

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)

Received
 NOV 25 2024
 Salem, OR

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18484	G-17973	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Immaculate Conception Church	PHONE NO. (503) 931-7941	ADDITIONAL CONTACT NO.	
ADDRESS 1077 N 6th Ave.			
CITY Stayton	STATE OR	ZIP 97383	E-MAIL jtraeger@regisstmmary.org

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 Immaculate Conception Church			
ADDRESS 1077 N 6th Ave.			
CITY Stayton	STATE OR	ZIP 97383	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

8/19/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
J.R. Traeger	8/19/2024	Maintenance Person
J.R. Traeger	10/4/2024	Maintenance Person

6. County:

Marion

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.



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
	LUAN NGUYEN	Pastor	11/25/24

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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 1	MARI 56957	L-61284

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 1	Irrigation	Lawn, landscaping, sports fields	Mar. 1 – Oct. 31	0.08 cfs
Total Quantity of Water Used				0.08 cfs

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 the well by a 1.5 HP submersible pump and delivered to the POU through 2" PVC buried mainline. Water is applied to the sports fields by a small hose reel with traveler gun and to the lawn/landscaped areas by an impact sprinkler.

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).

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.")

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 1	0.08 cfs	0.08 cfs	*	Irrigation	6.1	6.1

***System not running at time of site inspection.**

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

Well 1

A. Place of Use

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:

1/2" threaded port on W side 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 MARI 56957.

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?

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)
Franklin Electric	2823008110	0303D237866	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	45	0'	18'	0.08

4. Provide pump calculations:

$$Q = (1.5 * 7.04) / (114.3 + 18) = 0.08 \text{ cfs}$$

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 not running at time of site inspection.			

System not running at time of site inspection.

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)
B130 Water Reel	45	18	1	1	0.04
Gilmour Impact Sprinkler	45	3.3	1	1	0.01

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

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

H. Additional notes or comments related to the system:

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_____ 2024

_____, OR

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 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	12/6/2019		
BEGIN CONSTRUCTION (A)	12/6/2024	Nov. 2002	Application made on an existing system.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	12/6/2024	8/30/2024	Finished watering all authorized areas.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? YES NO

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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.

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

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

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 1	Master Meter	9034693	Working	2755600	5/31/2018

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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

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
L-61284	11/8/2022

d. 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):

a. **Groundwater production from alluvial reservoir – See attached well log MARI 56957**

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Log	MARI 56957 (2 pgs.)
Pictures (x9)	Taken at time of site inspection

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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: 9/26/2021

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

***** **MARI 56957** REVIDED *****

WELL ID # L **61284**

(START CARD) # **153358**

Mari 56957

(1) OWNER: Well Number: **61284**
 Name **St Mary School**
 Address **1077 N Sixth Ave**
 City **Stayton** State **OR** Zip **97383**

(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 **110** ft.
 Explosives used Yes No Type Amount

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
11.25	0 20	Bentonite	0 11	18	sacks
7.5	20 99	Cement	11 20	8	sks w/bent
6	99 113				

How was seal placed: Method A B C D E
 Other **poured & probed**
 Backfill placed from ft. to ft. Material
 Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1 99	.250	X			X

Liner:
 Final location of shoe(s) **99 ft**

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
82	98	1/4	130	1 1/4		X	

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

Pump	Bailer	<input checked="" type="checkbox"/> Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
33	70	98	1 hr.

