

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.

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-15780	PERMIT # (IF APPLICABLE) G-15409	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
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**2a. Property Owner (current owner information):
TL 07 2W 33D 100 &200, TL 07 2W 34B 1200**

APPLICANT/BUSINESS NAME Janet Lee		PHONE NO. 503-362-0121	ADDITIONAL CONTACT NO.
ADDRESS 1042 62nd Ave SE			
CITY Salem	STATE OR	ZIP 97317	E-MAIL

2b. Property Owner (current owner information): TL 07 2W 34B 1000

APPLICANT/BUSINESS NAME Daniel Lassen		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 915			
CITY Sublimity	STATE OR	ZIP 97385	E-MAIL

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.*

See Attached partial assignment and map for Janet Lee for:

TL 07 2W 33D 100 &200 and TL 07 2W 34B 1200

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3. Permit holder of record (this may, or may not, be the current property owner):

PERMIT HOLDER OF RECORD Matt Roth		
ADDRESS 4551 Howell Prairie Rd NE		
CITY Silverton	STATE OR	ZIP 97381

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

August 1, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Janet Lee	August 1, 2023	Property owner and lessor
Tyler Kuenzi	August 1, 2023	Prospective lesser and historical perspective

6. County

Marion County

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 NA		
ADDRESS		
CITY	STATE	ZIP

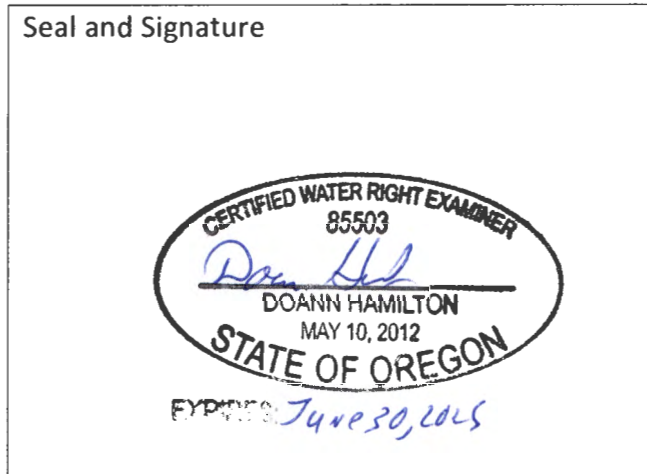
Add additional tables for owners of record as needed

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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.



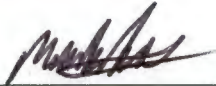
CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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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
	MATTHEW ROTH	owner	11/20/23

**SECTION 3
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)
Home Place Well	MARI 55650	NA

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
Home Place Well	A well in Little Pudding River Basin	Pudding 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)
Home Place Well	Irrigation	Green beans and grass seed	March 1 through October 31	1.11 cfs
Total Quantity of Water Used				1.11 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:

Note: Narrative is written for the time of permitted use from 2003 to 2011 - not current use.

Water is pumped from Home Place Well (MARI 55650) using a 50 Hp pump to convey water through 6-inch steel pipe to the north and then west through the meter before heading south and teeing east and west and before going underground. The 6 inch line to the west continues underground to the

**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.

Seal and Signature

CWRE NAME Doann Hamilton	PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946	
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

edge of the property before heading north where a hydrant was located that connected portable 5-inch aluminum mainlines to the south. The 6-inch mainline to the east heads to a hydrant where portable 5-inch aluminum mainlines can be extended to the north. From these portable 5-inch mainlines, 4-inch wheel line or 3-inch portable handlines with impact sprinklers can be attached. One line of wheel line or impact sprinklers per field can be irrigated at one time.

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.")

