CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less

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

A fee of $345 must accompany this form for permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:

11/27/2017

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.

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see: https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

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SECTION 1
GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18586	G-18863	

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Paul Sogn & Rachelle Sogn (Wintersogn Farms, LLC)		(602) 904-0741	
Address PO Box 9457			
City Surprise	State AZ	Zip 85374	E-Mail pdsogn@yahoo.com

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		
Paul Sogn & Rachelle Sogn (Wintersogn Farms, LLC)		
Address PO Box 9457		
City Surprise	State AZ	Zip 85374

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

10/20/2024

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

Name	Date	Association with the Project
Paul Sogn	10/20/2024	Owner

6. County:

Coos

7. If any property described in the place of use of the permit final order 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.

Seal and Signature

EXPIRES:

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Galen McGill		(503) 409-8797	(503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

Permit Holder's 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
	Paul Sogn	owner/manager	8/20/25
Rachelle D Sogn	Rachelle Sogn	owner/manager	8/20/25

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SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
Well 2	COOS 53715	L-80263

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. 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 2	Irrigation (Including Cranberry Use) – *7.0 ac.*	Cranberries	Mar. 1 – Nov. 15	0.007 cfs
Well 2	Supplemental Irrigation – 3.0 *ac.*	Cranberries	Mar. 1 – Nov. 15	0.003 cfs
Well 2	Irrigation – 1.0 *ac.*	Pasture	Mar. 1 – Oct. 31	0.005 cfs
Well 2	Domestic	N/A	Jan. 1 – Dec. 31	0.005 cfs
Total Quantity of Water Used				0.020 cfs

3. 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 2 by a 2 HP submersible pump and delivers water to the bogs via 2" buried PVC mainline. Water that drains down the bogs through an 8" PVC pipe to the bulge can also be repumped into the system for irrigation or temperature control on cranberries.

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).

4. 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 diversion. 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."*)

Well 1 was not developed as part of the system and is not being claimed.

5. Claim Summary:

POD / 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	0.02 cfs	0.11 cfs	*	**	**	

*System not running at time of site inspection.

**See item 2 above for acreages and uses.

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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 2

A. Place of Use

Attach Claim of Beneficial Use map.

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

½" threaded port on S side of well cap

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

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See attached well log COOS 53715.						

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 9 may be deleted.

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2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
*			Submersible		

*Submersible pump could not be seen and owner nor installer kept records old enough to get additional info.

3. Motor Information:

Manufacturer	Horsepower
	2

4. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
2	40	21	0	0.11

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

5. Provide pump calculations:

Q = (2*7.04) / (101.6+21) = 0.11 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.			

7. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
N/A				

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

8. Provide pump calculations:

N/A

9. 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)
N/A			

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10. Is the distribution system piped? YES NO

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
2"	2,050'	PVC	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A			

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
Nelson Rotator R2000WF (Blue Nozzle)	45	1.19	500	260	0.69*
Tripod lawn sprinkler: 6 mm	40	9.5	1	1	0.02

Reminder: For sprinkler output determination use the reference information at the end of this document.

*Oversized for well because full max use of sprinklers can occur from bulge.

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
N/A					

15. 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					

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
N/A				

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E. Storage

1. Does the distribution system include in-system storage (i.e. storage tank, bulge in system / reservoir)? YES NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO

Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
N/A		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge 1	N/A – below ground	20

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:

The bulge may seem oversized for the allowed use, but the bottom surface is entirely sand. Some seepage may occur. Use from the bulge is metered and will not exceed the volume authorized by the water rights on this property.

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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 any 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 extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	5/12/2020		
Begin construction (A)	5/12/2025	10/20/2006	Application was made on an existing system.
Complete construction (B)	N/A	N/A	N/A
Complete application of water (C)	5/12/2025	4/12/2025	System fully used after flow meter installation.

* must be within period between permit or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? YES [NO]

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? [YES] NO

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

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

c. Was the measurement submitted to the Department? [YES] NO

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

Date of Measurement	Measurement Made By	Method	Measurement

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? [YES] NO

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

b. Provide the month, or months, in which 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] [NO*]

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*One measurement was in March, the rest were in other months. The owner has had trouble getting the pump installer to do the measurement in the correct month. There are not many licensed companies in this area.

