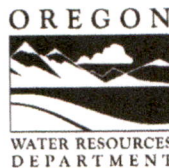


**CLAIM OF
BENEFICIAL USE
for Groundwater Permits
claiming more than 0.1 cfs**



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

**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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18801	G-18317	T-

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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME William Tenbusch		PHONE NO. (541) 409-2350	ADDITIONAL CONTACT NO.
ADDRESS 36420 Highway 228			
CITY Brownsville	STATE OR	ZIP 97327	E-MAIL wtenbusch@hotmail.com

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 William Tenbusch		
ADDRESS 36420 Highway 228		
CITY Brownsville	STATE OR	ZIP 97327

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**9/13/2024****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
William Tenbusch	9/13/2024	Owner

6. County:**Linn****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

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 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 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
	William L Teubner	owner	2-20-2025

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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)
POA 3	LINN 63276	L-138954
POA 4	LINN 63291	L-138953

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
POA 3	Calapooia River	
POA 4	Calapooia River	

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)
POA 3	Irrigation	Hazelnuts	Mar. 1 – Oct. 31	0.20 cfs
POA 4	Irrigation	Hazelnuts	Mar. 1 – Oct. 31	0.20 cfs
Total Quantity of Water Used				0.20 cfs

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:

Water is pumped from POA 3 by a 3 HP submersible pump and from POA 4 by a 3 HP submersible pump. The water is delivered through 1.5" buried PVC pipe to a controller building containing flow meters and pressure tanks for each POA. Water is then delivered from the controller building to the POU through 3" buried PVC mainline and applied to the POU by a drip system.

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:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA 3	0.20 cfs	0.10 cfs	16.5 gpm	Irrigation	97.0	97.0
POA 4	0.20 cfs	0.10 cfs	21.1 gpm	Irrigation	97.0	97.0

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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):

POA 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
14S	2W	WM	9	NENE		46	Irrigation	34.0	
14S	2W	WM	9	NWNE		46	Irrigation	20.0	
14S	2W	WM	9	SWNE		46	Irrigation	14.0	
14S	2W	WM	9	SENE		46	Irrigation	24.0	
14S	2W	WM	10	NWNW		46	Irrigation	3.0	
14S	2W	WM	10	SWNW		46	Irrigation	2.0	
Total Acres Irrigated								97.0	

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.

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B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

Salem, OR ☒ 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:

½" vent pipe (6" tall) on N edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
--------------------	-----------------	----------------	--	---------------------------------------	---------------------------------	-----------------

See attached well log LINN 63276.

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. 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
Franklin Electric	35FH3S4PE	20K140204201A	Submersible		2" O.D.

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	3

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)
3	75	0'	18' Avg.	0.1 cfs

5. Provide pump calculations:

$$Q = (3 * 7.04) / (190.5 + 18) = 0.1 \text{ cfs}$$

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)
*	*	*	0.037

*Flow meter has a digital instantaneous reading when running. Not running at full capacity during site inspection.

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
1.5"	~460'	PVC	Buried
3"	~5,680'	PVC	Buried

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9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A					

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
H5 18mm	45	0.0052	117,370	18,150	0.21

12. 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					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

E. Storage

1. Does the distribution system include in-system storage (e.g. 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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POA Name or Number this section describes (only needed if there is more than one):

POA 4

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
14S	2W	WM	9	NENE		46	Irrigation	34.0	
14S	2W	WM	9	NWNE		46	Irrigation	20.0	
14S	2W	WM	9	SWNE		46	Irrigation	14.0	
14S	2W	WM	9	SENE		46	Irrigation	24.0	
14S	2W	WM	10	NWNW		46	Irrigation	3.0	
14S	2W	WM	10	SWNW		46	Irrigation	2.0	
Total Acres Irrigated								97.0	

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:

½" vent pipe (6" tall) on W edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
--------------------	-----------------	----------------	--	---------------------------------------	---------------------------------	-----------------

See attached well log LINN 63291.

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. 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
Franklin Electric	35FH354PE	20K140204210A	Submersible		2" O.D.

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	3

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)
3	75	0'	21' Avg.	0.1 cfs

5. Provide pump calculations:

$$Q = (3 * 7.04) / (190.5 + 21) = 0.1 \text{ cfs}$$

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)
*	*	*	0.047 cfs

*Flow meter has a digital instantaneous reading when running. Not running at full capacity during site inspection.

