

**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>

**SECTION 1**

**GENERAL INFORMATION**

**Received**

**MAY 08 2025**

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**1. File Information:**

APPLICATION # <b>G-15493</b>	PERMIT # (IF APPLICABLE) <b>G-15208</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>William Aaran Welch</b>		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS <b>27297 ORCHARD RD</b>			
CITY <b>JUNCTION CITY</b>	STATE <b>OR</b>	ZIP <b>97448</b>	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 <b>William Aaran Welch</b>			
ADDRESS <b>27297 ORCHARD 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:**

**12/5/2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Gary Pointer	12/5/2024	Property lessee/ irrigator

**6. County:**

**Baker**

**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

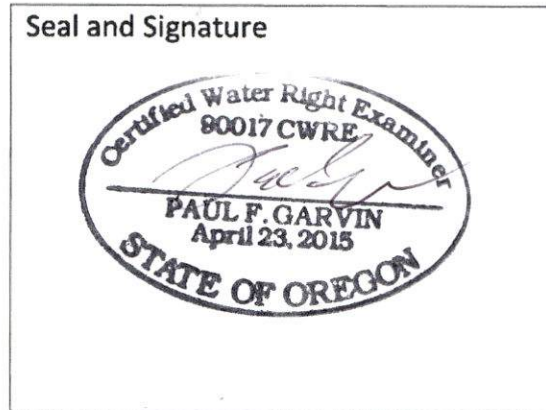
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## SECTION 2 SIGNATURES

### 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 <b>Paul Garvin</b>		PHONE NO. <b>503-347-7188</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1705 Main St. Ste. 101</b>			
CITY <b>Baker City</b>	STATE <b>OR</b>	ZIP <b>97814</b>	E-MAIL <b>Garvin.hydrogeo@gmail.com</b>

### Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	William A. Welch	owner	12-23-24

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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)
Well 1	BAKE 50962	L-57761

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	Powder	Warm Springs 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	IS	Wheat, alfalfa, hay, garlic	May – September	1.78 cfs
Total Quantity of Water Used				1.78 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 appropriated from Well 1 and conveyed west to two center pivots via a buried 10" buried mainline. The corners are irrigated by dropping a hose off the end of the pivots to feed aboveground moveable handlines with 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.")

238.0 of 238.2 acres 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	1.78 cfs	1.79 cfs	1.78 cfs	IS	238.2	238



## 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):

#### 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
7S	38E	WM	13	NENW			IS		39.0
7S	38E	WM	13	NWNW			IS		40.0
7S	38E	WM	13	SWNW			IS		40.0
7S	38E	WM	13	SEnw			IS		39.0
7S	38E	WM	14	NENE			IS		40.0
7S	38E	WM	14	SENE			IS		40.0
Total Acres Irrigated									238.0

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

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

4. 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
Johnston	-	-	Turbine	6"	8"

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
General Electric	50

#### 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)
60	40	-	135'	1.79

#### 5. Provide pump calculations:

(Well pump) Data:

Lift = 135'; Efficiency = 7.04; hp = 60; psi head = 101.6'

Theoretical pump capacity (cfs) = (hp \* efficiency)/(lift + psi head) = 1.79 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)

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
10"	1,310'	steel	buried



**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	40' (80x)	aluminum	above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	40	6.4	320	80	80 = 1.14 cfs

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)
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**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
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**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Reinke (west)	1,340'	40	550 and 700 (season dependent)	1.23, 1.56
Reinke (east)	1,340'	40	550 and 700 (season dependent)	1.23, 1.56

**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:**

## 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	9/24/2002		
BEGIN CONSTRUCTION (A)	-	-	-
COMPLETE CONSTRUCTION (B)	-	-	-
COMPLETE APPLICATION OF WATER (C)	10/1/2019	6/2014	Flow meter installed, water applied across place of use, water use reported

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

### 2. Is there an extension final order(s)?

☒ YES ☐ NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

☒ YES ☐ NO

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

b. Were the Progress Reports submitted?

YES ☒ NO

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

**NOTE: Progress Report form attached**

### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES ☒ NO

### 4. Annual Static Water Level Measurements:

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

YES ☒ NO



**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	13-09177	working	480460 (AFx0.001)	6/2014

*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 ☒ NO

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

b. Have the reports been submitted?

YES ☒ NO

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

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

a. Were there special well construction standards?

YES ☐ NO ☒

b. Was submittal of a ground water monitoring plan required?

YES ☐ NO ☒

c. Was submittal of a water management and conservation plan required?

YES ☐ NO ☒

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

YES ☒ NO

WELL ID #	DATE ATTACHED TO WELL
L-57761	8/2002

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):

Well tag attached immediately after well completion

## SECTION 6

### ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	BAKE 50962 Well log
Progress report form	Extension FO Progress report form

## 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.

Mapped using GIS software using a combination of handheld GPS, aerial imagery, publicly available GIS data, and ground truthing.

