

**CLAIM OF  
BENEFICIAL USE  
for Groundwater Permits  
claiming more than 0.1 cfs**



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

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

**A separate form shall be completed for each permit.**

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-14686</b>	PERMIT # (IF APPLICABLE) <b>G-13568</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Ray Gardner/ Red Harvest Farm</b>		PHONE No. <b>541-347-3887</b>	ADDITIONAL CONTACT No.
ADDRESS <b>PO Box 545</b>			
CITY <b>Bandon</b>	STATE <b>OREGON</b>	ZIP <b>97411</b>	E-MAIL <b>Rayjr56@gmail.com</b>

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

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

PERMIT HOLDER OF RECORD <b>Ray Gardner</b>			
ADDRESS <b>PO Box 545</b>			
CITY <b>Bandon</b>	STATE <b>OREGON</b>	ZIP <b>97411</b>	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**May 11, 2023**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Ray Gardner</b>	<b>May 11, 2023</b>	<b>Owner</b>

**6. County:**

**Coos**

**7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

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Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

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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 <b>Walter White</b>		PHONE No. <b>541-266-9890</b>	ADDITIONAL CONTACT No.	
ADDRESS <b>275 Market Avenue</b>				
CITY <b>Coos Bay</b>	STATE <b>OREGON</b>	ZIP <b>97420</b>	E-MAIL <b>wwhite@shn-engr.com</b>	

Permit Holder of Record Signature or Acknowledgement

*Each permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<b>RG</b>	<b>Ray Gardner</b>	<b>Owner</b>	<b>5/11/2023</b>

**SECTION 3**  
**CLAIM DESCRIPTION**

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1		
Well 2		
Well 3		

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
Wells 1, 2, and 3	Ferry Creek Basin	

**3. Developed use(s), period of use, and rate for each use:**

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Cranberry	Cranberry	Year round	13 gpm
Well 2	Cranberry	Cranberry	Year round	2 gpm
Well 3	Cranberry	Cranberry	Year round	35 gpm
Total Quantity of Water Used				

**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:

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 NO

(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.")

**6. Claim Summary:**

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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)
Well 1	50479	L152134
Well 2	50566	L13845
Well 3	54817	L100644

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
Wells 1, 2, and 3	Ferry Creek Basin	

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Cranberry	Cranberry	Year round	15 GPM
Well 2	Cranberry	Cranberry	Year round	7 GPM
Well 3	Cranberry	Cranberry	Year round	35 GPM
Total Quantity of Water Used				

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:

Well 1(POD1), Well 2(POD2), and Well 3(POD3) all feed main Pond 3. The system is setup if one pump goes down, the other two wells act as backup water supply. All water used on site is recycled through various storm drains connecting the entire system. All wells are 1.5 horse power Grundfos submersible pumps. No other information is available for the wells.

All wells convey water through 1-1/2" pvc pipe to Pond 3.

All Pump Houses have redundant pumps and motors.

Pond 3 well house supplies water to bogs 1, 2, 7, 8, and 9 by using a PACO pump and BALDOR-RELIANCE motor through 4" pvc pipe and also a Berkley pump and BALDOR-RELIANCE motor.

Water is supplied to Pond 2 from Pond 3. Pond 2 well house feeds bogs R1, R2, R3, R4, 10, 11, and 12 by using PACO pump and BALDOR-RELIANCE motor through 4" pvc pipe and also a Berkley pump and BALDOR-RELIANCE motor.

Water is supplied to Pond 1 from Pond 3. Pond 1 well house supplies water to bogs 3, 4, 5, and 6 using PACO pump and PACO motor through 4" pvc pipe. All sprinklers on site are 1/8" nozzles and are fed through 1 1/4" or 1" pvc pipe.

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** NO

(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.")

