

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



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

**A fee of \$230 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-14158	PERMIT # (IF APPLICABLE) G-12837	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME PROPERTY OWNER Zorn Farms Inc.		PHONE NO. 503.806.7200 Mark Anderson		ADDITIONAL CONTACT NO.
ADDRESS PO Box 100				
CITY St. Paul	STATE OREGON	ZIP 97137	E-MAIL markandcatherine@gmail.com	

APPLICANT/BUSINESS NAME PROPERTY OWNER Mark Anderson		PHONE NO. 503.806.7200		ADDITIONAL CONTACT NO.
ADDRESS 21573 Champoeg Creek Lane NE				
CITY St. Paul	STATE OREGON	ZIP 97137	E-MAIL markandcatherine@gmail.com	

APPLICANT/BUSINESS NAME PROPERTY OWNER Joseph Zorn Trust % David L. Carlson		PHONE NO. 503.365.0375		ADDITIONAL CONTACT NO.
ADDRESS PO Box 13006				
CITY Salem	STATE OREGON	ZIP 97309	E-MAIL david@davidcarlson-attorney.com	

APPLICANT/BUSINESS NAME PROPERTY OWNER Mission Creek Farms II, LLC		PHONE NO. 503.463.4337 Larry George		ADDITIONAL CONTACT NO.
ADDRESS 22850 Jette Court NE				
CITY St. Paul	STATE OREGON	ZIP 97317	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 Zorn Farms, Inc.				
ADDRESS PO Box 100				
CITY St. Paul	STATE OREGON	ZIP 97137		

ADDITIONAL PERMIT HOLDER OF RECORD Mark Anderson				
ADDRESS 21573 Champoeg Creek Lane NE				
CITY St. Paul	STATE OREGON	ZIP 97137	Received by OWRD	

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4. Date of Site Inspection:

September 10, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Anthony Stevens	September 10, 2024	Farm Management
Mark Anderson	September 18, 2024	Permit Holder, Owner

6. County:

Marion

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		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Corbey Boatwright	PHONE NO. 503.363.9225	ADDITIONAL CONTACT NO.
ADDRESS Boatwright Engineering, Inc. 2613 12th Street SE		
CITY Salem	STATE OREGON	ZIP 97302
E-MAIL corbey@boatwrightengr.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
	Glenn Karlberg	Receiver appointed for Zorn Farms, Inc	5/23/25
	Mark Anderson	Land Owner	5/23/25

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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	MARI 19402	NA

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	Champoeg Creek Basin	Willamette River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	IR	Fruits, vegetables, mint, pasture	Mar 1- Oct 31	720 gpm
	IS		Mar 1- Oct 31	
Total Quantity of Water Used				720 gpm

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, through a totalizing flow meter, to buried 8" PVC mainlines to all parts of the irrigation area on the east side of French Prairie Road. A buried 8" PVC pipeline crosses under Champoeg Creek to serve the southeast area of the farm. Risers take the water to various fields that irrigate with hand lines and big guns. The buried 8" pipeline reduces to a buried 6" PVC pipeline to serve the irrigated areas to the west of French Prairie Road. Application is made via, impact sprinklers, drip tape, and big guns.

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**

(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 for the development of 134.3 acres of irrigation and 247.0 acres of supplemental irrigation. The developed acres are 126.3 for irrigation and 229.1 for supplemental irrigation.

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	2.45 cfs	1.92 cfs	1.61 cfs	IR	134.3	126.3
		862 gpm	724 gpm	IS	247.0	229.1

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

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

Well MARI 19402

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A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES			
4S	2W	WM	1	SW-SW	----	43	IR	----	18.3			
				SE-SW	----	43	IR	----	0.7			
			2	SE-SW	----	93	IR	2.5	0.3			
				SW-SE	----	93	IR	0.4	5.9			
				SW-SE	----	43	IR	-----	26.1			
			SE-SE	----	43	IR	-----	25.4				
				10	SW-NE	----	42	IR	11.8	----		
			SE-NE		----	42	IR	20.0	----			
			SE-NE		----	93	IR	7.6	----			
			NW-SE		----	42	IR	2.6	----			
			NE-SE		----	42	IR	3.5	----			
			NE-SE		----	93	IR	2.0	----			
			NE-SE		----	91	IR	2.1	----			
			11	NE-NE	----	43	IR	----	34.1			
				NW-NE	----	43	IR	----	31.7			
				NW-NE	----	93	IR	0.3	----			
				NW-NE	----	93	IR	----	8.1			
				SW-NE	----	93	IR	3.0	----			
				SW-NE	----	43	IR	----	7.5			
				SE-NE	----	43	IR	----	0.5			
				SE-NE	----	91	IR	----	0.7			
				SE-NE	----	45	IR	----	8.5			
				NE-NW	----	93	IR	19.2	3.6			
				SW-NW	----	93	IR	27.5	----			
				SE-NW	----	93	IR	14.3	----			
				SW-SW	----	93	IR	4.1	----			
				SW-SW	----	91	IR	5.4	----			
				NE-SE	----	91	IR	----	0.1			
			NE-SE	----	45	IR	----	4.9				
			12	NE-NW	----	43	IR	----	3.9			
				NW-NW	----	43	IR	----	14.5			
				SW-NW	----	45	IR	----	14.4			
				SE-NW	----	45	IR	----	2.4			
				SE-NW	----	46	IR	----	0.4			
				NE-SW	----	45	IR	----	1.8			
				NE-SW	----	46	IR	----	1.5			
			NW-SW	----	45	IR	----	13.8				
			Total Acres Irrigated								126.3	229.1

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

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B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

