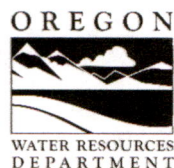


**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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

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

A separate form shall be completed for each permit.

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

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

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

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

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

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>

(See Certificate Resources)

**SECTION 1
GENERAL INFORMATION**

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1. File Information:

| | | |
|---------------------------------|--|------------------------------------|
| APPLICATION # G-18310 | PERMIT # (IF APPLICABLE) G-17770 | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------------------------|--|------------------------------------|

2. Property Owner (current owner information):

| | | | |
|---|--------------------|------------------------------------|-----------------------------------|
| APPLICANT/BUSINESS NAME Lookout Point LLC | | PHONE NO. (541) 520-3763 | ADDITIONAL CONTACT NO. |
| ADDRESS 40160 E First St. | | | |
| CITY Lowell | STATE OR | ZIP 97452 | E-MAIL mia@sunridge.net |

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 Roy Nelson | | | |
| ADDRESS 40152 E First St. | | | |
| CITY Lowell | STATE OR | ZIP 97452 | |

| | | |
|------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

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

Salem, OR

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|-------------------|------------------|------------------------------|
| Mia Nelson | 4/18/2024 | Owner/Member |
| | | |

6. County:**7. If any property described in the place of use of the permit final order 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.



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| | | | |
|--|--------------------|------------------------------------|---|
| 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's 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 |
|-----------|--------------------|---------|---------|
| | MIA NELSON | MANAGER | 5/25/24 |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

| POA NAME OR NUMBER (CORRESPOND TO MAP) | WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE) | WELL TAG # (IF APPLICABLE) |
|---|--|-------------------------------|
| Well 2 | LANE 56449 | L-26646 |
| Well 3 | LANE 74648 | L-121607 |
| Well 5 | LANE 76093 | L-130817 |

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

2. 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 2 | Nursery | Cannabis | Year-round | 5 gpm |
| Well 3 | Nursery | Cannabis | Year-round | 2 gpm |
| Well 5 | Nursery | Cannabis | Year-round | 7 gpm |
| Total Quantity of Water Used | | | | 14 gpm |

3. 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 3 wells by submersible pumps (Well 2 – 0.5 HP, Well 3 – 1 HP, Well 5 – 1.5 HP) and delivered through buried PVC and poly pipe to 5 polyethylene storage tanks (1- 1000-gal. and 4- 2500-gal.). Water is delivered from the storage tanks through PVC and poly pipe by gravity flow to 3- 1.5 HP centrifugal distribution pumps which pump the water to the places of use. Water is applied to containerized plants by Netafim spray sticks. Some hand-watering occurs for indoor growing facilities.

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).

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4. Variations:

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

☒ YES ☐ NO

(e.g. "The permit allowed three points of diversion. 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 4 POAs and only 3 were developed. The permit allowed 20 acres of nursery use and 2.5 acres were developed.

5. Claim Summary:

| POD / POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|------------------------|----------------------------|---|--------------------------------|---------|-----------------------|-------------------------|
| Well 2 | 0.14 cfs | 0.008 cfs | * | Nursery | 20 | 2.5 |
| Well 3 | 0.14 cfs | 0.015 cfs | * | Nursery | 20 | 2.5 |
| Well 5 | 0.14 cfs | 0.013 cfs | * | Nursery | 20 | 2.5 |

*System is used intermittently and was not able to be accurately measured.

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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 2

A. Place of Use

Attach Claim of Beneficial Use map.

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

3/4" steel plug on W 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 LANE 56449.

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

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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?

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☒ YES

☐ NO

If "NO" items 2 through item 5 may be deleted.

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2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|-----------------|---------|---------------|--|
| Flint & Walling | 4F05G05 | | Submersible |

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) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 0.5 | 90 | 0' | 214' | 0.008 |

4. Provide pump calculations:

$$Q = (0.5 * 7.04) / (228.6 + 214) = 0.008 \text{ cfs}$$

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) |
|---|----------------------|------------------------------|-------------------------------|
| System used intermittently, unable to get accurate measurement. | | | |

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

6. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|---------------------------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| Drip Stake 0.5 GPH | PC 10 to 45 | 0.0083 | 6,950 | variable | See section 4.H remarks |
| Spray Stake 6.6 GPH | PC 22 to 55 | 0.11 | 1,628 | variable | See section 4.H remarks |
| Hand Watering | N/A | N/A | N/A | N/A | 100-300 gal./day |

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

7. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| N/A | | | | | |

8. 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 | | | | | |

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E. Storage

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

☒ YES ☐ NO

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

☒ YES ☐ NO
☒ YES ☐ NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| 1- Polyethylene Tank | 1,000 | Buried |
| 4- Polyethylene Tank | 2,500 | Above Ground |

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

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|----------------------|--------------|---------------|-------------------|----------------|-------|---|
| See attached waiver. | | | | | | |

3. Provide calculations:

| |
|--|
| |
|--|

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---|-----------------------------|--------------------|--|
| Due to the complexity of the system, unable to get an accurate measurement. | | | |

Attach measurement notes.

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:

Wells 2, 3, and 5 combined fill the 5 storage tanks without exceeding the permit authorized rate. The place of use rates are drawn from the 5 storage tanks at a higher rate as needed.

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

Well 3

A. Place of Use

Attach Claim of Beneficial Use map.

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

A short 1" stand pipe with 3/4" threaded plug in center 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 LANE 74648.

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)

Received by OWRD

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

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YES

NO

D. Appropriation and Delivery System Information

Salem, OR

Provide the following information concerning the appropriation 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 5 may be deleted.

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|-----------------|---------|---------------|---|
| Flint & Walling | 4F05S10 | | Submersible |

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 | 90 | 0' | 251' | 0.015 |

4. Provide pump calculations:

$$Q = (1 * 7.04) / (228.6 + 251) = 0.015 \text{ cfs}$$

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) |
|---|----------------------|------------------------------|-------------------------------|
| System used intermittently, unable to get accurate measurement. | | | |

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

6. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|---------------------------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| Drip Stake 0.5 GPH | PC 10 to 45 | 0.0083 | 6,950 | variable | See section 4.H remarks |
| Spray Stake 6.6 GPH | PC 22 to 55 | 0.11 | 1,628 | variable | See section 4.H remarks |
| Hand Watering | N/A | N/A | N/A | N/A | 100-300 gal./day |

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

7. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| N/A | | | | | |

8. 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 | | | | | |

E. Storage

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

☒ YES ☐ NO

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

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Salem, OR

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

☒ YES ☐ NO
☒ YES ☐ NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| 1- Polyethylene Tank | 1,000 | Buried |
| 4- Polyethylene Tank | 2,500 | Above Ground |

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

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|----------------------|--------------|---------------|-------------------|----------------|-------|---|
| See attached waiver. | | | | | | |

3. Provide calculations:

| |
|--|
| |
|--|

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---|-----------------------------|--------------------|--|
| Due to the complexity of the system, unable to get an accurate measurement. | | | |

Attach measurement notes.

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:

Wells 2, 3, and 5 combined fill the 5 storage tanks without exceeding the permit authorized rate. The place of use rates are drawn from the 5 storage tanks at a higher rate as needed.

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

Well 5

A. Place of Use

Attach Claim of Beneficial Use map.

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

A short 3/4" stand pipe with 1/2" threaded plug in center 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 LANE 76093

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)

Received by OWRD

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

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YES NO

D. Appropriation and Delivery System Information

Salem, OR

Provide the following information concerning the appropriation 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 5 may be deleted.

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|-----------------|---------|---------------|---|
| Flint & Walling | 4F05S15 | | Submersible |

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 | 90 | 0' | 592' | 0.013 |

4. Provide pump calculations:

$$Q = (1.5 * 7.04) / (228.6 + 592) = 0.013 \text{ cfs}$$

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) |
|---|----------------------|------------------------------|-------------------------------|
| System used intermittently, unable to get accurate measurement. | | | |

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

6. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|---------------------------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| Drip Stake 0.5 GPH | PC 10 to 45 | 0.0083 | 6,950 | variable | See section 4.H remarks |
| Spray Stake 6.6 GPH | PC 22 to 55 | 0.11 | 1,628 | variable | See section 4.H remarks |
| Hand Watering | N/A | N/A | N/A | N/A | 100-300 gal./day |

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

7. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|------------------|----------------------------|-----------------------------|------------------------|-------------------------------|
| N/A | | | | | |

8. 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 | | | | | |

E. Storage

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

☒ YES ☐ NO

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

Received by OWRD

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

☒ YES ☐ NO
☒ YES ☐ NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

| MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.) | CAPACITY (IN GALLONS) | ABOVE GROUND OR BURIED |
|---|--------------------------|------------------------|
| 1- Polyethylene Tank | 1,000 | Buried |
| 4- Polyethylene Tank | 2,500 | Above Ground |

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

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

2. Complete the table:

| PIPE SIZE | PIPE TYPE | "C" FACTOR | AMOUNT OF FALL | LENGTH OF PIPE | SLOPE | COMPUTED RATE OF WATER FLOW (IN CFS) |
|--------------|--------------|---------------|-------------------|----------------|-------|---|
|--------------|--------------|---------------|-------------------|----------------|-------|---|

See attached waiver.