1. The place of use was revised to include reference to the DLC and/or Government Lot and reduced to show the place of use based on field verification:

Original authorized place of use:

7S	2W	33	SW NE	0.6
7S	2W	33	SE NE	10.3
7S	2W	33	NE SE	9.0
7S	2W	33	NW SE	0.2
7S	2W	34	NW NE	1.1
7S	2W	34	SW NE	0.2
7S	2W	34	NE NW	13.7
7S	2W	34	SW NW	26.3
7S	2W	34	SE NW	3.9
7S	2W	34	NW SW	<u>1.7</u>

Total: 67.0

Revised place of use:

7S	2W	33	SW NE	DLC 44	0.9
7S	2W	33	SE NE	DLC 44	10.3
7S	2W	33	NE SE	DLC 44	11.5
7S	2W	33	NW SE	DLC 44	0.2
7S	2W	34	NW NE	DLC 44	0.7
7S	2W	34	SW NE	DLC 44	0.2
7S	2W	34	NE NW	DLC 44	12.5
7S	2W	34	SW NW	DLC 44	23.7
7S	2W	34	SE NW	DLC 44	4.9
7S	2W	34	NW SW	DLC 44	<u>1.2</u>

Total: 66.1

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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
Home Place Well	0.838 cfs	1.19 cfs	Not measured	Irrigation	67.0	66.1

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

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

Home Place Well

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	2W	WM	33	SW NE	NA	44	Irrigation	0.9	NA
7S	2W	WM	33	SE NE	NA	44	Irrigation	10.3	NA
7S	2W	WM	33	NE SE	NA	44	Irrigation	11.5	NA
7S	2W	WM	33	NW SE	NA	44	Irrigation	0.2	NA
7S	2W	WM	34	NW NE	NA	44	Irrigation	0.7	NA
7S	2W	WM	34	SW NE	NA	44	Irrigation	0.2	NA
7S	2W	WM	34	NE NW	NA	44	Irrigation	12.5	NA
7S	2W	WM	34	SW NW	NA	44	Irrigation	23.7	NA
7S	2W	WM	34	SE NW	NA	44	Irrigation	4.9	NA
7S	2W	WM	34	NW SW	NA	44	Irrigation	1.2	NA
Total Acres Irrigated								66.1	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

½ inch plug on south side of the sanitary seal.

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 MARI 55650						

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.

See Well Log MARI 55650

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? NO

If "NO", items 2 through 4 relating to this section may be deleted.
 Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

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
Unknown	Unknown	Unknown	Submersible	10 inch	6 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	50 Hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
50 Hp	75 psi	80.5 feet (from permit condition pump test)	25 feet	1.19 cfs

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5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(105.5 \text{ ft lift} + 190.5 \text{ ft pressure head})} = 1.19 \text{ cfs}$$

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)
Not running during site visit			

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

7. Is the distribution system piped? YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5 inch	~ 2,550 feet	Aluminum	Above ground
6 inch	~ 1,560 feet	PVC	Underground
6 inch	~ 50 feet	Steel	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~ 4,160 feet	Aluminum	Above ground
4 inch	~ 4,160 feet	Aluminum	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Wheel line - 5/32"	55 psi	5.3 gpm	100	100	1.18 cfs
Rainbird - 5/32"	55 psi	5.3 gpm	100	100	1.18 cfs

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

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? NO

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

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

H. Additional notes or comments related to the system:

Home Place Well (MARI 55650) also supplies Certificate 79606

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**SECTION 5
CONDITIONS**

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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	March 16, 2003		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA

COMPLETE APPLICATION OF WATER (C)	October 1, 2007 extended to October 1, 2011	2008	Reported water use completing all the conditions of the permit.
-----------------------------------	---	------	---

* 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

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports? NO

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

3. Initial Water Level Measurements:

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

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

4. Annual Static Water Level Measurements:

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

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

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

March

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

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

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

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

c. Is the pump test attached to this claim? NO

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

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

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6. Measurement Conditions:

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

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Home Place Well	McCrometer	96 2705 06	Working	46,759,600 gallons (July 24, 2023)	1996

If a meter has been installed, items d through f relating to this section may be deleted.