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
1.5"	~460'	PVC	Buried
3"	~5,680'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
N/A					

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
H5 18mm	45	0.0052	117,370	18,150	0.21

12. 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					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

E. Storage

1. Does the distribution system include in-system storage (e.g. 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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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	11/21/2019		
BEGIN CONSTRUCTION (A)	11/21/2024	9/24/2020	Began construction of POA 3.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	11/21/2024	May 2020	Finished irrigating all authorized acres.

* 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.

b. Provide the month, or months, 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 ☒ 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. 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
POA 3	Seametrics	03214090	Working	2746280	Sep. 2020
POA 4	Seametrics	03214088	Working	2585705	Sep. 2020

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.

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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
POA 3: L-138954	9/25/2020
POA 4: L-138953	9/29/2020

- 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):

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs	POA 3: LINN 63276 and POA 4: LINN 63291
Pictures (x11)	Taken at 9/13/2024 site inspection.
Pump Test	For POA 3 completed 10/9/2024
Multiple Well Exemption	Pump test exemption form for POA 4 (and POA 1 and 2 under Permit G-18364)

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: 7/19/2023

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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
- ☐ N/A 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
- ☐ 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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Salem, OR

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

POA 3

LINN 63276

9/26/2020

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Page 1 of 1

138954

1049158

(1) LAND OWNER

Owner Well I.D. DR-3489

First Name WILLIAM

Last Name TENBUSCH

Company TENBUSCH FARMS LLC

Address 36420 HIGHWAY 228

City BROWNSVILLE

State OR

Zip 97327

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal:

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud

☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community

☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 104.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
10	0	19	Bentonite	0	19	14	S
6	19	122				Calculated	8.67
						Calculated	

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

☐ Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.4	79	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 79

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perforator

Screens Type Material

Perf/ Screen	Casing/ Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tel/ pipe size
Perf	Casing	6	44	71	.25	1	648	

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

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

45		75	1

Temperature 54 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 105 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 2.00 W E/W WM

Sec 9 NW 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number Lot

Lat ° ' " or 44.37158600 DMS or DD

Long ° ' " or -122.94260900 DMS or DD

☒ Street address of well ☐ Nearest address

35787 COURTNEY CREEK DRIVE.

BROWNSVILLE OR. 97327

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	9/25/2020		18

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 40.00

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

9/25/2020	40	70	45		18

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Clay Brown	2	6
Clay Gray	6	9
Clay Brown w/ Gravels	9	14
Gravels Blue w/ Clay Gray	14	23
Gravels Black Cemented	23	30
Gravels w/ Clay Blue	30	36
Clay Green w/ Gravels	36	44
Gravels w/ Clay Gray Sandy	44	52
Gravels Black w/ Course Sand	52	68
Clay Gray/Green w/ Gravels	68	70
Clay Gray/Green Tint Sticky	70	83
Clay Gray/Brown w/ Pea Gravels	83	90
Clay Gray/Brown Sticky	90	122

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Date Started 9/24/2020

Completed 9/25/2020

(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 1974

Date 9/25/2020

Signed CJ NUGENT (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 664

Date 9/25/2020

Signed CHARLES NUGENT (E-filed)

Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

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



Tenbusch 9-13-24 COBU (POA)
Well 3 & controller building
for well 3 and well 4
(POA) (POA)

