 SE 1/4 of the SE 1/4 Tax Lot 200 Tax Map Number [ ] Lot [ ] Lat [ ] or [ ] DMS or DD Long [ ] or [ ] DMS or DD [ ] Street address of well [X] Nearest address 1/4 MILE WEST OF HOWELL PRAIRIE ROAD, WEST ON STATE ST. SOUTH OF NWN GAS FACILITY

(10) STATIC WATER LEVEL Date 9/30/2013 SWL(psi) [ ] + SWL(ft) 126 Existing Well / Pre-Alteration Completed Well 9/30/2013 [ ] [ ] Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 146.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) table with 5 rows of data

(11) WELL LOG Ground Elevation [ ] Material From To table with 15 rows of geological data

Date Started 9/27/2013 Complete 9/30/2013

(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. License 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. License Number 723 Date 10/2/2013 Signed CHARLES STADELI (E-filed) Contact Info (optional) Chuck Stadel 503-551-1930



STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

MARI 65942  
10/28/2015

WELL I.D. LABEL# L 103761  
START CARD # 212733  
ORIGINAL LOG # MARION 64909

(1) LAND OWNER Owner Well I.D.  
First Name RICHARD Last Name KRAFT  
Company KRAFT MASONARY  
Address 8644 WARNER DRIVE  
City SALEM State OR Zip 97317

(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: 12 0 194 .250     
Material From To Amt sacks/lbs  
Seal: Bentonite Chips 0 10 13 Sacks

(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 365.00 ft.  
BORE HOLE SEAL sacks/lbs  
Dia From To Material From To Amt lbs  
16 0 240  
12 240 350 Calculated  
8 350 365 Calculated

How was seal placed: Method  A  B  C  D  E  
 Other BRADEN HEAD METHOD  
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 \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
12 0 194 .250     
10 0 210 .250     
8 210 290 .250     
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/  
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
200 138 200  
Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County MARION Twp 7.00 S N/S Range 2.00 W E/W WM  
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 200  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
1/4 MILE WEST OF HOWELL PRAIRIE RD ON STATE ST. SOUTH SIDE

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration 8/10/2015 126  
Completed Well 9/9/2015 62  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 146.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/9/2015	340	365	300		62

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

Material	From	To
Soil med brown	0	2
Clay soft brown	2	7
Clay mix soft yellow- brown	7	19
Siltstone gritty brown, some decomp	19	56
Sandstone med brown	56	81
Basalt med hard grey	81	146
Basalt altered multi color	146	160
Basalt hard grey	160	228
Basalt multi colored med-hard	228	230
Basalt hard grey	230	233
Basalt fractured hard blk	233	238
Basalt semi fractured blk	238	260
Basalt altered multi colored	260	265
Basalt hard grey	265	336

Date Started 8/10/2015 Completed 9/10/2015

(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 \_\_\_\_\_ 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.  
License Number 723 Date 10/28/2015  
Signed CHARLES STADELI (E-filed)  
Contact Info (optional) Chuck Stadel 503-551-1930





MARI 69371

well 1

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

WELL I.D. LABEL# L 103761
START CARD # 216849
ORIGINAL LOG # MARION 64909 & 65942

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER
Owner Well I.D.
First Name Richard Last Name Kraft
Company
Address 8644 Warner Dr SE
City Salem State OR Zip 97137

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 483 ft.
BORE HOLE SEAL
Dia From To Material From To Amt lbs
7 7/8" 343 483 Original seal not changed
Calculated

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [ ]
Other [x] Original
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 Stil Plstc Wld Thrd
No casing or liner added
Shoe [ ] Inside [ ] Outside [ ] Other [ ] Location of shoe(s)
Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method None
Screens Type Material
Perf/S Casing/ Screen
green Liner Dia From To Scrn/slot Slot # of Tele/
width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [x] Bailer [ ] Air [ ] Flowing Artesian [ ]
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
270 16 1
Temperature 56 F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 120 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 7 S N/S Range 2 W E/W WM
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 900
Tax Map Number Lot
Lat " " or " " DMS or DD
Long " " or " " DMS or DD
Street address of well Nearest address
1/4 mile west of Howell Prairie Rd on State Street South Side

