

**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

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**A fee of \$200 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 503-986-0900 and ask for the Certificate Section.

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-18719	PERMIT # (IF APPLICABLE) G-18232	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

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APPLICANT/BUSINESS NAME Lee Holdings, LLC		PHONE NO. (503) 510-7779	ADDITIONAL CONTACT NO.	
ADDRESS 34309 Highway 34 SE				
CITY Albany	STATE OR	ZIP 97322	E-MAIL bigjimmylee@yahoo.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 Jimmy Lee				
ADDRESS 34309 Highway 34 SE				
CITY Albany	STATE OR	ZIP 97322		

ADDITIONAL PERMIT HOLDER OF RECORD N/A				
ADDRESS N/A				
CITY N/A	STATE N/A	ZIP N/A		

4. Date of Site Inspection:

July 7, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jimmy Lee	July 7, 2021	Property Owner

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 N/A				
ADDRESS N/A				
CITY N/A	STATE N/A	ZIP N/A		

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.



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CWRE NAME John McGee		PHONE NO. (541) 929-4226	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 1472				
CITY Philomath	STATE OR	ZIP 97370	E-MAIL johnmcgee@jdmcgee.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
	James K. Lee, III	Managing Member	08/28/2023

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SECTION 3
CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	LINN 62970	134780

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	Oak Creek Basin	Not indicated

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/ Red Clover (Note 1)	April 1 – Oct 31	18.3 ac-ft/yr (Note 2)
Total Quantity of Water Used				55 acre-ft (over 3 years) (Note 2)

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:

Well 1 supplies water to the PVC mainlines that convey water to the 20mm irrigation driplines.

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

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allowed 139.35 acres of irrigation. The water user only developed 136.04 acres.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	1.67 cfs	1.15 cfs	18.3 ac-ft/yr	Irrigation	139.35	136.04

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

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):

NA

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
12S	3W	WM	1	SWNE	N/A	N/A	Irrigation	5.07	N/A
12S	3W	WM	1	NWSE	N/A	57	Irrigation	8.20	N/A
12S	3W	WM	1	NWSE	2	N/A	Irrigation	26.69	N/A
12S	3W	WM	1	NESE	N/A	57	Irrigation	19.00	N/A
12S	3W	WM	1	SESE	N/A	57	Irrigation	23.55	N/A
12S	3W	WM	1	SWSE	N/A	57	Irrigation	13.21	N/A
12S	3W	WM	1	SWSE	3	N/A	Irrigation	20.49	N/A
12S	3W	WM	12	NENE	N/A	57	Irrigation	12.76	N/A
12S	3W	WM	12	NWNE	N/A	57	Irrigation	7.07	N/A
Total Acres Irrigated								136.04	N/A

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

½ inch test port on top of well seal

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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
12 inches	137 feet	240 feet	12-3-2019	N/A	Jimmy Lee	Jones Drilling Company, Inc.

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.

Well Report LINN 62970 (attached)

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? 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. 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
Wolf pump	8MM5V	Unknown	Submersible	Unknown	6 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Hitachi	50HP

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)
50HP	80	75'	0	1.27

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5. Provide pump calculations:

Pump Capacity Calculation Sheet

using Department designed formula:

$$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 50
 Efficiency = 7.04
 Lift = 75
 PSI = 80

**Results
 Calculated**

(hp)(efficiency) = 352
 Head based on psi
 = 203.2
 Total dynamic head
 = 278.2
 (head + lift)

Pump Capacity = 1.27 cubic feet per second

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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)
N/A	N/A	N/A	1.2 (Note 3)

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

7. Is the distribution system piped? YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	±300'	Class 160 IPS GSK PVC	Buried

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9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	±1300'	Class 160 IPS GSK PVC	Buried
5"	±1170'	Class 160 IPS GSK PVC	Buried
4"	±2030'	Class 160 IPS GSK PVC	Buried
2.5"	±1230'	Class 160 IPS SW PVC	Buried

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
20mm	35psi	3.8 gpm/acre (Note 4)	113,000	113,000	1.15 cfs

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

NO

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

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?

NO

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

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?

NO

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

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H. Additional notes or comments related to the system:

(Note 1) The primary crop is Hazelnut trees, which are being irrigated with the drip system described in this report and in the attached Clearwater Irrigation Supply document. The water user also planted a crop of Red Clover between the rows of hazelnut trees, which is being irrigated by two (2) Nelson Hose Reel Traveler Big Gun water cannons. Only one irrigation system is used at a time.

(Note 2) Volume reported by water user during a time period of juvenile plant development.

