

**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 \$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**

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18710	G-18212	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME 5 Gen Farms		PHONE NO. (541) 619-1856	ADDITIONAL CONTACT NO.
ADDRESS 33325 Seven Mile Ln. SE			
CITY Albany	STATE OR	ZIP 97322	E-MAIL ryegrassman@me.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 5 Gen Farms			
ADDRESS 33325 Seven Mile Ln. SE			
CITY Albany	STATE OR	ZIP 97322	

ADDITIONAL PERMIT HOLDER OF RECORD Northwest Farm Credit Services FLCA			
ADDRESS 650 Hawthorne Ave. SE, Suite 210			
CITY Salem	STATE OR	ZIP 97301	

4. Date of Site Inspection:**4/26/2023****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chris Schrock	4/26/2023	Owner
Katie Weerts	4/26/2023	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

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
	Randi Bural	Authorized Agent	12/4/2023

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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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
	Chris Schrock	owner	12-1-2023

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 62656	L-132233

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	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)
Well 1	Irrigation	Hazelnuts, Grass Seed	Mar. 1 – Oct. 31	0.33 cfs
Total Quantity of Water Used				0.33 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 Well 1 by a 5 HP submersible pump and delivered to the fields through 3" and 2" buried PVC pipe. The water is applied to the grass field by a traveler gun and to the hazelnuts by a drip system.

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, YES NO permit amendment final order, or extension final order? If yes, describe below.

(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.")

Wells 1 and 2 were authorized, but only Well 1 was drilled.
59.1 acres of irrigation were authorized, but only 58.7 acres were developed for irrigation.

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	0.74 cfs	0.33 cfs	*	Irrigation	59.1	58.7

*System not running a 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):

Well 1

A. Place of Use

1. Is the right for municipal use?

YES ☐ NO ☒

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
12S	3W	WM	3	SWSW			Irrigation	37.1	
12S	3W	WM	3	SESW			Irrigation	21.6	
Total Acres Irrigated								58.7	

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" plastic 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
--------------------	-----------------	----------------	--	---------------------------------------	---------------------------------	-----------------

See attached 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)?

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	85GS50		Submersible		2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	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)
5	40	0'	4.7'	0.33

5. Provide pump calculations:

$$Q = (5 * 7.04) / (101.6 + 4.7) = 0.33 \text{ cfs}$$

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"	~2,900'	PVC	Buried
2"	~2,600	PVC	Buried

9. Lateral or Handline Information:

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

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Bauer Hose Reel with 1-1/4" nozzle	110	30	1	1	0.07

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)
30.2 ac. block: 0.54" hose with 0.26 gph emitters	12-30	0.0043	36,542	12,180	0.12 cfs
15.3 ac. block: 0.54" hose with 0.16 gph emitters	12-30	0.0027	18,513	9,256	0.06 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				

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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:

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SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	5/8/2019		
BEGIN CONSTRUCTION (A)	5/8/2024	4/30/2019	Began drilling Well 1
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	5/8/2024	10/30/2023	Finished irrigating authorized place of use being claimed.

* 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.

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

March

c. Was the measurement submitted to the Department?

YES ☐ NO* ☒

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
5/4/2019*	Nugent Drilling Co.	?	6'

*SWL measurement was also completed the following March and every March thereafter by the pump installer. A miscommunication between the permit holder and the pump installer about who was submitting to OWRD has resulted in the records being lost except for the 2023 measurement (attached to this claim).

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

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
*SWL measurement was completed every March by the pump installer. A miscommunication between the permit holder and the pump installer about who was submitting to OWRD has resulted in the records being lost except for the 2023 measurement (attached to this claim).			

5. Pump Test:

a. Did the permit require the submittal of a pump test?

YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

YES NO

c. Is the pump test attached to this claim?

YES NO

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

YES NO

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

YES NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?

YES NO

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed?

YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Carlton	180000489	Working	61890	July 2019

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

(Please note that the reports submitted to OWRD were mislabeled as Well 2, but were for Well 1. Well 2 was not drilled.)

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards?

☒ YES

☐ NO

b. Was submittal of a ground water monitoring plan required?

☒ YES

☐ NO

c. Was submittal of a water management and conservation plan required?