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration 07-09-2020 68' 1" Top of 10" casing
Completed Well 07-14-2020 66' 7"
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found See Mari 64909 & 65942
SWL Date From To Est Flow SWL (psi) + SWL (ft)
07-14-2020 423 455 150 68' 7" Top of 10" casing

(11) WELL LOG
Ground Elevation
Material From To
Basalt Grey & Brown Fractures 343 385
Basalt Grey with some Brown Hard 385 395
Basalt Grey Medium 395 405
Basalt Grey Hard with Brown 405 423
Basalt Grey with Green Medium 423 446
Basalt Black with Green 446 455
Basalt Grey 455 483
RECEIVED RECEIVED
SEP 22 2020 AUG 07 2020
OWRD OWRD

Date Started 07-09-2020 Completed 07-14-2020

(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 1858 Date 07-20-2020
Signed Bryan B. [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 688 Date 08-03-2020
Signed Steven N. [Signature]
Contact Info (optional)



MARI 69505

WESTERBERG DRILLING INC.

RECEIVED  
MOLALLA OR 97038  
NOV - 2 2020

WELL I.D. LABEL# L 103761  
START CARD # 217002  
ORIGINAL LOG # MARI 64909, 65942, & 69371

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name Richard Last Name Kraft  
Company \_\_\_\_\_  
Address 8644 Warner Dr NE  
City Salem State OR Zip 97317

(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: See MARI 65942  
Material From To Amt sacks/lbs  
Seal: See MARI 65942

(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 483 ft.  
BORE HOLE  
Dia From To Material SEAL From To Amt sacks/lbs  
See MARI 65942  
7 7/8 343 483 Calculated  
Calculated

How was seal placed: Method  A  B  C  D  E  
 Other Original  
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  
  6 276 483 250      
Shoe  Inside  Outside  Other Location of shoe(s) 483 & 276  
Temp casing  Yes Dia From + To

(7) PERFORATIONS/SCREENS  
Perforations Method Swift Factory  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/Screen  
creen Liner Dia From To Scm/slot Slot # of Tele/  
width length slots pipe size  
Perf Liner 6 323 383 1/8 3.5 1,368 6  
Perf Liner 6 403 463 1/8 3.5 1,368 6

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
900 72 \_\_\_\_\_ 4

Temperature 56 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 120 TDS  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County MARION Twp 7 S N/S Range 2 W E/W WM  
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 200  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
1/4 Miles West of Howell Prairie on State Street - South Side of Road

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration 09-21-2020 \_\_\_\_\_ 67  
Completed Well 09-23-2020 \_\_\_\_\_ 67  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found See MARI 65942  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
No Drilling Done

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
No drilling done.  
Installed liner in well only.  
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SEP 22 2023  
OWRD

Date Started 09-21-2020 Completed 09-23-2020

(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 1338 Date 09-25-2020  
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.  
License Number 688 Date 10-23-2020  
Signed \_\_\_\_\_  
Contact Info (optional) \_\_\_\_\_





Kraft  
COBU  
9/5/23

—

Well 1

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OREGON  
WATER RESOURCES DEPT  
WELL #  
L 103761  
DO NOT REMOVE LABEL

Kraft COBU 9/5/23 - Well 1 Tag

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OWRPD



ALLE  
ynamics LL

Kraft  
COBU  
9/5/23  
—  
Well 1  
Site

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Kraft COBU 9/5/23 - Well 1 Flow meter

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SEP 22 2023  
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Kraft CoBU 9/5/23 - Hazelnut crop, buried drop

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# YASKAWA



Kraft  
CoBU

9/5/23

—  
pump  
controller  
w/ operating  
psi set

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Kraft Cobu 9/5/23 - Echo Reel

