

**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

Received by OWRD

MAY 21 2025

Salem, OR

**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-18511	G-18707	T-

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME William Radke		PHONE NO. (541) 905-6130	ADDITIONAL CONTACT NO.
ADDRESS 31014 Green Valley Rd.			
CITY Shedd	STATE OR	ZIP 97377	E-MAIL wildbill@alryica.net

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 Radke		
ADDRESS 31014 Green Valley Rd.		
CITY Shedd	STATE OR	ZIP 97377

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**3/25/2025****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
William Radke	3/25/2025	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.



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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 Radke	OWNER	5-20-25

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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	LINN 10808/63594	L-133227

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	Muddy 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	Orchard grass, landscaping	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 Well 1 by a 5 HP submersible pump and delivered to the POU through 3" aluminum above ground mainline. Water is applied to the POU by 2" aluminum handline equipped with rainbird impact 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 permit allowed 15.6 acres in the SENE, but only 14.6 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	0.20 cfs	0.22 cfs	*	Irrigation	16.0	15.0

*System not running at time of site inspection.

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

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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
12S	4W	WM	33	SENE	1		Irrigation	14.6	
12S	4W	WM	34	SWNW	1		Irrigation	0.4	
Total Acres Irrigated								15.0	

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 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 logs LINN 10808/63594.

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
Grundfos	77S50-10-BP	A98924094P 121090002	Submersible		3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Grundfos	5

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)
5	60	0'	9' avg.	0.22

5. Provide pump calculations:

$$Q = (5 * 7.04) / (152.4 + 9) = 0.22 \text{ cfs}$$

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)
System not running at time of 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
3"	400'	Aluminum	Above Ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	720'	Aluminum	Above Ground

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird (5/32" nozzle)	50	5	18	18	0.20

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:

Please note that the permit lists the source of water as Well 1 (LINN 10808/63954) but 63954 is transposed and should be 63594.

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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	9/3/2021		
BEGIN CONSTRUCTION (A)	9/3/2026	June 2023	Application made on existing system, flow meter installed June 2023.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	9/3/2026	Aug. 2024	Finished watering all authorized areas being claimed.

* 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?

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:

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
*See attached 2023 March SWL reporting form			

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.

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For additional information regarding pump tests see:

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

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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

*Pump test attached for LINN 63737 and multiple well exemption request form for LINN 10808/63594 and LINN 64528.

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	Seametrics	Not found	Working	*	Aug. 2024

*Cover of meter was covered with condensation, could not get a reading.

7. Recording and reporting conditions:

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

YES ☐ NO ☐

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

a. Were there special well construction standards?

YES ☐ NO ☐

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

YES ☐ NO ☐

- c. Was 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-133227	March 2019

- 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
Pictures (x8)	Taken at the 3/25/2025 site inspection
March SWL	2023 water level reporting form
Multiple Well Exemption Request Form	Requesting exemptions for Well 1A (LINN 64528) & Well 1 (LINN 10808/63594)
Pump Test Form	Pump test for Well 2A (LINN 63737)
Well Logs (4 pgs)	For wells 2A (LINN 63737), Well 1 (LINN 10808/63594), and Well 1A (LINN 64528)

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: 7/9/2024

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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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WR



William Radke CDBU Permit 6-18707 3-25-2025

Well 1

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List of Crops = Orchard grass

Affichez ce label sur le boîtier de commande

Modèle 77S50-10-BP

Poids 25 lb

Ver. A 98924094P121090002

AVERTISSEMENT Risque de choc
Ne pas utiliser dans les aires marines ou en piscine