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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion **NA**
- ☒ 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 **NA**
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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STATE OF OREGON  
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.  
(as required by ORS 537.765) SALEM, OREGON

Aug 14 2002

WELL I.D. # L 57761  
START CARD # 137276

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name JERRY WELCH  
Address PO BOX 12101  
City TACOMA State WA Zip 98412

(2) TYPE OF WORK  
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:  
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger  
☐ Other \_\_\_\_\_

(4) PROPOSED USE:  
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation  
☐ Thermal ☐ Injection ☐ Livestock ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 333 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL  
Diameter From To Material From To Sacks or pounds  
16" 0 28 CEMENT 0 28 12 SACKS  
12" 28 333 BENTONITE 0 20 36 SACKS

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☒ Other POURED DRY  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:  
Diameter From To Gauge Steel Plastic Welded Threaded  
Casing: 12" 0 300 .25 ☒ ☐ ☒ ☐  
Liner: \_\_\_\_\_ ☐ ☐ ☐ ☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None  
Final location of shoe(s) 300'

(7) PERFORATIONS/SCREENS:  
☒ Perforations Method HOLTE  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
From To Slot size Number Diameter Tele/pipe size Casing Liner  
60 260 1x1/4 200 12" ☒ ☐  
290 300 1x1/4 400 12" ☒ ☐

(8) WELL TESTS: Minimum testing time is 1 hour  
☐ Pump ☐ Bailer ☒ Air ☐ Flowing  
Yield gal/min Drawdown Drill stem at Time  
500+ 325' 1 hr.

Temperature of water 50° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? ☐ Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use? ☐ Too little  
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County BAKER Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 7 N or S Range 38 E or W. WM.  
Section 13 NE 1/4 NW 1/4  
Tax Lot 2900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 48260 WELCH RD HAINES, OR 97833

(10) STATIC WATER LEVEL:  
28' ft. below land surface. Date 8-3-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>58</u>	<u>193</u>	<u>400 GPM</u>	<u>28</u>
<u>210</u>	<u>249</u>	<u>200 GPM</u>	<u>28</u>
<u>288</u>	<u>333</u>	<u>130 GPM</u>	<u>28</u>

(12) WELL LOG:

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

Material	From	To	SWL
<u>SOIL</u>	<u>0</u>	<u>3</u>	
<u>BROWN CLAY</u>	<u>3</u>	<u>58</u>	
<u>COARSE SAND &amp;</u>	<u>58</u>	<u>-</u>	<u>28</u>
<u>GRAVEL</u>	<u>-</u>	<u>80</u>	
<u>SILTY CLAY w/ SAND &amp;</u>	<u>80</u>	<u>-</u>	
<u>GRAVEL</u>	<u>-</u>	<u>97</u>	
<u>COARSE SAND w/ GRAVEL</u>	<u>97</u>	<u>145</u>	
<u>GRAVEL w/ SILTY CLAY</u>	<u>145</u>	<u>153</u>	
<u>SAND w/ GRAVEL</u>	<u>153</u>	<u>-</u>	
<u>&amp; SOME CLAYS</u>	<u>-</u>	<u>193</u>	
<u>SILTY CLAY &amp; SAND</u>	<u>193</u>	<u>210</u>	
<u>SAND w/ GRAVEL</u>	<u>210</u>	<u>236</u>	
<u>CEMENTED SAND</u>	<u>236</u>	<u>-</u>	
<u>w/ CLAY</u>	<u>-</u>	<u>240</u>	
<u>SAND</u>	<u>240</u>	<u>249</u>	
<u>CEMENTED SAND &amp;</u>	<u>249</u>	<u>-</u>	
<u>CLAY</u>	<u>-</u>	<u>288</u>	
<u>SAND &amp; GRAVEL</u>	<u>288</u>	<u>302</u>	
<u>SAND STONE</u>	<u>302</u>	<u>333</u>	<u>28</u>

Date started 7-29-02 Completed 8-3-02

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:

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

WWC Number 5775  
Signed [Signature] Date 8-3-02

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

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Extension of Time  
Progress Report Form  
For Checkpoints

## TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: William Arron Welch

Application G-15493

Permit G-15208

### Progress Report for 2018

Report Due no later than October 1, 2018

DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-15208.

FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION BEING DENIED.

DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between April 17, 2014 and October 1, 2018	FINANCIAL INVESTMENT
6/2014	Flowmeter installed	\$2,000

2. **Describe actions to achieve compliance with conditions of the permit and/or previous extension.**

Flowmeter installed and water applied across authorized place of use

3. **Total number of acres irrigated to date:** 238 (NA if not applicable)

4. **Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, to date.**

Maximum rate used to date = \_\_\_\_\_ cfs (cubic feet per second)

or

Maximum rate used to date = 700 gpm (gallons per minute)

or

Acre Feet stored to date = \_\_\_\_\_ AF

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.

Signature William A. Welch Date 12-23-24

Printed Name/Title William A. Welch Permit holder  
OWNER

Diligence Shown ☐ Yes ☐ No

Date Public Noticed: \_\_\_\_\_  
For OWRD use only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_