☒ YES

☐ NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

☒ YES

☐ NO

WELL ID #	DATE ATTACHED TO WELL
L-132233	5/4/2019

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):

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Log	LINN 62656 (Well 1)
Business Registry	Showing authorized signers
Pictures (x4)	Taken at 4/26/2023 site inspection
Pump Test	Cover and data sheet
March SWL Measurements	Measurements taken by Aqua Pro, but mistakenly not submitted

**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: 4/23/2022

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.)

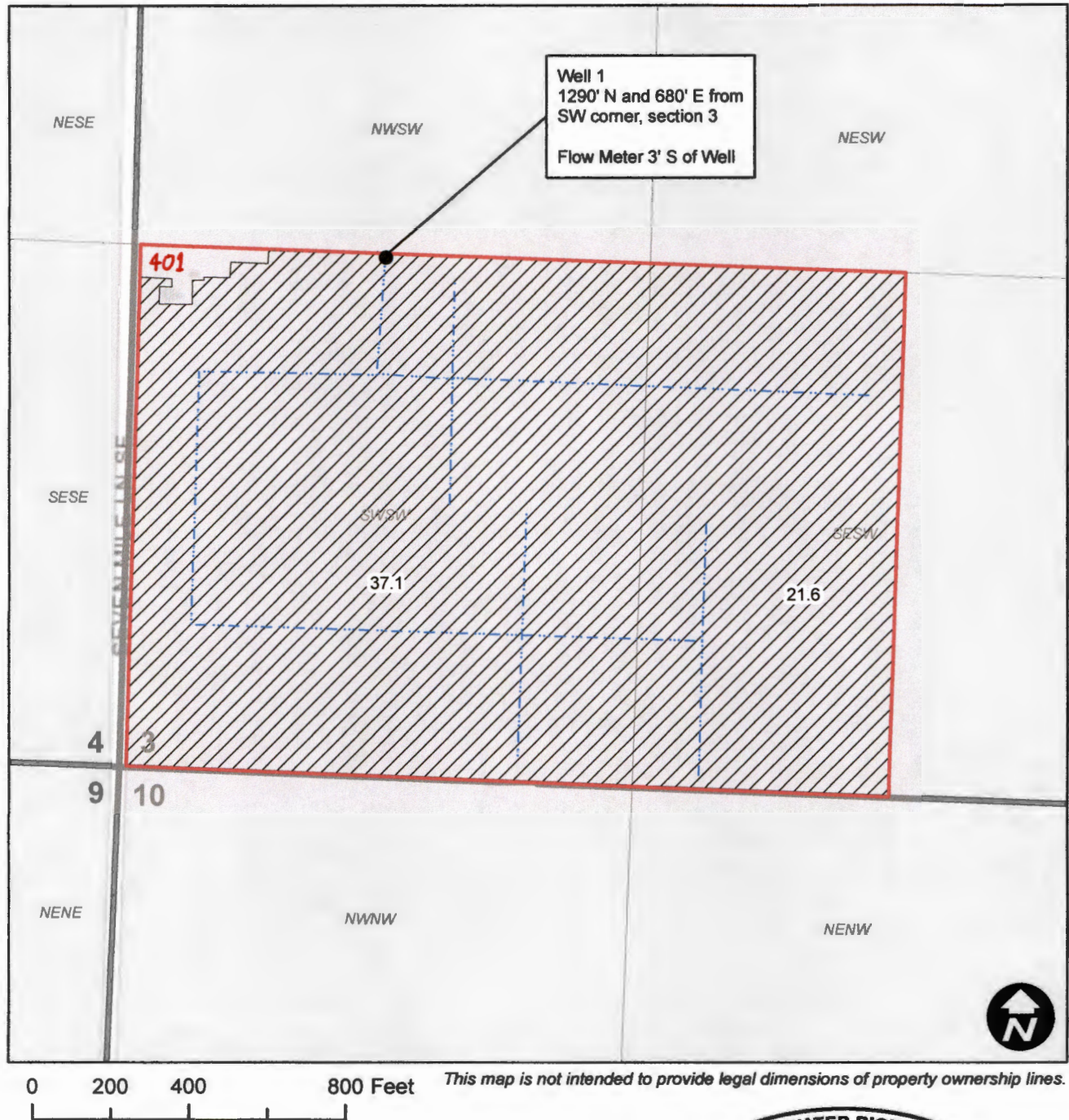
- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, 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

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Claim of Beneficial Use - 5 Gen Farms

Application G-18710, Permit G-18212

Township 12S, Range 3W, W.M.



