

# 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-15927</b>	<b>G-15521</b>	<b>T-</b>

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

APPLICANT/BUSINESS NAME <b>TJY Properties, LLC</b>		775-580-4716	ADDITIONAL CONTACT NO. <b>805-490-7360</b>
ADDRESS <b>13372 Crest Valley Dr</b>			
CITY <b>Reno</b>	STATE <b>NV</b>	ZIP <b>89511</b>	TJYTRUST.CZ@OUTLOOK.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 <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>10/18/2023</b>
-------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Lori Schryver</b>	<b>10/18/2023</b>	<b>Manager</b>

**6. County:**

<b>Wasco</b>
--------------

**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>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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





CWRE NAME <b>Scott D Montgomery</b>		PHONE NO. <b>541-548-5833</b>	ADDITIONAL CONTACT NO. <b>541-420-0401</b>
ADDRESS <b>PO Box 767</b>			
CITY <b>Terrebonne</b>	STATE <b>OR</b>	ZIP <b>97760</b>	E-MAIL <b>scott@apeands.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>Cheryl Zeller</i>	Cheryl Zeller	Trustee	11/13/2023

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**SECTION 3**

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**CLAIM DESCRIPTION**

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**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)
#1	WASC 3889	
#2	WASC 3890/3891/3892	

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
#1	Antelope Creek Basin	Deschutes
#2	Antelope Creek Basin	Deschutes

**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)
#1	IR	Hay	Apr 1 – to Oct 31	1.00 cfs
#2	IR	Pasure Grass	Apr 1 – to Oct 31	325 gpm
<b>Total Quantity of Water Used</b>				<b>1.72 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 authorized wells & conveyed by buried conduit to sprinklers that irrigate the place of use.**

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 164.1 acres of irrigation. The water user only developed \_88.1\_ 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
#1	2.0 cfs	1.00 cfs		IR	164.1	45.3
#2	2.0 cfs	0.81 cfs	325 gpm	IR	164.1	42.8



**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

#1 (WASC 3889)

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**A. Place of Use**

1. Is the right for municipal use?

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
8S	16E	WM	20	SE NE			IR	1.3	
8S	16E	WM	20	NE SE			IR	32.0	
8S	16E	WM	20	NW SE			IR	1.5	
8S	16E	WM	20	SE SE			IR	10.5	
<b>Total Acres Irrigated</b>								<b>45.3</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

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

Remove well head

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 well log						

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

**C. Groundwater Source Information (Sump)**

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

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. **RECEIVED**

1. Is a pump used?

YES **NOV 27 2023**

2. Pump Information:

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MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unk	Unk	Unk	Submersible	8"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unk	30

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)
30	40	100'	10'	1.00

5. Provide pump calculations:

$$Q = 7.04 \text{ ft}^4/\text{sec}/\text{hp} \times \text{hp} = (7.04)(30) = 1.00 \text{ cfs}$$

Total head, ft                      211.6

$$\text{Total head} = 101.6' + 100' + 10' = 211.6'$$

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)
Not running			

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1450 LF	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	600 LF	Poly Flex	Above Ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	40	6.4	14	14	0.2
1/2"	30	50	1	1	0.1

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



**11. Drip Emmitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

**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
NA					

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	720 LF	30	450	1.00

**E. Storage**

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

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?

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?

NO

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

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

#2

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**A. Place of Use**

1. Is the right for municipal use?

**NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
8S	16E	WM	20	SE SE			IR	20.2	
8S	16E	WM	29	NE NE			IR	22.6	
<b>Total Acres Irrigated</b>								<b>42.8</b>	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots

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

1. Is the appropriation from a well?

**YES**

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

3/4" hole in top of well head

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 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)?