**Total Acreage developed is 27.09 acres out of the 31.4 acres allowed.**

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.11 cfs	0.11	none	Irrigation	31.4	27.09
Well 2	0.11 cfs	0.11	none	Irrigation	31.4	27.09
Well 3	0.11 cfs	0.11	See pump test attached	Irrigation	31.4	27.09

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES  NO

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

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

**Well 1**

**A. Place of Use**

1. Is the right for municipal use?

YES  NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
28S	14W	W.M.	29	NENENW			IRRIGATION	5.32	
28S	14W	W.M.	29	NWNWNE			IRRIGATION	3.83	
28S	14W	W.M.	29	SWNWNE			IRRIGATION	8.03	
28S	14W	W.M.	29	NESENW			IRRIGATION	4.54	
28S	14W	W.M.	29	SENENW			IRRIGATION	5.37	
<b>Total Acres Irrigated</b>								<b>27.09</b>	

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

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

1. Is the appropriation from a well?

YES  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:

Top of well cap has 1" opening on the west side.

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
4 1/2"	54	70	8-12-97		Ray Garner	Barrington

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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.

Well log 50566, Well I.D. L-152134

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

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

YES



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



NO

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
PACO(Pump House 3)		No info available	Centrifugal	5"	5"
BERKLEY		70212-M	Centrifugal	5"	5"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
BALDOR-RELIANCE (SN Z2111020457)	30
BALDOR-RELIANCE (SN z1707171602)	30

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30	60	3.5 FEET	20.6	1.12

**5. Provide pump calculations:**

HP =	30
Efficiency	6.61
Lift =	24.1
PSI =	60
 <b>Results Calculated</b>	
(hp)(efficiency) =	198.3
Head based on psi =	152.4
Total dynamic head =	176.5

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(head + lift)

Pump Capacity = 1.12 cubic feet per second

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 tested			

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

7. Is the distribution system piped?

YES  NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	3,700 feet	PVC	buried
4"	1,100	PVC	buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1"	unknown	PVC	buried
1 1/4"	unknown	PVC	buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8"	20	1.9	394	394	1.67

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

E. Storage

1. Does the distribution system include in-system storage (e.g. 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.

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**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
POND 3(main)	12 feet	7.8

**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



*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?**

YES



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

There are 27.09 acres developed from the 31.4 acres permitted. Well 1 meter is a 1" Zenner Model PPD SN 11212791.

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**SECTION 4  
SYSTEM DESCRIPTION**

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**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**

**1. Is the right for municipal use?**

YES  NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
28S	14W	W.M.	29	NENENW			IRRIGATION	5.32	
28S	14W	W.M.	29	NWNWNE			IRRIGATION	3.83	
28S	14W	W.M.	29	SWNWNE			IRRIGATION	8.03	
28S	14W	W.M.	29	NESENW			IRRIGATION	4.54	
28S	14W	W.M.	29	SENENW			IRRIGATION	5.37	
<b>Total Acres Irrigated</b>								<b>27.09</b>	

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

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

**1. Is the appropriation from a well?**

YES  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:**

**Top of well cap has 1" opening.**

**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
<b>4 ½"</b>	<b>50</b>	<b>63</b>	<b>5-28-97</b>		<b>Ray Gardner</b>	<b>Barrington</b>

**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.**

**Well log 50479, Well I.D. L-13845**

### C. Groundwater Source Information (Sump)

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

YES



### D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

NO

If "NO" items 2 through item 6 may be deleted.

#### 2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
PACO(pump house 2)	na	82140025	CENTRIFUGAL	5"	5"
BERKLEY	B3ZPLS	M26449	CENTRIFUGAL	5"	5"

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
BALDOR-RELIANCE	30
BALDOR-RELIANCE	30

#### 4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30		3	3	1.22

#### 5. Provide pump calculations:

HP =	30				
Efficiency	= 6.61				
Lift =	10				
PSI =	60				
<b>Results Calculated</b>					
(hp)(efficiency) =	198.3				
Head based on psi =	152.4				
Total dynamic head =	162.4				
(head + lift)					
<b>Pump Capacity =</b>	<b>1.22</b>	<b>cubic feet per second</b>			

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**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 tested			

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

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

YES  NO

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	1,600	Pvc	buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1"	unknown	pvc	buried
1 1/4"	unknown	pvc	buried

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8"	45	2.9	424	424	1.79

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

**E. Storage**

**1. Does the distribution system include in-system storage (e.g. 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

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond 2	6 feet	3.5

**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.

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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



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

There are 27.09 acres developed from the 31.4 acres permitted. Well 2 meter is a 1" Zenner Model PPD SN 11212790.

