

**CLAIM OF
BENEFICIAL USE
for Transfer New or Additional
POA Only**



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 any Transfer final orders
including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights
has a priority date of July 9, 1987, or later, the fee is required.

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**SECTION 1
GENERAL INFORMATION**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was
a change in point(s) of appropriation or additional point(s) of appropriation, or a
combination of both.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION # T-13574

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Townsend HB LLC c/o William Townsend		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 23400 NE Townsend Way			
CITY Fairview	STATE OR	ZIP 97024	E-MAIL

If the current property owner is not the transfer holder of record, it is recommended that an
assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

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

TRANSFER HOLDER OF RECORD Townsend HB LLC c/o William Townsend			
ADDRESS 23400 NE Townsend Way			
CITY Fairview	STATE OR	ZIP 97024	

4. Date of Site Inspection:

September 19, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Juan Martinez	September 19, 2023	Farm Operations Supervisor

6. County

Clackamas County

7. If any property described in the place of use of the transfer final order 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

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



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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

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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>William Townsend</i>	William Townsend	CEO	5/16/24

SECTION 3 CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 3	CLAC 77226	L-128843	A well in Deep Creek Basin
Well 4	CLAC 76955	L-143579	A well in Deep Creek Basin

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepening)

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

1. The authorized Wells 2, 5 and 8 have not been constructed and are, therefore, not included in this Claim of Beneficial Use.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 3	1.2 cfs for all three wells	0.25 cfs	Not measured
Well 4		0.42 cfs	0.12 cfs (not running at full capacity)

SECTION 4a of 4b

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES

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

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

Well 3

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	25GS15	Unknown	Submersible	4 inch	1.25 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Centripro	1.5 Hp

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3. 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)
1.5 Hp	0 psi (pumps directly into the pond)	103 feet (from pump test recorded on well log)	-60 feet	0.25 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(1.5 \text{ Hp}) \times (7.04 \text{ ft}^3/\text{sec Hp})}{(43 \text{ ft lift} + 0 \text{ ft pressure head})} = 0.25 \text{ cfs}$$

5. 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.

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Well 3 has access port:

1-inch galvanized cap through the vent/access port in the east side of the welded 6-inch casing seal.

Well 3 pumps into a 2-inch buried line that discharges on the north end of the upper pond as a bulge in the system.

SECTION 4b of 4b

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES

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

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

Well 4

A. POA System Information

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Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Wolf	5LL5E-4	Unknown	Submersible	5 inch	3 Inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Wolf	7.5 Hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5 Hp	0 psi (pumps directly into the pond)	142 feet (from pump test recorded on well log)	-15 feet	0.42 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(7.5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(127 \text{ ft lift} + 0 \text{ ft pressure head})} = 0.42 \text{ cfs}$$

5. 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)
1,167,500 gallons	1,167,820 gallons	6 minutes	0.12 cfs (not running at full capacity)

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

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Well 4 access port is pitless adaptor cap.

Well 4 pumps into a 3-inch buried line that discharges on the north end of the lower pond as a bulge in the system.

SECTION 5 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	November 22, 2021	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2023	June 2023

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

NO

If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	13-00866-03	Working	7,891,830 gallons (September 19, 2023)	July 2013
Well 3	McCrometer	23-01446-02	Working	90 gallons (September 19, 2023)	May 3, 2023
Well 4	McCrometer	22-05901-03	Working	1,167,820 gallons (September 19, 2023)	August 17, 2022

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

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

5. Other conditions required by the transfer 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. Other conditions? **YES**

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

c1) Condition 5a per T-13574 final order issued November 22, 2021:

Before water use may begin under this order, the water user shall install a totalizing flow meter, or, with prior approval of the director, another suitable measuring device, at each point of appropriation (new and existing).

Compliance:

Well 1 (CLAC 6057)

Well 3 (CLAC 77226)

Well 4 (CLAC 76955)

All have a totalizing flow meter installed.

c2) Condition 6 per T-13574 final order issued November 22, 2021:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance:

Authorized Well 1 (CLAC 6057) develops water from the alluvial aquifer within the depth interval of 100 to 150 feet within gravels and lenses of cemented gravels.

Well 3 (CLAC 77226) develops water from the alluvial aquifer within the depth intervals of 55 to 90 feet and 100 to 120 feet in layers consisting mostly of gravel.

Well 4 (CLAC 76955) develops water from the alluvial aquifer within the depth intervals of 94 to 149 feet and 172 to 212 feet in layers consisting mostly of alternating intervals of sand and clay with some gravel and wood debris.

It appears these wells obtain water from the alluvial aquifer; therefore, this condition has been met.

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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 – CLAC 77226	Well log and driller's notes for CLAC 77226 – Well 3
State Water Well Report – CLAC 76955	Well log and driller's notes for CLAC 76955 – Well 4

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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 map 2 4E 21, 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

- ☒ 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.) ***Not required for this type of Claim of Beneficial Use**
- ☒ 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

1911
1912
1913
1914

T.2S. R.4E. Section 21, W.M.

17 16

20 21

TL 2 4E 21 500

29.7

Well 3
(CLAC 77226)
and meter

BPA Easement

Well 4
(CLAC 76955)
and meter

26.0

SE Tickle Creek Rd

Well 1
(CLAC 6057)
and meter

W 1/4 corner
Section 21

Unnamed tributary
to Deep Creek

TL 2 4E 21 600

SE Tickle Creek Rd

SE Gunderson Rd

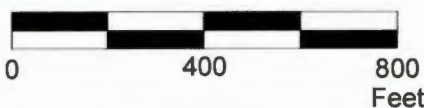
CERTIFIED WATER RIGHT EXAMINER
85503

Dan Hamilton
DAN HAMILTON

MAY 10, 2012
STATE OF OREGON

EXPIRES: *JUNE 30 2015*

Scale: 1" = 400'



Pacific Hydro-Geology Inc.