	60 Hz
Q (US GPM)	77
H (feet)	191
n (RPM)	3450
η_p (%)	69.1
P ₂ (hp)	5
PEI _{CL}	0,89
Imp. Dia (in.)	2.78

EP 5017151



Intertek

Energy
Performance
Verified
Rendement
Énergétique
Vérifié

98998563

Assembled in US

GRUNDFOS

DK-8850 Bjerringbro Denmark

Attach this label to the Control box

Model 77S50-10-BP

Weight 25 lb

Ver. A 98924094P121090002

WARNING shock Hazard.
Not for use in pool or marine applications

	60 Hz
Q (US GPM)	77
H (feet)	191
n (RPM)	3450
η_p (%)	69.1
P ₂ (hp)	5
PEI _{CL}	0,89
Imp. Dia (in.)	2.78

EP 5017151



Intertek

Energy
Performance
Verified
Rendement
Énergétique
Vérifié

98998561

Assembled in US

GRUNDFOS

DK-8850 Bjerringbro Denmark

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Discharge Size =

William Redke COBU Permit 6-18707 3-25-2025

Pump Info Tag



William Radke COBU Permit 6-18707 3-25-2025 Well I.D. Tag

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William Radke COBU Permit 6-18707 3-25-2025 Flow meter

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William Radke COBU Permit G-18707 3-25-2025

Flow Meter

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William Radke COBU Permit G-18707 3-25-2025 Orchard Grass Crop

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William Radke COBU Permit G-18707 3-25-2025 3" and 2" Aluminum Pipe

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William Radke COBU Permit 6-18707 3-25-2025 Rainbird Sprinkler



Home - 2023

Oregon Water Resources Department

PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name: William Radke / Trudy Radke
 Address: 31014 Green Valley Rd
 City/State/Zip: Shedd Ore 97377
 Phone/Fax/Cell: 541-905-6130 541-491-3544
 Email: Wildbi110@qlyrice.net

Application:
 Permit:
 Certificate:
 Userid:
 Transfer

618511
 618707

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine where measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):

Permit number(s):

Certificate number(s):

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:

Well ID (Well Tag) on Well: L-

Well ID (Well Tag) on Well Log: L-

Start Card # on Well Log:

Date drilled:

hinn 10808
 L 133227

Owner's well name:

Well drilled by:

Total depth

Owner on well log:

Well 1 (hinn 10808/63954)

	Casing diameter (inches):

Water-Level Measurement

Date of measurement:

3-15-23

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10') the nearest pound, if using a gage.

Depth to water below measuring point:

Measuring point height above/below land surface:

Depth to water below land surface:

13.5'
 1.5'
 12'

Airline length or transducer depth:

Airline pressure:

Shut-in pressure:

psi x 2.31=

psi x 2.31=

Measurement Status:

Static ☒Pumping ☐Rising ☐Flowing ☐

Other

Measurement Method:

E-tape ☒Airline ☐

Other

Length of time well was idle prior to measurement:

Measuring point description: down vent hole

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit?

Month

Year

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): CHAD HEDEEN

Signature of measurer:

Company:

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer):

Daytime phone number:

Email address:

Mainline Pump CCB# 153681

541-929-3870

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If you have any questions about this notice, please call the OWRD Groundwater Data Group at 971-720-0864.

Return this Form to: OWRD, Groundwater Data Group, 725 Summer St. NE, Suite A, Salem, OR 97301-1266.

Or email it as an attachment to OWRD.WaterLevelReporting@water.oregon.gov.

Additional forms can be obtained from our web site at: https://www.oregon.gov/owrd/WRDFormsPDF/SWL_Reporting_Form.pdf

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: William Radke		PHONE No.: (541) 905-6130	ADDITIONAL CONTACT No.:
ADDRESS: 31014 Green Valley Rd.			
CITY: Shedd	STATE: OR	ZIP: 97377	E-MAIL: wildbill@alryrica.net

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 63737	L- 143501	Well 2A	9/24/2021	G- 18521	G- 18189	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)
12S	4W	16	NENE	2069' N and 2057' E from SW corner David Irwin DLC 55		

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 64528	L- 152772	Well 1A	G- 18521	G- 18189	T-
b	LINN10808/63594	L- 133227	Well 1	G- 18511	G- 18707	T-
c		L-		G-	G-	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	12S	4W	16	NWNE	2070' N and 1736' E from SW corner DLC 55		
b	12S	4W	33	SENE	238' S and 574' E from NE corner DLC 42		
c							
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 E. McGill

DATE: 5-13-2025 **LICENSE #:** 30680

PRINTED NAME: William E. McGill

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

PHONE: (503) 510-3026

EMAIL: willmcgill.surveying@gmail.com



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
COVER SHEET

Owner / Business :

Name
William Radke

Phone Number
541-905-6130

Owner Street Address
31014 Green Valley Rd.