3. Provide calculations:

| |
|--|
| |
|--|

4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER (IN CFS) |
|---------------------|-----------------------------|--------------------|--|
|---------------------|-----------------------------|--------------------|--|

Due to the complexity of the system, unable to get an accurate measurement.

Attach measurement notes.

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:

Wells 2, 3, and 5 combined fill the 5 storage tanks without exceeding the permit authorized rate. The place of use rates are drawn from the 5 storage tanks at a higher rate as needed.

Received by OWRD

MAY 31 2024

Salem, OR

MAY 31 2024

SECTION 5

CONDITIONS

Salem, OR

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 any 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 extension final order:

| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|--|
| ISSUANCE DATE | 4/20/2017 | | |
| BEGIN CONSTRUCTION (A) | 4/20/2022 | 7/26/2018 | Wells 2 and 3 were existing wells. Construction began on Well 5 7/26/2018. |
| COMPLETE CONSTRUCTION (B) | N/A | N/A | N/A |
| COMPLETE APPLICATION OF WATER (C) | 4/20/2022 | May 2020 | Watered all areas 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 ☒

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES ☐ NO ☒

5. Pump Test:

a. Is a pump test required? ☒ 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 ☒

****The Claim 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 appropriation.

b. Has a meter been installed? YES ☒ NO ☐

c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|------------------|--------------|-------------|-------------------------------|--------------------------|----------------|
| Well 2 | Sensus | 56849435 | Working | 099319040 | Jan. 2019 |
| Well 3 | Sensus | 57514349 | Working | 095490033 | June 2020 |
| Well 5 | Sensus | cap missing | Working | 130118018 | June 2020 |
| * | Sensus | ** | Working | 017125035 | June 2020 |

***This meter is located at the 2500-gal. storage tank below Wells 2 and 3. This meter location measures the water that enters the nursery system from above and avoids measuring exempt uses of domestic and livestock from Wells 2 and 3.**

****The info on this meter was collected by the owner because of a livestock guard dog in the same fence. The serial # was missed.**

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.

b. Have the reports been submitted? YES ☒ NO ☐

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

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

a. Were there special well construction standards? YES ☐ NO ☒

b. Was submittal of a ground water monitoring plan required? YES ☐ NO ☒

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES ☒ NO ☐

| WELL ID # | DATE ATTACHED TO WELL |
|------------------|-----------------------|
| Well 2: L-26646 | 9/23/1998 |
| Well 3: L-121607 | 6/28/2016 |
| Well 5: L-130817 | 7/31/2018 |

d. Other conditions? YES ☐ NO ☐

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

Restore disturbed riparian areas – *No riparian areas were disturbed.*

SECTION 6

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------------|---|
| Map Scale Waiver | Approval of 1 in = 800 ft for COBU map |
| Well Logs (x3) | LANE 56449 (Well 2), LANE 74648 (Well 3), LANE 76093 (Well 5) |
| Pictures (x22) | Taken at 4/18/2024 site inspection. |
| Gravity Flow Waiver | Request and approval of gravity flow calculation waiver (2 pgs) |
| Authorization to Sign | Business Registry for Lookout Point LLC (3 pgs) |

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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: 10/30/2023

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 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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MAY 31 2024

Salem, OR



Will McGill <willmcgill.surveying@gmail.com>

RE: Permit G-17770: Map Scale Waiver

CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>

Tue, May 21, 2024 at 5:40 AM

To: Grant McGill <grantmcgill.wr@gmail.com>, "Will McGill (willmcgill.surveying@gmail.com)" <willmcgill.surveying@gmail.com>

Grant and Will,

Your request for a waiver regarding the map scale is approved. A scale of 1" = 800' is acceptable. Please attach this waiver request to the Claim when it is submitted.

Please let me know if you have any additional questions.

Gerry

-

[Gerry Clark](#)

He/Him/His

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

From: Grant McGill <grantmcgill.wr@gmail.com>**Sent:** Monday, May 20, 2024 10:07 AM**To:** CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>**Subject:** Permit G-17770: Map Scale Waiver

Hi Gerry,

We would like to request approval to use a scale on the map for this claim that is not pre-approved. Due to the vertical shape of the property, 1 in = 400 ft does not fit. We feel that 1 in = 1320 ft does not show the level of detail needed for this complicated water system. Can we use 1 in = 800 ft as shown on the attached map draft?

Thank you!

--

Grant McGill

503-931-0210

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MAY 31 2024

Salem, OR

**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: 43.92944444 Datum: WGS84

Longitude: -122.7708333

Township/Range/Section/Quarter-Quarter Section:

WM 19.0S 1.0W 11 NWSE

Address of Well:

40160 E FIRST ST, LOWELL, OR 97452

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MAY 31 2024

Salem, OR

Well Label: L26646

Well Log: LANE 56449

Printed: November 4, 2014

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

Generated by OWRD



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

LANE 74648

7/26/2016

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Page 1 of 2

121607

213257

(1) LAND OWNER

Owner Well I.D.

First Name ROY

Last Name NELSON

Company

Address 40152 E. 1ST ST.

City LOWELL

State OR

Zip 97452

(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: Material From To Amt sacks/lbs

(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 400.00 ft.

| BORE HOLE | | | SEAL | | | Amt | sacks/ lbs |
|-----------|------|-----|-----------|------|------------|------|---------------|
| Dia | From | To | Material | From | To | | |
| 10 | 0 | 18 | Bentonite | 0 | 18 | 12 | S |
| 6 | 18 | 400 | | | Calculated | 8.22 | |
| | | | Cement | 113 | 118 | 1 | S |
| | | | | | Calculated | | |

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

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 |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6 | <input checked="" type="checkbox"/> | 2 | 118 | .250 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 8 | 400 | sdr26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method saw

Screens Type _____

Material _____

| Perf/ | Casing/ | Screen | Perf/ | Casing/ | Screen | Scm/slot | Slot | # of | Tele/ |
|--------|---------|--------|-------|---------|--------|----------|-------|-----------|-------|
| Screen | Liner | Dia | From | To | width | length | slots | pipe size | |
| Perf | Liner | 4 | 300 | 400 | .125 | 6 | 100 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 2.5 | | 400 | 1 |
| | | | |
| | | | |

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 118

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County LANE Twp 19.00 S N/S Range 1.00 W E/W WM

Sec 11 SE 1/4 of the SE 1/4 Tax Lot 1602

Tax Map Number _____ Lot _____

Lat _____ " or 43.92465000 DMS or DD

Long _____ " or -122.76810000 DMS or DD

☒ Street address of well ☐ Nearest address

40152 E. 1ST ST., LOWELL, OR 97452

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

| | | | |
|--------------------------------|-----------|--|----|
| Existing Well / Pre-Alteration | | | |
| Completed Well | 6/28/2016 | | 94 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 184.00

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

| | | | | | |
|-----------|-----|-----|-----|--|----|
| 6/27/2016 | 184 | 186 | 2.5 | | 94 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|-------------------------|------|-----|
| top soil | 0 | 1 |
| clay and boulders | 1 | 8 |
| fractured basalt | 8 | 26 |
| blue clay | 26 | 32 |
| blue claystone | 32 | 36 |
| fractured basalt | 36 | 38 |
| grey clay | 38 | 72 |
| brown clay conglomerate | 72 | 94 |
| purple/blue claystone | 94 | 112 |
| blue claystone | 112 | 123 |
| grey claystone | 123 | 174 |
| purple claystone | 174 | 186 |
| basalt | 186 | 400 |
| Received by OWRD | | |
| MAY 31 2024 | | |
| Salem, OR | | |

Date Started 6/23/2016

Completed 6/28/2016

(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 1859

Date 6/28/2016

Signed CHESTON 'CHET' HENDRICKSON (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 1553

Date 7/26/2016

Signed JEFF HENDRICKSON (E-filed)

Contact Info (optional) 1553

ORIGINAL - WATER RESOURCES DEPARTMENT

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

7/26/2016

Map of Hole

Received by OWRD

MAY 31 2024

Salem, OR

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: 43.92465

Datum: WGS84

Longitude: -122.7681

Township/Range/Section/Quarter-Quarter Section:

WM 19S 1W 11 SESE

Address of Well:

40152 E. 1ST ST., LOWELL, OR 97452

Well Label: 121607

Printed: June 28, 2016

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

8/22/2018

WELL I.D. LABEL# L 130817
START CARD # 215399
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name ROY Last Name NELSON
Company _____
Address 40152 E 1ST ST
City LOWELL State OR Zip 97452

(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 480.00 ft.

| BORE HOLE | | | SEAL | | | Amt | sacks/ lbs |
|-----------|------|-----|-----------|------|----|-----------------|---------------|
| Dia | From | To | Material | From | To | | |
| 10 | 0 | 18 | Bentonite | 0 | 18 | 8.5 | S |
| 6 | 18 | 480 | | | | Calculated 8.22 | |
| | | | | | | 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
6 2 18 .250
4 3 480 sdr26
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw

| Screens Type | | Material | | Scr/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|------------------------|----------|---------|-------------------|----------------|---------------|--------------------|
| Perf | Casing/Screen Liner | Dia | From To | | | | |
| Perf | Liner | 4 | 380 480 | .125 | 6 | 100 | |