Received by OWRD

FEB 21 2025

Salem, OR



Tenbusch 9-13-24 COBU POA 3

Received by OWRD
FEB 21 2025
Salem, OR



Tenbusch 9-13--24 COBU POA 3 Well Tag

Received by OWRD

FEB 21 2025

Salem, OR



Tenbusch 9-13-24 COBU POA 3 Flow Meter

Received by OWRD

FEB 21 2025

Salem, OR



Tenbusch 9-13-24 COBU POA 4

Received by OWRD

FEB 21 2025

Salem, OR

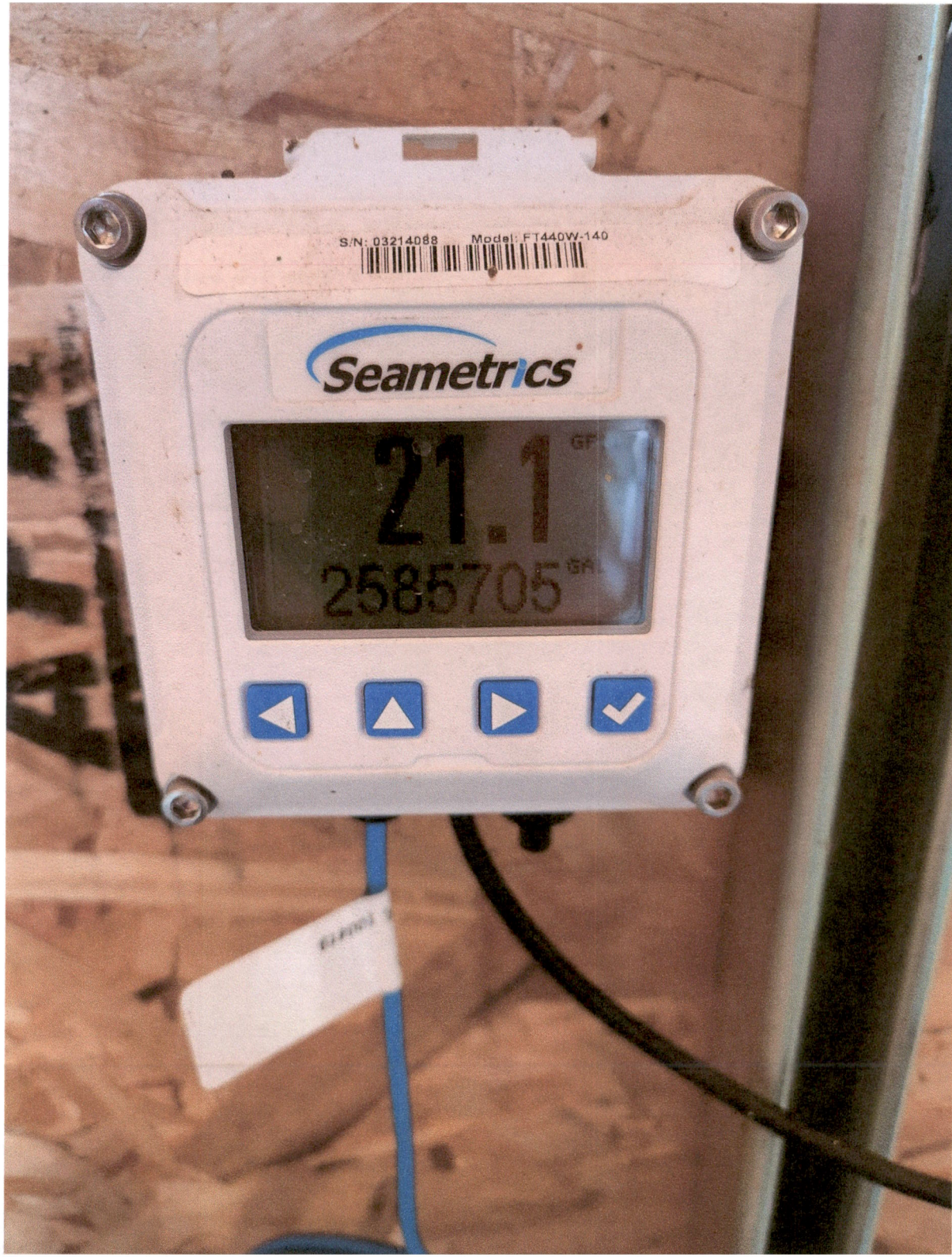


Tenbusch 9-13-24 COBU POA 4 well Tag

Received by OWRD

FEB 21 2025

Salem, OR



Tenbusch 9-13-24 COBU POA 4 Flow Meter

Received by OWRD
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Tenbusch 9-13-24 COBU POA's 3 & 4 Pressure Tanks

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Salem, OR

Model # CSS15

Total Tank volume: 15 Gallons / 60 Liters
Volumen Total del Tanque:
Capacite Tatala:
Max. Working Pressure: 150 psi / 10 Bar / 1000 KPA
Presion Maxima de Trabajo:
Pression de Service Maximale:
Max. Operating Temperature: 120 °F / 50 °C
Temperatura Maxima de Trabajo:
Temperature de Service Maximale:

Date Code:
06/18/21

Serial # CSS1500859



CSS1500859*



C US
NSF/ANSI 61
NSF/ANSI 372



NSF / ANSI 61
Certified to 23°C / 73.4°F

Plant at: Randolph MA



7 95033 09555 9

Tenbugh 9-13-24 COBU Pressure tank info sticker

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Tenbusch 9-13-24 COBU POAs 3 & 4 controllers