State
Oregon

City
Shedd

Zip
97377

If different from owner,
Test Conducted By
Kurt Martin

Qualifications
Well driller

License #
1411

Company
Jones Drilling Co., Inc.

Phone Number
541-367-2560

Company Street Address
29400 Santiam Hwy.

Company State & Zip
Oregon 97355

E-mail
jonesdrilling@hotmail.com

Tested Well Information :
Well Log

Well Log #

Well Tag L-#
143501

Date Drilled
9/24/2021

TWP RNG SEC QQ
12s 4w 16 NE NE

Surveyed Location

Latitude

Longitude

Water Right(s) Information : include letter in front (ex. G-xxxxx)
Application

Permit

Transfer

Certificate

I hereby certify that this test has been conducted in accordance with OAR 690-217:

Kurt Martin

Operator Initials: KM

Date: 9/24/2021

Owner Initials:

Date:

Received by OWRD

MAY 21 2025

Salem, OR



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
METHOD SHEET

1 Are there any wells, other than domestic or stock wells, within 1000' of the tested well? ☐

2 If yes, identify the well by OWRD log number. Note the approximate distance to each well from tested well and approximate pumping rate.

Well Log	Distance From Pumped Well	Date & Time Pump On	Pumping Rate
	ft		gpm
	ft		
	ft		
	ft		

3 Is there a lake, stream, or other surface water body within 1/4 mile of the tested well? ☐

Approx. Distance	Approx. Elevation Difference
ft	ft

4 Was the test conducted during normal use of the well? ☐

Where pumped water was discharged?

How far from pumped well was water discharged?

ft

5

Water-Level Measurement Method

Electric tape ☐

If other, please state:

If airline used, give length (ft)

*Airline mmt must be verified by an e-tape mmt.

Verify Airline here:

psi	ft
E-tape	ft

If Pressure Transducer used,

Manufacturer:

Serial #:

Date Last Calibrated:

Units:

Pump Type

Submersible ☐

If other, what pump type?

Pump HP

Pump Set

ft

Idle Time unit

Discharge Method

If Flowmeter used,

Manufacturer:

Serial #:

Date Last Calibrated:

Units:

Measuring Point (MP)

3.00 ft

above

land surface

Description of MP

1" sounding tube

Time Pump Turned On

Date

9/24/2021

Time

12:10 PM

Time Pump Turned Off

Date

9/24/2021

Time

16:10

Total Pumping Time

Hours

4

Minutes

0

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MAY 21 2025

Salem, OR



Excel Tips:

1. **Duplicate** cells by dragging bottom right corner of 2 highlighted cells of the same data
2. **Quick time format** cells by highlighting the cells with the time difference needed and dragging bottom right corner of highlighted cells (ex. 10:00 & 10:02 (highlight cells) > 10:04 (next cell))
3. Rows are can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to **printing**

*Depth to Water Below MP will only allow numbers to the hundredth decimal. **CONVERT INCHES TO HUNDREDTH OF A FOOT.**