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
7.5 _____ 480 1

Temperature 59 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 92 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)

County LANE Twp 19.00 S N/S Range 1.00 W E/W WM
Sec 14 SE 1/4 of the NE 1/4 Tax Lot 1602 103
Tax Map Number _____ Lot _____

Lat _____ " or 43.91833333 DMS or DD
Long _____ " or -122.76833333 DMS or DD

☒ Street address of well ☐ Nearest address

40152 E 1ST ST LOWELL, OR 97452

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 7/31/2018 _____ 385

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 453.00

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 7/31/2018 | 453 | 457 | 7.5 | | 385 |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|--------------------------|------|-----|
| Top soil | 0 | 1 |
| brown/gray clay | 1 | 9 |
| fractured blue/gray clay | 9 | 17 |
| blue/gray claystone | 17 | 39 |
| blue claystone | 39 | 54 |
| basalt | 54 | 480 |
| Received by OWRD | | |
| MAY 31 2024 | | |
| Salem, OR | | |
| RECEIVED | | |
| NOV 29 2018 | | |
| OWRD | | |

Date Started 7/26/2018 Completed 7/31/2018

(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 1859 Date 8/3/2018

Signed CHESTON HENDRICKSON (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 1553 Date 8/7/2018

Signed JEFF HENDRICKSON (E-filed)

Contact Info (optional) 1553

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

LANE 76093

8/22/2018

Received by OWRD

MAY 31 2024

Salem, OR

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: 43.91833333 Datum: WGS84

Longitude: -122.76833333

Township/Range/Section/Quarter-Quarter Section:

WM 19S 1W 14 SENE

Address of Well:

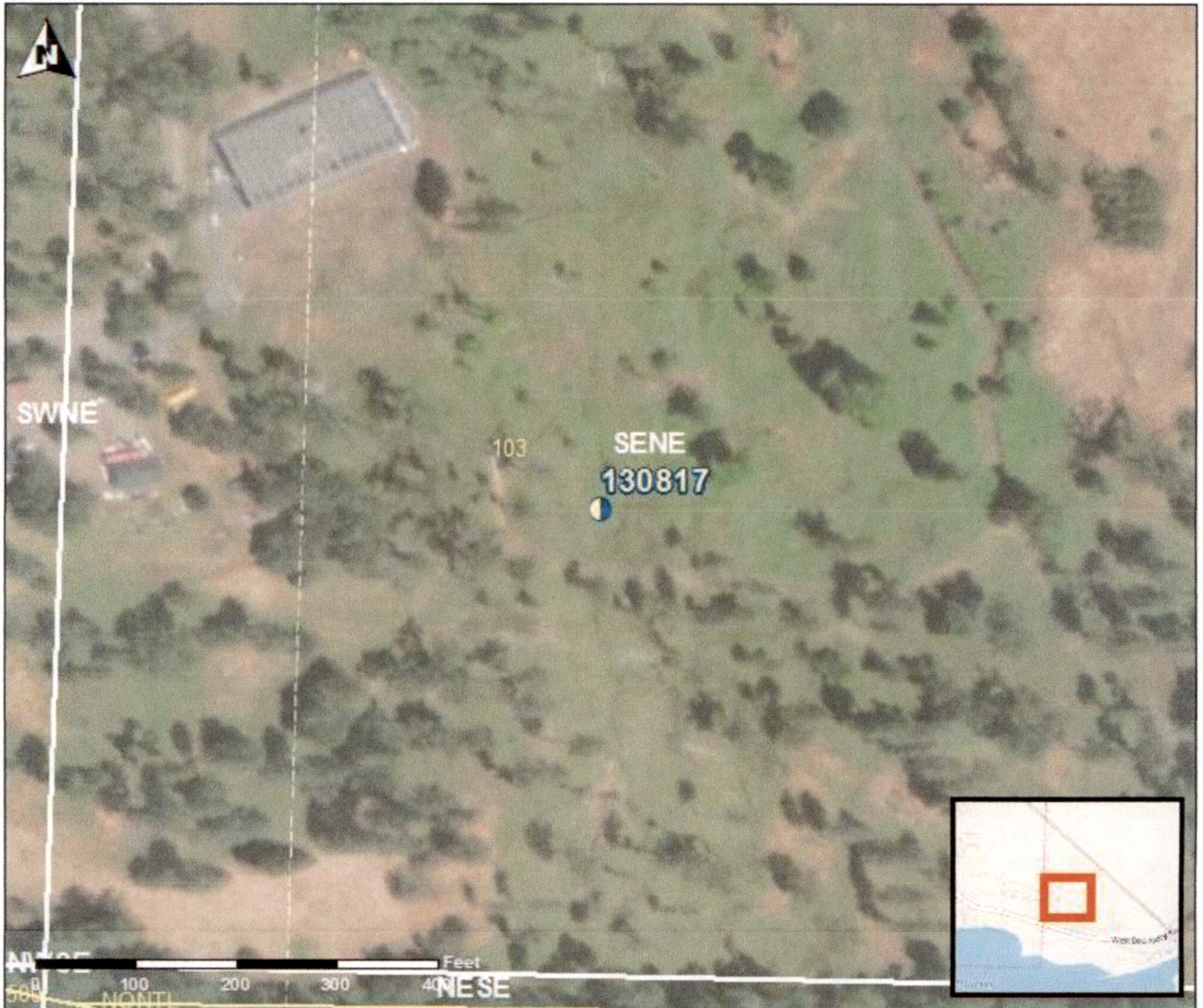
40152 E 1ST ST
LOWELL, OR 97452

Well Label: 130817

Printed: August 7, 2018

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 by OWRD
May 31 2024
Salem, OR



Received by OWRD

MAY 31 2024

Salem, OR

OREGON
WATER RESOURCES DEPT
WELL #
L26646
DO NOT REMOVE LABEL

Well 2
Tag



Well 2 Flow
meter cap

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Salem, OR

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MAY 31 2024
Salem, OR

Well 2
Flow meter





Nelson
cobu

4/18/24

Above-
ground
tank
2,500-gal.

Received by OWRI

MAY 31 2024

Salem, OR



Nelson
Cobu

4/18/24

Buried
Tank
1,000 gal.