2. Describe the access port (type and location) or other means to measure the water level in the well:

2" side port on the west side of the well casing

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	MARI 19402			

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)? 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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	DWT	FR363840	8-stages Turbine	8"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	100 Hp

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)
100 hp	100	66'	Varies from 46.5 to -24	1.92

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5. Provide pump calculations:

$$\frac{\text{Turbine 100 Hp}}{66 + 46.5 + 254} = \frac{7.04 (100)}{366.5} = \frac{704}{366.5} = 1.92 \text{ cfs} = 862 \text{ gpm}$$

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)
78794500	78801900	10 min 14 sec	

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

7. Is the distribution system piped? YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	4,670'	PVC	Buried
8"	8,240'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1,200'	Aluminum	Above Ground
4"	13,850'	Aluminum	Above Ground
3"	4,830	Aluminum	Above Ground
4"	5,200'	PE	Above Ground on Reels

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	65	8.0	310±	90	720 gpm (1.60 cfs)
5/32"	65	5.8	160±	125	725 gpm (1.62 cfs)
3/16"	35	6	-	120	720 gpm (1.60 cfs)
1" Big Gun	65 w/ booster	215.0	4	2	430 gpm (0.96 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)

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
4"	33.3	50,200'	2183'	727 gpm	Brand: Rizulis

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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
None				

E. Storage

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

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?

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?

NO

H. Additional notes or comments related to the system:

There are up to seven farmers working these fields and the use of the water system has to be coordinated.

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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	09-30-1996		
BEGIN CONSTRUCTION (A)	09-30-1997	09-30-1996	Per Well Log MARI 19402, the construction of the existing source well began 10-20-1994, prior to the permit application being filed
COMPLETE CONSTRUCTION (B)	10-1-1998	09-30-1996	Per Well Log MARI 19402, the existing source well was completed 12-23-1994, prior to the permit application being filed
COMPLETE APPLICATION OF WATER (C)	10-1-1999 permit 10-1-2015 time extension	10-1-2015	Water was applied to all of the land that the permit holders intend to develop and in compliance with all permit conditions.

* 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

a. Did the Extension Final Order require the submittal of Progress Reports? NO

3. Initial Water Level Measurements:

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

b. What month was the initial measurement to be taken in?

March 1997

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

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4. Annual Static Water Level Measurements:

- a. Was the water user required to submit annual static water level measurements? **YES**
- b. Provide the month, or months, the static water level measurement(s) were to be made:
March 1999 thru 2005 (7 consecutive years required)
- c. Were the static water level measurements taken in the month(s) required? **YES**
- d. If "YES", were those measurements submitted to the Department? **YES**
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

- a. Did the permit require the submittal of a pump test? **YES**

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

For additional information regarding pump tests see:

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

- b. Has the pump test been previously submitted to the Department? **NO**
- c. Is the pump test attached to this claim? **NO**
- d. Has the pump test been approved by the Department? **NO**
- e. Has a pump test exemption been approved by the Department? **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**

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**
- c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	99 7959 8	working	788243x100	1999

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7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? YES
- b. Have the reports been submitted? YES

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

- a. Were there special well construction standards? NO
- b. Was submittal of a ground water monitoring plan required? NO
- c. Was submittal of a water management and conservation plan required? NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? NO

WELL ID #	DATE ATTACHED TO WELL
NA	

- e. Other conditions? 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
CBU Map	Map
MARI 19402	Well Log

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.

Marion County Survey Record CS 39556, Google Earth images dated 4-17-2015, 7-23-2016, and 7-3-2024.

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

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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

*to
 WEST
 19462*

RECEIVED

JAN 23 1995

45/2w/2dd

WATER RESOURCES DEPT.

(START CARD) # 64230

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

SALEM, OREGON

(1) OWNER: Well Number _____
 Name Zorn Farms Inc.
 Address 2300 River Road
 City St. Paul State OR Zip 97137

(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 196 1/2 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	50	Bentonite	0	50	58 sacks
16"	50	310				
	199	319	cement & 20% bentonite			31 sacks
			cement & 500lbs bent			

How was seal placed: Method A B C D E
 Other QAR 690-210-340

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: 16"	+2	162'3"	3"	3/16"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 162'3"

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Johnson Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+3	163			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	183	.065		12"	ps	<input type="checkbox"/>	<input type="checkbox"/>
183	199			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
196 1/2	199'				cement plug	<input type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
1100	62'		1 hr.
1100	66'		6 hrs

Temperature of water 54 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 Marion Latitude _____ Longitude _____
 Township 4S N or S Range 2W E or W. WM. _____
 Section 2 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8379 Champoeg Rd.
St. Paul, Oregon

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 12/23/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 162'

From	To	Estimated Flow Rate	SWL
162	183	1400 gpm	20

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Clay brown	0	43	
Clay grey sticky	43	54	
Clay brown	54	71	
Clay sandy brown	71	79	
Clay grey	79	149	
Clay sandy	149	159	
Sand, silt-	159	162 1/2	
Sand, trace gravel	162 1/2	165	20'
Sand, gravel	165	183	20'
Clay grey	183	310	

Date started 10/20/94 Completed 12/23/94
 (unbonded) Water Well Constructor Certification:

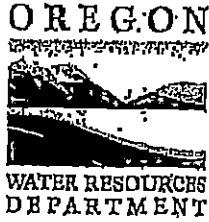
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ 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.

Signed Joan Brown WWC Number 783 Date 1/19/95



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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Zorn Farms Inc
PO Box 100 St. Paul OR 97137

Transaction Type: Claim of Ben Use

Fees Received: \$ 230

Cash, Check: Check No. 4880

Name(s) on Check: ZORN Farms Inc

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: [Signature]

(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 [] slot.