**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**

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unk	Unk	Unk	Submersible	10"	6"

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**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Unk	30

**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)
30	40	100'	60'	0.81

**5. Provide pump calculations:**

$Q = 7.04 \text{ ft}^4/\text{sec}/\text{hp} \times \text{hp} = (7.04)(30) = 0.81 \text{ cfs}$   
 Total head, ft                      261.4  
 Total head = 101.4' + 100' + 60' = 261.4'

**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)
9.367AF	9.370 AF	3:05 min	325 gpm

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

**7. Is the distribution system piped?**

YES

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"			

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"		Aluminum	Above Ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	40	6.4	65	65	0.93

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)
NA					

**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
NA					

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**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

**E. Storage**

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? 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? 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? 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	<b>11/20/2003</b>		
BEGIN CONSTRUCTION (A)	<b>NA</b>	<b>NA</b>	<b>NA</b>
COMPLETE CONSTRUCTION (B)	<b>NA</b>	<b>NA</b>	<b>NA</b>
COMPLETE APPLICATION OF WATER (C)	<b>10/1/2018</b>	<b>12/31/2016</b>	<b>IRR system constructed &amp; water use reported</b>

\* 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**
- a. Did the Extension Final Order require the submittal of Progress Reports? **YES**
- b. Were the Progress Reports submitted? **YES**

*If the reports have not been submitted, attach a copy of the reports if available.*

### 3. Initial Water Level Measurements:

- a. Was the water user required to submit an initial static water level measurement? **NO**

### 4. Annual Static Water Level Measurements:

- a. Was the water user required to submit annual static water level measurements? **NO**

### 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>

- b. Has the pump test been previously submitted to the Department? **NO**
- c. Is the pump test attached to this claim? **YES**
- d. Has the pump test been approved by the Department? **NO**

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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**

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
#1	McCrometer	15-03349-06	Not running	719.414 AF	Fall 2015
#2	McCrometer	23-01691-05	Running	9.465 AF	*Summer 2023 *replacement meter

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department? **YES**

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? **NO**

WELL ID #	DATE ATTACHED TO WELL

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):

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	WASC3889, 3890, 3891 & 3892
Aerial imagery	USDA/FSA 2014 & 2022 imagery
Site photos	Time & location stamped pics of site

**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.

**The irrigation system was tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Point data was imported into Trimble Pathfinder software and converted to statewide Lambert Projection and overlaid by USDA/FSA aerial imagery for comparison and to verify accuracy.**

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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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**Owner Information:**

OWNER NAME/BUSINESS NAME: TJY Properties LLC		PHONE No.: 805-272-5510	ADDITIONAL CONTACT No.: 805-90-7360
ADDRESS: 13372 Crest Valley Dr			
CITY: Reno	STATE: NV	ZIP: 89511	E-MAIL: tjyproperties@gmail.com

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

TEST CONDUCTED BY NAME: Scott D Montgomery	QUALIFICATION: (SELECT) CWRE	LICENSE #: 51324
COMPANY: All Points Engr & Surveying, Inc	PHONE No.: 541-548-5833	ADDITIONAL CONTACT No.: 541-420-0401
ADDRESS: PO Box 767		
CITY: Terrebonne	STATE: OR	ZIP: 97760
E-MAIL: scott@apeands.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
WASC 3890/3891/3	L-	#2	350	Emmitt Ashley	6/2/1971	10/18/2023

(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: 44.94473859)	LONGITUDE (EX: -123.02787000)
8S	16E	20	SE SE	820' N & 360' W from SE cor, Sec 20	44.85374000	-120.8300900015927

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- 15927	G- 15521	T-		<input checked="" type="radio"/> Yes <input 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 ¼ mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.

Well elevation is  above the surface water body. Approximate distance: \_\_\_\_\_ ft.

Approximate elevation difference: \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Out of mainline risers

How far from the pumped well was water discharged? 100' - 250' ft.





**Water-Level Measurement Method:** Electric Tape  
 Length of air line (if used): \_\_\_\_\_  
 \*Airline measurements must be verified by an E-Tape measurement  
 Pressure transducer (if used):

\*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
 E-Tape: \_\_\_\_\_ feet.

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Pump Type:** Submersible  
 HP: 30 Pump set at: 100 feet.  
 Pump idle time: 2 - 3 weeks

**Discharge Measurement Method:** Flowmeter  
 Flowmeter (if used):  
 Manufacturer: McCrometer Serial #: 23-01691-05  
 Date Last Calibrated: New meter Units: Acre-Ft

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

**Measuring Point (MP):** Measuring point distance above land surface 1 feet.  
 Description (e.g., top port of 1 inch port pipe, west side) 3/4" hole in top of well head

**Time pump turned on:** Date 10/18/2023 Time 9:55  
**Time pump turned off:** Date 10/18/2023 Time 13:55  
 Total pumping time: 4 hours 0 minutes.