Temperature of Water **56** 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 **Marion** Latitude Longitude
 Township **9** N or S. Range **1** E or W. of WM.
 Section **10** **SE** 1/4 **NE** 1/4
 Tax lot **3800** Lot Block Subdivision
 Street Address of Well (or nearest address) **1077 N Sixth Ave, Stayton, OR 97383**

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date **11/7/2002**
 Artesian pressure lb. per square inch. Date

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

From	To	Estimated Flow Rate	SWL
13	16	5	13
50	50	15	N/A
80	110	35	28

(12) WELL LOG:

Material	From	To	SWL
Gravel fill	0	1	
Gravel & soil	1	3	
Gravel cobbles & sandy by clay, boulders, cobbles & gravel w/clay br sandy layer	3	26	13
Gravel & sand w/boulders LC	26	50	
Gravel & cobbles LC w/silty br	50	58	
Gravel cobble & sand LC, gravel cobbles & boulders sandy br	58	92	28
Boulders w/cobbles & sand br LC	92	113	28

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IAN 10 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

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NOV 25 2002

Salem, OR

Date started **11/7/2002** Completed **11/8/2002**

(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 my best knowledge and belief.

Signed *[Signature]* WWC Number **1394**
 Date **11/11/2002**
Mack Drilling Company, Inc.

(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 **1394**
 Date **11/11/2002**
Mack Drilling Company, Inc.

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 153358

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

(1) OWNER:

Well Number: 61284

Name **St Mary School**
Address **1077 N Sixth Ave**
City **Stayton**

State **OR** Zip **97383**

(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 **110** ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
11.25	0	20	Bentonite	0	11	18 sacks
7.5	20	99	Cement	11	20	8 sks w/bent
6	99	113				

How was seal placed Method A B X C D E

Other **poured & probed**

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	99	.250	X		X	

Liner:

Final location of shoe(s) **99 ft** **OR**

(7) PERFORATIONS/SCREENS:

X Perforations		Method air rotary		Material steel			
Screens		Type slots		Tele/pipe size		Casing Liner	
From	To	Slot size	Number	Diameter	size	Casing	Liner
82	98	1/4	130	1 1/4		X	

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

Pump	Bailer	X Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
33	70	98	1 hr.

Temperature of Water **56** Depth Artesian Flow foundWas a water analysis done? Yes By whomDid 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 **Marion** Latitude Longitude
Township **9** N or S. Range **1** E or W. of WM.
Section **10** SW 1/4 NW 1/4
Tax lot Lot Block Subdivision
Street Address of Well (or nearest address) **1077 N Sixth Ave,
Stayton, OR 97383**

(10) STATIC WATER LEVEL:

28 ft. below land surface Date **11/7/2002**
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
13	16	5	13
50	60	15	N/A
80	110	35	28

(12) WELL LOG:

Material	From	To	SWL
Gravel fill	0	1	
Gravel & soil	1	3	
Gravel cobbles & sandy by clay, boulders, cobbles & gravel w/clay br sandy layer	3		26
Gravel & sand w/boulders LC	26	50	13
Gravel & cobbles LC w/silty br	50	58	
Gravel cobble & sand LC, gravel cobbles & boulders sandy br	58		28
Boulders w/cobbles & sand br LC	92	113	28

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WATER RESOURCES DEPT
SALEM, OREGON

Salem, OR

Date started **11/7/1902**Completed **11/8/2002**

(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 my best knowledge and belief.

Signed

Eugene T. Mack
Mack Drilling Company, Inc.WWC Number **1394**Date **11/11/2002**

(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

Eugene T. Mack
Mack Drilling Company, Inc.WWC Number **1394**Date **11/11/2002**



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St. Mary's
School
8/19/24
CoBu
Well



St. Mary's School

8/19/24 COBU - Well Tag

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St. Mary's
School
01/19/24
Cobra
—
Flow
meter
cap
w/ s/n



Assembled in USA
from Israeli, U.S. and
foreign components

BL 1" USG BD LF/BR PL

3 243
01/09/2018

26 High 101.1
Inter 100.5
Low 98.7
SN - 9024693



St. Mary's
School
8/19/24
CABU
—
Flow
meter

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MOTOR DATA

SUBMERSIBLE PUMPS AND WATER SYSTEMS

CAT NO 1520BGT32
HP 1-1/2 VOLT 230 GPM 20
AMPS 11.50 SF 1.30 PH 1
CODE J S/N 0303D237866

RATED FOR CONTINUOUS DUTY
THERMALLY PROTECTED

WARNING:
TO PREVENT ELECTRICAL SHOCK HAZARD

When wiring this pump follow all local
electrical and safety codes and
ordinances as well as the most
recent National Electric Code
(NEC - ANSI/NFPA 70).

