

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



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

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

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1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18138	G-17662	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Leroy Spurlin		PHONE NO. (541) 936-1742	ADDITIONAL CONTACT No.
ADDRESS 28637 7 Mile Ln.			
CITY Brownsville	STATE OR	ZIP 97327	E-MAIL spurlinwhse@gmail.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 Leroy Spurlin		
ADDRESS 28637 7 Mile Ln.		
CITY Brownsville	STATE OR	ZIP 97327

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**10/2/2023****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Leroy Spurlin	10/2/2023	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		
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 William E. McGill	PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE		
CITY Turner	STATE OR	ZIP 97392
E-MAIL willmcgill.surveying@gmail.com		

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Leroy Spurlin	owner	11/15/2023

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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)
POA 1	LINN 956	L-153401
POA 2	LINN 61557	L-119797

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
POA 1	Calapooia River	
POA 2	Calapooia River	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POA 1	Irrigation	Hazelnuts	May 1 – Sep. 30	0.75 cfs
POA 2	Irrigation	Hazelnuts	May 1 – Sep. 30	0.75 cfs
Total Quantity of Water Used				0.75 cfs

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

Water is pumped from POA 1 and 2 (each with its own 7.5 HP submersible pump) and delivered to the place of use through 3" and 2" buried PVC pipe. Water is applied to the hazelnut trees by one line of drip emitters on each row of trees.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES ☐ NO ☒

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

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA 1	0.75 cfs	0.41 cfs	*	Irrigation	60	60
POA 2	0.75 cfs	0.41 cfs	*	Irrigation	60	60

*System not running at time of site inspection.

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

☒ YES ☐ NO

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

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

POA 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
13S	3W	WM	23	NENE			Irrigation	3.0	
13S	3W	WM	23	NWNE			Irrigation	13.5	
13S	3W	WM	23	SWNE			Irrigation	26.5	
13S	3W	WM	23	SENE			Irrigation	17.0	
Total Acres Irrigated								60.0	

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:

½" vent pipe on S edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached well log LINN 956						

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.

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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
			Submersible		2.5"

3. Motor Information:

MANUFACTURER	HORSEPOWER
	7.5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	50	0'	1.5' avg.	0.41 cfs

5. Provide pump calculations:

$$Q = (7.5 * 7.04) / (127 + 2.5 - 1) = 0.41 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of 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
3"	~2870'	PVC	Buried
2"	~1910'	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)
N/A					

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)
0.62" dia., 0.42 gph, 30" spacing	50	0.007	58,080	11,193	0.175 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)?

YES ☐ NO ☒

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☐ NO ☒

G. Gravity Flow Canal or Ditch

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

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

YES ☐ NO ☒

H. Additional notes or comments related to the system:

The owner thinks the submersible pump in POA 1 is a 7.5 HP. Other than that, he has no information on the pump and motor.

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

POA 2

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
13S	3W	WM	23	NENE			Irrigation	3.0	
13S	3W	WM	23	NWNE			Irrigation	13.5	
13S	3W	WM	23	SWNE			Irrigation	26.5	
13S	3W	WM	23	SENE			Irrigation	17.0	
Total Acres Irrigated								60.0	

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:

1/2" vent pipe on E edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See attached well log LINN 61557.

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

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YES ☒ NO

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D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

☒ YES ☐ NO

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin Pump	100FA756PESS		Submersible		3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	7.5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	50	0'	3' avg.	0.41

5. Provide pump calculations:

$$Q = (7.5 * 7.04) / (127 + 4 - 1) = 0.41 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of 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
3"	~2870'	PVC	Buried
2"	~1910'	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)
N/A					

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)
0.62" dia., 0.42 gph, 30" spacing	50	0.007	58,080	11,193	0.175 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)?

YES ☐ 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?

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:

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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	10/18/2016		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	10/18/2021	June 2016	Permit issued on existing system.
COMPLETE APPLICATION OF WATER (C)	10/18/2021	July 2016	Finished irrigating entire place of use.

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

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

YES ☐ NO ☒

3. Initial Water Level Measurements:

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

YES ☒ NO ☐

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

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

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March

c. Was the measurement submitted to the Department?