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

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

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

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

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

[https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID\\_OARD=1BdwLynsYAPNSQIW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSS!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2_ROSS!-277278532?selectedDivision=3186)

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

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

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

OPERATOR SIGNATURE: [Signature] DATE: 10/19/2023

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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WELL LOG # (EX: MAR1-99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
WASC 3890/3891/3892	L-	#2	350'	Emmitt Ashley	6/2/1971	10/18/2023

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, <u>gpm</u> )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/18/2023	8:55	-60	48.7	0	Pre-test			
	9:15	-40	48.7	0	Pre-test			
	9:35	-20	48.7	0	Pre-test			
	9:55	0	48.7	325	Pumping		9.225 AF	Pump turned on
	9:57	2	69.0					
	9:59	4	69.8					
	10:01	6	69.8					
	10:03	8	69.8					
	10:05	10	69.8					
	10:10	15	69.7					
	10:15	20	69.7					
	10:20	25	69.8					
	10:25	30	69.9					
	10:40	45	69.8					
	10:55	60	69.6	337			9.287 AF	
	11:10	75	69.6					
	11:25	90	69.8					
	11:40	105	69.7					
	11:55	120	69.8	320			9.346 AF	
	12:10	135	69.8					
	12:25	150	69.8					
	12:40	165	69.7					
	12:55	180	69.7	325			9.406 AF	
	13:10	195	69.8					
	13:25	210	69.7					
	13:40	225	69.7					
	13:55	240	69.7	320	Recovery		9.465 AF	Pump turned off
	13:57	0	69.7					
	13:59	2	51.7					
	14:01	4	49.3					90% recovery
	14:03	6	49.2					
	14:05	8	49.2					
	14:10	10	49.1					

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NOTICE TO WATER WELL CONTRACTOR

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.

**RECEIVED**  
 WATER WELL REPORT  
 STATE OF OREGON  
 SEP 29 1970  
**RECEIVED**  
 OCT 6 1970  
 STATE ENGINEER  
 SALEM, OREGON

State Well No. 8/16-20 ad  
 State Permit No. G5619 well #2

(1) OWNER:

Name F. ASHLEY  
 Address ANTALOPE, ORE. 003891

(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   
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
 " 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 F. ASHLEY  
 Yield: 550 gal./min. with 18 ft. drawdown after 1 hrs.  
 " " " " " "  
 " " " " " "  
 Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Artesian flow \_\_\_\_\_ g.p.m.  
 Temperature of water 58 Depth artesian flow encountered \_\_\_\_\_ ft.

(9) CONSTRUCTION:

Well seal—Material used \_\_\_\_\_  
 Well sealed from land surface to \_\_\_\_\_ ft.  
 Diameter of well bore to bottom of seal \_\_\_\_\_ in.  
 Diameter of well bore below seal \_\_\_\_\_ in.  
 Number of sacks of cement used in well seal \_\_\_\_\_ sacks  
 Number of sacks of bentonite used in well seal \_\_\_\_\_ sacks  
 Brand name of bentonite \_\_\_\_\_  
 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 \_\_\_\_\_ Driller's well number \_\_\_\_\_  
S.E. 1/4 NE 1/4 Section 20 T. 8 S R. 16 E.W.M.  
 Bearing and distance from section or subdivision corner \_\_\_\_\_

(11) WATER LEVEL: Completed well.

Depth at which water was first found \_\_\_\_\_ ft.  
 Static level 0 ft. below land surface. Date SEPT 14/70  
 Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

(12) WELL LOG:

Diameter of well below casing 8 in  
 Depth drilled 350 ft. Depth of completed well 350 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
BLUE-GREEN SHALE	200	207	2
HARD GREY CLAY	207	232	
" BLUE "	232	247	
" " " WITH SAND AND GRAVEL	247	301	
GREY CLAY WITH SAND	301	334	0
GREY LAVA	334	350	

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Work started AUG 26 1970 Completed SEPT 14 1970

Date well drilling machine moved off of well SEPT 15 1970

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] Lawrence Kowaleski Date SEPT 27, 1970  
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 1

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 LAWRENCE KOWALESKI  
 (Person, firm or corporation) (Type or print)

Address 741-4th MADRAS ORE

[Signed] Lawrence Kowaleski  
 (Water Well Contractor)