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**SECTION 4  
SYSTEM DESCRIPTION**

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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 3**

**A. Place of Use**

1. Is the right for municipal use?

YES   NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
28S	14W	W.M.	29	NENENW			IRRIGATION	5.32	
28S	14W	W.M.	29	NWNWNE			IRRIGATION	3.83	
28S	14W	W.M.	29	SWNWNE			IRRIGATION	8.03	
28S	14W	W.M.	29	NESENW			IRRIGATION	4.54	
28S	14W	W.M.	29	SENENW			IRRIGATION	5.37	
<b>Total Acres Irrigated</b>								<b>27.09</b>	

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

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

1. Is the appropriation from a well?

YES  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:

**Top of well cap has 1" opening.**

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
<b>5"</b>	<b>60</b>	<b>63</b>	<b>11-02-2010</b>	<b>11-02-2010</b>	<b>Ray Gardner</b>	<b>Barrington</b>

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.

Well log 54817, Well I.D. L-100644

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

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

YES  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 NO

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
PACO	Unknown	No tags	Centrifugal	5"	5"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
PACO	30

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30		6	11	1.17

**5. Provide pump calculations:**

HP = 30  
 Efficiency = 6.61  
 Lift = 17  
 PSI = 60

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**Results Calculated**

(hp)(efficiency) = 198.3  
 Head based on psi = 152.4  
 Total dynamic head = 169.4  
 (head + lift)

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Pump Capacity = 1.17 cubic feet per second

**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 tested			

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

7. Is the distribution system piped?

YES  NO

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	900 feet	Pvc	buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1 1/4"	unknown	pvc	buried
1"	unknown	pvc	buried

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8"	45	2.9	223	223	0.94

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

**E. Storage**

1. Does the distribution system include in-system storage (e.g. 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

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

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond 1	5 feet	4.1

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## 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



*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?

YES



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

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

There are 27.09 acres developed from the 31.4 acres permitted. Well 3 meter is a 1" Zenner Model PPD SN 31073541 See attached pump test for well 3.

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**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	February 20, 1998		
BEGIN CONSTRUCTION (A)	January 29, 2000	5-28-97	Well construction to begin bogs already built
COMPLETE CONSTRUCTION (B)		5-28-97	Wells completed
COMPLETE APPLICATION OF WATER (C)	October 1, 2003	11-02-2010	All wells and bogs were in place prior the issuance date except for well 3 installed in 2010.

\* 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

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?

YES  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?

YES  NO

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

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

June

c. Was the measurement submitted to the Department?

YES  NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
6-24-24	W. White	Water level meter	15.4 feet

**4. Annual Static Water Level Measurements:**

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

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

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

**June through October**

c. Were the static water level measurements taken in the month(s) required?  YES  NO

d. If "YES", were those measurements submitted to the Department?  YES  NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
See attachment			

**5. Pump Test:**

a. Did the permit require the submittal of a pump test?  YES  NO

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department?  YES  NO

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

d. Has the pump test been approved by the Department?  YES  NO

e. Has a pump test exemption been approved by the Department?  YES  NO

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

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device?  YES  NO

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

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

b. Has a meter been installed?  YES  NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Zenner	11212791	Working	0	8-3-24
Well 2	Zenner	11212790	Working	0	8-3-24
Well 3	Zenner	31073541	Working	6,256	6-24-24

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

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**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 submittal of a water management and conservation plan required?

YES  NO

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

YES  NO

WELL ID #	DATE ATTACHED TO WELL
L152134	August 2024
L13845	8-12-1997
L100644	11-2-2010

e. Other conditions?

YES  NO

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

User has begun tracking water levels and water volumes. See attached.  
All wells have a Well Tag in good condition.

**SECTION 6**

**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Pump Test for Well #3	Performed 6-24-2024 by SHN
Water Level Reporting Spreadsheet	Water levels for Wells 1, 2, and 3 for 2024
Water Use Reporting	Wells 1, 2, and 3 water volumes used to date for 2024
Water Monitoring Letter	Letter for proposed monitoring plan
Pump Test Multiple Well Waiver	Waiver for wells 1 and 2 with well logs.
Request for map scale change	Letter requesting approval of 1"=300' instead of 1"=400'

**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.

A static gps survey was performed and processed with the On-line Positioning User Service (OPUS). The horizontal datum is Oregon State Plane (NAD83), South Zone.