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YES ☒ NO ☐

The initial water level measurements are the dates POA 1 and POA 2 were drilled.

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, 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 ☐

Except for 2022 which the measurement was completed in April.

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
Note: Some measurements were submitted electronically, but are not showing in WRIS.			

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
POA 1	Netafim	15- 5050021 01	Working	9,201,442	May 2015
POA 2	Netafim	15- 8008385 8	Working	19,939,270	May 2016

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
POA 1: L-153401	10/2/2023
POA 2: L-119797	2/10/2016

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):

Restore disturbed riparian areas: *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 (x2)	LINN 956 and LINN 61557
Photos (x11)	Taken during 10/2/2023 site inspection.
Annual Water Use Reports	Reports for water use data backfilled for years 2017-2022

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.

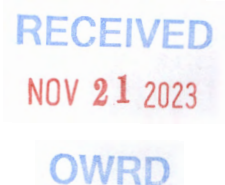
Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 9/27/2022

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



The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

(Do not write above this line)

State Well No. L-153401

AUG 18 1976

State Permit No.

135/3W23

(1) OWNER:

Name William Spurlin
Address Rt. 1, Brownsville, Ore. 97327

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☒
8" Diam. from +07" ft. to 117 ft. Gage 17#
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? ☐ Yes ☒ No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Self

Yield: 50 gal./min. with 150 ft. drawdown after 4 hrs.

Ballor test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 12 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal sacks

Number of sacks of bentonite used in well seal 2 sacks

Brand name of bentonite Volclay

Number of pounds of bentonite per 100 gallons
of water lbs./100 gals.

Was a drive shoe used? ☒ Yes ☐ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Linn Driller's well number

1/4 Section 23 T. 13S R. 3W W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 95 ft.

Static level 4'06" ft. below land surface. Date 8-4-76

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 8"

Depth drilled 175 ft. Depth of completed well 175 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	3	
Brown Clay	3	10	
Grey Clay	10	15	
Br. Clay & Grav	15	24	
Blue Clay & Grav	24	27	
Blue Clay	27	30	
Brown Clay	30	55	
Blue Clay	55	64	
Redish Br. Clay	64	70	
Dark Br. Clay	70	75	
Lt Grey Clay	75	80	
Dark Br Clay	80	83	
Redish Brown Clay	83	95	
Conglomerate	95	110	
Dark Grey Sandstone	110	126	
Lt Blue Sandstone	126	135	
Soft Lt Blue Sandstone	135	140	
Hard Grey Sandstone & Rock	140	156	
Soft Dk Br Shale	156	159	
Soft Grey Shale	159	175	

Work started 7-28 1976 Completed 8-4 1976

Date well drilling machine moved off of well 8-4 1976

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Merle Warren Date 8-6, 1976
(Drilling Machine Operator)

Drilling Machine Operator's License No. 436

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name Merle Warren Well Drilling
(Person, firm or corporation) (Type or print)

Address Rt. 1, Box 84, Tangent, Ore. 97389

[Signed] Merle Warren
(Water Well Contractor)

Contractor's License No. 182 Date 19

(1) LAND OWNER
First Name LEROY Last Name SPURLIN
Company _____
Address 28637 SEVEN MILE LANE
City BROWNSVILLE State ORE Zip 97327
(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ 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 ☐ 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 160 ft.
BORE HOLE SEAL
Dia. From To Material From To Amt sacks/lbs
12 0 35 BENTONITE 0 35 21 SUS
Calculated 20 SUS
UNDER-BEAMEN CEMENT 69 76 2 SUS
Calculated 2 SUS
8" 35 160

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Double Dry PREMIER
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
☒ ☐ 8" + 1 76 1250 ☒ ☐ ☒ ☐
☐ ☒ 6" - 2 160 5440 ☐ ☒ ☒ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 76'
Temp casing ☐ Yes Dia. _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type SLOT Material Plastic
Perf/S Casing/ Screen Dia. From To Scrn/slot Slot # of Tel/
green Liner Dia. From To width length slots pipe size
X 6" -2 160 1/8" 6" 320

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
90+ 140 1 Hr.