Contractor's License No. 209 Date SEPT 27, 1970



NOTICE TO WATER WELL CONTRACTOR

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

**RECEIVED**  
STATE ENGINEER WATER WELL REPORT  
JUN 15 1971 STATE OF OREGON  
SALEM, OREGON

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

State Well No. 8/16-20 da

State Permit No. \_\_\_\_\_  
well #2

G5019  
WASCO

**WASCO**

(1) OWNER:  
Name E. ASHLEY  
Address ANTALOPE, ORE. 003892

(10) LOCATION OF WELL:  
County \_\_\_\_\_ Driller's well number \_\_\_\_\_  
S.E. 1/4 N.E. 1/4 Section 20 T. 8 S R. 16 E W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

(2) TYPE OF WORK (check):  
New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):  
Rotary  Driven  Domestic  Industrial  Municipal   
Cable  Jetted  Irrigation  Test Well  Other   
Dug  Bored

(11) WATER LEVEL: Completed well.  
Depth at which water was first found \_\_\_\_\_ ft.  
Static level 0 ft. below land surface. Date JUNE 2, 1971  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

CASING INSTALLED: Threaded  Welded   
10" Diam. from 0 ft. to 50 ft. Gage 250 wall  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

(12) WELL LOG: Diameter of well below casing 8 ft.  
Depth drilled \_\_\_\_\_ ft. Depth of completed well \_\_\_\_\_ 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.

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.

MATERIAL	From	To	SWL
<u>JOB CONSISTED OF:</u>			
<u>PULLING 42' 8" CASING</u>			
<u>AND INSTALLING 50' 10" CASING.</u>			

(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?  
Yield: gal./min. with ft. drawdown after hrs.  
" " " " " "  
" " " " " "  
Bailer 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 CEMENT  
Well sealed from land surface to 20 ft.  
Diameter of well bore to bottom of seal 14 in.  
Diameter of well bore below seal 12 in.  
Number of sacks of cement used in well seal 8 1/2 sacks  
Number of sacks of bentonite used in well seal \_\_\_\_\_ sacks  
Brand name of bentonite \_\_\_\_\_  
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.

Work started MAY 28 1971 Completed JUNE 2 1971  
Date well drilling machine moved off of well JUNE 2 1971

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] Laurence Kowaleski Date JUNE 13, 1971  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 1

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 LAWRENCE KOWALESKI  
(Person, firm or corporation) (Type or print)  
Address 741-4 MADRAS ORE  
[Signed] Laurence Kowaleski  
(Water Well Contractor)  
Contractor's License No. 209 Date JUNE 13, 1971

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10:40 18-10-2023

Lat: 44° 51' 34.97" N Lon: 120° 49' 47.12" W



44° 51' 31.93" N

120° 49' 47.08" W

2210'

+/- 1.8'