12/2023

Well 1 (CLAC 6057) is located 455 feet north and 660 feet east from the W 1/4 corner, Section 21.

Well 3 (CLAC 77226) is located 1,910 feet north and 785 feet east from the W 1/4 corner, Section 21.

Well 4 (CLAC 76955) is located 1,265 feet north and 610 feet east from the W 1/4 corner, Section 21.

Area (33.7 Acres) of primary irrigation under T-13574, formerly Certificate 65961, priority date, 5-18-1982.

Area (63.0 Acres) of supplemental irrigation under T-13574, formerly Certificate 65961, priority date, 5-18-1982.
Primary Certificates 24380 & 24381.

----- Tax lot boundary

..... Water main line

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37.0

1.0

21

3.0

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
T-13574, formerly Certificate 65961

Townsend HB LLC
T.2S. R.4E. Section 21, W.M.

TownsendT-13574COBUMap.cdr

- Backfill Silica Sand from 126-132 and 3/8 Bentonite Chips 132-167 ft
- During construction of the well, it had a 2' bgs static from the start of drilling until construction was finished. The seal was installed to 49' bgs when there was no flowing artesian condition. It was still below ground surface with no change in water level while constructing the well but at the end of the extensive flow test, we started seeing the static increase. While we were processing the log, the well became flowing artesian with a +2 static water level. We returned to the site and equipped the well head for the artesian condition and reported it on the log.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CLAC 77226

6/2/2022

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Map of Hole

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STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.38701745 Datum: WGS84

Longitude: -122.32916356

Township/Range/Section/Quarter-Quarter Section:

WM2.00S4.00E21NWNW

Address of Well:

19330 SE TICKLE CREEK RD

Well Label: 128843

Printed: June 2, 2022

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 76955

WELL I.D. LABEL# L 143579

START CARD # 1054287

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

1/28/2022

(1) LAND OWNER

Owner Well I.D. 4

First Name _____ Last Name _____

Company TOWNSEND FARMS, INC

Address 23400 NE TOWNSEND WAY

City FAIRVIEW, OR 97024 State OR Zip 97024

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: _____ Material From To Amt sacks/lbs

Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☒ Reverse Rotary ☒ Other REVERSE MUD

(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 232.00 ft.

BORE HOLE

SEAL

sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
20	0	18	Cement	0	100	122	S
16	18	109			Calculated	90	
10	109	240					
6	240	368			Calculated		

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

Backfill placed from 232 ft. to 368 ft. Material SLOUGH

Filter pack from 89 ft. to 232 ft. Material SILICA SAND Size 8/12

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
☒	☒	10	☒	2	100	.250	☒	☒	☒	☒
☐	☐	6	☐	89	94	.250	☒	☒	☒	☒
☐	☐	6	☐	149	172	.250	☒	☒	☒	☒
☐	☐	6	☐	212	232	.250	☒	☒	☒	☒

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type V-Shaped Wire Wrap Material 304SS

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	6	94	149	40			6
Screen	Liner	6	172	212	40			6

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
91	105	160	4

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 60 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM

Sec 21 NW 1/4 of the NW 1/4 Tax Lot 600

Tax Map Number 24E21 Lot _____

Lat _____ or 45.38553334 DMS or DD

Long _____ or -122.33000784 DMS or DD

☒ Street address of well ☐ Nearest address

19330 SE TICKLE CREEK RD, BORING OREGON 97009

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	1/19/2022		37

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 16.00

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

10/15/2021	10	20	10		16
1/19/2022	37	232	100		37

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil with red clay	0	5
Clay, red, with some cemented sand	5	11
Sand, red, cemented with some clay brown	11	14
Clay, tan, with sand and gravel, cemented	14	19
Clay, tan, soft, sandy with gravel, 1"-	19	24
Sand, multicolored, cemented w/gravel	24	27
Gravel, multicolored, 3/4" minus w/sand	27	35
Sand, tan and multicolored w/gravel 3/4-	35	44
Sand, med, tan and brown, w/gravel cmt	44	140
Clay, tan and grey, medium	140	142
Sand, fine to medium, cemented	142	144
Clay, tan, medium with layers hard	144	147
Sand, multi colored, some cementation	147	149
Clay, tan, medium with s/clay, red s/hrd	149	158
Clay, grey, soft, silty with layers hard	158	168
Clay, grey, soft with lenses of hard	168	170
Clay, grey, soft	170	173
Clay, tan, medium, with some gravels	173	176
Clay, grey, soft	176	177

Date Started 10/13/2021

Completed 1/19/2022

(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 2034

Date 1/27/2022

Signed CODY GRIFFITH (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 1988

Date 1/28/2022

Signed ERIC SCHNEIDER (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

3/8" steel plate welded to bottom of liner at 232' bgs.
6" threaded NPT nipple welded on top of liner at 89.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CLAC 76955

1/28/2022

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.38553334 Datum: WGS84

Longitude: -122.33000784

Township/Range/Section/Quarter-Quarter Section:

WM2.00S4.00E21NWNW

Address of Well:

19330 SE TICKLE CREEK RD

Well Label: ~~14579~~ 143579

Printed: January 24, 2022

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

Received

MAY 28 2024

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