(Note 3) The water user reported that during the use of the water cannons they, "just closed off all drip system and hooked up above ground 8 inch mainline with openers, the pump meter was around 540 gal per min with 2 guns running." [540 GPM= 1.20 CFS]

(Note 3a) The two water cannons are Nelson Big Gun Hose Reel Traveler SR150 Taper Bore Nozzle 24° Trajectory - 1.1 inch. The specifications for the Big Guns indicate that each gun can deliver 315 GPM at 80 psi (the pressure reported by the water user). Two (2) guns could theoretically deliver 630 GPM = 1.40 CFS.

(Note 4) Data provided by Clearwater Irrigation Supply, included with this submittal, lists 20MM drip emitters, spaced at 30", capable of discharging 0.26 GPH, totaling 3.8 GPM/Acre.

3.8 GPM/Acre * 136.04 Acres = 517 GPM=1.15 CFS

Comment/summary:

1. The theoretical pump rate is 1.27 CFS
2. The theoretical water cannon irrigation rate is 1.40 CFS.

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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	7/25/2019		
BEGIN CONSTRUCTION (A)	7/25/2019	11/18/2019	Began well construction
COMPLETE CONSTRUCTION (B)	7/25/2024	12/3/2019	Completed well and irrigation system construction and installation.
COMPLETE APPLICATION OF WATER (C)	7/25/2024	6/1/2020	All areas of use were planted with crops and water was applied.

* 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)?

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

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
6-30-2020	Justin Jones	E tape	8'3"

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES

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

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

March

c. Were the static water level measurements taken in the month(s) required? YES

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

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

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

c. Is the pump test attached to this claim? YES

d. Has the pump test been approved by the Department? NO

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

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Netafim	19046880	Working	17,925,680 gallons	6-15-2020

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

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

b. Have the reports been submitted? **YES**

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? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was submittal of a water management and conservation plan required? **NO**
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
134780	12-3-2019

e. Other conditions? **NO**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Well 1 was completed and the Well ID tag was attached on 12-3-2019.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
COBU Exhibit Map	Exhibit map showing irrigated acreage, POA, features, and structures
Irrigation Map	Map of the completed irrigation system provided by the supplier
Well 1 well log	Well log for Well 1 LINN 62970 (L-134780)
Well 1 pump test form	Pump test form and data sheets for Well 1 (L-134780)

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.

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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.

The location of the Place of Use, Well 1, and meter were measured from the West quarter corner of Section 1 using GPS. The irrigation mainline was drawn from irrigation maps provided by the property owner. Boundary lines were based on County tax assessor maps.

