

**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**

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**1. File Information:**

APPLICATION # <b>G-15607</b>	PERMIT # (IF APPLICABLE) <b>G-15401</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Knife River Inc.</b>		PHONE NO. <b>458-331-0946</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>32260 Old HWY 34</b>			
CITY <b>Tangent</b>	STATE <b>OR</b>	ZIP <b>97389</b>	E-MAIL <b>Alec.haddad@kniferiver.com</b>

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

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

PERMIT HOLDER OF RECORD <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>May 27, 2025</b>
---------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Alec Haddad</b>	<b>May 27, 2025</b>	<b>Safety &amp; Environmental Resource Coordinator</b>

**6. County:**

<b>Linn</b>
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**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

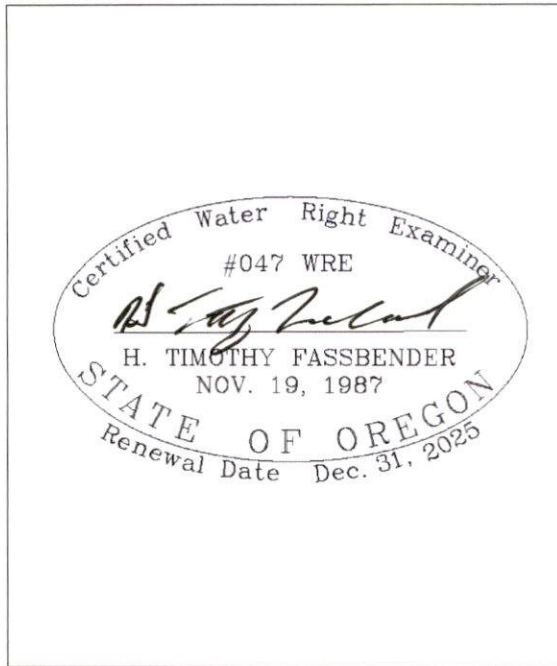
Add additional tables for owners of record as needed

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**AUG 18 2025**  
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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>H. Timothy Fassbender</b>		PHONE NO. <b>541-485-3136</b>	ADDITIONAL CONTACT NO. <b>541-913-0216</b>
ADDRESS <b>2896 Sarah Lane</b>			
CITY <b>Eugene</b>	STATE <b>OR</b>	ZIP <b>97408</b>	E-MAIL <b>htimfass@aol.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.

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**AUG 18 2025**  
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SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
 7/29/25	Alec Haddad	Safety & environmental resource coordinator	
	DAVE CHAPMAN	OPERATIONS DIRECTOR	7/29/25

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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 4	Linn 2123	

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 4	Willamette	

**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 4	Industrial		Year-around	
Total Quantity of Water Used				

**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 wells for manufacturing of pre-stress concrete structural components, dust abatement and office facilities use.

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.

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.")

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AUG 18 2025

**6. Claim Summary:**

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POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 4	0.033 CSF			Industrial		

**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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 4

**A. Place of Use**

1. Is the right for municipal use?

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
15 S	4 W	WM	9	SW/NE SE/NE NE/SE NW/SE SW/SE SE/SE			Industrial		
Total Acres Irrigated									

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

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:

Inspection port on top of well head

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 Well Log						

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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

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
Unknown			Submersible	1.5"	1.5"

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	1.0 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)
1.0 hp	60 psi	18 ft	0 ft	0. CFS

#### 5. Provide pump calculations:

$(1.0)(7.04)/18+138.60 = 0.045 \text{ CFS}$

#### 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)

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.

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AUG 18 2025  
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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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)
NA					

**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
NA					

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

**E. Storage**

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

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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

*If "NO", items 2 through 4 relating to this section may be deleted.*

## 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:

The system is used for industrial. No irrigation of ground is used

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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	May 1, 2003		
BEGIN CONSTRUCTION (A)	June 2003	July 2003	Water distribution system complete
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	Oct 2008	Oct 2003	System complete

\* 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

*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?

NO

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

b. Were the Progress Reports submitted?

NO

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

### 3. Initial Water Level Measurements:

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

YES

*If "NO", items b through d relating to this section may be deleted.*

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

March

c. Was the measurement submitted to the Department?