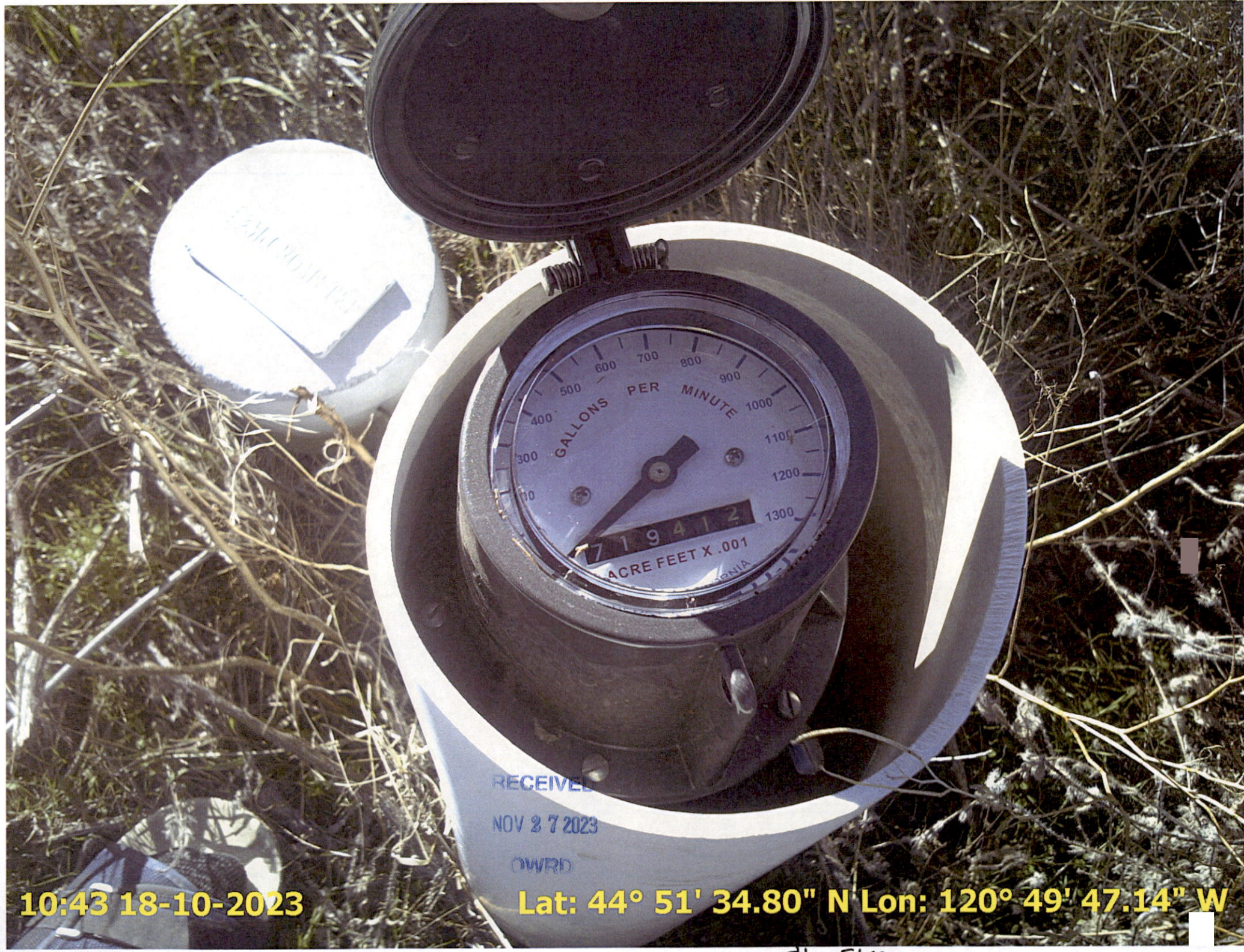
RECEIVED

NOV 27 2023

OWRD

511100





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NOV 27 2023

OWRD

10:43 18-10-2023

Lat: 44° 51' 34.80" N Lon: 120° 49' 47.14" W





44°51'34.80"N  
120°49'47.09"W  
2215'  
10' S

+/- 2.4'

RECEIVED  
NOV 27 2023  
OWRD





RECEIVED  
NOV 27 2023  
OWRD

10:14 18-10-2023

Lat: 44° 51' 18.40" N Lon: 120° 49' 48.57" W



44°51'13.35" N  
120°49'48.37" W

2249'

+/- 1.5'

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OWRD





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NOV 27 2023

AWRD

23-01

009349  
ACRE FEET

11:42 18-10-2023

Lat: 44° 51' 13.30" N Lon: 120° 49' 48.52" W

11/18/23



44° 51' 13.<sup>4</sup>3" N  
120° 49' 48.<sup>39</sup>3" W

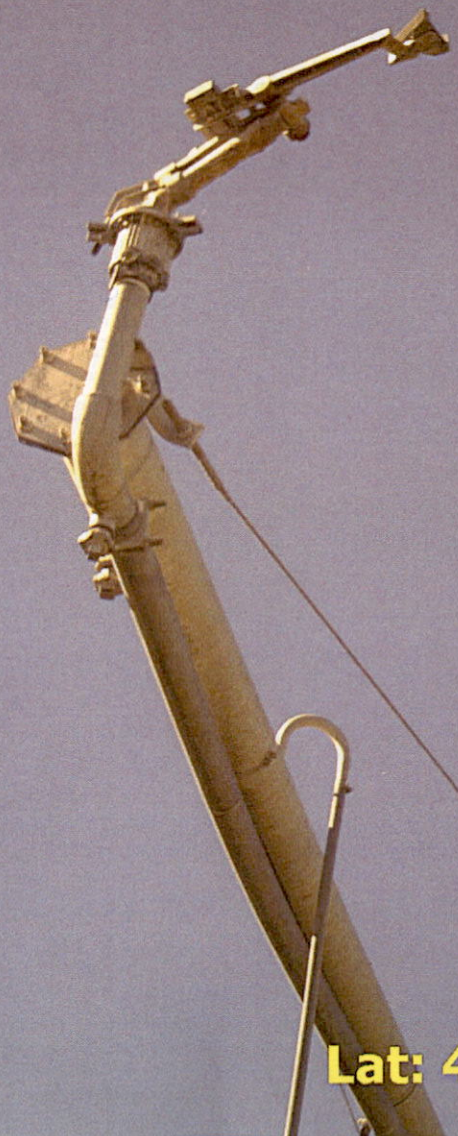
2261'

