

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



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

**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>

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**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-18616</b>	<b>G-18227</b>	<b>T-</b>

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Christopher Peterson and Michelle Peterson</b>		PHONE NO. <b>(541) 729-3737</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>91154 River Rd.</b>			
CITY <b>Junction City</b>	STATE <b>OR</b>	ZIP <b>97448</b>	E-MAIL <b>chris@fallenoakfarms.us</b>

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

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

PERMIT HOLDER OF RECORD <b>Christopher Peterson and Michelle Peterson</b>			
ADDRESS <b>91154 River Rd.</b>			
CITY <b>Junction City</b>	STATE <b>OR</b>	ZIP <b>97448</b>	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**7/30/2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Christopher Peterson</b>	<b>7/30/2024</b>	<b>Owner</b>

**6. County:**

**Lane**

**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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Salem, OR

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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.



<b>CWRE NAME</b> William E. McGill		<b>PHONE NO.</b> (503) 510-3026	<b>ADDITIONAL CONTACT NO.</b> (503) 931-0210
<b>ADDRESS</b> 15333 Pletzer Rd. SE			
<b>CITY</b> Turner	<b>STATE</b> OR	<b>ZIP</b> 97392	<b>E-MAIL</b> 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
	Christopher B. Peterson	Owner	7.30.24
	Michelle E. Peterson	Owner	7.30.24
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		Salem, OR	

## SECTION 3

### CLAIM DESCRIPTION

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

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	LANE 8306	L-39009

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
Well 1	Flat Creek	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Irrigation	Lawn, garden, grass for hay	Mar. 1 – Oct. 31	0.44 cfs
Total Quantity of Water Used				0.44 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 the well by a 15 HP submersible pump and delivered to the fields and garden through 5" above ground, aluminum mainline. Water is applied to the fields and garden by impact sprinklers. Water is delivered to lawn areas through 2" buried PVC pipe and applied by pop-up sprinklers.

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.")

The full 35.0 acres was developed, but the QQ acreages varied slightly from the permit. In the SENE of Sec. 34, 27.0 acres were permitted, but 25.1 acres were developed. In the SWNW of Sec. 35, 1.5 acres were permitted, but 3.4 acres were developed.

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.44 cfs	0.8 cfs	0.47 cfs	Irrigation	35.0	35.0

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FEB 26 2025

Salem, OR



## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple POAs?

YES

☒ NO

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

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

Well 1

#### A. Place of Use

1. Is the right for municipal use?

YES

☒ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
16S	4W	WM	34	NENE		43	Irrigation	5.5	
16S	4W	WM	34	SENE		43	Irrigation	25.1	
16S	4W	WM	35	NWNW		43	Irrigation	1.0	
16S	4W	WM	35	SWNW		43	Irrigation	3.4	
Total Acres Irrigated								35.0	

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:

3/4" threaded port on NE edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached well log LANE 8306.						

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.

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FEB 26 2025

Salem, OR

### 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	2822039330		Submersible		3" I.D.

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	15

#### 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)
15	50	0'	5'	0.8

#### 5. Provide pump calculations:

$$Q = (15 * 7.04) / (127 + 5) = 0.8 \text{ cfs}$$

#### 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)
See attached picture. Flow meter is an instantaneous gpm readout.			0.47

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

7. Is the distribution system piped?

YES

NO

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

#### 8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	3,270'	Aluminum	Above Ground
2"	*	PVC	Buried
*Existing lawn irrigation system was hooked up to well, unsure of buried pipe length.			

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**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"x30'	1,800'	Aluminum	Above Ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 30WS	50	5.5	60	40	0.49
Rainbird Pop-up	50	2.25	80	80	0.40

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)
N/A					

**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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FEB 26 2025

Salem, 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 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	6/26/2019		
BEGIN CONSTRUCTION (A)	6/26/2024	April 2024	Permit was issued on existing well. Began constructing the rest of the system in April 2024.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	6/26/2024	6/15/2024	Completed applying water to place of use with new system.