Temperature 54° RECEIVED DRY QWRD
Water quality concerns? ☐ Yes (describe below) TDS amount 142
From To Description Amount Units
MAR 14 2016

(9) LOCATION OF WELL (legal description)
County LINN Twp 13 N/S Range 3 E/W WM
Sec 23 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

SAME

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 2-9-16 6'
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 98'
SWL Date From To Est Flow SWL(psi) + SWL(ft)
2-9-16 98 140 90+ 6'

(11) WELL LOG
Ground Elevation _____
Material From To
TOPSOIL 0 1
CLAY - BROWN - DARK 1 8
CLAY - BROWN - LIGHT 8 12
CLAY - LT GRAY 12 14
CLAY - BROWN w/ SOME GRAVEL 14 30
CLAY - GRAY 30 40
CLAY - BROWN 40 48
CLAY - GRAY 48 51
CLAY - REDDISH BROWN 51 61
SANDSTONE - RED BROWN 61 72
SANDSTONE - LT BLUE 72 76
SANDSTONE - MILKED 76 87
SANDSTONE - DK - BLUE 87 92
SANDSTONE - BLUE 92 112
SANDSTONE - LT - BLUE 112 141
SANDSTONE - BLUE/GRAY - HARD 141 147
SANDSTONE - BLUE/GRAY w/ GRAVEL 147 160

Date Started 2-8-16 Completed 2-10-16

(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 1974 Date 2-15-16
Signed C.J. NUGENT

(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 0664 Date 2-15-16
Signed Chad D. Hunt
Contact Info (optional) _____

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Spurline 10/2/23 - Well 1

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Spurline 10/2/23 - Well 1 Tag

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Spurlin 10/2/23 - Driso line

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NETAFIM TM

ID	W.T	Flow Rate	Spacing	Length
15.7 mm	1.14 mm	1.60L/H	.76 m	305 m
0.620 IN	0.045 IN	0.42GPH	30.00 IN	1000 FT

DRIPNET
PC 620 045

Regulated

17596-000009

0.42GPH
30.00 IN
1000 FT

Order 755466/17

Spurlin 10/2/23 - Drip emitter tag

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Spurline 10/2/23 - Hazelnuts

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... OFF ALL POWER LINES TO THE PUMP, EVEN
THOUGH THE PUMP STOPS WHEN THE SWITCHES ARE OFF.
TO AVOID SERIOUS OR FATAL SHOCK, SWITCH OFF POWER
TO THIS BOX AT THE FUSE OR CIRCUIT BREAKER PANEL
BEFORE WORKING ON OR AROUND THE BOX, PIPES,
CABLE, PUMP OR MOTOR. DO NOT USE OR TOUCH THIS
BOX, PIPES, CABLE, PUMP OR MOTOR UNLESS ALL
METAL PARTS HAVE BEEN PROPERLY GROUNDED
ACCORDING TO APPLICABLE CODES.



Franklin Electric
Bluffton, Indiana 46714

155661101 REV. 8

MOTOR & CONTROL BY

Franklin Electric



US LISTED 34CL REUZ7

MODEL 2822019310 INDOOR/OUTDOOR USE (ENCL. 3)

HP 7.5 VOLT 230 S.F. MAX AMP 42.1

BOTH OVERLOADS MUST BE  RESET FOR MOTOR TO START

Spurlin 10/2/23

- Motor info for well 2

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Spartan

10/2/23

-

Flow
meter
for just
orchard 1

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Spartan

10/2/23

—
Flow
meter @
Well 2

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I have attached a copy of the revised bid without any extra valves or fitting
free to call me if you have any questions.

Thank You,
Jason / Star Water Systems, Inc.
541-451-3298



CONSUMER INFO.pdf

STAR WATER SYSTEMS, INC.

250 Market St.
Lebanon, OR 97355
ph: 541-451-3298 fax: 541-250-3297
e-mail: starwater@peak.org

" Proposal "

Submitted To: LEROY SPURLIN Date: 2-17-16
Address: 28637 7 MILE LANE Phone #: 541-936-1742
City, State, Zip: BROWNSVILLE, OR 97327 Cell #:
Job Name & Location: NEW WELL NEXT TO DRIVEWAY E-mail: leroy.spurlin@yahoo.com

We hereby submit specifications and estimates, subject to terms and conditions as set

INSTALL PUMP TO TOP OF WELL. PLUG 3" TEE AND CAP OFF WIRE FOR ELECTRICIAN
SAVE DELUX CONTROL BOX WITH CUSTOMER.