RECEIVED

SEP 22 2023

OWRD



Kraft COBU 9/5/23 - Nelson Big Gun

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SEP 22 2023

OWRD



Kraft  
CoBU

9/5/23

—

Drip rolls  
used on  
buried  
system

RECEIVED

SEP 22 2023

OWRD



Kraft  
CoBU

9/5/23

—  
Hazelnut  
crop,  
single above-  
ground  
drip line

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SEP 22 2023

OWRD



Kraft  
COBU

9/5/23

—  
Irrigated  
pasture  
Area

RECEIVE

SEP 22 2023

OWRD

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

**Well Owner:**

Name: Richard Kraft  
 Address: 8644 Warner Dr NE  
 County: Marion  
 City: Salem State: OR Zip: 97317-0000  
 Original owner (from well log): Richard Kraft

**Well Location:**

Township: 7  S  Range: 2  W  
 Section: 26 1/4:  SE  1/16 SE  1/64 NE  
 Well depth: 483.0 Date drilled: 09/30/2013  
 Owners well no. (if any): L-103761  
 POD ID: \_\_\_\_\_

**Water Right Information:**

Application: \_\_\_\_\_ Permit: \_\_\_\_\_ 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: Weston Stadel Well Owner?  Yes  
 Company: Westerberg Drilling, Inc.  
 Address: PO Box 1228 Date of Test: 10/02/2020  
 City: Molalla State: OR Zip: 97038  
 Daytime phone: 503-829-2526

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): Submersible  
 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 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 above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of 10" casing

Measuring point distance above land surface 2.30 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>8:00 am</u>	<u>69.46</u>	<u>67.16</u>
<u>8:20 am</u>	<u>69.46</u>	<u>67.16</u>
<u>8:40 am</u>	<u>69.46</u>	<u>67.16</u>

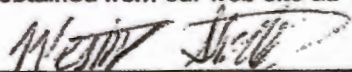
**Discharge measurements:** (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>9:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>10:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>11:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>12:00 pm</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>1:00 pm</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 10/01/2020 Time 9:00 am  
 Time pump turned off: Date 10/01/2020 Time 1:00 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>

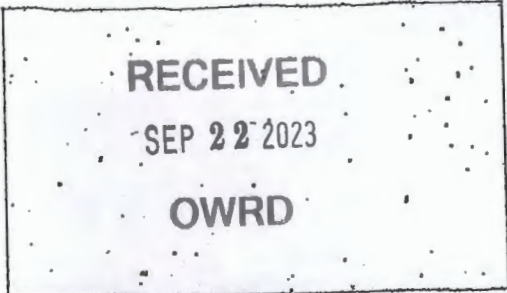
OWRD 2/9/2000

Required Signature: 

**RECEIVED**  
 SEP 22 2023  
 OWRD







Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Richard Kraft 8644 Warner Dr. SE  
Salem, OR 97317

Transaction Type: COBU

Fees Received: \$ 230.00

Cash

Check

Check No. 2191

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,

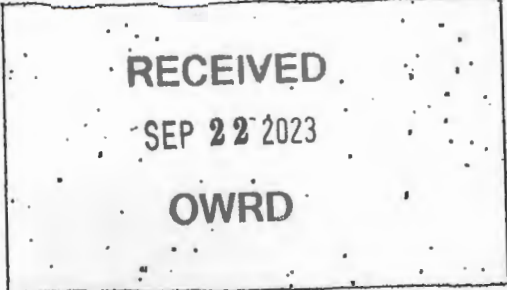
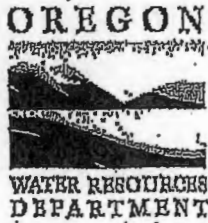
OWRD Customer Service Staff

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 box.



Date Received (Date Stamp Here)

### OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Richard Kraft 8644 Warner Dr. SE  
Salem, OR 97317

Transaction Type: CORU

Fees Received: \$ 230.00

Cash  Check; Check No. 2191  
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 \_\_\_\_\_.