\* 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? Received by 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
Well 1	McCrometer	DM24-0390	Working	1216200	6/1/2024

### 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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Salem, OR

**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
L-39019*	Dec. 1999

\*On Dec. 16, 1999 a previous owner of the property applied for well ID tags and was assigned the following: LANE 8306/L-39009, LANE 57733/L-39019. Somehow the well ID tag L-39019 was incorrectly attached to the casing of LANE 8306. The current property owner can't find well ID tag L-39009 so we can correct the mistake.

- 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 Log & Well ID Form	LANE 8306 & L-39009*(see above well ID tag comments)
Pictures (x9)	Taken at 7/30/2024 site inspection

**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: 7/13/2023

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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

**WATER WELL REPORT**  
STATE OF OREGON

LANE  
8306  
774

**RECEIVED**

AUG 5 1981

State Well No.

165/400-34AA

WATER RESOURCES DEPT  
SALEM, OREGON

State Permit No.

**(1) OWNER:**

Name GARY JONES  
Address 91154 RIVER ROAD  
City JUNCTION CITY State OR

**(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 ☐  
Rotary Mud ☐ Dug ☐  
☐ Bored ☐

**(4) PROPOSED USE (check):**

Domestic ☒ Industrial ☐ Municipal ☐  
Irrigation ☒ Test Well ☐ Other ☐  
Thermal ☐ Withdrawal ☐ ReInjection ☐

**(5) CASING INSTALLED:**

Steel ☒ Plastic ☐  
Threaded ☐ Welded ☒  
8" Diam. from +1 1/2 ft. to 2 1/2 ft. Gauge 2.50  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gauge \_\_\_\_\_

**LINER INSTALLED:**

" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gauge \_\_\_\_\_

**(6) PERFORATIONS:**

Perforated? ☒ Yes ☐ No

Type of perforator used HOLTE  
Size of perforations 1/4 in. by 1 1/4 in.  
1.20 perforations from 6.1 ft. to 7.1 ft.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(7) SCREENS:**

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name \_\_\_\_\_ Model No. \_\_\_\_\_  
Type \_\_\_\_\_ 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

a pump test made? ☐ Yes ☒ No If yes, by whom?  
" gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Air test 70 gal./min. with drill stem at 75 ft. 2 hrs.  
Bailer test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
an flow \_\_\_\_\_ g.p.m.  
erature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Special standards: Yes ☐ No ☒

Well seal—Material used CEMENT  
Well sealed from land surface to 18' ft.  
Diameter of well bore to bottom of seal 12 in.  
Diameter of well bore below seal 6 in.  
Number of sacks of cement used in well seal 11 sacks  
How was cement grout placed? PRESSURE GROUT

Was pump installed? YES Type SVB HP 3 Depth 65 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: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION OF WELL:**

County LANE Driller's well number \_\_\_\_\_  
NE 1/4 NE 1/4 Section 34 T. 16S R. 4W W.M.  
Tax Lot # 400 Lot \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_  
Address at well location: (1) OWNERS

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found 18' ft.  
Static level 15' ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing 6

Depth drilled 82' ft. Depth of completed well 73 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
RIVER LOAM	0	14	
SANDY GRAVEL 3/4 MINUS	14	33	15
SDY GRAVEL	33	45	"
CEMENTED GRAVEL	45	62	"
SANDY GRAVEL	62	82	"
(water bearing)			

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Work started 13 JULY 1981 Completed 14 JULY 1981  
Date well drilling machine moved off of well 14 JULY 1981

**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] Walter H. White Date 30 JULY 81  
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1086

**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 Walter H. White Drilling  
(Person, firm or corporation) (Type or print)

Address 91769 PRAIRIE RD JUNCTION CITY

[Signed] Walter H. White  
(Water Well Contractor)

Contractor's License No. 638 Date 30 JULY 1981

NOTICE TO WATER WELL CONTRACTOR  
The original and first copy of this report  
are to be filed with the

WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date of well completion.

SP\*12658-690



WELL IDENTIFICATION FORM

CURRENT WELL OWNER:

Owner's Well Number

~~X~~ 1

Name: GARY & INEZ JONES

Mailing Address: 91154 RIVER RD.