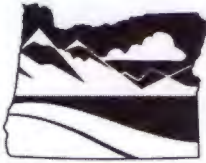
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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.  
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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OWNER NAME/BUSINESS NAME: Red Harvest Farms		PHONE No.: 541-404-5178	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 545			
CITY: Bandon	STATE: OR	ZIP: 97411	E-MAIL: rayjr56@gmail.com

**NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):**

1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);
2. One of the wells has been tested and the test has been approved by OWRD; and
3. The wells are within 5 miles of the tested well.

1. List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
54817	L- 100644	3	6/24/24	G- 14686	G- 13568	T-	

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
28s	14w	29	NWSWNE	3210 EAST 1705 SOUTH OF NW COR. SEC 29	43.120768	-124.383314

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	50479	L- 152134	1	G- 14686	G- 13568	T-
b	50566	L- 13845	2	G- 14686	G- 13568	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
a	28s	14w	29	SWNWNE	3244 EAST 905 SOUTH OF NW COR. SEC 29	43.122962	-124.383141
b	28s	14w	29	NWSWNE	2917 EAST 1332 SOUTH OF NW COR. SEC 29	43.121804	-124.384390
c							
d							
e							

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE:  DATE: 8/06/24 LICENSE #: 55547OR

PRINTED NAME: Walter White (CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: 541-266-9890 EMAIL: wwhite@shn-engr.com



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**PUMP TEST FORM  
COVER SHEET**

**Owner Information:**

**OWRD**

<b>OWNER NAME/BUSINESS NAME:</b> Red Harvest Farm		<b>PHONE NO.:</b> 541-347-3887	<b>ADDITIONAL CONTACT NO.:</b>	
<b>ADDRESS:</b> PO Box 545				
<b>CITY:</b> Bandon	<b>STATE:</b> OR	<b>ZIP:</b> 97411	<b>E-MAIL:</b> rayjr6@gmail.com	

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

<b>TEST CONDUCTED BY NAME:</b> Walter White		<b>QUALIFICATION:</b> (SELECT) CWRE	<b>LICENSE #:</b> 55547	
<b>COMPANY:</b> SHN Consulting Engineers & Geologists, Inc		<b>PHONE NO.:</b> 541-266-9890	<b>ADDITIONAL CONTACT NO.:</b>	
<b>ADDRESS:</b> 275 Market Avenue				
<b>CITY:</b> Coos Bay	<b>STATE:</b> OR	<b>ZIP:</b> 97420	<b>E-MAIL:</b> wwhite@shn-engr.com	

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # (Ex: MARI 99999)	WELL TAG # (Ex: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
54817	L- 100644	3	63 feet	Ra Gardiner	11-2-2010	6-24-24

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
28S	14W	29	NWSWNE	3210 FEET EAST AND 1705 FEET SOUTH OF NWC SEC. 29	43.120768	-124.383314

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 14686	G- 13568	T-		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (Ex: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
50479	N5°58'44"E 800.99'	not operating		
50566	N34°36'26"W 474.28'	not operating		

Is there a lake, stream or other surface water body within ¼ mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. **Approximate distance:** \_\_\_\_\_ ft.

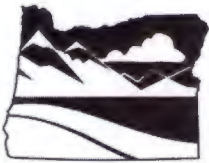
Well elevation is  above the surface water body. **Approximate elevation difference:** \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Sand pit \_\_\_\_\_

How far from the pumped well was water discharged? 150 \_\_\_\_\_ ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.



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Water level meter

Water-Level Measurement Method: Other (Enter) \*Verify here: { Airline: psi feet. E-Tape: feet.

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

Manufacturer: Serial #: Date Last Calibrated: Units:

Pump Type: Submersible HP: 1.5 Pump set at: unknown feet. Pump idle time:

Discharge Measurement Method: Vol/Time

Flowmeter (if used): Manufacturer: Zenner Serial #: 31073541 Date Last Calibrated: brand new Units: gallons

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

Measuring Point (MP): Measuring point distance above land surface 2.5 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1" port top of casing

Time pump turned on: Date 6-24-24 Time 0822 Time pump turned off: Date 6-24-24 Time 1225 Total pumping time: 4 hours 3 minutes.