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AUG 18 2025  
YES OWRD

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**

*If "NO", items b through e relating to this section may be deleted.*

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

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

**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>

*If "NO", items b through e relating to this section may be deleted.*

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**

Pump test exemption request has been submitted, awaiting for approval.

**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**

*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**

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AUG 18 2025

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 4	Master Meter	2323028 69	Working	32994	July 2003

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? **YES**

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? **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
ID tag requested	

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
Well Log	

**SECTION 7**

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**AUG 18 2025**  
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## 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.

Traverse and GPS

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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
- ☒ 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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AUG 18 2025  
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STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.765)

FEB 11 1994

WATER RESOURCES DEPT  
SALEM, OREGON

LINN  
0123

(START CARD) #

15S/4W/9ad  
6/2/13

(1) OWNER:

Name Morse Bro. - Prestress Plant Well Number 990  
Address P.O. Box 181 Hwy 99E, Peoria, IL  
City Harrisburg State OR Zip 97446

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable  
☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 120 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	47'	Cement	0	47'	22 Sacks
8"	47'	135'				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from 120 ft. to 135 ft. Size of gravel 3/8 PEA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	42'	135'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 135'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>None</u>						<input type="checkbox"/>	<input type="checkbox"/>

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing  
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>156 gpm</u>	<u>42'</u>		<u>2 hr.</u>
<u>Pump Set at 75'</u>			

Temperature of Water 54° Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done? ☒ Yes By whom Nitrate Lab

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other Too Sandy

Depth of strata: 112'-132' 16' leaving

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

(9) LOCATION OF WELL by legal description:

County Linn Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15S N or S Range 4W E or W WM. \_\_\_\_\_  
Section 9 SE 1/4 NE 1/4  
Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

13 ft. below land surface. Date 2/8/94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 112'

From	To	Estimated Flow Rate	SWL
<u>112'</u>	<u>132'</u>	<u>100+ GPM</u>	<u>42'</u>
<u>134'</u>	<u>135'</u>	<u>15 GPM</u>	<u>13'</u>

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Gravel Fill	0	3	0'
Brown Clay	3	8	0'
Cemented Gravel	8	23	0'
Sand & Gravel	23	31	0'
Cemented Gravel	31	42	0'
Brown Clay (Sticky)	42	48	0'
Cemented Gravel	48	53	0'
Brown Sand	53	61	0'
Brown Clay	61	74	0'
Blue Clay	74	84	0'
Blue Sand & Clay	84	85	0'
Blue Clay	85	112	0'
Blue Sand & Clay w/B	112	132	42'
Blue Clay w/ Gravel	132	134	0'
Blue Sand w/B	134	135	13'

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AUG 18 2025

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Date started 2/1/94 Completed 2/8/94

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Kurt D Mtr WWC Number 1411  
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Donald J. Floring WWC Number 751  
Date 2/9/94

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

9809C 10/91





OREGON  
WATER  
RESOURCES  
DEPARTMENT

PUMP TEST FORM  
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Knife River Prestress Inc.		PHONE No.: 458-331-0946	ADDITIONAL CONTACT No.:
ADDRESS: 23505 Peoria Road			
CITY: Harrisburg	STATE: OR	ZIP: 97446	E-MAIL: alec.haddad@kniferiver.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Shawn Turner	QUALIFICATION: (SELECT) C.PI	LICENSE #: 1178
COMPANY: Alpine pump	PHONE No.: 541-424-2243	ADDITIONAL CONTACT No.:
ADDRESS: 4040 banner st		
CITY: Eugene	STATE: Or	ZIP: 97404 E-MAIL: Shawn@alpinepumpinc.com

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Linn 56537	L- 77326	Well 1				

(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)

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-17190	G-16812	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-15607	G-15401	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

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

☐ Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

☐ Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.  
Well elevation is  above the surface water body. Approximate distance: \_\_\_\_\_ ft.  
Approximate elevation difference: \_\_\_\_\_ ft.

☐ Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: \_\_\_\_\_  
How far from the pumped well was water discharged? \_\_\_\_\_ ft.