Date	Time	Depth to Water Below MP	Discharge Rate	Units	Pump ON / OFF	Airline (psi)	Flowmeter	Units	Comments
9/24/2021	11:10	21.90	0		off				
9/24/2021	11:30	21.90	0		off				
9/24/2021	12:00	21.90	0		off				
9/24/2021	12:10	21.90	0		off				
9/24/2021	12:10	21.90	0		On				
9/24/2021	12:12	42.60	165	gpm	On				
9/24/2021	12:14	52.90	157.1	gpm	On				
9/24/2021	12:16	60.50	137.5	gpm	On				
9/24/2021	12:18	65.20	122.2	gpm	On				
9/24/2021	12:20	67.65			On				
9/24/2021	12:25	71.15			On				
9/24/2021	12:30	72.72	106.4	pgm	On				
9/24/2021	12:35	73.55			On				
9/24/2021	12:40	73.97			On				
9/24/2021	12:55	75.00	99.9	gpm	On				
9/24/2021	1:10	75.80	99.9	gpm	On				
9/24/2021	1:25	76.40	99.9	gpm	On				
9/24/2021	1:40	76.82	99.9	gpm	On				
9/24/2021	1:55	77.18	99.9	gpm	On				
9/24/2021	2:10	77.37	94.2	gpm	On				
9/24/2021	2:25	77.50			On				
9/24/2021	2:40	77.77	94.2	gpm	On				
9/24/2021	2:55	77.91			On				
9/24/2021	3:10	78.10	94.2	gpm	On				
9/24/2021	3:25	78.35			On				
9/24/2021	3:40	78.48	91.6	gpm	On				
9/24/2021	3:55	78.60			On				
9/24/2021	4:10	78.70	91.6	gpm	On				
9/24/2021	4:12	59.24			Off				
9/24/2021	4:14	44.56			Off				
9/24/2021	4:16	41.24			Off				
9/24/2021	4:18	38.72			Off				
9/24/2021	4:20	36.71			Off				
9/24/2021	4:25	33.00			Off				
9/24/2021	4:30	31.10			Off				
9/24/2021	4:35	29.84			Off				
9/24/2021	4:40	29.00			Off				
9/24/2021	4:55	27.52			Off				
9/24/2021	5:10	26.87			Off				
9/24/2021	5:25	26.24			Off				

Received by OWRD

MAY 21 2025

Salem, OR

WATER WELL REPORT
STATE OF OREGON

RECEIVED
LINN 10808
JUN 22 1981
WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 125/40-33

State Permit No. L-133227

(1) OWNER:

Name William E. Radke
Address 31014 Green Valley Rd., Shedd, Or.
City State

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

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

(4) PROPOSED USE (check):

(5) CASING INSTALLED: Steel ☐ Plastic ☐
Threaded ☐ Welded ☒
Diam. from +16" ft. to 118'08" ft. Gauge .0250
Diam. from ft. to ft. Gauge

LINER INSTALLED:

Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No

Type of perforator used Acetylene Torch

Size of perforations 1/2 in. by 12 in.
70 perforations from 106'08" 116'08"
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

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

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

pump test made? ☐ Yes ☒ No If yes, by whom
gal/min. with ft. drawdown after hrs.
Air test gal/min. with drill stem at ft. hrs.
Bailer test 88 gal/min. with 4 ft. drawdown after 1 1/2 hrs.
Flow rate g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes ☒ No ☐

Well seal—Material used Bentonite
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 700# Bentonite sacks
How was cement grout placed? Placed with a grout pump from the 18' level to the ground surface.
Was pump installed? Type HP Depth ft.
Was a drive shoe used? ☒ Yes ☐ No Plug Size: location ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☒ No Size of gravel: ft.
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Linn Driller's well number
1/4 Section 33 T. 12S R. 4W W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found 33 to 51 ft.
Static level 16 ft. below land surface. Date 6-11-81
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 8"

Depth drilled 155 ft. Depth of completed well 155 ft.