Legend

POU Mainline Taxlot



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EXPIRES: 12-31-2024

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

Well 1

LINN 62656

5/5/2019

WELL I.D. LABEL# L 132233
START CARD # 1042612
ORIGINAL LOG #

Page 1 of 1

(1) LAND OWNER

Owner Well I.D. DR-3386

First Name _____ Last Name _____
Company 5 GEN FARMS
Address 33325 SEVEN MILE LANE SE
City TANGENT State OR Zip 97389

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 139.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	19	Bentonite	0	19	11	S
8	19	139			Calculated	10.77	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 138.6
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perforator

Screens Type _____ Material _____

Perf/	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Casing	8	76	119	.25	1	1548	

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

200		130	2

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 102 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 12.00 S N/S Range 3.00 W E/W WM

Sec 3 SW 1/4 of the SW 1/4 Tax Lot 401

Tax Map Number _____ Lot _____

Lat _____ " or 44.55198100 DMS or DD

Long _____ " or -123.04652000 DMS or DD

☒ Street address of well ☐ Nearest address

33325 SEVEN MILE LANE
TANGENT OR. 97389

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	5/4/2019		6

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 54.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

5/3/2019	54	60	25		6
5/4/2019	68	137	200		6

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Clay Brown Sticky	2	16
Clay Brown w/ Gravels	16	22
Sand Brown w/ Gravels Loose	22	34
Clay Brown w/ Large Gravels	34	41
Clay Brown	41	54
Clay Brown w/ Some Large Gravels	54	56
Sand Brown Packed	56	60
Clay Gray	60	65
Clay Gray Sandy Packed	65	68
Sand Black Course w/ Wood	68	73
Gravels Large Blue w/ Sand	73	81
Clay Gray	81	83
Gravels Large Blue w/ Sand	83	137
Clay Gray Sandy	137	139

Date Started 4/30/2019

Completed 5/4/2019

(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 5/4/2019

Signed CJ NUGENT (E-filed)

(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 664 Date 5/5/2019

Signed CHARLES NUGENT (E-filed)

Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

Business Registry Business Name Search

[New Search](#)

Business Entity Data

11-29-2023
10:58

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
1282379-97	ABN	ACT		01-10-2017	01-10-2025	
Entity Name	5 GEN FARMS					
Foreign Name						
Affidavit?	N					

[New Search](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	33325 SEVEN MILE LANE SE					
Addr 2						
CSZ	ALBANY	OR	97322		Country	UNITED STATES OF AMERICA

The Authorized Representative address is the mailing address for this business.

Type	REP	AUTHORIZED REPRESENTATIVE		Start Date	01-10-2017	Resign Date	
Name	KATIE	K	WEERTS				
Addr 1	33325 SEVEN MILE LANE SE						
Addr 2							
CSZ	ALBANY	OR	97322	Country	UNITED STATES OF AMERICA		

Type	REG	REGISTRANT					
Name	CHRIS	D	SCHROCK				
Addr 1	33325 SEVEN MILE LANE SE						
Addr 2							
CSZ	ALBANY	OR	97322	Country	UNITED STATES OF AMERICA		

Type	REG	REGISTRANT					
Name	KATIE	K	WEERTS				
Addr 1	33325 SEVEN MILE LANE SE						
Addr 2							
CSZ	ALBANY	OR	97322	Country	UNITED STATES OF AMERICA		

[New Search](#)

Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
5 GEN FARMS	EN	CUR	01-10-2017	



Schock (5 Gen) (OBu onsite)
4/26/23

Well X

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Schuck (5 Gen) CoBU onsite
4/26/23

Well ~~X~~ Tag

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4/26/23

Schuck
(5 Gen)
Cobu
Onsite

Flow meter
@ well #
1

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Drip on hazelnuts

Schrock (5 Gen) COBU onsite
4/26/23

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: 5 Gen Farms
Address: 33325 Seven Mile Lane SE
County: Linn
City: Albany State: OR Zip: 97322
Original owner (from well log): 5 Gen Farms

Well Location:

Township: 12 S Range: 3 EW
Section: 3 $\frac{1}{4}$: NE SW $\frac{1}{16}$: NE SW $\frac{1}{64}$: NE NW
Well depth: 139' Date drilled: 5-4-2019
Owners well no. (if any): Well 1
POD ID: L-132233

Water Right Information:

Application: G-18710 Permit: G-18212 Certificate: _____
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Douglas Kempton Well Owner? ☐ Yes
Company: Aqua Pro Pump Service
Address: 35967 Plagmann Dr. NE Date of Test: 08/14/2019
City: Albany State: OR Zip: 97322
Daytime phone: 541-791-4202

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Electric tape ☒
Length of air line (if used): 0.0

Pump type (pick one or enter other method used): Submersible ☒
Was the pump test conducted during normal use of the well? ☐ Yes Note: Open discharge Flow Test

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: N/A
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within $\frac{1}{4}$ mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above ☒ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) 1/2" Vent port on top of 8" well seal, East side.

Measuring point distance above ☒ land surface 2.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>8:00 am</u>	<u>16.00'</u>	<u>14.00'</u>
<u>8:20 am</u>	<u>16.00'</u>	<u>14.00'</u>
<u>8:40 am</u>	<u>16.00'</u>	<u>14.00'</u>

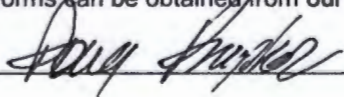
Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>10:10 am</u>	<u>83.00</u>	<u>gpm (gallons per minute)</u>
<u>11:10 am</u>	<u>85.00</u>	<u>gpm (gallons per minute)</u>
<u>12:10 pm</u>	<u>92.30</u>	<u>gpm (gallons per minute)</u>
<u>1:10 pm</u>	<u>84.00</u>	<u>gpm (gallons per minute)</u>
<u>2:10 pm</u>	<u>85.90</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: _____ Date 08/14/2019 Time 9:00 am
Time pump turned off: _____ Date 08/14/2019 Time 5:12 pm
Total pumping time: 8 hours 12 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: www.oregon.gov/owrd

Signature: 

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Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name	5 Gen Farms			Application:	6-18710
Address	33325 Seven Mile Ln. SE			Permit:	6-18212
City/State/Zip	Albany	OR	97322	Certificate:	
Phone/Fax/Cell	(541) 619-1856			Userid:	
Email	rycgrassman@me.com			Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):				
Permit number(s):				
Certificate number(s):				

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID: LINN 62656 →	4132233	Owner's well name:	Well 1
Well ID (Well Tag) on Well: L-	L-132233	Well drilled by:	nugent Drilling CO
Well ID (Well Tag) on Well Log: L-	L-132233	Total depth	139
Start Card # on Well Log:	1042612	Casing diameter (inches):	8 inch
Date drilled:	05-04-2019	Owner on well log:	5 Gen Farms

Water-Level Measurement

Date of measurement:	3-6-2023	Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.	
Depth to water below measuring point:	4ft 8 in	Airline length or transducer depth:	
Measuring point height above/below land surface:		Airline pressure:	psi x 2.31=
Depth to water below land surface:		Shut-in pressure:	psi x 2.31=

Measurement Status:	Static ☒	Pumping ☐	Rising ☐	Flowing ☐	Other
Measurement Method:	E-tape ☒	Airline ☐	Other		

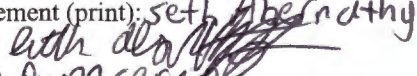
Length of time well was idle prior to measurement:	
Measuring point description:	1/2 in access port in well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit?	Month	Year
---	-------	------

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print):	Seth Abernathy
Signature of measurer:	
Company:	Aqua Pro Pump Service
Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer):	206120
Daytime phone number:	541-741-4202
Email address:	

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If you have any questions about this notice, please call the OWRD Groundwater Data Group at 971-720-0864.

Return this Form to: OWRD, Groundwater Data Group, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Or email it as an attachment to OWRD.WaterLevelReporting@water.oregon.gov.

Additional forms can be obtained from our web site at: https://www.oregon.gov/owrd/WRDFormsPDF/SWL_Reporting_Form.pdf



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: 5 Gen Farms

33325 Seven Mile LN SE, Albany OR 97322

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check

Check No. 7216

Name(s) on Check: Will McGill Duneing LLC

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

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

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

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

Sincerely,

OWRD Customer Service Staff

Submission received by: Corie Lornien

(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt Information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of