71-~~14~~'  
16

7' W

RECEIVED  
NOV 27 2023  
OWRD





RECEIVED

NOV 27 2023

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11:05 18-10-2023

Lat: 44° 51' 24.16" N Lon: 120° 49' 43.17" W



44° 51' 24.13" N

120° 49' 43.2" W

2226'

+/- 1.3'

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11:08 18-10-2023

Lat: 44° 51' 21.44" N Lon: 120° 49' 51.65" W



44°51'21.46"N  
120°49'51.64"W

2238'

+/-1.3'

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10:53 18-10-2023

Lat: 44° 51' 29.21" N Lon: 120° 49' 52.86" W

PAI WARD KLINE



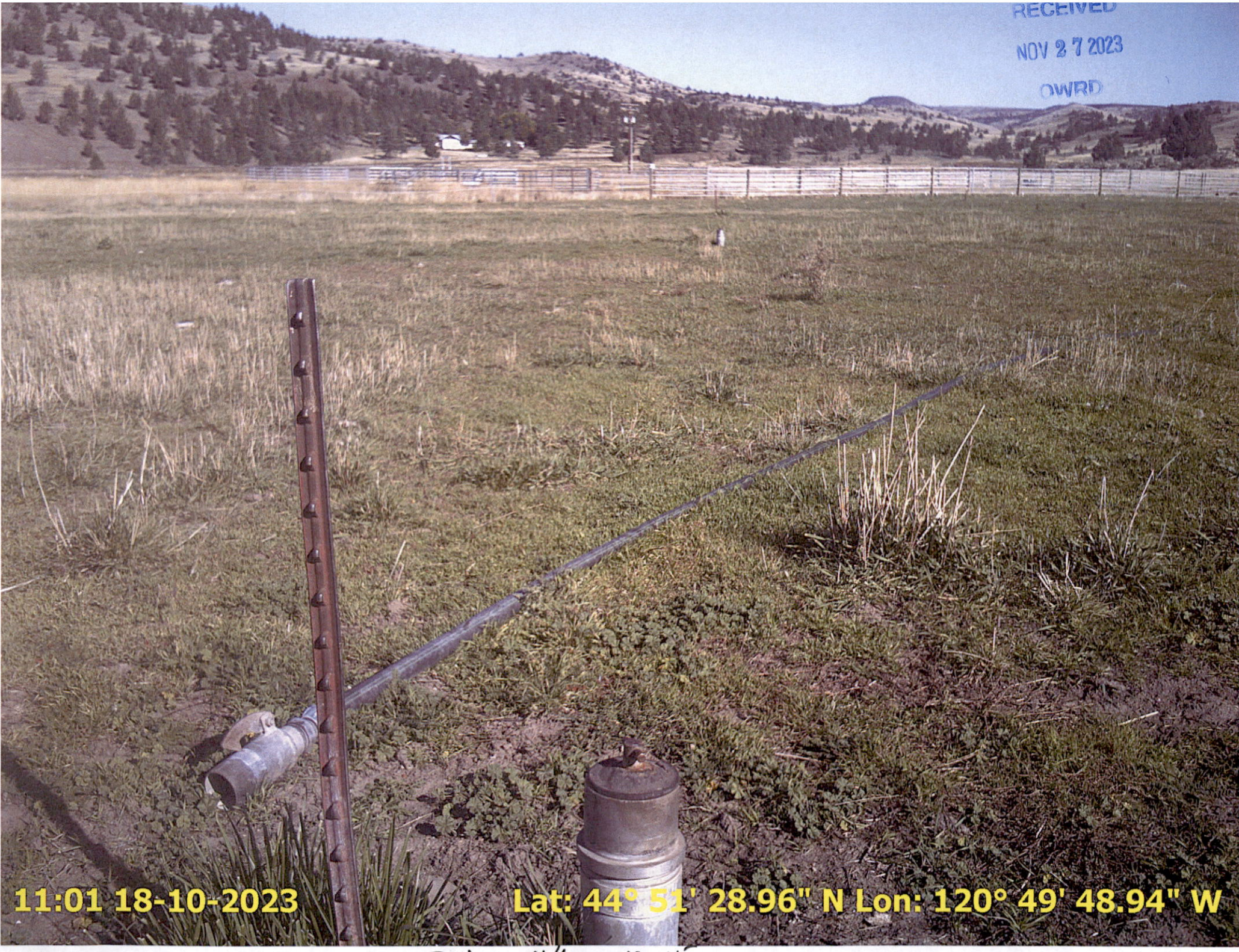
44°51'29.20"N  
120°49'52.61"W  
2212'