7. Recording and reporting conditions:

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

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

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

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **NO**

WELL ID #	DATE ATTACHED TO WELL
NA	

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):

None

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – MARI 55650	Well log and driller’s notes for MARI 55650 – Home Place Well
BLM Cadastral Map	BLM Cadastral Map T. 7S. R. 2W. showing DLC and Government Lot locations
Request for Assignment	Assignment of a portion of Permit G-15409 to Janet Lee Trust, Janet Lee Trustee
Request for Assignment	Assignment of a portion of Permit G-15409 to Daniel Lassen
Assignment Map	Assignment Map accompany the assignment to assign a portion of Permit G-15409 to Janet Lee Trust, Janet Lee Trustee and a portion of Permit G-15409 to Daniel Lassen.

**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 COBU map was prepared using tax assessor’s maps 07 2W 33, 33D, 34, and 34B, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>.

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

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- 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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T.7S. R.2W. Sec. 33 & 34, W.M.

Fruitland Road NE

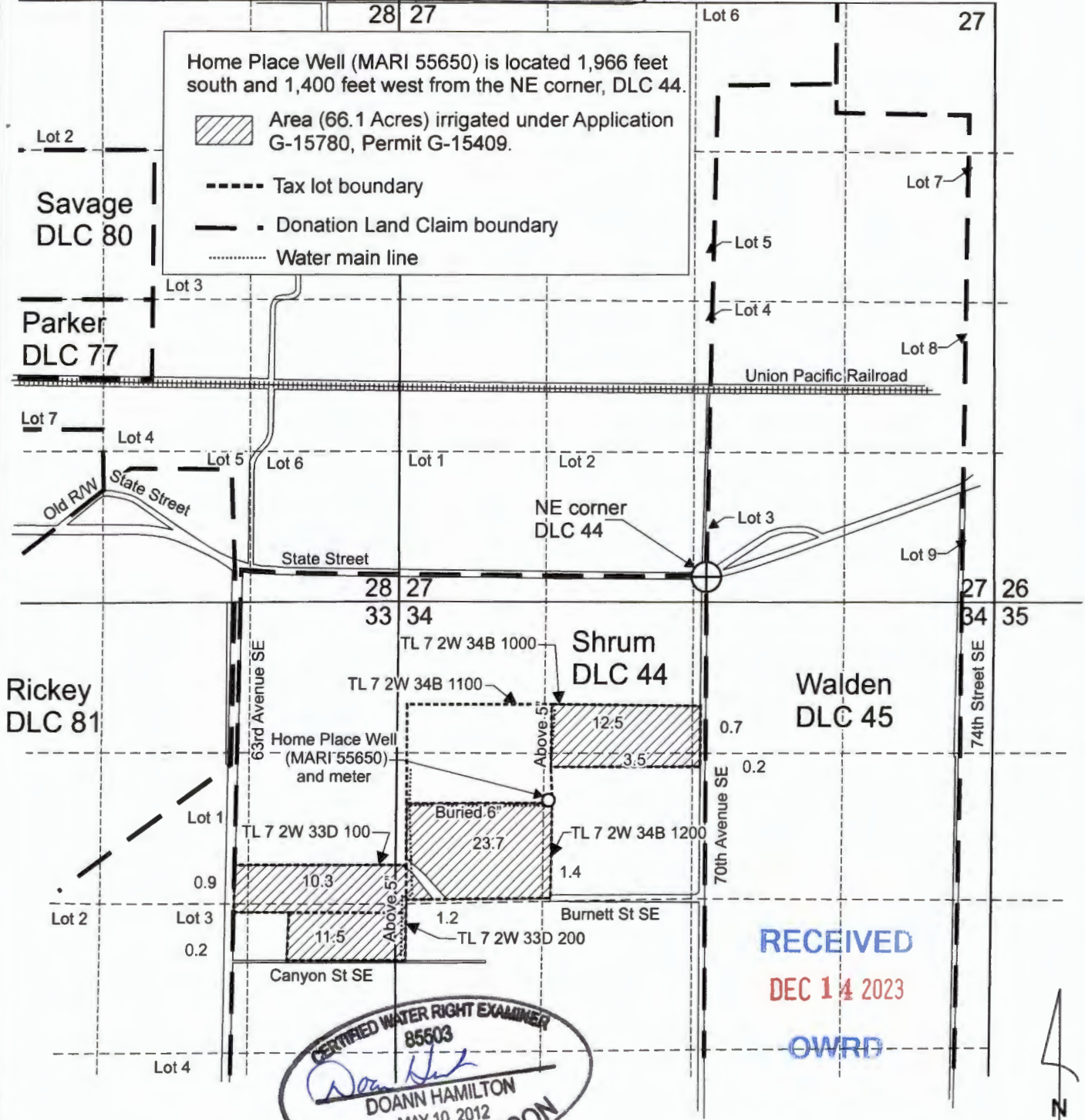
Home Place Well (MARI 55650) is located 1,966 feet south and 1,400 feet west from the NE corner, DLC 44.