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

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OREGON  
WATER  
RESOURCES  
DEPARTMENT

**PUMP TEST FORM  
COVER SHEET**

**Water-Level Measurement Method:** Water sounder

Length of air line (if used): \_\_\_\_\_ \*Verify here:

{ Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: \_\_\_\_\_ feet.

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

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Discharge Measurement Method:** Flow meter

Flowmeter (if used):

Manufacturer: Master meter Serial #: Do75010

Date Last Calibrated: \_\_\_\_\_ Units: GPM

**Pump Type:** Submersible

HP: 2 Pump set at: \_\_\_\_\_ feet.

Pump idle time: 24 hrs.

**Note:** Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

**Measuring Point (MP):** Measuring point distance above land surface 1.5 feet.

Description (e.g., top port of 1 inch port pipe, west side) East side top port 1/2"

**Time pump turned on:** Date 7-2-25 Time 8:30am

**Time pump turned off:** Date 7-2-25 Time 12:30pm

Total pumping time: 4hrs hours \_\_\_\_\_ minutes.

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

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

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

**Pump test requirements for OAR 690-217 can be found online at:**

[https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID\\_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfll-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfll-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186).

**Submit forms to:** Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

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**Forms may additionally be sent to** [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: \_\_\_\_\_

DATE: 7-2-25

**OWRD**

OWNER SIGNATURE: \_\_\_\_\_

DATE: 7/29/25

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

OWRD 20200115





**PUMP TEST FORM**  
**DATA SHEET**  
Page 2 of 2

WELL LOG # (EX. MAR1 00000)	WELL TAG # (EX. L-000000)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-77326					7-2-25

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
7-2	8:32	2	28.3'	19.2				
	8:34	4	30.2'	19.2				
	8:36	6	30.2'	19.2				
	8:38	8	30.2'	19.2				
	8:40	10	30.2'	19.2				
	8:45	15	30.2'	19.2				
	8:50	20	30.2'	19.2				
	8:55	25	30.2'	19.2				
	9am	30	30.2'	19.2				
	9:15	45	30.2'	19.2				
	9:30	60	30.2'	19.2				
	9:45	75	30.2'	19.2				
	10am	90	30.2'	19.2				
	10:15	105	30.2'	19.2				
	10:30	120	30.2'	19.2				
	10:45	135	30.2'	19.2				
	11	150	30.2'	19.2				
	11:15	165	30.2'	19.2				
	11:30	180	30.2'	19.2				
	11:45	195	30.2'	19.2				
	12pm	210	30.2'	19.2				
	12:15	225	30.2'	19.2				
	12:30	240	30.2'	19.2				
	12:35				26.4'			

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# PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

<b>OWNER NAME/BUSINESS NAME:</b> Knife River Inc.		<b>PHONE No.:</b> 458-331-0946	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 23505 Peoria Road			
<b>CITY:</b> Harrisburg	<b>STATE:</b> OR	<b>ZIP:</b> 97446	<b>E-MAIL:</b> alec.haddad@kniferiver.com

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**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 56537	L- 77326	Well 1	July 2, 2025	G- 17190	G- 16812	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)

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 56538	L- 74197	Well 2	G- 17190	G- 16812	T-
b	Linn 2123	L- ID tag requested	Well 4	G- 15607	G- 15401	T-
c	Linn 64655	L- 15291	Well 5	G-	G-	T-
d	Linn 14110	L- ID tag requested	Well 6	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	15 S	4 W	9	NE/SE	2670' S & 210' WEST OF SE COR SEC 9	44.2800000	-123.170833
b	15 S	4 W	9	NE SE	2520' SOUTH & 680 WEST OF SE COR SEC 9	44.279444	-123.171666
c	15 S	4 W	9	NE/SE	S45°40'57"W 1385' FROM E 1/4 SEC 9	44.27747	-123.172520
d	15 S	4 W	9	NE/SE	S44°12'23"W 1445' FROM E 1/4 COR SEC 9	44.277276	-123.172520
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:**  **DATE:** 7/10/25 **LICENSE #:** \_\_\_\_\_  
**PRINTED NAME:** Alec Haddad **(CIRCLE ONE):** OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER  
**PHONE:** 458-331-0946 **EMAIL:** alec.haddad@kniferiver.com

 7/29/25  
DAVE CHAPMAN