Received by OWF

MAY 31 2024

Salem, OR



Received by OWRI

MAY 31 2024

Salem, OR

Nelson

CoBu

4/18/24

Well 3

OREGON
WATER RESOURCES DEPT
WELL #
L121607
DO NOT REMOVE LABEL

Received by OWRD

MAY 31 2024

Salem, OR

Nelson Cobb 4/10/24

well 3 Tag



Received by OWRD

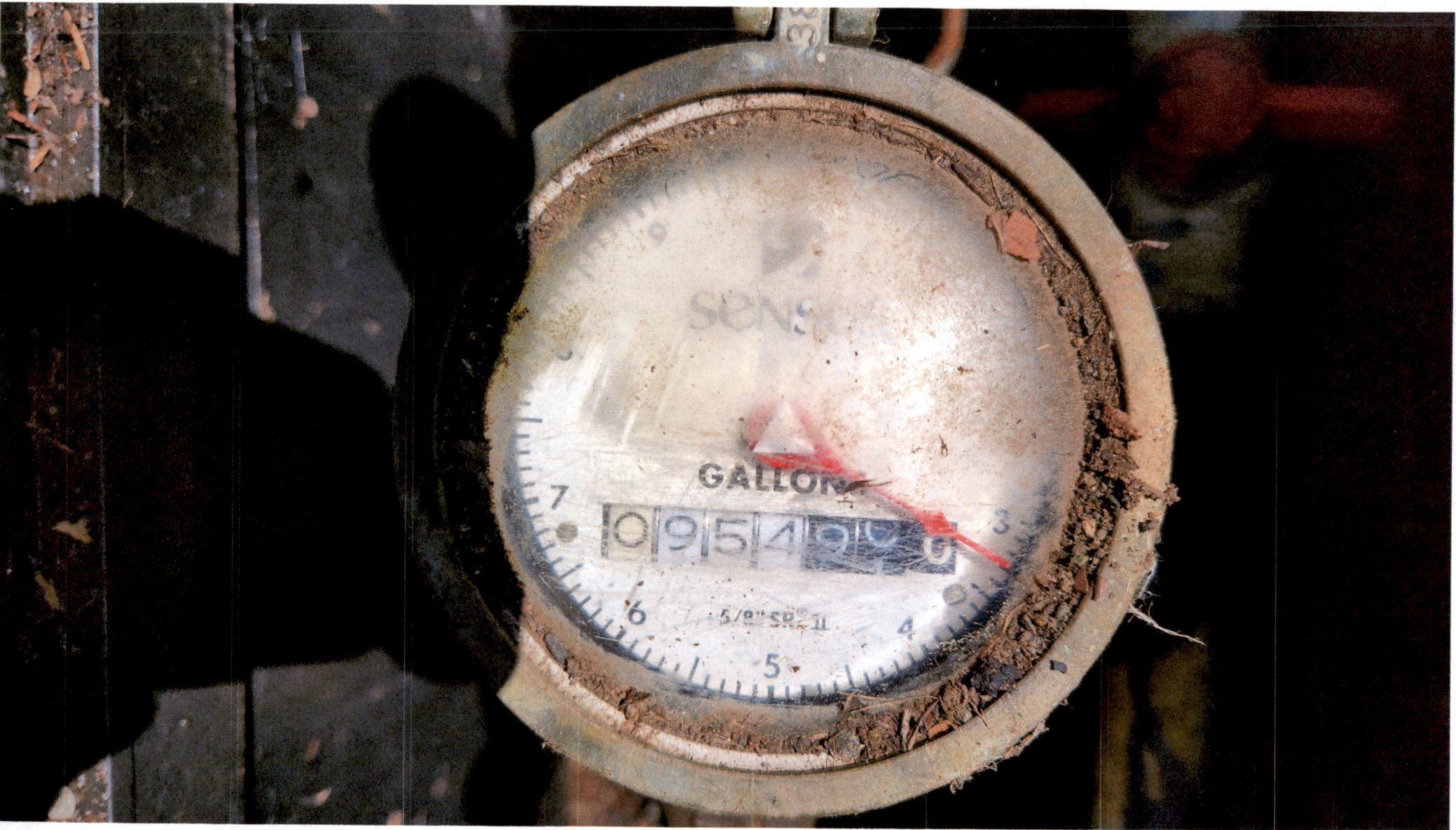
MAY 31 2024

Salem, OR

Nelson Cobb

4/10/24

Well 3 Flow meter cap

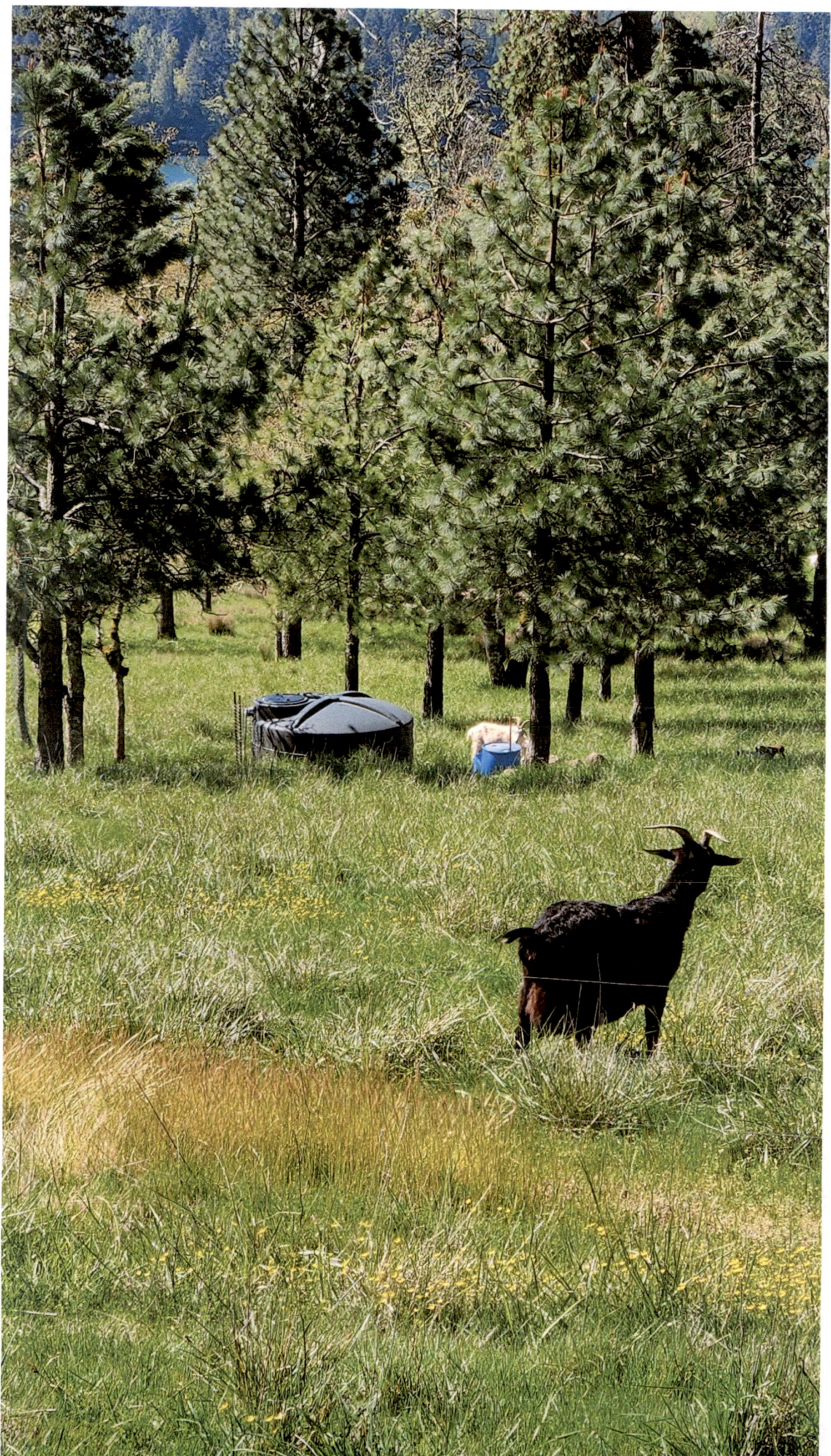


Received by OWRD
MAY 31 2024

Nelson Cobu

4/18/24

well 3 Flow Meter



Received by OWRD

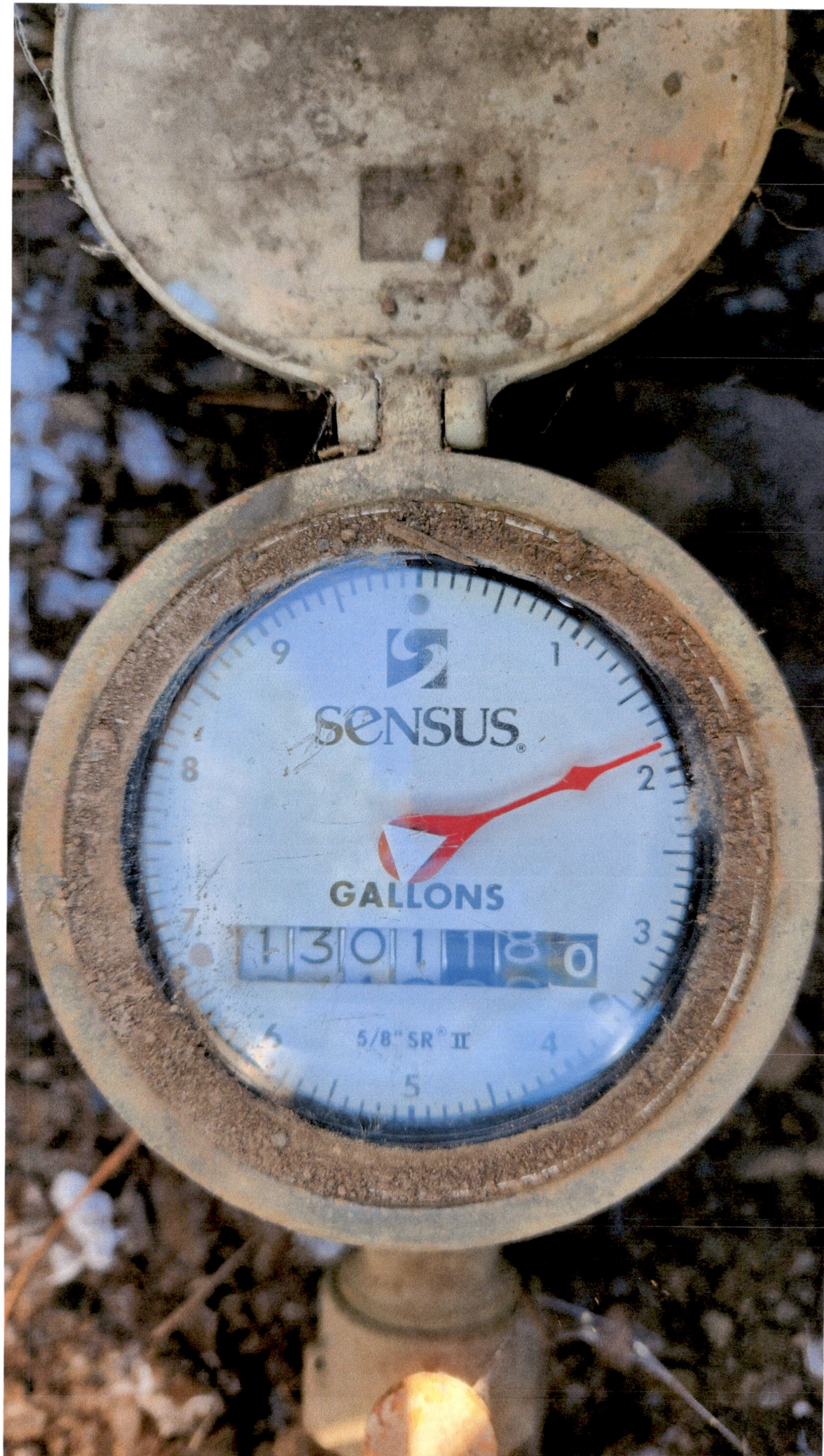
MAY 31 2024

Salem, OR

Nelson
Cobu

4/18/24

2500-gal.
tank
above
irrigation
zone



Received by OWRD

MAY 31 2024

Salem, OR

Melvin
Coburn

4/18/24

Flow
Meter
@ 2500
gallon tank



Received by OWRD

MAY 31 2024

Salem, OR

Nelson
COBU

4/18/24

Well 5



Nelson
COBU

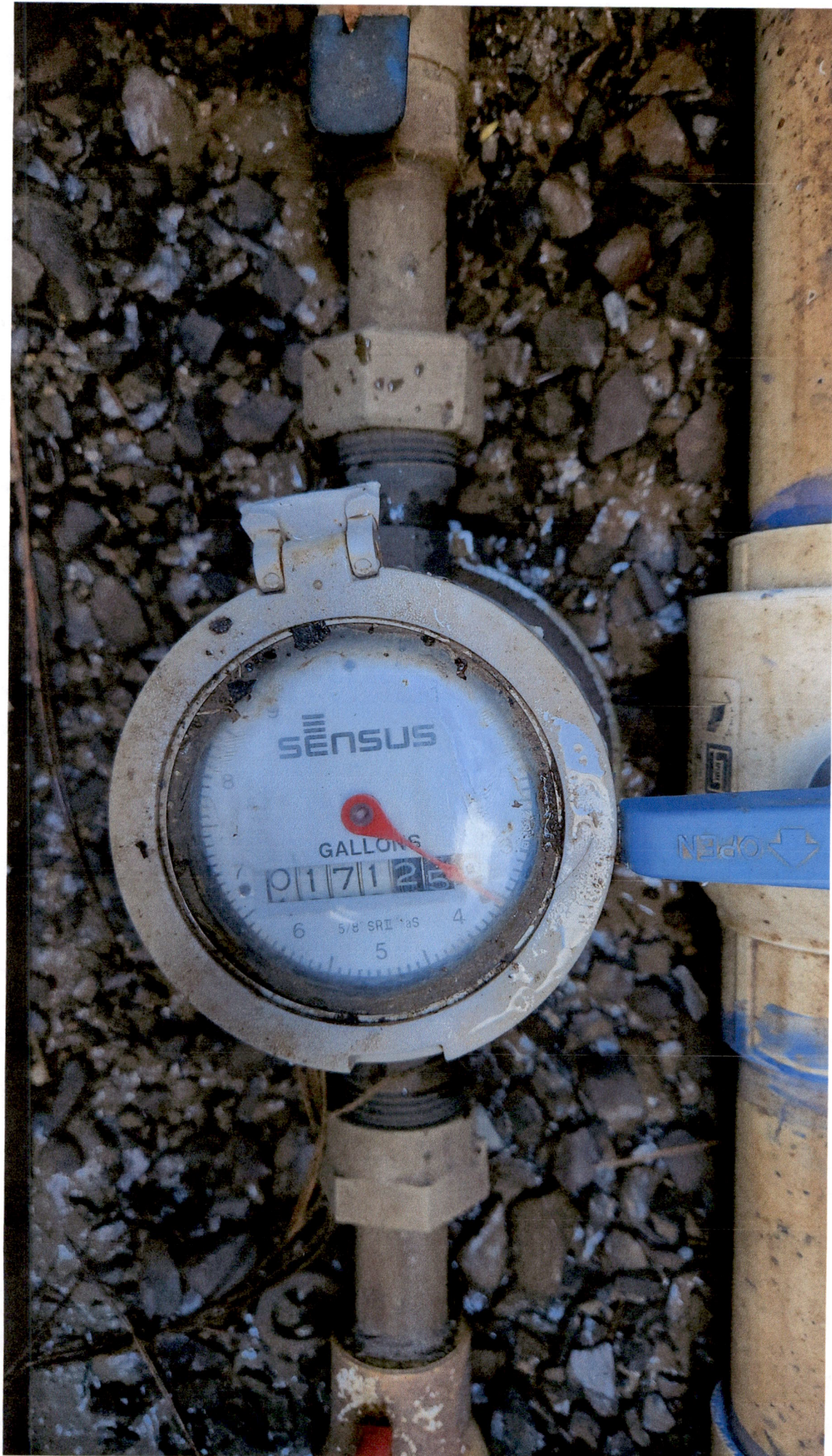
4/18/24

Well 5
Tag

Received by OWRD

MAY 31 2024

Salem, OR



Nelson