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

- Checklist items regarding discharge rate, pump operation, measurement accuracy, and well idle time.

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

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

Pump test requirements for OAR 690-217 can be found online at: https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\_OARD=1BdwLynsYAPNSQIW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2\_ROSs!-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD\_DL\_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: DATE: 6/24/24 OWNER SIGNATURE: DATE: 6/24/24



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PUMP TEST FORM  
DATA SHEET

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
54817	L- 100644					

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
6/24/24	0730		15.4	0	Pre-test		354	
	0750		15.4	0	Pre-test			
	0810		15.4	0	Pre-test			
	822	0	45.9	24 gpm	Pumping			
	0824	2	48.2		Pumping			
	0826	4	49.5		Pumping			
	0828	6	49.7		Pumping			
	0830	8	49.9		Pumping			
	0832	10	50.0		Pumping			
	0839	17	50.1		Pumping			
	0845	23	50.2		Pumping			
	0850	28	50.4		Pumping		1068	
	0855	33	50.4		Pumping		1188	
	0910	48	50.5		Pumping		1545	
	0925	63	50.5	23 gpm	Pumping		1886	
	0940	78	51.0		Pumping		2251	
	0955	93	51.0		Pumping		2610	
	1010	108	51.0		Pumping		2979	
	1025	123	51.1	26 gpm	Pumping		3332	
	1040	138	51.1		Pumping		3696	
	1056	154	51.1		Pumping		4036	
	1110	168	51.1		Pumping		4397	
	1125	183	51.2	25 gpm	Pumping		4757	
	1140	198	51.2		Pumping		5110	
	1155	213	51.2		Pumping		5473	
	1210	228	51.2		Pumping		5831	
	1225	243	51.3	24 gpm	Pumping		6170	
	1227	245			Pumping			
	1229	247	25.7		Recovery		6256	
	1231	249	19.0		Recovery			
	1233	251	17.3		Recovery			
	1235	253	17.0		Recovery			
	1237	255	16.9		Recovery			
	1243	261	16.6		Recovery			
	1248	266	16.5		Recovery			
	1253	271	16.3		Recovery			
	1258	276	16.2		Recovery			
	1313	291	15.9		Recovery			
	1328	306	15.7		Recovery			



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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-					

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
	1343	321	15.5		Recovery			
	1358	336	15.4		Recovery			
	1414	351	15.3		Recovery			
	1429	367	15.2		Recovery			
	1444	382	15.1		Recovery			
	1459	397	15.1		Recovery			



Phone: (541) 266-9890 Email: [info@shn-engr.com](mailto:info@shn-engr.com) Web: [shn-engr.com](http://shn-engr.com)  
275 Market Avenue, Coos Bay, OR 97420-2228

Reference: 623046

March 26, 2024

Codi Holmes  
Certificate Specialist  
Oregon Water Rights Depart.  
725 Summer St NE Suite A  
Salem, OR 97301

**Subject: Permit G-13568: Red Harvest Farms LLC Water Monitoring Plan**

Dear Codi Holmes:

On behalf of Red Harvest Farms LLC, SHN is submitting a Water Monitoring Plan as a Permit Requirement for the Claim of Beneficial Use for Permit G-13568. See proposed plan below.

Proposed Water Monitoring Plan:

Red Harvest Farms LLC will monitor water levels in permitted wells #1, #2, and #3 during Cranberry Operating months from April through October of each year. Static water levels will be measured in each well, once for each month of active operations. April measurements for each year will act as a baseline measurement prior to any active operations. Measurements in the months May through September will be during active operations. Measurements in October will be after annual harvest has ceased. A total of seven measurements will be submitted annually using the approved reporting methods adopted by the Oregon Water Rights Department.