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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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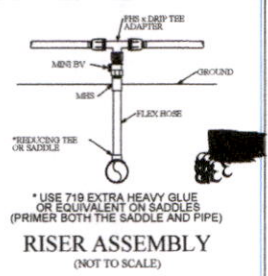
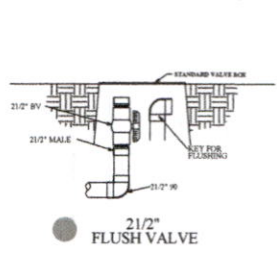
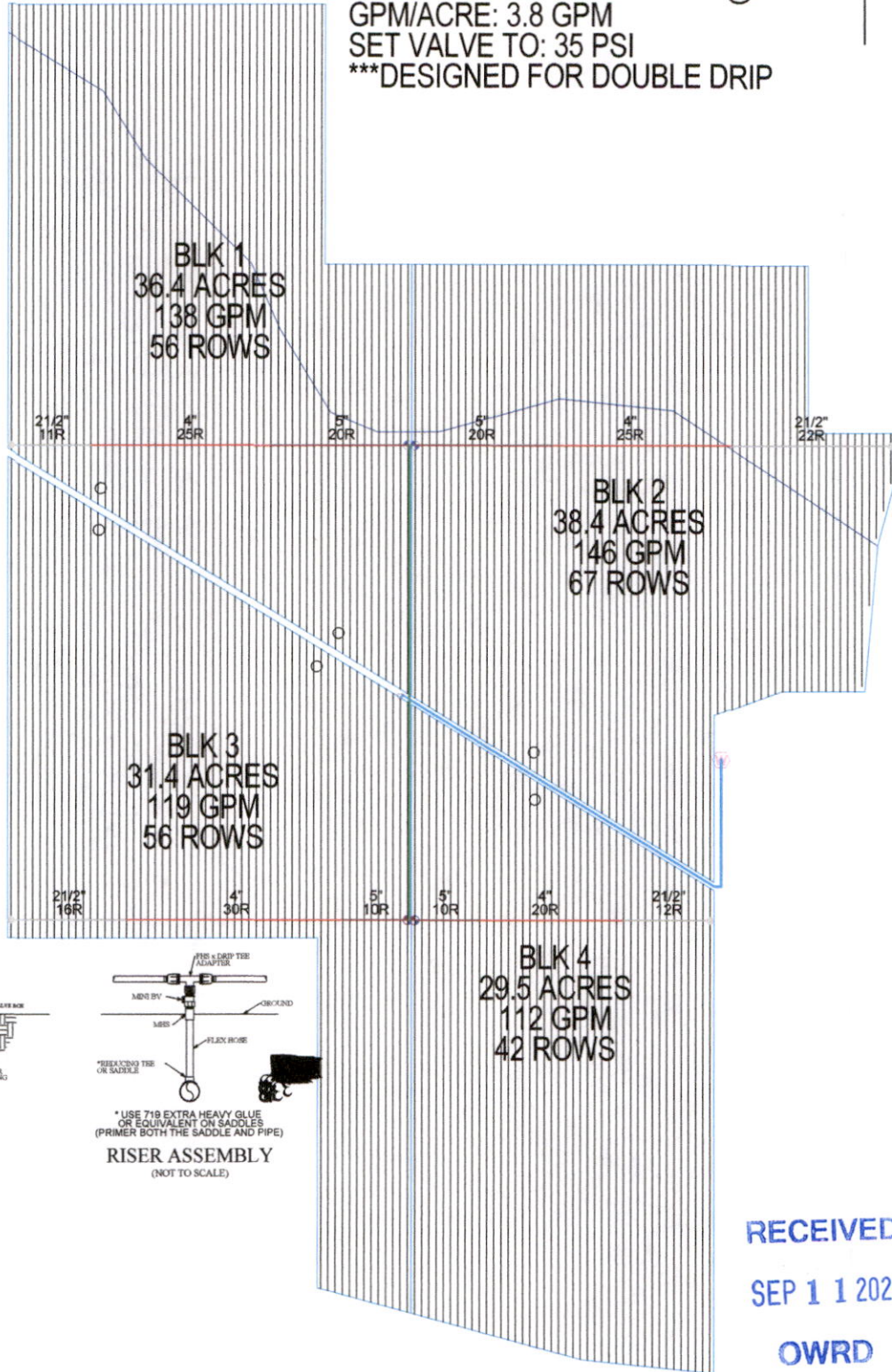
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CROP: HAZELNUTS
 ACRES: +/- 135.7
 SPACING: 10'
 APP. DEVICE: 20MM .26 GPH @30"
 GPM/ACRE: 3.8 GPM
 SET VALVE TO: 35 PSI
 ***DESIGNED FOR DOUBLE DRIP



* USE 718 EXTRA HEAVY GLLIE OR EQUIVALENT ON SADDLES (PRIMER BOTH THE SADDLE AND PIPE)

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- Melamin Uniram 20mm-0.26gph-30"
- 2 1/2" Class 160 IPS SW PVC Pipe
- 4" Class 160 IPS GSK PVC Pipe
- 5" Class 160 IPS GSK PVC Pipe
- 6" Class 160 IPS GSK PVC Pipe
- 8" Class 160 IPS GSK PVC Pipe

- ⚡ 3" ELECTRIC VALVE
- ⚙️ 3" 323 Solenoid Control Valve
- ⚙️ 2" COMBO AIR VENT
- ⚙️ 2 1/2" FLUSH VALVE
- 💧 Water Supply

Clearwater Irrigation Supply

Designer: ANDREY KAYA



Date: 12/2/2019

Scale: 1"=300'

File: THIRD KNIGHT OPEL FARM HAZ

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

WELL I.D. LABEL# L 134780 START CARD # 1045572 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 6074 First Name Jimmy Last Name Lee Company Third Knight Farms Address 34309 Hwy. 34 SE City Albany State OR Zip 97322

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion Alteration (complete 2a & 10) Abandonment (complete 5a) (2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thr

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 240 ft. BORE HOLE Dia From To Material From To Amt sacks/lbs

How was seal placed: Method [] A [] B [X] C [] D [] E 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 Thr Shoe [] Inside [X] Outside [] Other Location of shoe(s) 137 Temp casing [X] Yes Dia 16 From 0 To 44

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

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 61 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 176

(9) LOCATION OF WELL (legal description) County LINN Twp 12 S N/S Range 3 W E/W WM Sec 1 SE 1/4 of the SE 1/4 Tax Lot 1401 Tax Map Number Lot Lat Long [X] Street address of well [] Nearest address 33242 Red Bridge Rd. SE - Albany, OR 97322

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 12-03-2019 11 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 118 SWL Date From To Est Flow SWL(psi) + SWL(ft) 12-03-2019 118 240 1,000 11