Cobul

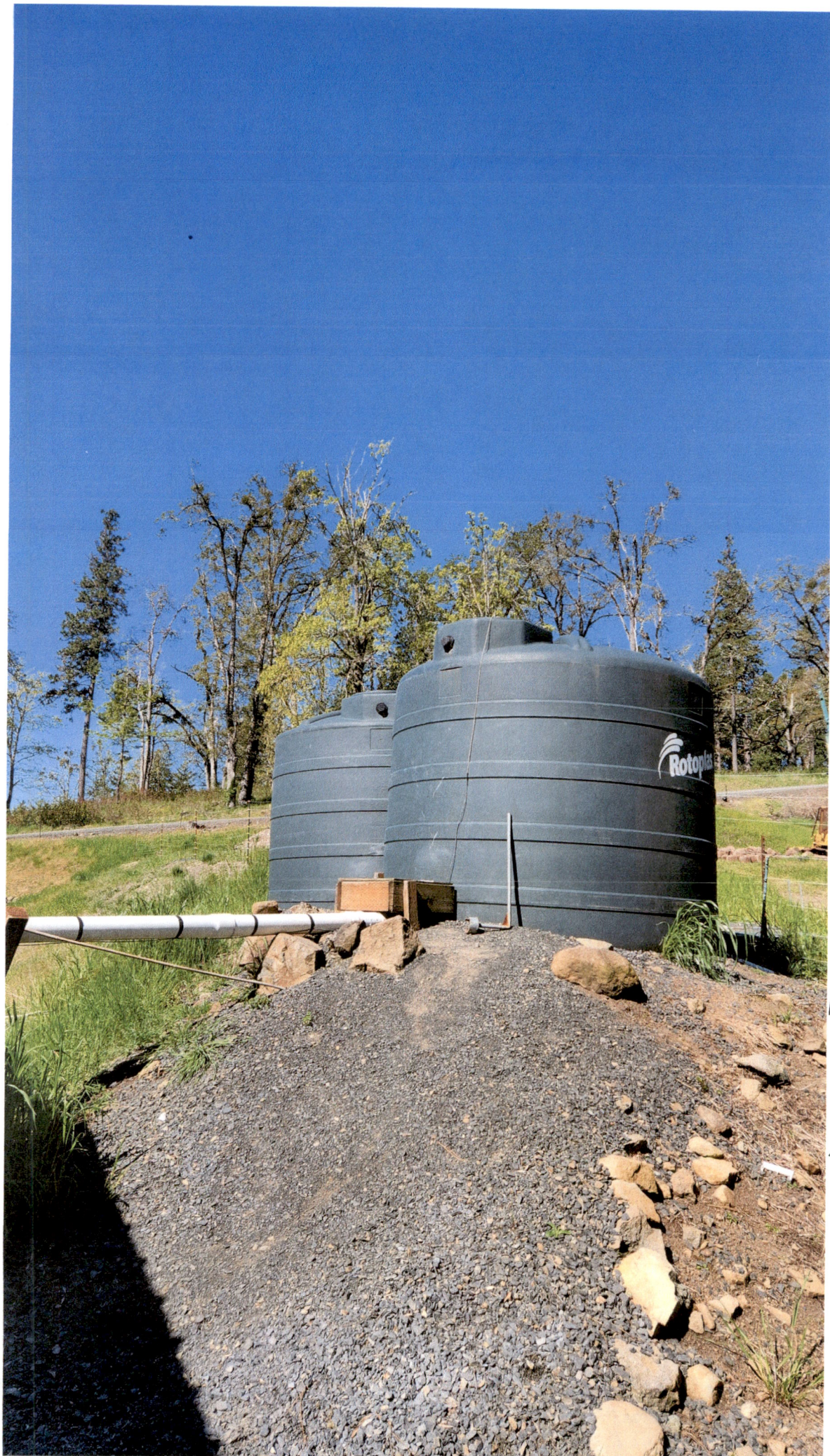
4/18/24

Well 5
Flow Meter

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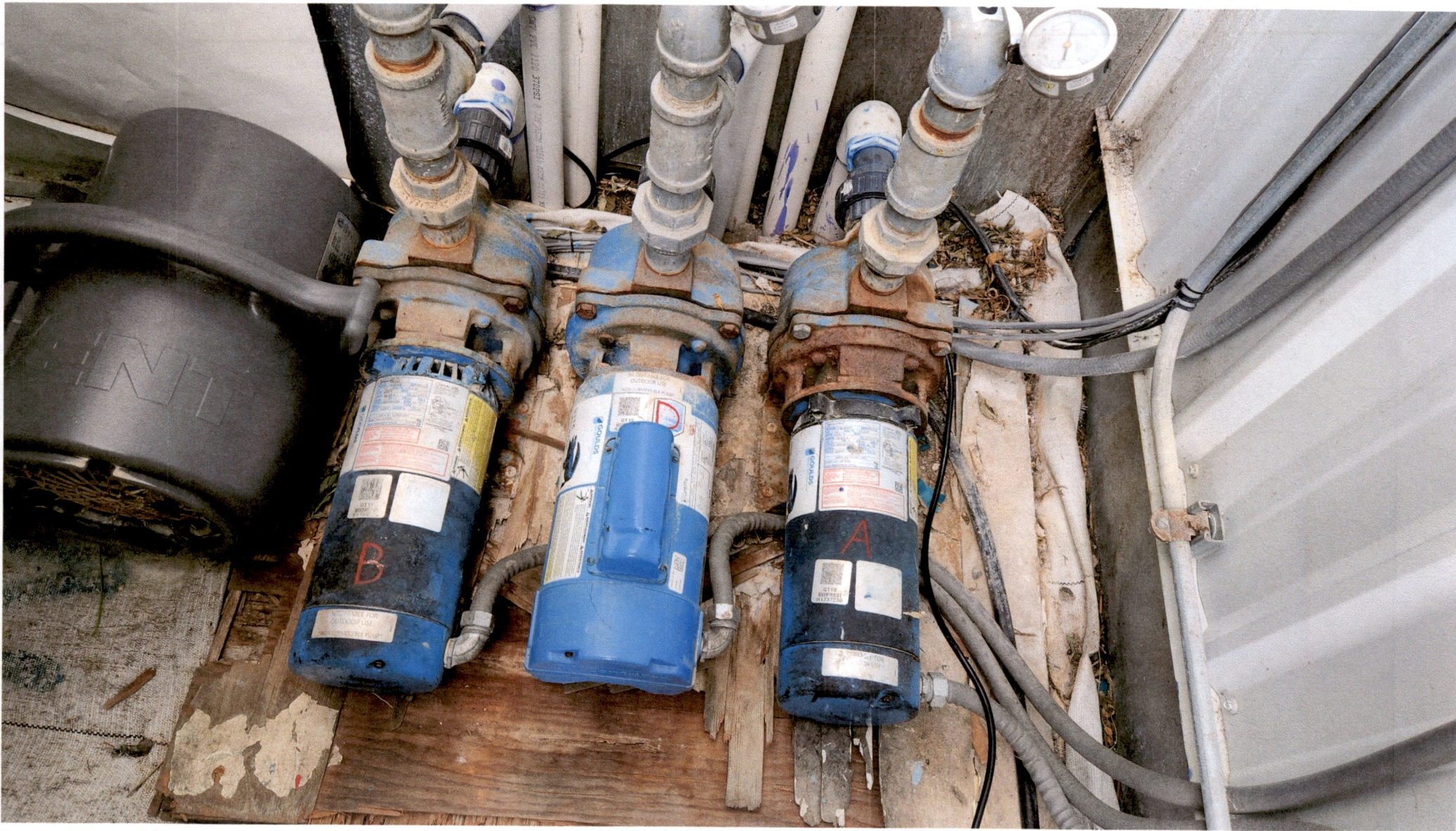
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Salem, OR

Nelson
COBU

4/18/24

2,500-gal.
Tanks
nearest to
Irrigation
Zone



Nelson Cobu - 4/10/24 3 distribution pumps

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GOULDS
WATER TECHNOLOGY

CentriPro®

MODEL C48C53A06 SER 05517J2

HP 1 1/2 VOLTS 115/230

RPM 3450 ROT

AMPS 16.8/8.4 MAX LOAD 22.0/11.0

HZ 60 SF 1.3 FR 56J PH 1

THERMALLY PROTECTED BRT45ABM AMB 40 °C

ENCL TYPE C

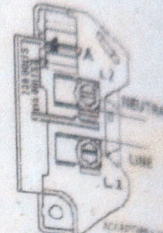
DUTY CONT CODE N INSUL CLASS B

MFG BY CENTURY

PART NO. J07858L

Motor Assembled in Mexico

GRD
220V/ 230V
TO CHANGE TO 115V, MOVE
THE BLACK PLUG TO ALTERNATE
THE BRINGS AT THE 115V
LOCATION



USE COPPER CONDUCTORS ONLY
INSTALL MOTOR VENTS CORRECTLY

PERMANENTLY LUBRICATED
BEARINGS