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Tenbusch 9-13-24 COBU Drip line on hazelnut trees,

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**OREGON
WATER
RESOURCES
DEPARTMENT**

Received by OWRD

FEB 21 2025

Salem, OR

**PUMP TEST FORM
COVER SHEET**

Owner Information:

OWNER NAME/BUSINESS NAME: Willie Tenbusch		PHONE NO.: 541-409-2350	ADDITIONAL CONTACT NO.: 541-466-3772
ADDRESS: 36420 Oregon 228			
CITY: Brownsville	STATE: OR	ZIP: 97327	E-MAIL: wtenbusch@hotmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Aden Aerni	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: 7-165CPI
COMPANY: Stutzman Services Inc.	PHONE NO.: 541-928-8942	ADDITIONAL CONTACT NO.:
ADDRESS: 4185 Spicer Dr SE		
CITY: Albany	STATE: OR	ZIP: 97322
E-MAIL: Adena@stutzmanservices.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
LINN 63276	L-138954	POA 3	104'	Tenbusch Farms	09/25/2020	10/09/2024

(CONTINUED)

TWP (EX: 26S)	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)
14-S	2-W	9	NWNW	4360' W and 950' S from NE corner of sec. 9	44.37158600	-122.94260900

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-18801	G-18317	T-		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)
G-	G-	T-		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)
G-	G-	T-		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)

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

- Yes ☒ 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)
LINN 63291	S 11°30' W 450'	Not running	when POA 3 was tested.	

- No ☒ Is there a lake, stream or other surface water body within 1/4 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.
 Well elevation is above ☒ the surface water body. Approximate distance: _____ ft.
 Approximate elevation difference: _____ ft.

- No ☒ Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: Into drainage ditch 10'± S. of POA 3.
 How far from the pumped well was water discharged? 10 ± ft.

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

OWRD20200115



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: Electric Tape ☒

Length of air line (if used): _____

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: 500 _____ feet.

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: Flowmeter ☒

Flowmeter (if used):

Manufacturer: Seametrics Serial #: 03214088

Date Last Calibrated: 02/19/2021 Units: GPM

Pump Type: Submersible ☒

HP: 3HP Pump set at: 80 _____ feet.

Pump idle time: 24hr

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 1.5 _____ feet.

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

Time pump turned on: Date 10/09/2024 Time 10:20am

Time pump turned off: Date 10/09/2024 Time 2:30pm

Total pumping time: 4 _____ hours 10 _____ minutes.

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Salem, OR

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

- ☒ The discharge rate was held constant for the entire pumping phase.
- ☒ The pump was on during the entire pumping phase (≥ 4 hours).
- ☒ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☒ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☒ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☒ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤ 2 min for the first 10 minutes, ≤ 5 min for 10 – 30 minutes, and ≤ 15 min for the remainder of the test)
- ☒ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☒ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☒ The pump test cover sheet was completely filled out and signed.
- ☒ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☒ The well was idle for at least 16 hours prior to the test.
- ☒ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*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=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-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: 10/09/2024

OWNER SIGNATURE: _____ DATE: 2-20-2025

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

OWRD 20200115



OREGON
WATER
RESOURCES
DEPARTMENT

**PUMP TEST FORM
DATA SHEET**

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LINN 63276	L- 138954		104'	Tenbusch	09/25/2020	10/09/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, 43gpm)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/9/24	9:40am		22'	0	Pre-test			Pre-test
10/9/24	10:00		22'	0	Pre-test			Pre-test
10/9/24	10:20		22'	0	Pre-test			Pre-test
10/9/24	10:22	2	42'	43	Pumping			
10/9/24	10:24	4	43.5'	43				
10/9/24	10:26	6	44'	43				
10/9/24	10:28	8	44.8'	43				
10/9/24	10:30	10	45.2'	43				
10/9/24	10:35	15	46'	43				
10/9/24	10:40	20	46.3'	43				
10/9/24	10:45	25	46.4'	43				Received by OWRD
10/9/24	10:50	30	48'	43				
10/9/24	10:55	35	48.9'	43				FEB 21 2025
10/9/24	11:00	40	49.5'	43				
10/9/24	11:15	55	50.8'	43				Salem, OR
10/9/24	11:30	70	51.8'	43				
10/9/24	11:45	85	52.4'	43				
10/9/24	12pm	100	53.3'	43				
10/9/24	12:15	115	54'	43				
10/9/24	12:30	130	54.4'	43				
10/9/24	12:45	145	54.8'	43				
10/9/24	1:00	160	55'	43				No more drop
10/9/24	1:15	175	55'	43				
10/9/24	1:30	190	55'	43				
10/9/24	1:45	205	55'	43				
10/9/24	2:00	220	55'	43				
10/9/24	2:15	235	55'	43				No more drop
10/9/24	2:30	250	55'	43	Pumping			0% of static
10/9/24	2:32		45'	0	Recovery			30.3% of static
10/9/24	2:34		38'	0				51.5% of static
10/9/24	2:36		34'	0				63.6% of static
10/9/24	2:38		33.2'	0				66.1% of static
10/9/24	2:40		32.4'	0				68.5% of static
10/9/24	2:45		32'	0				69.7% of static
10/9/24	2:50		31.6'	0				70.9% of static
10/9/24	2:55		31'	0				72.7% of static
10/9/24	3:00		30.7'	0				73.6% of static
10/9/24	3:05		30'	0				75.8% of static
10/9/24	3:10		29.8'	0				76.4% of static