City: JUNCTION CITY State: OR Zip: 97478

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

WELL LOCATION:

LANE 8306

**RECEIVED**

DEC 16 1999

County: Lane Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: \_\_\_\_\_ N or S, Range: \_\_\_\_\_ E or W Section: \_\_\_\_\_

WATER RESOURCES DEPT.  
SALEM, OREGON 4

Tax Lot Number: 1604340000402

Street Address of Well (if different from above): \_\_\_\_\_

WELL INFORMATION:

Start Card Number: 2 Approx. Construction Date: 1980

Well Constructor: Unknown

Name of Owner at Time of Construction: GARY D. Jones

Well Depth (in feet): 60' Static Water Level (in feet): Unknown

Diameter of Exposed Well Casing (in inches): 8"

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: ☒ If yes:

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to:

Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310

(Office use only)

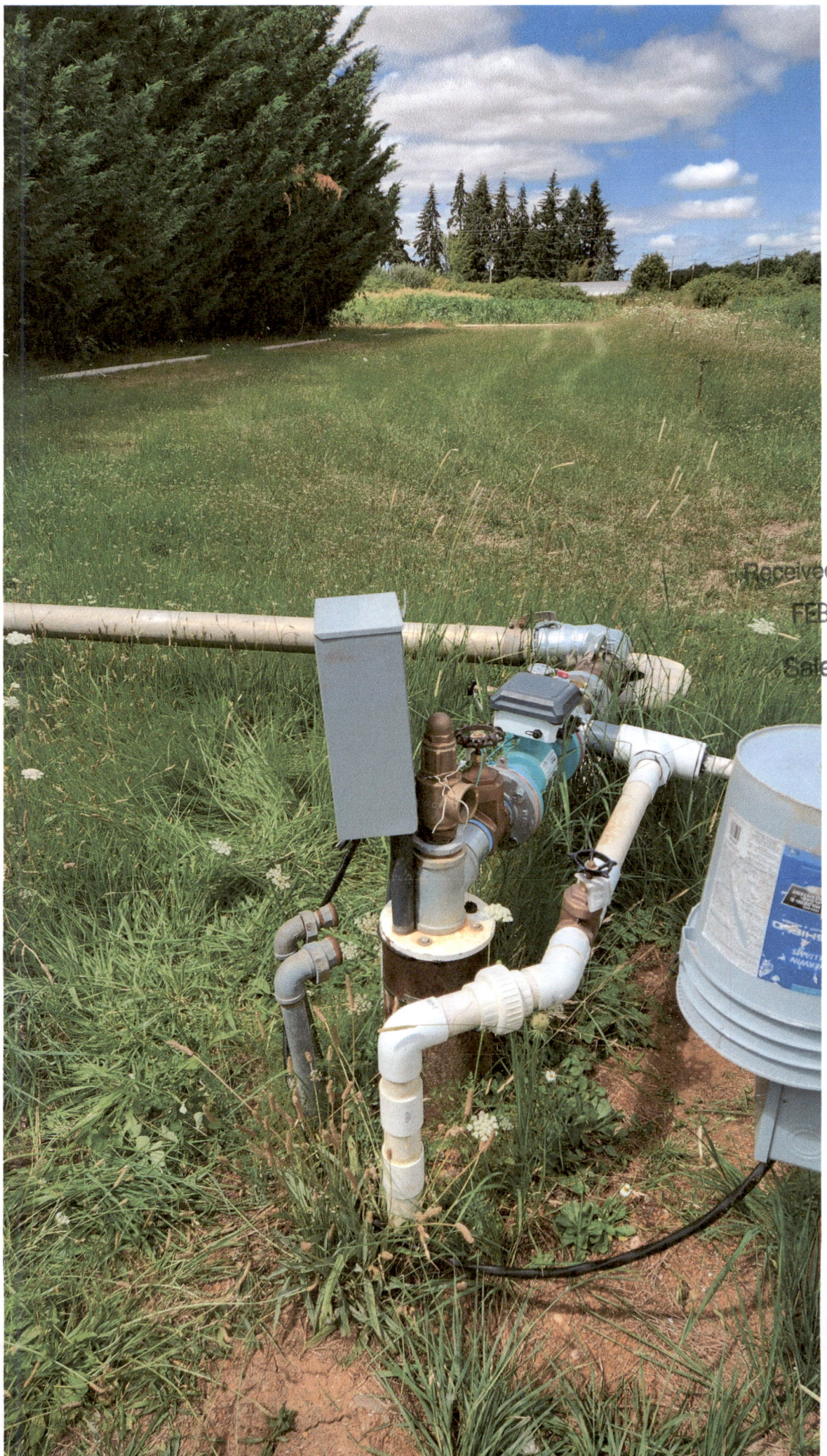
Well Identification Number: \_\_\_\_\_

Received by OWRD 39009

FEB 26 2025

Salem, OR





Received by OWRD

FEB 26 2025

Salem, OR

Peterson

COBU

7/30/24

Wen





Received by OWRI

FEB 26 2025

Salem, OR

Peterson  
COBU  
7/30/24  
well tag



SERIOUS OR FATAL SHOCK, SWITCH OFF POWER TO THIS BOX AT THE FUSE OR CIRCUIT BREAKER PANEL BEFORE WORKING ON OR AROUND THE BOX, PIPES, CABLE, PUMP, OR MOTOR. DO NOT USE OR TOUCH THIS BOX, PIPES, CABLE, PUMP, OR MOTOR UNLESS ALL METAL PARTS HAVE BEEN PROPERLY GROUNDED ACCORDING TO APPLICABLE CODES.

ASSEMBLED IN USA



**Franklin Electric**

FORT WAYNE, IN 46809 USA

155661101 Rev. 7

**BOTH OVERLOADS  
MUST BE RESET FOR  
MOTOR TO START**



MOTOR & CONTROL BY **Franklin Electric**

UL LISTED

MODEL 2822039330 INDOOR/OUTDOOR USE (ENCL. 3) HP 15 VOLT 230 S.F. MAX AMP 75.0

**BOTH OVERLOADS MUST BE RESET FOR MOTOR TO START**




Salem, OR