E22895-172

WARNING:

- CONNECT GROUND WIRE TO GREEN GROUNDING SCREW BEFORE OPERATING MOTOR
- REPLACE ALL COVERS BEFORE OPERATION
- DISCONNECT POWER BEFORE SERVICING
- POWER SOURCE MUST AGREE WITH NAMEPLATE

ELECTRICAL HAZARD CAN CAUSE SEVERE INJURY OR DEATH

AVERTISSEMENT:

DANGER ELECTRIQUE
PEUT CAUSER DE GRAVES
BLESSURES OU ENTRAINER
LA MORT

- RELIER LE FIL DE MISE A LA TERRE A LA VIS DE MISE A LA TERRE DU MOTEUR (VERTE) AVANT UTILISATION
- REPLACER TOUS LES COUVERCLES AVANT DE METTRE EN MARCHE
- DEBRANCHER LE COURANT AVANT L'ENTRETIEN
- LA SOURCE DE PUISSANCE DOIT S'ACCORDER A LA PLAQUE SIGNATIFIQUE

PRECAUCION:

UNA DESCARGA ELECTRICA
PUEDE CAUSAR LESIONES
SEVERAS O AUN LA MUERTE

- ANTES DE OPERAR EL MOTOR CONECTE EL CABLE DE TIERRA AL TORNILLO VERDE DE TIERRA
- REEMPLACE TODAS LAS CUBIERTAS ANTES DE OPERAR
- DESCONECTE LA ENERGIA ANTES DE DAR MANTENIMIENTO
- SELECCIONE LA FUENTE DE ENERGIA DE ACUERDO A LA PLACA DE DATOS DEL MOTOR