Page 2 of 2

[illegible]

OWRD 20200115



OREGON
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RESOURCES
DEPARTMENT

Received by OWRD

FEB 21 2025

Salem, OR

PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: William Tenbusch		PHONE No.: (541) 409-2350	ADDITIONAL CONTACT No.:
ADDRESS: 36420 Highway 228			
CITY: Brownsville	STATE: OR	ZIP: 97327	E-MAIL: wtenbusch@hotmail.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
LINN 63276	L- 138954	POA 3	10/9/2024	G-18801	G-18317	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)
14S	2W	9	NWNW	4360' W and 950' S from NE corner of sec. 9	44.37158600	-122.9420900

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	LINN 61779	L- 120843	POA 1	G-18848	G-18364	T-
b	LINN 63274	L- 138955	POA 2	G-18848	G-18364	T-
c	LINN 63291	L- 138953	POA 4	G-18801	G-18317	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	14S	2W	4	SWSE	15' N and 2140' W from NE corner of sec. 9		
b	14S	2W	9	NWNE	160' S and 2540' W from NE corner of sec. 9	44.37360600	-122.93541100
c	14S	2W	9	SWNE	4460' W and 1375' S from NE corner of sec. 9	44.37040900	-122.94269800
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:

William L Tenbusch

DATE:

2-20-2025

LICENSE #:

PRINTED NAME:

William L Tenbusch

(CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE:

