


**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.

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-18369	PERMIT # (IF APPLICABLE) G-18240	PERMIT AMENDMENT # (IF APPLICABLE) NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Todd Williams	PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 1217			
CITY Wilsonville	STATE OR	ZIP 97070	E-MAIL

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

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

PERMIT HOLDER OF RECORD TSW Nursery Sales			
ADDRESS 22291 Boones Ferry Rd NE (PLEASE update to: PO BOX 1217)			
CITY Aurora (PLEASE update to: Wilsonville)	STATE OR	ZIP 97002 (PLEASE update to: 97070)	

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ADDITIONAL PERMIT HOLDER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

November 4, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Todd Williams	November 4, 2024	Owner / Operator
Austin Williams	November 4, 2024	Irrigation manager

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		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



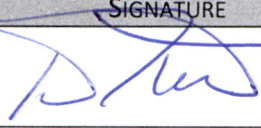
CWRE NAME Doann Hamilton		PHONE No. (503) 632-5016	ADDITIONAL CONTACT No. (503) 349-6946	
ADDRESS 18487 S. Valley Vista Road				
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com	

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Permit Holder'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
	Todd S. Williams	President/owner	12/23/2024

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 414	L-145408

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	Nursery	NA	January 1 through December 31	0.19 cfs
Total Quantity of Water Used				0.19 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:

Well 1 is located in a shed on the southeast portion of the property. Water is pumped from Well 1 (MARI 414) using a 5 hp submersible pump to convey water through a 3-inch above-ground PVC pipe to the west which is connected to 119 gallon pressure tank. The 3-inch PVC mainline continues southwest underground to another shed along the fence containing the filter system. After the filter system, the 3-inch mainline continues west along the fence line to a control box with the totalizing flow meter.

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The 3-inch underground PVC pipe continues west and north. The north line has several forks to the west to supply the different sections. In the middle of each section, a 2-inch PVC line extends above ground from the underground 3-inch mainline. The 2-inch line tees off into two lines then reduces to a one-inch line to which a one-inch polyethylene tubing is connected. One polyethylene line extends to the edge of the section and tees off in both directions to cover the length of each section. From this line, additional one-inch polyethylene lines extend into each row. The other polyethylene line off the 2-inch PVC mainline supplies the row where the 2-inch PVC line is connected. From the one-inch polyethylene lines, approximately 3-foot-long, 0.25-inch micro tubing sections are attached into the polyethylene tubing, where needed, with a spot spitter at the end. Each tree gets 2 to 3 spot spitters as needed.

Each section is irrigated 10 to 30 minutes every day as needed.

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**

(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.")

1. The authorized Well 2 was not been constructed and is, therefore, not included in this Claim of Beneficial Use.

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	0.0188 cfs	0.19 cfs	Not measured	Nursery	3.0	3.0

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

Well 1

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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

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:

½ inch port on the east side of the sanitary seal of the well casing, after removing a chrome vent pipe.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log MARI 414						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log MARI 414

C. Groundwater Source Information (Sump)

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

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. 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

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos	MS4000	00231147	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)
5 Hp	40 to 60 psi Variable speed drive	81.5 feet (from permit condition pump test)	0 feet	0.19 cfs

4. Provide pump calculations:

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$$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(81.5 \text{ ft lift} + 101.6 \text{ ft pressure head})} = 0.19 \text{ cfs}$$

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1-inch reinforced garden hose	40 psi	~ 9 gpm	~ 5	3	0.06 cfs

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)
Primerus Spot-Spitter Lt. Green	20 psi	0.11 gpm	~7,000	~775	0.19 cfs

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
NA					

E. Storage

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

YES

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.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass pressure tank	81 Gallons	Above ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

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

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

NO

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

H. Additional notes or comments related to the system:

Well 1 (MARI 414) also supplies groundwater registration modification T-13135 for GR-2053.

**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	August 21, 2019		
BEGIN CONSTRUCTION (A)	August 21, 2024	August 21, 2019	Construction of Well 1 (MARI 414) started February 1, 1982 and was completed February 6, 1982
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	August 21, 2024	Summer 2020	All the permit conditions were met and water was put to full use.

* 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)?

NO

If "NO", items a and 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**

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**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

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

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

a. Is a pump test required? **YES**

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

For additional information regarding pump tests see:

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

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

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

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

d. Has the pump test been approved by the Department? **YES**

e. Has a pump test exemption been approved by the Department? **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

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

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

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Netafim	19-50005842	Working	303,404,140 gallons (November 4, 2024)	2019

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES

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

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

a. Were there special well construction standards? NO

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

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

WELL ID #	DATE ATTACHED TO WELL
L-145408	Summer 2022

d. Other conditions? YES

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

d1) Condition:
 Groundwater production shall only be from the alluvial groundwater reservoir.