A



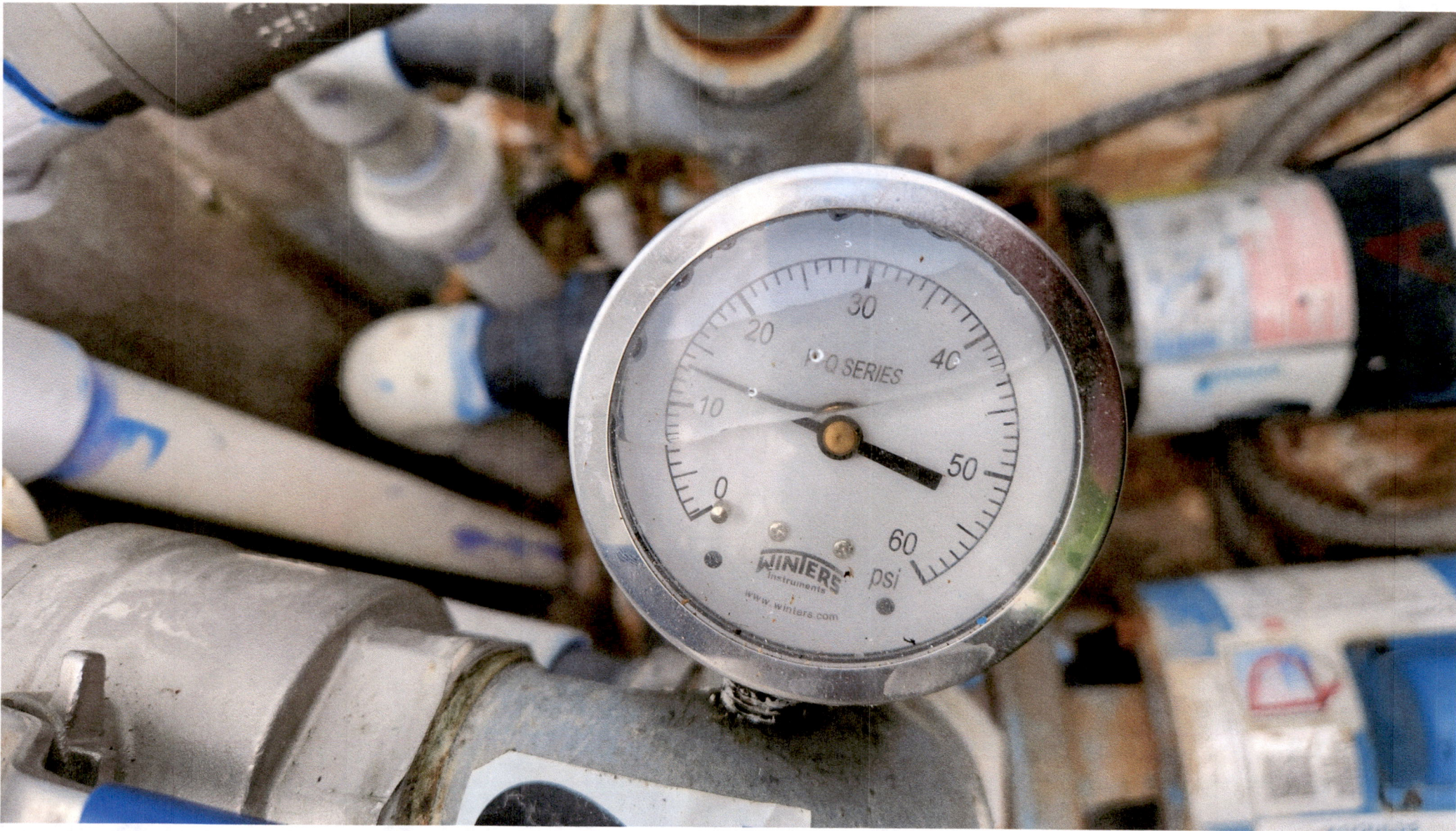
Nelson
CoBu
4/18/24

Distribution
Pump
(Centrifugal)
tag

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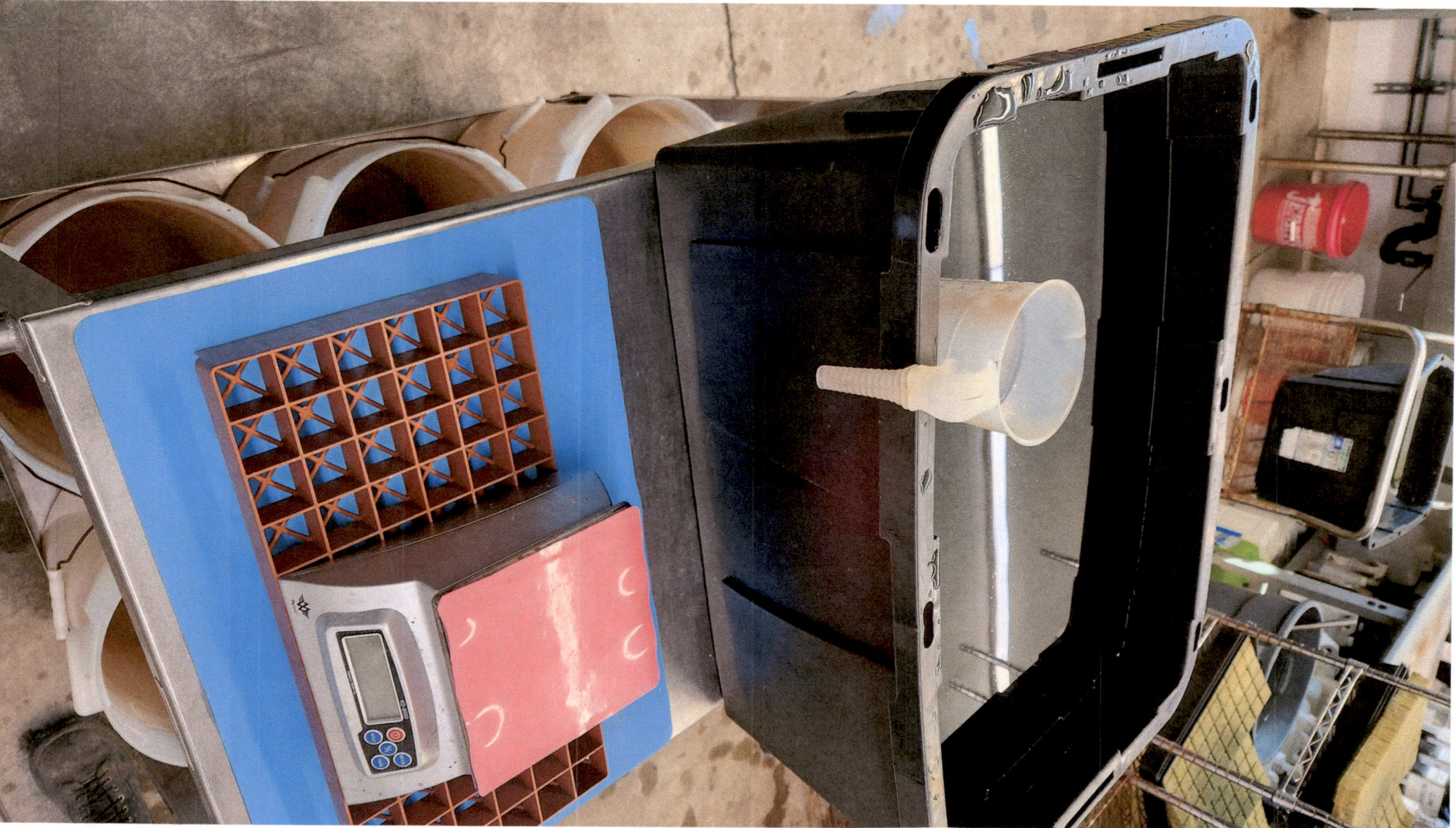


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Nelson COBU

4/10/24

pressure @ distribution pumps



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Nelson
cobu
4/18/24
hand-
watering
system

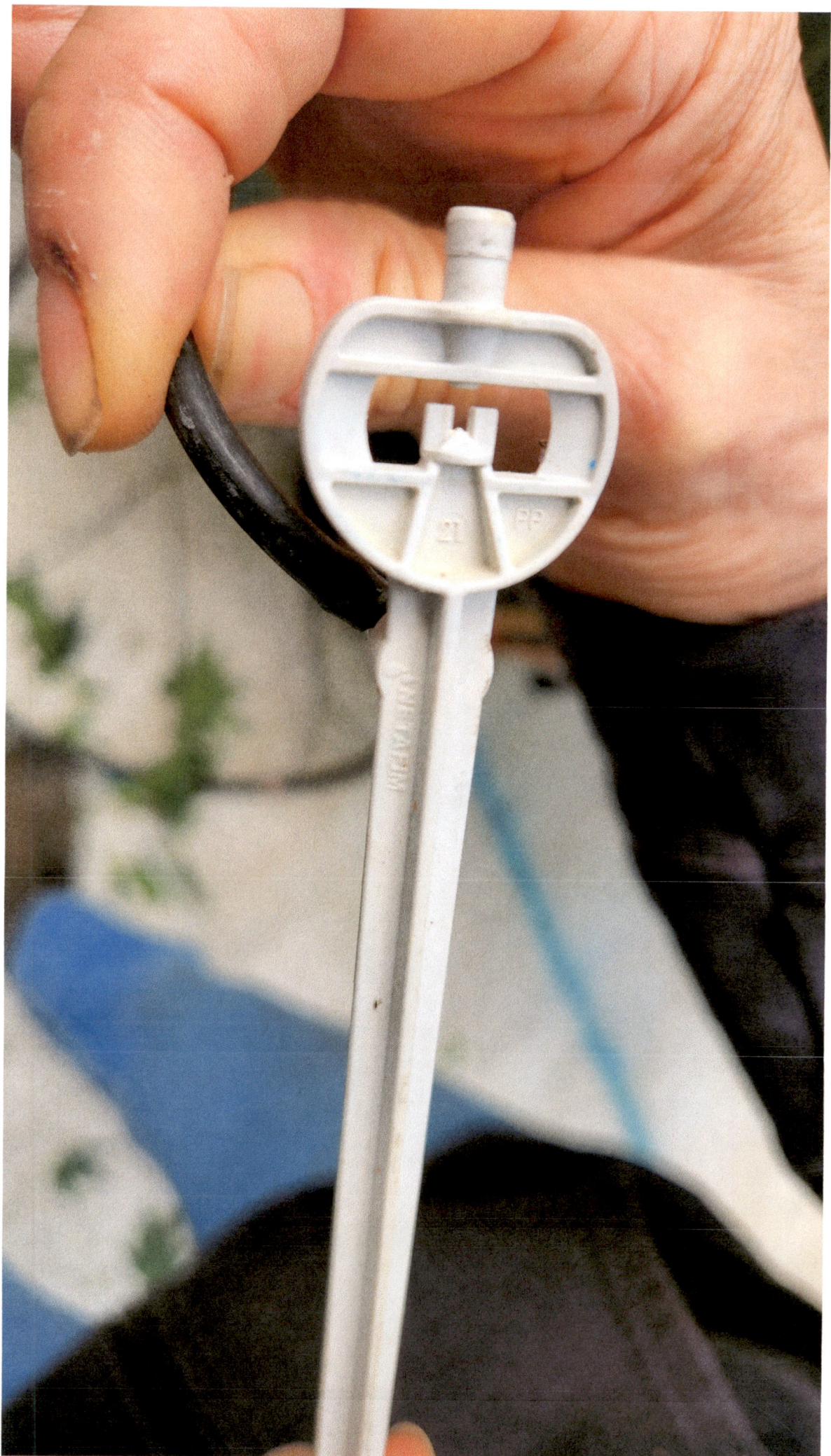


Nelson
COBU
4/8/24
hand-
watering
indoor
grow

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Nelson
CABU

4/18/24

Metatrim
spray
stick



Will McGill <willmcgill.surveying@gmail.com>

Permit G-17770 COBU (Nelson)

Will McGill <willmcgill.surveying@gmail.com>

Thu, May 2, 2024 at 9:19 AM

To: CLARK Gerald E * WRD <gerald.e.clark@water.oregon.gov>

Hi Gerry,

I am requesting a waiver from filling out "Section 4: System Description, F. Gravity Flow Pipe" for the claim of beneficial use on Permit G-17770 for Wells 2, 3, and 5. Under "D. Appropriation and Delivery System Information", items 1, 2, 3 and 4, I will provide all information requested to verify the theoretical pump capacity for the wells. All of these pumps feed one 1,000-gallon and four 2,500-gallon polyethylene storage tanks on demand. From the 5 storage tanks, water is delivered by gravity flow through 2", 1.5" 1.25" and 1" PVC and poly pipe to the places of use and applied by three different methods. Due to the variable sizing of the gravity flow portion of the system and variable locations of the storage tanks, I am finding it near impossible to complete the rate of water flow to the place of use calculation. The appropriation of water from the well to the tank will not exceed the authorized rate in the permit.