(11) WELL LOG Ground Elevation Material From To Gravel fill 0 1.5 Brown clay 1.5 10 Brown cemented gravel RECEIVED 10 78 Black cemented gravel 78 104 Blue clay 104 108 Black cemented gravel DEC 16 2019 108 118 Black gravel & sand 118 190 Blue clay OWRD 190 194 Black sand w/some gravel 194 210 Blue clay 210 213 Black sand w/some gravel 213 240 Do not set pump below 137'. Well not cased may be unstable RECEIVED Jones Drilling Co., Inc. 29400 Santiam Hwy. SEP 11 2023 Lebanon, OR 97355 1-800-915-8388 OWRD Date Started 11-18-2019 Completed 12-03-2019 RECEIVED

(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 1688 1411 Date 12-11-2019 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 1684 Date 12-11-2019 Signed Contact Info (optional) jonesdrilling@hotmail.com



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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Jimmy Lee / Third Knight Farms		PHONE NO.: 503-510-7779	ADDITIONAL CONTACT NO.:
ADDRESS: 33242 Red Bridge Rd SE 34309 OR 34 SE			
CITY: Albany	STATE: OR	ZIP: 97322	E-MAIL: big Jimmy Lee @ yahoo.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Justin Jones	QUALIFICATION: (SELECT)	LICENSE #:
COMPANY: Jones Pump Company	PHONE NO.: 541-367-2560	ADDITIONAL CONTACT NO.: 541-451-2686
ADDRESS: 29400 Santiam Hwy		
CITY: Lebanon	STATE: OR	ZIP: 97355
E-MAIL: jonesdrilling@hotmail.com		

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Ljnh 62970	L- 134780		240		2019	06/30/2020

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473659)	LONGITUDE (EX: -123.02787000)

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- 18719	G- 18232	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 # (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. Approximate distance: _____ ft.
 Well elevation is above the surface water body. Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: _____ ft.
 How far from the pumped well was water discharged? _____ ft.

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

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PUMP TEST FORM

DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 134780			Jimmy Lee	12/03/2019	06/30/2020

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
06/30/20	854		8'3"	0	Pre-test		17.701	acre feet
	915		8'3"	0	Pre-test			
	935		8'3"	0	Pre-test			
	945		8'3"	950			17.701	
	947		59'11"	900				
	949		65'5"	900			17.712	
	951		66'11"	900			17.718	
	953		68'4"	900			17.722	
	955		69'10"	900			17.728	
	1000		72'4"	900			17.742	
	1005		75'4"	900			17.755	
	1010		76'7"	900			17.769	
	1015		77'5"	900			17.783	
	1030		79'3"	900			17.823	
	1045		80'3"	875			17.863	
	1100		81'3"	875			17.904	
	1115		81'11"	875			17.944	
	1130		82'10"	875			17.987	
	1145		83'	875			18.025	
	1200		83'4"	875			18.065	
	1215		83'8"	875			18.105	
	1230		84'	875			18.145	
	1245		84'4"	875			18.188	
	100		84'8"	875			18.225	
	115		85'	875			18.264	
	130		85'1"	875			18.305	
	145		85'2"	875			18.348	
	200		85'5"	875			18.385	
	215		85'6"	875			18.425	
	230		85'8"	875			18.464	
	245		85'10"	875			18.505	
	247		44'6"					RECEIVED
	249		34'7"					
	251		32'					SEP 11 2023
	253		29'4"					
	255		27'6"					OWRD
	300		24'8"					
	305		23'					

LETTER OF TRANSMITTAL

To:
Customer Service
Water Rights Services Division
725 Summer Street NE, Ste A
Salem, OR 97301

Job No: 20-31 B
Project: Lee Holdings LLC –
G 18232 Claim of Beneficial Use
Date: 9/8//2023
From: John McGee
Via: USPS

Copies	Date	Description
1	8/28/2023	Claim of Beneficial Use G-18232
1	8/24/2023	Claim of Beneficial Use Map
1	9/5/2023	\$200 check #15200 for review fee \$230 Fee
1	12/2/2019	Irrigation system supplier map
1	8/15/2023	Well log for Well #1 (L-134780)
1	6/30/2020	Pump test (L-134780)

THESE ITEMS ARE TRANSMITTED AS CHECKED BELOW OR OTHERWISE NOTED

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Rejected | <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Distribution |
| <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Resubmit for Approval | <input type="checkbox"/> For Your Use | <input type="checkbox"/> As Indicated Below |
| <input type="checkbox"/> Returned with Comments | <input type="checkbox"/> As Requested | <input type="checkbox"/> For Review and Comment | |

REMARKS:

cc: Jimmy Lee, via email

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