Sincerely,

**SHN**

Walter White, CWRE 55547  
Principal Surveyor

Received

SEP 19 2024

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Phone: (541) 266-9890 Email: [info@shn-engr.com](mailto:info@shn-engr.com) Web: [shn-engr.com](http://shn-engr.com)  
275 Market Avenue, Coos Bay, OR 97420-2228

Reference: 623046

September 13, 2024

Codi Holmes  
Certificate Specialist  
Oregon Water Rights Depart.  
725 Summer St NE Suite A  
Salem, OR 97301

**Subject: Permit G-13568: Red Harvest Farms LLC Water Monitoring Plan**

Dear Codi Holmes:

SHN is requesting a waiver to the common scales used for COBU maps.  
SHN is requesting to use a scale of 1"=300' for the attached map.  
Thank you

Sincerely,

**SHN**

A handwritten signature in blue ink, appearing to read 'Walter White'.

Walter White, CWRE 55547  
Principal Surveyor

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SEP 19 2024  
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STATE OF OREGON

WATER SUPPLY WELL REPORT

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

12-02-2010

WELL LABEL # L 100644

START CARD # 1011645

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name RAYMOND Last Name GARDNER
Company RED HARVEST FARM
Address 55467 MORRISON RD
City BANDON State OR Zip 97411

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD
[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 63.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 10, 0, 63, Bentonite Chips, 0, 25, 21, S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other POURED

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 25 ft. to 63 ft. Material SAND Size 10/20

Explosives used: [ ] Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Row 1: 5, 2, 58, sdr26, [X]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) \_\_\_\_\_

Temp casing [ ] Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type JOHNSON Material SS

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: Screen, 5, 58, 63, .016

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

[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

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

Table with 4 columns: Yield, Drawdown, Depth, Duration. Row 1: 30, 40, 63, 4

Temperature 52 °F Lab analysis [ ] Yes By \_\_\_\_\_

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Coos Twp 28.00 S N/S Range 14.00 W E/W WM
Sec 29 NE 1/4 of the NW 1/4 Tax Lot 600
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD
[ ] Street address of well [ ] Nearest address

BATES RD BANDON OR

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 11-02-2010, \_\_\_\_\_, 19

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 19

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 11-02-2010, 19, 63, 30, \_\_\_\_\_, 19

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To. Rows: BROWN SANDY CLAY (0-18), BROWN SAND (18-25), BROWN BLUE SAND (25-57), BROWN BLUE SAND & FINE GRAVEL MIX (57-63), BLUE CLAY (63-63)

Received

SEP 19 2024

OWRD

Date Started 09-27-2010 Completed 11-02-2010

(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 \_\_\_\_\_ Date \_\_\_\_\_

Electronically Filed

Signed \_\_\_\_\_

(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 1381 Date 12-02-2010

Electronically Filed

Signed RONALD L BARRINGTON (E-filed)

Contact Info (optional) BARRINGTON WELL DRILLING LLC 541-269-7221

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STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

JUN - 5 1997

WATER RESOURCES DEPT.  
SALEM, OREGON

Instructions for completing this report are on the back page of this form.

WELL D.# 13859  
COOS #50479 (START CARD) # 93903

Page 1 of 2

(1) OWNER: Well Number \_\_\_\_\_  
Name Raymond Gardner  
Address Rt 2 Box 346  
City Bandon State OR Zip 97411

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/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 63 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>9 1/2</u>	<u>0</u>	<u>20</u>	<u>Bent</u>	<u>20</u>	<u>0</u>	<u>12 1/4</u>
	<u>2 1/2</u>	<u>20</u>				
		<u>63</u>				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 19 ft. to 20 ft. Size of gravel pec

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material		
					Steel	Plastic	Welded
Casing:	<u>4 1/2</u>	<u>72</u>	<u>49</u>	<u>5006</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type Hydraulic Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>43</u>	<u>63</u>	<u>10/10</u>		<u>4 1/2</u>	<u>4 1/2</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing  Artesian  
Yield gal/min 15 Drawdowns Total Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County COOS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 28 N or S Range 14 E or W of W.M.  
Section 29 B NE 1/4 NW 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) chow lane

(10) STATIC WATER LEVEL:  
28' ft. below land surface. Date 5-28-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 72'

From	To	Estimated Flow Rate	SWL
<u>72</u>	<u>63</u>	<u>159 gpm</u>	<u>28'</u>

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Sandy Top Soil</u>	<u>0</u>	<u>1</u>	
<u>Brown sandy clay</u>	<u>1</u>	<u>32</u>	
<u>Brown sand</u>	<u>32</u>	<u>63</u>	

Date started 4-28-97 Completed 5-28-97  
(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.  
WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.  
WWC Number 1381  
Signed [Signature] Date \_\_\_\_\_



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WELL I.D.# L 13859

STATE OF OREGON  
WATER SUPPLY WELL REPORT

JUN - 5 1937

(as required by ORS 537.765)

WATER RESOURCES DEPT.