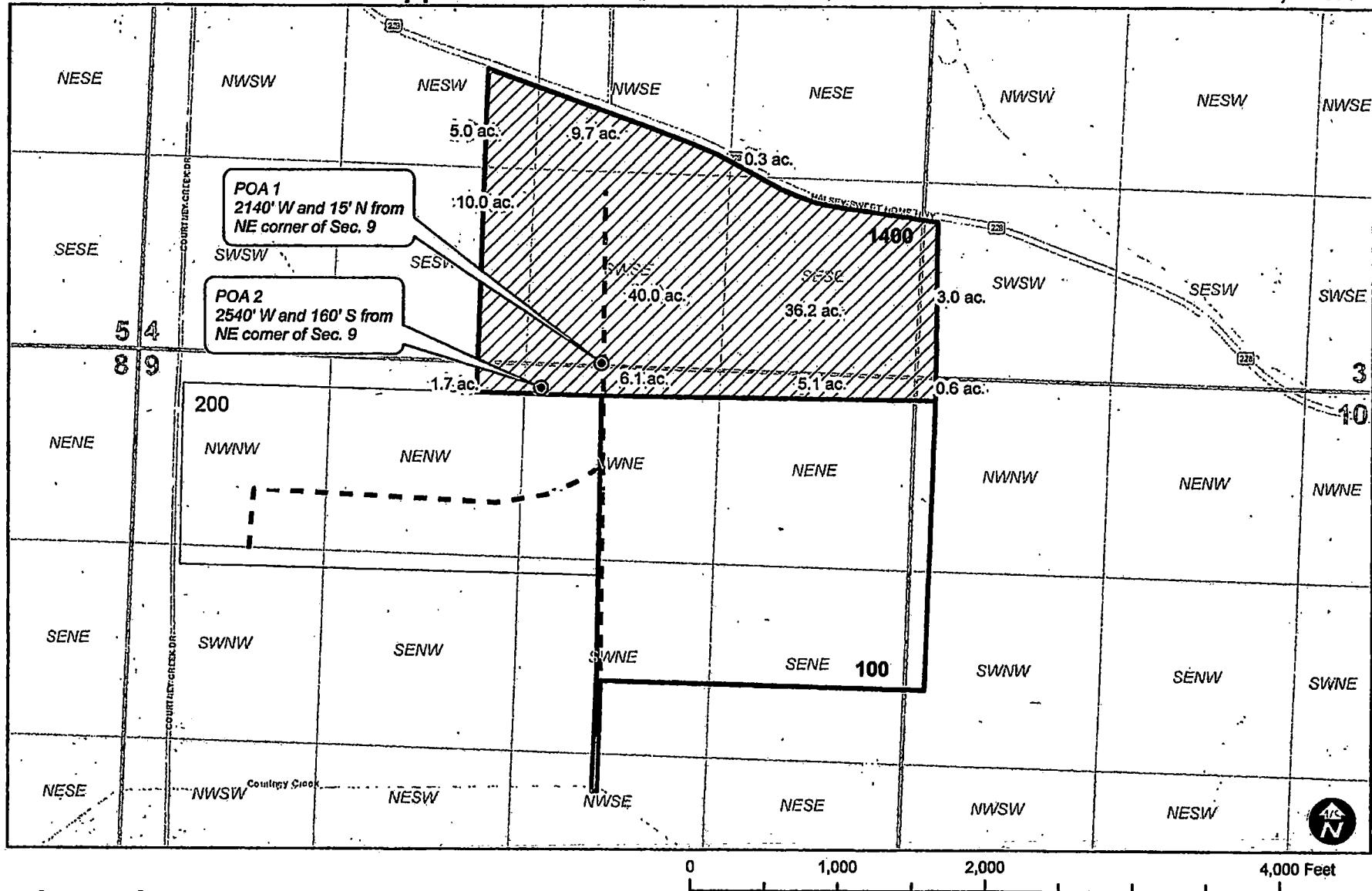
541-409-2350

EMAIL:

wtenbusch@hotmail.com

Tenbusch - Groundwater Application

T14S, R2W



Legend

Proposed POU - - - Mainline



WILL MCGILL SURVEYING, LLC

15333 Pletzer Rd. SE, Turner, OR 97392
503-510-3026, willmcgill.surveying@gmail.com

RECEIVED
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Salem, OR 97301
JUL 30 2019

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FEB 21 2025

G-18848

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

POA 2

LINN 63274

WELL I.D. LABEL# L

138955

Page 1 of 1

START CARD #

1049107

ORIGINAL LOG #

9/24/2020

(1) LAND OWNER

Owner Well I.D. DR-3488
First Name WILLIAM Last Name TENBUSCH
Company TENBUSCH FARMS LLC
Address 36420 HIGHWAY 228
City BROWNSVILLE State OR Zip 97327

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Material From To Amt sacks/lbs

Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud

☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community

☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 122.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/
10	0	19	Bentonite	0	19	17	17	S
6	19	122		Calculated			8.67	
				Calculated				

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

☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.6	110	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 110

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perforator

Screens Type _____

Material _____

Perf/	Casing/ Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	90	108	25	1	432	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		105	1

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 258 ppm

From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 2.00 W E/W WM

Sec 9 NW 1/4 of the NE 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat _____ or 44.37360600 DMS or DD

Long _____ or -122.93541100 DMS or DD

☒ Street address of well ☐ Nearest address

36420 HIGHWAY 228

BROWNSVILLE OR 97327

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	9/23/2020			18

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 94.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/23/2020	94	99	25			18

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay Dark Brown	0	4
Clay Brown Sticky	4	12
Clay Brown w/ Gravels	12	18
Gravels Blue w/ Clay	18	24
Gravels w/ Clay Gray	24	34
Clay Gray/Green w/ Gravels Silty	34	46
Clay Green w/ Pea Gravels	46	57
Gravels Blue w/ Clay Gray Sandy	57	64
Clay Gray Sticky w/ Gravels	64	71
Gravels Blue w/ Clay Sticky	71	74
Clay Brown w/ Sand Silty	74	85
Clay Gray	85	87
Gravels Blue w/ Clay Gray	87	94
Gravels Blue w/ Sand Silty	94	99
Clay Blue Packed	99	101
Clay Gray w/ Grit	101	122