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

MATERIAL	From	To	SWL
Top Soil	0	1 1/2	
Brown Clay	1 1/2	16	
Dark Brown Clay	16	33	
Brown Sand & Gravel	33	51	
Brown Clay & Gravel	51	62	
Blue Clay	62	70	
Black Sandy Clay	70	76	
Gray Clay	76	99	
Gray Clay & Gravel	99	110	
Blue Sandy Clay & Gravel	110	116	
Black Sand & Gravel	116	117	
Gray Clay	117	130	
Dark Gray Clay	130	155	

Received by OWRD

MAY 21 2025

Salem, OR

Work started 6-1 19 81 Completed 6-11 19 81
Date well drilling machine moved off of well 6-15 19 81

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] Merle Warren Date 6/15/81
(Drilling Machine Operator)

Drilling Machine Operator's License No. 436

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 Merle Warren Well Drilling, Inc.
(Person, firm or corporation) (Type or print)

Address 3111 Hwy. 99E, Tangent, Or. 97389

[Signed] Merle Warren
(Water Well Contractor)
Contractor's License No. 182 Date 6-15, 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.

SP12658-690

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

WELL I.D. LABEL# L

8/8/2024

152772

START CARD #

ORIGINAL LOG #

1074611

Page 1 of 2

(1) LAND OWNER

Owner Well I.D. 6604

First Name BILL

Last Name RADKE

Company

Address 31014 GREEN VALLEY RD.

City SHEDD

State OR

Zip 97377

(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 105.00 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt
12	0	18	Bentonite	0	18	11
8	18	100			Calculated	10
6	100	110			Calculated	

Seal placement method ☐ A ☐ B ☐ C ☐ D ☒ E ☒ Other: POURED DRY

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 7/30/2024 Begin Time 16 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	8	<input checked="" type="checkbox"/>	1	99	0.250	ST	<input checked="" type="checkbox"/>			

Temp casing ☒ Yes Dia 12 From + ☒ 2 To 18

(7) PERFORATIONS/SCREENS

Perforations Method Holte air perforator

Screens Type Material

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	8	30	60	.125	1	1200	
Perf	Casing	8	80	95	.125	1	300	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	150		98	1

Temperature 63 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 360 ppm

From	To	Description	Amount	Units
------	----	-------------	--------	-------

(9) LOCATION OF WELL (legal description)

County LINN Twp 12.00 S N/S Range 4.00 W E/W WM

Sec 16 NW 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number Lot

Lat ° ' " or 44.53238100 DMS or DD

Long ° ' " or -123.17694100 DMS or DD

☐ Street address of well ☒ Nearest address

HARVEST & TANGENT DR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	7/31/2024			16

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 30.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/30/2024	30	40	75			16
7/30/2024	80	105	75			16

(11) WELL LOG

Ground Elevation 240.38 FT

Material	From	To
Topsoil	0	1
Brown clay	1	14
Grey clay	14	30
Loose brown sand & gravel	30	40
Cemented sand & gravel	40	53
Loose grey sand & gravel	53	68
Grey clay	68	80
Grey sand w/small gravel cemented	80	105
Blue clay	105	110

Received by OWRD

MAY 21 2025

Salem, OR

Construction

Begin Date 7/30/2024 Begin Time 09 00 End Date 7/31/2024

(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 Date

Signed

(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.

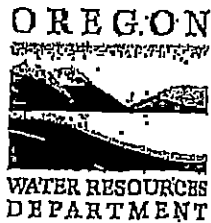
License Number 1684 Date 8/8/2024

Signed BRET JONES (E-filed)

Drilling Company: JONES DRILLING CO., INC.

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

MAY 21 2025

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: William Radtke
31014 Green Valley Rd, Shedd OR 97377

Transaction Type: Claim

Fees Received: \$ 230.00

☐ Cash, ☒ Check: Check No. 2392

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,

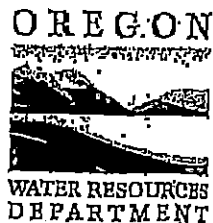
OWRD Customer Service Staff

Submission received by: Cone Lornen

(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 the Submission Receipt with submission (application/other document) in the top drawer of the



Received by OWRD

MAY 21 2025

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: William Radke
31014 Green Valley Rd, Shedd OR 97377

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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 Lornen

(Name of OWRD staff)

Instructions for OWRD staff:

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