 Area (66.1 Acres) irrigated under Application G-15780, Permit G-15409.

 Tax lot boundary

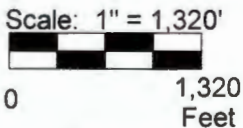
 Donation Land Claim boundary

 Water main line



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CERTIFIED WATER RIGHT EXAMINER
85503
Doann Hamilton
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: *JAN 15, 2018*



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map
Application G-15780, Permit G-15409

Matt Roth
T.7S. R.2W. Sec. 33 & 34, W.M.

Pacific Hydro-Geology Inc.

10/2023

Kuenzi, TylerG-15780COBUMap.cdr

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: _____
Name: Cecil Roth
Address: 4551 Howell Prairie Rd
City: Silverton State: OR Zip: 97381

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/recondition Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Depth of Completed Well 240
Explosives Used Yes No Type --- Amount ---

HOLE SEAL sacks or pounds
Diameter From To Material From To
14 0 178 Cement 0 178
10 178 240 --- --- --- ---

How was seal placed: Method A B C D E
 Other _____

Backfill placed from --- to --- Material ---
Gravel placed from --- to --- Size of gravel ---

(6) CASING/LINER:

CASING:
Diameter From To Gauge Steel Plastic Welded Threaded
10 +1.25 178 .250

LINER:
Diameter From To Gauge Steel Plastic Welded Threaded

Final location of Shoe(s): N/A

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____
Slot Tele/pipe
From To Size No. Diameter size Casing Liner

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time
500 N/A 240 1 hr.

Temperature of water 56 Depth Artesian Flow Found --
Was a water analysis done? --- By whom: ---
Did any strata contain water not suitable for intended use? (explain) ---
Depth of Strata: ---

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: _____ Longitude: _____
Township: 7S Range: 2W
Section: 34 SE 1/4 NW 1/4
Tax Lot: N/A Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
6800 State St

(10) STATIC WATER LEVEL:

35 Ft. below land surface Date 9/27/94
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 84'
From To Est. Flow Rate SWL
84 115 10 GPM 28
135 165 40 GPM 28
186 189 200 GPM 35
199 121 300 GPM 35

(12) WELL LOG:

Ground Elevation: _____
Material From To SWL
Top Soil 0 2
Clay Gray 2 13
Sandstone Brown & Green Crumbly 13 84
Sandstone Gray & Green Hard w/ Basalt 84
Streak 115 28
Basalt Gray Broken 115 125 28
Weathered Basalt Crumbly & Fractured 125 165
Basalt Black Hard w/Fractures 165 186
Basalt Black Pourous 186 189 35
Basalt Black Med w/Fractures 189 193
Basalt Gray Hard 193 199
Basalt Gray Visichlor Fractured 199 121 35
Basalt Gray Hard 212 217
Basalt Gray Visichlar Brown w/Claystone 217 234
Claystone Blue Gray Soft 234 240

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WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 9/24/94 Completed: 9/28/94

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed _____ WWC Number 1358
Date 10/15/94

(bonded) Water Well Constructor Certification:

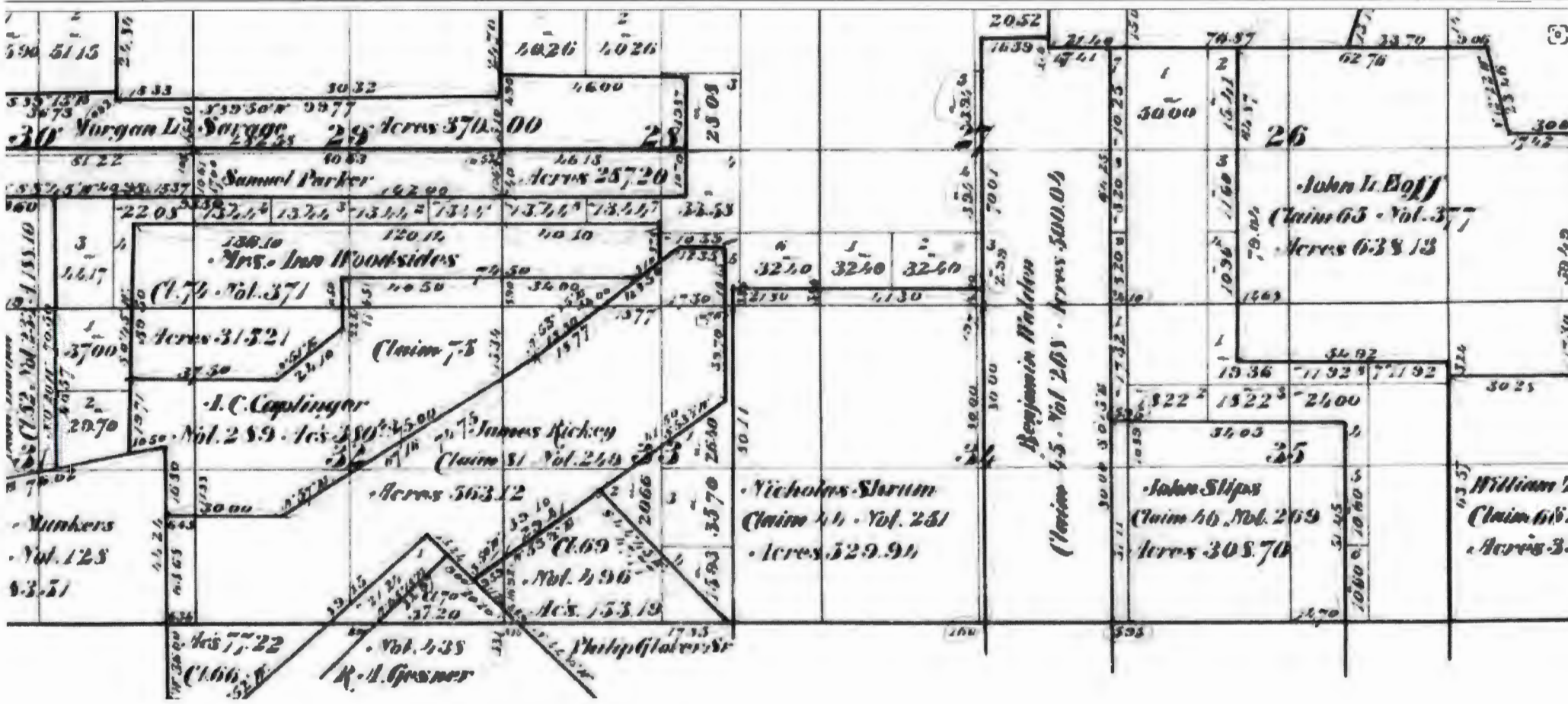
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number 1358
Date 10/15/94

RECEIVED

DEC 14 2023

OWRD



RECEIVED
 DEC 14 2023
 OWRD



RECEIVED
DEC 14 2023
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Janet Lee

1042 62nd Ave SE, Salem OR 97317

Transaction Type: Claim

Fees Received: \$ 230.00

Cash Check: Check No. 7938

Name(s) on Check: Same as above

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: Cone Lovrien
(Name of OWRD staff)

Instructions for OWRD staff:

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