COOS 50479 (START CARD) # 93903

Page 2 of 2

Instructions for completing this report are on the last page of this form.

SALEM, OREGON

(1) OWNER:

Name Raymond Gardner  
Address Rt 2 Box 346  
City Bandon State OR Zip 97411

Well Number \_\_\_\_\_

(2) TYPE OF WORK

New Well  Deepening  Alteration (repair/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 \_\_\_\_\_ ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE

SEAL

Diameter	From	To	Material	From	To	Rock/soil pounds
9	0	20	Bent	20	0	12 1/4
7 1/2	20	63				

How was seal placed: Method  A  B  C  D  E

Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 20 ft. to 63 ft. Size of gravel Dec

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 4 1/2	+2	43	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	63	10/10		4 1/2	4 1/2	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
15	TOTAL		1 hr.

Temperature of water 52° Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Too little

Salty  Muddy  Odor  Colored  Other

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County COOS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 28 N or S Range 14 E or W WM  
Section 29 B NE 1/4 NW 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Chow Lane

(10) STATIC WATER LEVEL:

28' ft. below land surface. Date 5-28-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 32'

From	To	Estimated Flow Rate	SWL
32'	63'	15 gpm	28'

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Sandy Top soil	0	1	
Brown sandy clay	1	32	
Brown Sand	32	63	28

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Date started 4-28-97 Completed 5-28-97

(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 [Signature] WWC Number \_\_\_\_\_ Date \_\_\_\_\_

(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 [Signature] WWC Number 1381 Date 5-30-97

COOS  
50566

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SEP 15 1997

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L-13845  
START CARD # 93941

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number \_\_\_\_\_

Name Raymon Gardner  
Address 1 Rt Box 346  
City Hudson State OR Zip 97241

(2) TYPE OF WORK

New Well  Deepening  Alteration (repair/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 70 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Backfill pounds
9	0	20	Bent	20	0	33/4
7 1/2	20	70				

How was seal placed: Method  A  B  C  D  E

Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from 20 ft. to 70 ft. Size of gravel pe

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 4 1/2	0	72	52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_

Screens Type Hydrophilic Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	70	10/10		4 1/2	4 1/2	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
10		70	1 hr.

Temperature of water 52.0 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Too little

Salty  Muddy  Odor  Colored  Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County COOS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 28 N or S Range 14 E or W WM.  
Section 29 SW 1/4 NE 1/4  
Tax Lot 1400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Chow Lane

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 8-12-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	70	10	22

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown sand 70% mud	0	22	
Blue sand	22	70	22

Date started 8-4-97 Completed 8-12-97

(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 \_\_\_\_\_ Date \_\_\_\_\_

(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 [Signature] WWC Number 1391 Date 9-10-97

STATE OF OREGON

COUNTY OF COOS

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

RAYMOND GARDNER  
PO BOX 545; RT 2 BOX 346  
BANDON, OREGON 97411

PHONE: (541) 347-3887

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14686

SOURCE OF WATER: WELLS 1, 2, AND 3 IN THE FERRY CREEK BASIN

PURPOSE OR USE: CRANBERRY OPERATIONS ON 31.4 ACRES

MAXIMUM RATE: 0.33 CUBIC FOOT PER SECOND(CFS), BEING 0.11 CFS FROM EACH WELL

PERIOD OF USE: YEAR ROUND

DATE OF PRIORITY: FEBRUARY 20, 1998

POINT OF DIVERSION LOCATION: SW 1/4 NE 1/4, NE 1/4 NW 1/4, SECTION 29, T28S, R14W, W.M.; WELL 2 - 1325 FEET SOUTH & 2660 FEET; WELL 3 - 1730 FEET SOUTH & 3324 FEET EAST; WELL 1 - 915 FEET SOUTH & 2400 FEET EAST ALL FROM NW CORNER, SECTION 29