X1-1.7'

RECEIVED  
NOV 27 2023  
OWRD



RECEIVED  
NOV 27 2023  
OWRD



11:01 18-10-2023

Lat: 44° 51' 28.96" N Lon: 120° 49' 48.94" W



44°51'29.00" N  
120°49'48.86" W

ZZY

+/-4.7'

RECEIVED

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RECEIVED

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OWRE

11:02 18-10-2023

Lat: 44° 51' 28.22" N Lon: 120° 49' 45.35" W



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40.5' 28.22" N  
120° 49' 45.35" W  
222'  
H-1.3'



RECEIVED

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OWRD

11:12 18-10-2023

Lat: 44° 51' 14.6" N Lon: 120° 50' 0.33" W



44°51'14.11"N  
120°50'00.30"W

2253'

+/-0.7'

RECEIVED

NOV 27 2023

OWRD

101 3 454



RECEIVED

NOV 27 2023

OWRD

11:17 18-10-2023

Lat: 44° 51' 12.38" N Lon: 120° 50' 0.23" W



RECEIVED  
NOV 27 2023  
OWRD

+1-6.7'

2256'

120°50'00.14" W

44°51'12.40" N



RECEIVED

NOV 27 2023

OWRD

11:26 18-10-2023

Lat: 44° 50' 59.57" N Lon: 120° 50' 0.1" W



44°50'59.6"N  
120°49'59.94"W

2310'

+/- 1.1'

RECEIVED

NOV 27 2023

OWRD



RECEIVED  
NOV 27 2023  
OWRD

11:31 18-10-2023

Lat: 44° 51' 0.9" N Lon: 120° 49' 42.34" W



44°51'00.10" N  
120°49'42.31" W

2276'

+1-2.3'

RECEIVED

NOV 27 2023

OWRD



RECEIVED

NOV 27 2023

OWRD



11:37 18-10-2023

Lat: 44° 51' 12.84" N Lon: 120° 49' 42.28" W

Ball hole EAST W 11



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NOV 27 2023  
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H-5.2'

251'

120° 49' 42.19" W

44° 51' 27.0" N



T 8S, R 16E, W.M.

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AERIAL IMAGERY FROM JUNE 2022 FSA/USDA DATA





**ALL POINTS**  
**ENGINEERING & SURVEYING, INC.**  
P.O. Box 767 (CRR)  
Terrebonne, Oregon 97760

**TRANSMITTAL**

To: Oregon Water Resources Dept  
725 Summer St NE, Suite A  
Salem, OR 97301-1266

Date: 11/21/2023  
Attention: Certificates  
RE: COBU G-15521

Prints  Plans  Plat  Specifications.

Attached is a COBU for G-15521 for TJY Properties, LLC..

If you have any questions please don't hesitate to call or email me.

Copies	No.	Description
1	1	COBU (14 pages letter bond)
1	2	COBU Map ( 1 page mylar))
1	3	Pump Test (4 pages letter bond)
1	4	Well logs (4 pages letter bond)
1	5	Site photos (14 pages letter bond)
1	6	Aerial imagery (1 page letter bond)
1	7	Check for \$230

Signed: \_\_\_\_\_

A handwritten signature in cursive script, appearing to read 'Denise Montz', written over a horizontal line.

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