DISPLAY THIS TAG IN A PROMINENT PLACE

27203B000

MADE IN U.S.A.

PRECAUCION

ELECTRIC SHOCK HAZARD | RISQUE POUR CHOC ELECTRIQUE | PELIGRO CHOQUE ELECTRICO



Mack Drilling

Well Drilling • Pumps • Sales & Service
Salem, Oregon

(503) 371-4399

Franklin Electric

MODEL 2823008110 HP 1/1.5 VOLT 230 HZ 60
PUSH TO RESET

St. Mary's
School
8/19/24
COBU
pump/
motor
info on
panel

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St. Mary's School 8/19/24
COBU - Water reel and traveler





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St. Mary's School 8/19/24

COBU

— Small gun

MODEL B130 PERFORMANCE GUIDE

B130 X 390 Water-Reel Performance						TRAVEL SPEED - FEET PER HOUR							
SIME K1 NOZ.	Sprinkler Performance			**Irrigated Area Width X Length	System Inlet PSI	30	40	50	60	70	80	90	100
	PSI	GPM	DIA			TRAVEL SPEED - FEET PER HOUR							
8mm	37	17	114	80 X 430	47	0.7	0.5	0.4	0.3	0.3	0.3	0.2	0.2
8mm	44	18	125	88 X 434	55	0.7	0.5	0.4	0.3	0.3	0.2	0.2	0.2
8mm	58	21	134	94 X 437	72	0.7	0.5	0.4	0.4	0.3	0.3	0.2	0.2
9mm	35	20	120	84 X 432	48	0.8	0.6	0.5	0.4	0.3	0.3	0.3	0.2
9mm	44	23	128	90 X 435	61	0.8	0.6	0.5	0.4	0.4	0.3	0.3	0.2
9mm	58	26	138	97 X 438	79	0.9	0.6	0.5	0.4	0.4	0.3	0.3	0.3
10mm	29	23	118	83 X 431	46	0.9	0.7	0.5	0.4	0.4	0.3	0.3	0.3
10mm	44	28	134	94 X 437	68	1.0	0.7	0.6	0.5	0.4	0.4	0.3	0.3
10mm	58	33	144	101 X 440	91	1.1	0.8	0.6	0.5	0.5	0.4	0.4	0.3
12mm	22	29	112	78 X 429	48	1.2	0.9	0.7	0.6	0.5	0.4	0.4	0.4
12mm	29	33	125	88 X 434	62	1.2	0.9	0.7	0.6	0.5	0.5	0.4	0.4
12mm	44	41	138	97 X 438	93	1.4	1.0	0.8	0.7	0.6	0.5	0.5	0.4
Minimum Inlet Pressure 45 PSI				Hours for Full Run:		13.0	9.8	7.8	6.5	5.6	4.9	4.3	3.9
				Ave. Strokes Per Min:		4	5	6	8	9	10	11	13

** Area covered may vary depending on wind conditions, field dimensions, and use of unspecified sprinklers.

Specifications are subject to change without notice.

599-0284-1

Received by OWRD

NOV 25 2024

Salem, OR

St. Mary's School 8/19/24 COBU - reel tag w/ info.



St. Mary's School COBU Impact Sprinkler



Received by OWRD
NOV 25 2024
Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Immaculate Conception Church
1077 N 6th Ave, Stayton OR 97383

Transaction Type: Claim

Fees Received: \$ 230.00

Cash Check; Check No. 2337
Name(s) on Check: Will McGill Dungey

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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: Cone Lovnie
(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