Thanks so much!

--

Will McGill, PLS, CWRE

15333 Pletzer Rd SE

Turner, OR 97392

503-510-3026

mcgillwaterrights.com

WILL MCGILL SURVEYING LLC

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MAY 31 2024

Salem, OR



Will McGill <willmcgill.surveying@gmail.com>

Permit G-17770 COBU (Nelson)

CLARK Gerald E * WRD <gerald.e.clark@water.oregon.gov>
To: Will McGill <willmcgill.surveying@gmail.com>

Fri, May 10, 2024 at 2:07 PM

Will,

As we discussed, when preparing the Claim, we need to have a complete description of the system from the well through the tanks to the place of use including how the water is applied, whether by hand application or through a drip system.

As for your waiver request to not provide calculations for the gravity flow pipes leaving the bulge tanks to the place of use, I am fine with that and will approve your waiver request. I understand that due to the numerous manners in which water is released for use from the tanks that it is difficult to compute those rates.

In addition, while you were in the office we talked about how the Department views beneficial use and regulation in situations where a water user diverts water to a bulge rather than directly to the use. Ultimately, both the establishment of the rate of beneficial use and for the purpose of regulation, the Department looks at the rate that water is appropriated from the source at the POD/POA.

Please let me know if you have any additional questions.

Have a great day and weekend!

Gerry

-

[Gerry Clark](#)

He/Him/His

Oregon Water Resources Department

Program Analyst, Certificate Section, Water Right Services Division

725 Summer Street NE, Suite A Salem, OR 97301 | Phone 503-979-9103

[Quoted text hidden]

Received by OWRD

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Salem, OR

Business Registry Business Name Search

[New Search](#)

Business Entity Data

05-21-2024
12:55

| Registry Nbr | Entity Type | Entity Status | Jurisdiction | Registry Date | Next Renewal Date | Renewal Due? |
|--------------|-------------------|---------------|--------------|---------------|-------------------|--------------|
| 756209-98 | DLLC | ACT | OREGON | 03-14-2011 | 03-14-2025 | |
| Entity Name | LOOKOUT POINT LLC | | | | | |
| Foreign Name | | | | | | |

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MAY 31 2024

[New Search](#)

Associated Names

| | | | | |
|--------|----------------|-----------------------------|-------|----------------------------------|
| Type | PPB | PRINCIPAL PLACE OF BUSINESS | | Salem, OR |
| Addr 1 | 40160 E 1ST ST | | | |
| Addr 2 | | | | |
| CSZ | LOWELL | OR | 97452 | Country UNITED STATES OF AMERICA |

Please click [here](#) for general information about registered agents and service of process.

| | | | | | | |
|--------|----------------|------------------|------------|------------|--------------------------|--|
| Type | AGT | REGISTERED AGENT | Start Date | 03-14-2011 | Resign Date | |
| Name | MIA | MICHELE NELSON | | | | |
| Addr 1 | 40160 E 1ST ST | | | | | |
| Addr 2 | | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA | |

| | | | | |
|--------|----------------|-----------------|-------|----------------------------------|
| Type | MAL | MAILING ADDRESS | | |
| Addr 1 | 40160 E 1ST ST | | | |
| Addr 2 | | | | |
| CSZ | LOWELL | OR | 97452 | Country UNITED STATES OF AMERICA |

| | | | | | |
|---------------|--|--------|-------|-------------|--------------------------|
| Type | MEM | MEMBER | | Resign Date | |
| Not of Record | NELSON-JOHNSON LIVING TRUST DATED 7/5/11, AS AMENDED | | | | |
| Addr 1 | 40160 E 1ST ST | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|---|--------|-------|-------------|--------------------------|
| Type | MEM | MEMBER | | Resign Date | |
| Not of Record | NELSON-LANTZ LIVING TRUST DATED 5/24/21 | | | | |
| Addr 1 | 40160 E 1ST ST | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|------|-----|--------|--|-------------|--|
| Type | MEM | MEMBER | | Resign Date | |
|------|-----|--------|--|-------------|--|

| | | | | | |
|----------------------|--|----|-------|----------------|--------------------------|
| Not of Record | ARBOR JOHNSON LIVING TRUST DATED 6/29/11 | | | | |
| Addr 1 | 40160 E 1ST ST | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|----------------------|---|--------|-------|--------------------|--------------------------|
| Type | MEM | MEMBER | | Resign Date | |
| Not of Record | ROY NELSON REVOCABLE LIVING TRUST DATED 8/22/02, AS AMENDED | | | | |
| Addr 1 | ROY NELSON TRUSTEE | | | | |
| Addr 2 | 40152 EAST FIRST STREET | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|----------------|---------|--------|--------------------|--------------------------|
| Type | MGR | MANAGER | | Resign Date | |
| Name | WILEY | ROY | NELSON | | |
| Addr 1 | 40160 E 1ST ST | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|-------------------------|---------|--------|--------------------|--------------------------|
| Type | MGR | MANAGER | | Resign Date | |
| Name | ROY | MICHAEL | NELSON | | |
| Addr 1 | 40152 EAST FIRST STREET | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|-------------------------|---------|---------|--------------------|--------------------------|
| Type | MGR | MANAGER | | Resign Date | |
| Name | RICHARD | DONALD | JOHNSON | | |
| Addr 1 | 40160 EAST FIRST STREET | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|-------------------------|---------|--------|--------------------|--------------------------|
| Type | MGR | MANAGER | | Resign Date | |
| Name | MIA | MICHELE | NELSON | | |
| Addr 1 | 40160 EAST FIRST STREET | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

| | | | | | |
|---------------|----------------|---------|---------|--------------------|--------------------------|
| Type | MGR | MANAGER | | Resign Date | |
| Name | ARBOR | | JOHNSON | | |
| Addr 1 | 40160 E 1ST ST | | | | |
| Addr 2 | | | | | |
| CSZ | LOWELL | OR | 97452 | Country | UNITED STATES OF AMERICA |

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Name History

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Salem, OR








2/3

| Business Entity Name | Name Type | Name Status | Start Date | End Date |
|----------------------|---------------------------|-----------------------------|------------|----------|
| LOOKOUT POINT LLC | EN | CUR | 03-14-2011 | |

Please [read](#) before ordering [Copies](#).

[New Search](#)

Summary History

| Image Available | Action | Transaction Date | Effective Date | Status | Name/Agent Change | Dissolved By |
|---|--------------------------|------------------|----------------|------------------------|-------------------|--------------|
|  | AMENDED ANNUAL REPORT | 02-03-2024 | | FI | | |
|  | AMENDED ANNUAL REPORT | 02-04-2023 | | FI | | |
|  | AMENDED ANNUAL REPORT | 02-06-2022 | | FI | | |
| | ANNUAL REPORT PAYMENT | 02-10-2021 | | SYS | | |
|  | AMENDED ANNUAL REPORT | 02-24-2020 | | FI | | |
| | ANNUAL REPORT PAYMENT | 02-11-2019 | | SYS | | |
| | ANNUAL REPORT PAYMENT | 02-13-2018 | | SYS | | |
| | ANNUAL REPORT PAYMENT | 02-09-2017 | | SYS | | |
| | ANNUAL REPORT PAYMENT | 02-16-2016 | | SYS | | |
| | ANNUAL REPORT PAYMENT | 02-06-2015 | | SYS | | |
| | ANNUAL REPORT | 03-06-2014 | | FI | | |
| | ANNUAL REPORT PAYMENT | 02-08-2013 | | SYS | | |
|  | AMENDED ANNUAL REPORT | 02-09-2012 | | FI | | |
|  | ARTICLES OF AMENDMENT | 09-14-2011 | | FI | | |
|  | ARTICLES OF ORGANIZATION | 03-14-2011 | | FI | Agent | |

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MAY 31 2024

Salem, OR



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MAY 31 2024

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Look out Point LLC
401100 E First St, Lowell OR 97452

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check:

Check No. 2269

Name(s) on Check: Will McVill Surveying

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

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

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

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

Sincerely,

OWRD Customer Service Staff

Submission received by: 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 the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.