Date Started 9/22/2020

Completed 9/23/2020

(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 1974

Date 9/23/2020

Signed CJ NUGENT (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 664

Date 9/24/2020

Signed CHARLES NUGENT (E-filed)

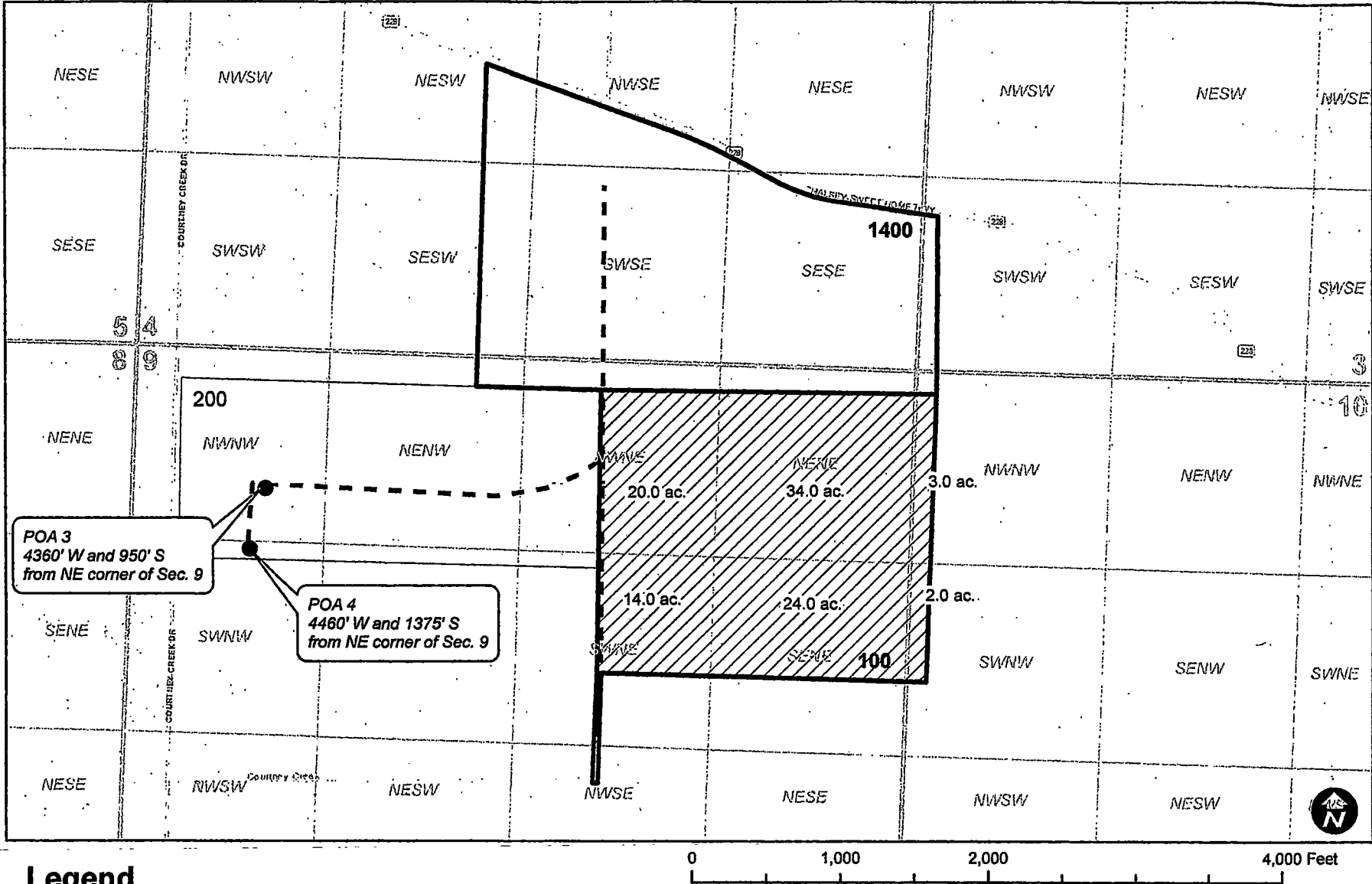
Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Tenbusch - Groundwater Application