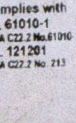
FEB 26 2025

Received by OWRD

petersen COBU 7/30/24 -Motor Tag



**DURA MAG**   **McCROMETER**  
Manufactured Date: 5/2024  
Working Pressure: 285 psi  
Model: DM03-2SMB  
Sensor Serial Number  
**DM24-0390**  
  
Complies with  
UL 61010-1  
CSA C22.2 No.61010-1  
UL 121201  
CSA C22.2 No. 213  
Tag:  
3255 West Stetson Avenue • Hemet CA 92545 USA  
Phone: 951.652.6811 • www.mccrometer.com

     
NSF/ANSI 61  
NSF/ANSI 372  
ISO 9001:2015  
E115418

**DURA MAG** <sup>TM</sup>  
**FLOW**   
 **McCROMETER**  
3255 WEST STETSON AVENUE • HEMET, CA 92545 USA  
Phone: 951.652.6811 • Fax: 951.652.3079 • Web: www.mccrometer.com

Peterson Cobu 7/30/24 - Flow Meter model #

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Salem, OR



ProComm  GO

PIPE  
EMPTY

GPM

12162

GPM



McCROMETER

Peterson

CoBU

7/30/24

Flaw meter  
reading.

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Salem, OR





Peterson

Cobu

7/30/24

Rainbird  
Sprinkler

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FEB 26 2021

Salem, OR





Peterson

COBU

7/30/24

pop-up

model #

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Peterson

COBU

7/30/24

Pop-up  
running

Reported by OWRD  
7/28/2025  
Salem, OR





Salem, OH

Peterson CoBU 7/30/24 — Photo from owner, running at attempted max capacity





Received by OWRD

FEB 26 2025

Salem, OR

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Christopher & Michelle Peterson  
91154 River Rd Junction City OR 97448

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash

☒ Check

Check No. 2328

Name(s) on Check: Will McGill Sinyang

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 Lourien

(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