- 100FA7S6PE SS FRANKLIN PUMP
- 7.5hp 1ph. 230v 60hz 3w 6" MOTOR
- 7.5 DLX CONTROL BOX
- 30' - 4-3 W/G BLACK FLAT JACKET SUB. CABLE
- 3" FLOMATIC CHECK VALVE
- 8"X3" WELL SEAL & VENT
- 3" GALV. TEE
- 3" GALV. PLUGS
- LABOR PKG.

*USING CUSTOMERS 3" GALV. PIPE (pipe must be next to well head day before install)

*OPTION : 90gpm TURBINE WET END (ADD \$1000.00 TO PROPOSAL)

We hereby PROPOSE to furnish materials and labor - complete in accordance with above specifications for the sum of:

Spurlin
10/2/23

pump
info for
Well 2

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Spurline 10/2/23 - Well 2 site

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Spurlin 10/2/23 - Well 2 tag

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Facility Water Use Report

LINN 61557/L-119797

Report ID: 67747

POA 2;
75 FEET NORTH AND 700 FEET EAST FROM C1/4 CORNER, SECTION 23
13S-3W-23-SW NE;
Permit: G 17662 *

LEROY SPURLIN
28637 7 MILE LANE
BROWNSVILLE, OR 97327

Records per Page: 10 [View All](#)

Water Year	Reporter Name	Type of Measurement	Unit	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Irrigated Acres
2022	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	134206.0	268413.0	1207856.0	1073650.0	0.0	60.0
2021	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	134206.0	268413.0	1207856.0	1073650.0	0.0	60.0
2020	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	134206.0	268413.0	1207856.0	1073650.0	0.0	60.0
2019	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	134206.0	268413.0	1073650.0	1073650.0	134206.0	
2018	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	134206.0	268413.0	1073650.0	1073650.0	134206.0	60.0
2017	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	76700.0	153400.0	613600.0	613600.0	76700.0	30.0

Type(s) of Measurement:

FMT

Flowmeter (recording monthly readings and then reporting the difference between one month's reading and the next)

Unit(s) of Measurement:

G

Gallons

If corrections are needed, send a message to: owrd.waterusereporting@water.oregon.gov or call 971-341-7489.

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Facility Water Use Report

LINN 956
Report ID: 67746

POA 1 (LINN 956);
 75 FEET NORTH AND 1000 FEET EAST FROM C1/4 CORNER, SECTION 23
 13S-3W-23-SW NE;
 Permit: G 17662 *

LEROY SPURLIN
 28637 7 MILE LANE
 BROWNSVILLE, OR 97327

Records per Page: [View All](#)

Water Year	Reporter Name	Type of Measurement	Unit	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Irrigated Acres
2022	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2021	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2020	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2019	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2018	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2017	Grant McGill	FMT	G	0.0	0.0	0.0	0.0	0.0	0.0	0.0	57506.0	115013.0	460050.0	460050.0	57506.0	30.0

Type(s) of Measurement:

FMT Flowmeter (recording monthly readings and then reporting the difference between one month's reading and the next)

Unit(s) of Measurement:

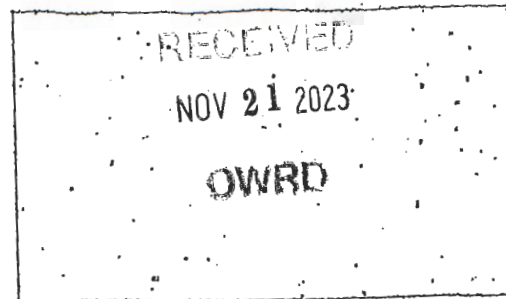
G Gallons

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Leroy Spurlin

28367 7 mile Ln, Brownsville OR 97327

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check

Check No. 2211

Name(s) on Check: Will McGill Surveying

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Cora Lowman

(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. Discard the other copy of the Submission Receipt with check/cash.