Compliance:
 Well 1 (MARI 414) develops water from the alluvial aquifer at a depth 126 feet in a layer of gravel and sand.

d2) Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

Compliance:

Well tag L-145408 is attached to the well casing.

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – MARI 414	Well log and driller's notes for MARI 414 – Well 1

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor's map 04 1W 11 overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

Map Checklist

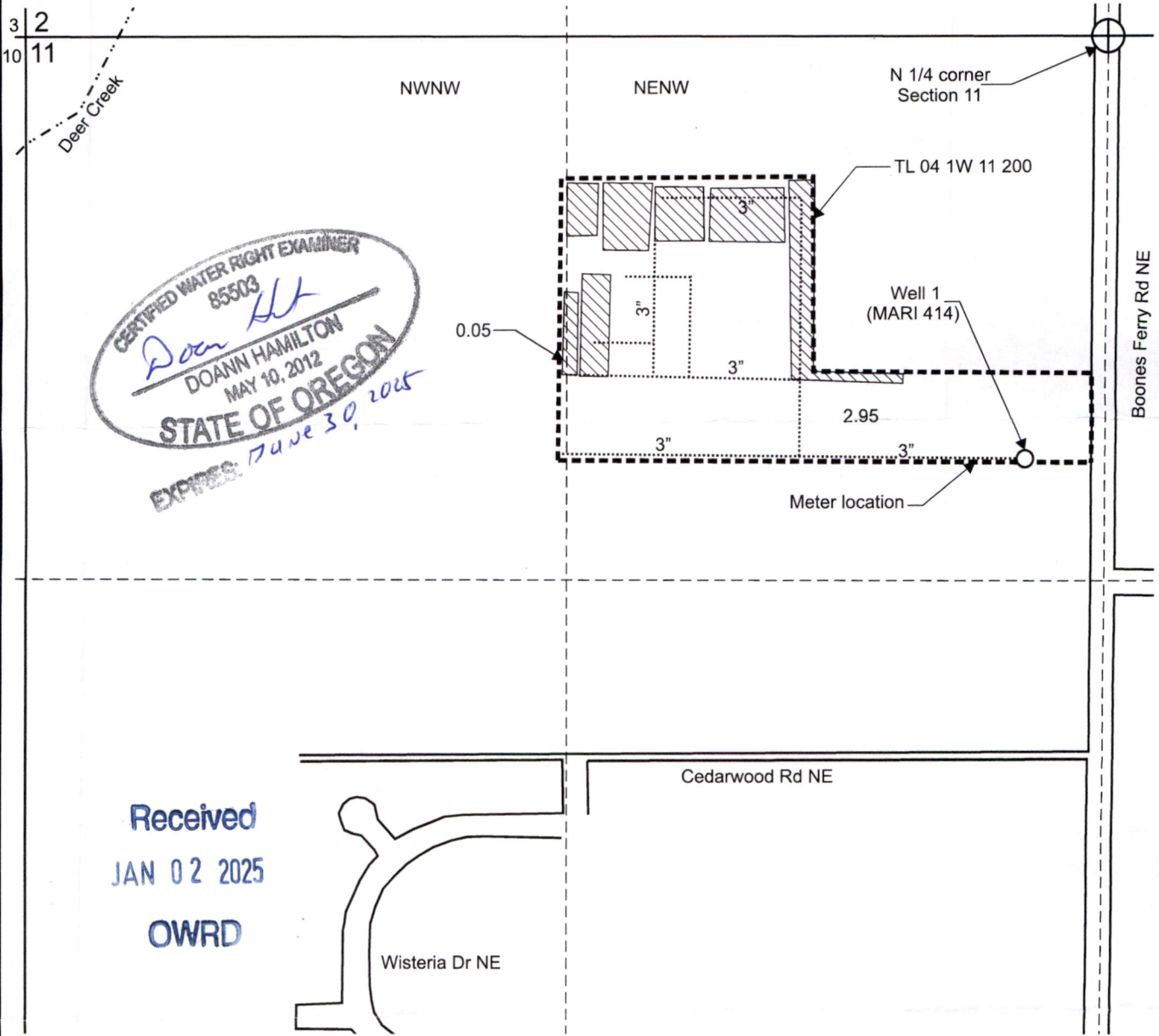
Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots

- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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T.4S. R.1W. Section 11, W.M.