The amount of water diverted for CRANBERRY OPERATIONS, together with amounts secured under any other rights existing for the same lands, is limited as follows: For temperature control, 0.15 cubic foot per second per acre; For flood harvesting or pest control, 0.05 cubic foot per second per acre; For irrigation of cranberries, ONE-FORTIETH of one cubic foot per second and 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year. For the irrigation of any other crop, ONE-EIGHTIETH of one cubic foot per second and 2.5 acre-feet per acre for each acre irrigated during the irrigation season each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NW 1/4 NE 1/4 11.0 ACRES  
SW 1/4 NE 1/4 7.0 ACRES  
NE 1/4 NW 1/4 6.7 ACRES  
SE 1/4 NW 1/4 6.7 ACRES

SECTION 29

TOWNSHIP 28 SOUTH, RANGE 14 WEST, W.M.

Measurement, recording and reporting conditions:

A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by

Application G-14686

Water Resources Department

PERMIT G-13568

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SEP 19 2024

OWRD

the Director. The permittee shall maintain the meter or measuring device in good working order.

- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The Director may require the permittee to keep and maintain a record of the amount (volume) of water used and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water use information, the periods of water use and the place and nature of use of water under the permit. The Director may provide an opportunity for the permittee to submit alternative reporting procedures for review and approval.

In the event of a request for a change in point of appropriation, an additional point of appropriation or alteration of the appropriation facility associated with this authorized diversion, the quantity of water allowed herein, together with any other right, shall not exceed the capacity of the facility at the time of perfection of this right.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The water user shall develop a plan to monitor and report the impact of water use under this permit on water levels within the aquifer that provides water to the permitted well(s). The plan shall be submitted to the Department within one year of the date the permit is issued and shall be subject to the approval of the Department. At a minimum, the plan shall include a program to periodically measure static water levels within the permitted well(s) or an adequate substitute such as water levels in nearby wells. The plan shall also stipulate a reference water level against which any water-level declines will be compared. If a well listed on this permit (or replacement well) displays a total static water-level decline of 10 or more feet over any period of years, as compared to the reference level, then the water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s). Such action shall be taken until the water level recovers to above the 10-foot decline level or until the Department determines, based on the water user's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit.

Application G-14686 Water Resources Department

PERMIT G-13568

Received

SEP 19 2024

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**STANDARD CONDITIONS**

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

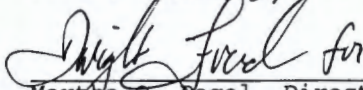
By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Actual construction of the well shall begin by January 29, 2000. Complete application of water to the use shall be made on or before October 1, 2003. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued January 29, 1999

  
Martha O. Pagel, Director  
Water Resources Department

Application G-14686  
Basin 17  
RWK

Water Resources Department  
Volume 3 FERRY CR & MISC  
MGMT.CODES 7AG 7AR 7BG 7BR

PERMIT G-13568  
District 19

Received

SEP 19 2024

OWRD

**REECE Nick A \* WRD**

---

**From:** CLARK Gerald E \* WRD  
**Sent:** Monday, September 23, 2024 1:55 PM  
**To:** REECE Nick A \* WRD  
**Subject:** RE: G-14686 CBU Map

Nick,

I am granting a scale waiver for this Claim map as well. A scale of 1" = 300' is acceptable.

I plan to remind the CWREs that we need them to request prior approval of a different scale.

Thanks for forwarding me the map.

Have a great afternoon!

Gerry

*Gerry Clark*

He/Him/His

Program Analyst, Certificate Section, Water Right Services Division | Phone 503-979-9103

---

**From:** REECE Nick A \* WRD <Nick.A.REECE@water.oregon.gov>  
**Sent:** Monday, September 23, 2024 1:48 PM  
**To:** CLARK Gerald E \* WRD <Gerald.E.CLARK@water.oregon.gov>  
**Subject:** G-14686 CBU Map

Here is the map.

Nick Reece

Public Service Representative 4

725 Summer Street NE, Suite A, Salem, OR 97301 | Phone: 503-986-0810



OREGON  
WATER  
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DEPARTMENT

Integrity | Service | Technical Excellence | Teamwork | Forward-Looking