T14S, R2W



Legend

////// Proposed POU - - - Mainline

RECEIVED

JUL 26 2019

OWRD



WILL MCGILL SURVEYING, LLC

15333 Pletzer Rd. SE, Turner, OR 97392
503-510-3026, willmcgill.surveying@gmail.com

Received by OWRD

FEB 21 2025

G-18801

POA 3

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

LINN 63276

9/26/2020

WELL I.D. LABEL# 138954
START CARD # 1049158
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. DR-3489
First Name WILLIAM Last Name TENBUSCH
Company TENBUSCH FARMS LLC
Address 36420 HIGHWAY 228
City BROWNSVILLE State OR Zip 97327

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD

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

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 104.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
10	0	19	Bentonite	0	19	14 S
6	19	122			Calculated	8.67
					Calculated	

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 6 ☒ 1.4 79 250 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 79
Temp casing ☒ Yes Dia 10 From + 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perforator

Screens Type		Material		Scm/slot width	Slot length	# of slots	Tele/ pipe size
Perf/	Casing/ Screen	Dia	From To				
Perf	Casing	6	44 71	.25	1	648	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
45 75 1

Temperature 54 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 105 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 2.00 W E/W WM
Sec 9 NW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat " or 44.37158600 DMS or DD
Long " or -122.94260900 DMS or DD
☒ Street address of well ☐ Nearest address

35787 COURTNEY CREEK DRIVE.
BROWNSVILLE OR. 97327

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 9/25/2020 18
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 40.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/25/2020	40	70	45		18

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Clay Brown	2	6
Clay Gray	6	9
Clay Brown w/ Gravels	9	14
Gravels Blue w/ Clay Gray	14	23
Gravels Black Cemented	23	30
Gravels w/ Clay Blue	30	36
Clay Green w/ Gravels	36	44
Gravels w/ Clay Gray Sandy	44	52
Gravels Black w/ Course Sand	52	68
Clay Gray/Green w/ Gravels	68	70
Clay Gray/Green Tint Sticky	70	83
Clay Gray/Brown w/ Pea Gravels	83	90
Clay Gray/Brown Sticky	90	122

Date Started 9/24/2020

Completed 9/25/2020

(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 1974

Date 9/25/2020

Signed CJ NUGENT (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 664

Date 9/25/2020

Signed CHARLES NUGENT (E-filed)

Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

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

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

LINN 63291

10/2/2020

WELL I.D. LABEL# L138953
START CARD # 1049227
ORIGINAL LOG #

Page 1 of 1

(1) LAND OWNER Owner Well I.D. DR-3490
First Name WILLIAM Last Name TENBUSCH
Company TENBUSCH FARMS LLC
Address 36420 HIGHWAY 228
City BROWNSVILLE State OR Zip 97327

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stil Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 82.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	19	Bentonite	0	19	11	S
6	19	82			Calculated	8.67	
					Calculated		

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
☒ ☐ ☐ 6 ☒ 1.4 79 .250 ☒ ☐ ☐ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 79
Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19

(7) PERFORATIONS/SCREENS
Perforations Method Holte Air Perforator
Screens Type Material
Perf/ Casing/ Screen Dia From To width length # of slots Tele/ pipe size
Perf Casing 6 45 72 .25 1 648
Screen Liner 6 45 72 .25 1 648

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
45 75 1
Temperature 53 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 76 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 2.00 W E/W WM
Sec 9 SW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat " or 44.37040900 DMS or DD
Long " or -122.94269800 DMS or DD
☒ Street address of well ☐ Nearest address

35787 COURTNEY CREEK DR.
BROWNSVILLE OR. 97327

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	9/29/2020			18

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 42.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/29/2020	42	70	45			18

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	1
Clay Brown	1	8
Clay Brown w/ Gravels	8	13
Gravels w/ Clay Brown	13	17
Clay Gray w/ Gravels	17	23
Gravels Blue Cemented	23	41
Gravels Blue w/ Clay Sandy	41	48
Gravels w/ Sand Blue	48	63
Gravels Blue w/ Clay Gray Sandy	63	70
Clay Gray w/ pea Gravels	70	80
Clay Gray Brown Sticky	80	82

Date Started 9/28/2020 Completed 9/29/2020

(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 1974 Date 9/30/2020

Signed CJ NUGENT (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 664 Date 9/30/2020

Signed CHARLES NUGENT (E-filed)

Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

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



Received by OWRD

FEB 21 2025

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: William Tenbusch

310420 Hwy 228, Brownsville OR 97327

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check

Check No.

2305

Name(s) on Check:

Will McGill Surveying

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

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

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

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

Sincerely,

OWRD Customer Service Staff

Submission received by:

Corie Larnen

(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