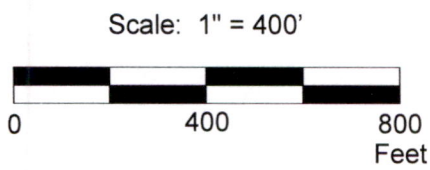


CERTIFIED WATER RIGHT EXAMINER
 85503
Doan
DOANN HAMILTON
 MAY 10, 2012
STATE OF OREGON
 EXPIRES: *June 30, 2025*

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Well 1 (MARI 414) is located 1,030 feet south and 205 feet west from the N1/4 corner, Section 11.

- Area (3.0 Acres) proposed for nursery operations.
- Tax lot boundary
- Water main line



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

Claim of Beneficial Use Map
Application G-18369, Permit G-18240

Pacific Hydro-Geology Inc.

12/2024

TSW Nursery Sales Inc.
 T.4S. R.1W. Section 11, W.M.

TSWAuroraG-18369COBUMap.cdr

WATER WELL REPORT
STATE OF OREGON

MARI 414

RECEIVED
MARI 414
APR 2 1982

RECEIVED 48/w-11ab
State Well No.
FEB 24 1982
State Permit No.
WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name Arnold Donnelly
Address 22291 Boones Ferry Rd. N.E.,
City Aurora State Ore. 97002

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven Domestic Industrial Municipal
Rotary Mud Dug Irrigation Test Well Other
Bored Thermal: Withdrawal Reinjection

(4) PROPOSED USE (check):

(5) CASING INSTALLED: Steel Plastic
Threaded Welded
6" Diam. from 1 ft. to 126 ft. Gauge 250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?

gal./min. with ft. drawdown after hrs.
Air test 45 gal./min. with drill stem at 115 ft. 1 hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used Cement grout with 5% bentonite
Well sealed from land surface to 25 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 35 sacks
How was cement grout placed? pressure grouted

Was pump installed? No Type HP Depth ft.

Was a drive shoe used? Yes No Plugs Size: location ft.

Did any strata contain unusable water? Yes No

Type of Water? depth of strata

Method of sealing strata off

Was well gravel packed? Yes No Size of gravel: ft.

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Marion Driller's well number
N.W. ¼ N.E. ¼ Section 11 T. 15 S. R. 1 W. W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: 22291 Boones Ferry Rd. N.E.,
Aurora, Oregon 97002

(11) WATER LEVEL: Completed well.

Depth at which water was first found 52 ft.
Static level 56 ft. below land surface. Date 2/6/82
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 126 ft. Depth of completed well 126 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil	0	1	
Brown sand clay	1	13	
Blue clay	13	52	
Brown sand	52	56	
Blue clay	56	63	
Black sand	63	66	
Clay	66	89	
Sand	89	120	
Gravel sand water	120	126	56

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Work started Feb. 1 1982 Completed Feb. 6 1982
Date well drilling machine moved off of well Feb. 6 1982

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] David Donnelly Date 2-6, 1982
(Drilling Machine Operator)

Drilling Machine Operator's License No. 883

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Donnelly Well Drilling Co.
(Person, firm or corporation) (Type or print)


Address P.O. Box 5, Aurora, Oregon 97002

[Signed] David Donnelly
(Water Well Contractor)

Contractor's License No. 806 Date Feb. 19, 1982



MARI 414

OREGON

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

Application for Well ID Number

RECEIVED

NOV 09 2021

Do not complete if the well already has a Well Identification Number.

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I. OWNER INFORMATION

Current Owner Name (please print): TSW Nursery Sales c/o Todd Williams
 Mailing Address: 22291 Bodines Ferry Rd NE
 City, State, Zip: Aurora, OR 97002
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Todd Williams - TSW Nursery Sales, Inc. P.O. Box 1217
 City, State, Zip: Wilsonville OR 97070

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4S (North / South) Range: 1W (East / West) Section: 11 NE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Marion
 GPS Coordinates: _____
 Street Address of Well, City: Same
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
 Date Well Constructed (or property built): 2-6-1982 Total Well Depth: 126' Casing Diameter: 6"
 Owner at time the well was constructed (if known): Arnold Donnelly Well Report # (if known): MARI 414
 Other Information: _____

SUBMITTED BY (please print): Todd Williams
 PHONE: 503 678 4401 EMAIL &/or FAX: todd@tswnurserysales.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>11-9-21</u>	Well Report Number: <u>MARI 414</u>	Well Identification #: <u>L-145408</u>

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