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
7/20/2025	Dana Mills (A-1 Pump & Filter)	Weighted Tape	21'

5. Pump Test:

a. Is a pump test required? [YES] NO

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

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department? YES [NO]

c. Is the pump test attached to this claim? YES [NO]

d. Has the pump test been approved by the Department? YES [NO]

e. Has a pump test exemption been approved by the Department? YES [NO]

**The Claim 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 appropriation.

b. Has a meter been installed? [YES] NO

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 2	DLJ Meter	24001434	Working	9999930	4/11/2025
Bulge 1	Blue White Industries	F-1000-RT	Working	42045	3/29/2023
Bulge 2	Blue White Industries	F-1000-RT	Working	*	3/29/2023

*Needed new batteries to read screen at time of site inspection.

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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 a Well Identification Number (Well ID tag) assigned and attached to the well? [YES] NO

WELL ID #	DATE ATTACHED TO WELL
L-80263	10/20/2006

d. 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):

Usable access port – well is equipped with a usable access port.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	Well 2: COOS 53715
Photos (x17)	Taken at site inspection and provided by owner

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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: 10/5/2024

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 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
- ☒ Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- ☐ 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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Well 2

COOS 53715

10-24-2006

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 80263

START CARD # 182710

(1) LAND OWNER

Owner Well I.D. 1148

First Name Paul Last Name Sogn

Company

Address 628 St Andrews Loop

City Creswell State OR Zip 97426

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 56.00 ft.

BORE HOLE

Dia	From	To
12.25	0	56
6	56	60

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite	0	26	26	S

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

☒ Other Pour from surface

Backfill placed from ft. to ft. Material

Filter pack from 26 ft. to 46 ft. Material Sand Size 10/20

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	8	☒	1.16	41	Sch40	○	◉	☒	☐
◉	○	8	☐	51	56	Sch40	○	◉	☒	☐
◉	○	10	☒	1.25	3	.250	◉	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Johnson V-Wire Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		8	41	47	.031			8
Screen		8	47	51	.051			8

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25	13	52	1
30	18	52	2

Temperature 53 °F Lab analysis ☒ Yes By Bandon Well & Pump Co.

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Coos Twp 29.00 S N/S Range 14.00 W E/W WM

Sec 5 NW 1/4 of the NW 1/4 Tax Lot 902

Tax Map Number Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

◉ Street address of well ○ Nearest address

no # vacant, Rosa Road, Bandon (in back of 54651 Rosa Road)

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	10-20-2006			26

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 26

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-18-2006	26	51	30			26

(11) WELL LOG

Ground Elevation 300

Material	From	To
Sandy clay brown	0	2
Cemented sand brown	2	5
Sand fine tan	5	11
Sandy clay orange	11	12
Sand fine tan	12	14
Sandy clay orange	14	15
Sand fine tan	15	33
Sandy clay gray	33	35
Sand fine medium w/gravel fine gray	35	47
Gravel fine-medium w/ sand fine-medium gray	47	51
Clay gray	51	53
Claystone gray	53	60

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Date Started 09-12-2006 Completed 10-20-2006

(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 1759 Date 10-24-2006

Electronically Filed

Signed CHRISTOPHER L KERSEY (E-filed)

(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 1493 Date 10-24-2006

Electronically Filed

Signed JAMES A MACK SR (E-filed)

Contact Info (optional) BANDON WELL & PUMP COMPANY (541) 347-7867

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88

Well 2

WATER SUPPLY WELL REPORT -
continuation page

COOS 53715
10-24-2006

WELL I.D. # L 80263

START CARD # 182710

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size
46	60	Sand	8/12

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks

WELL DRILLED BY:
BANDON WELL & PUMP COMPANY
(541) 347-7867

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10/20/24 – Winterbay CoBU – well 2

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10/20/24 - Winterson CoBU - Well tag

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10/20/24 – Winterson COBU – "Sump"/bulge for IR system

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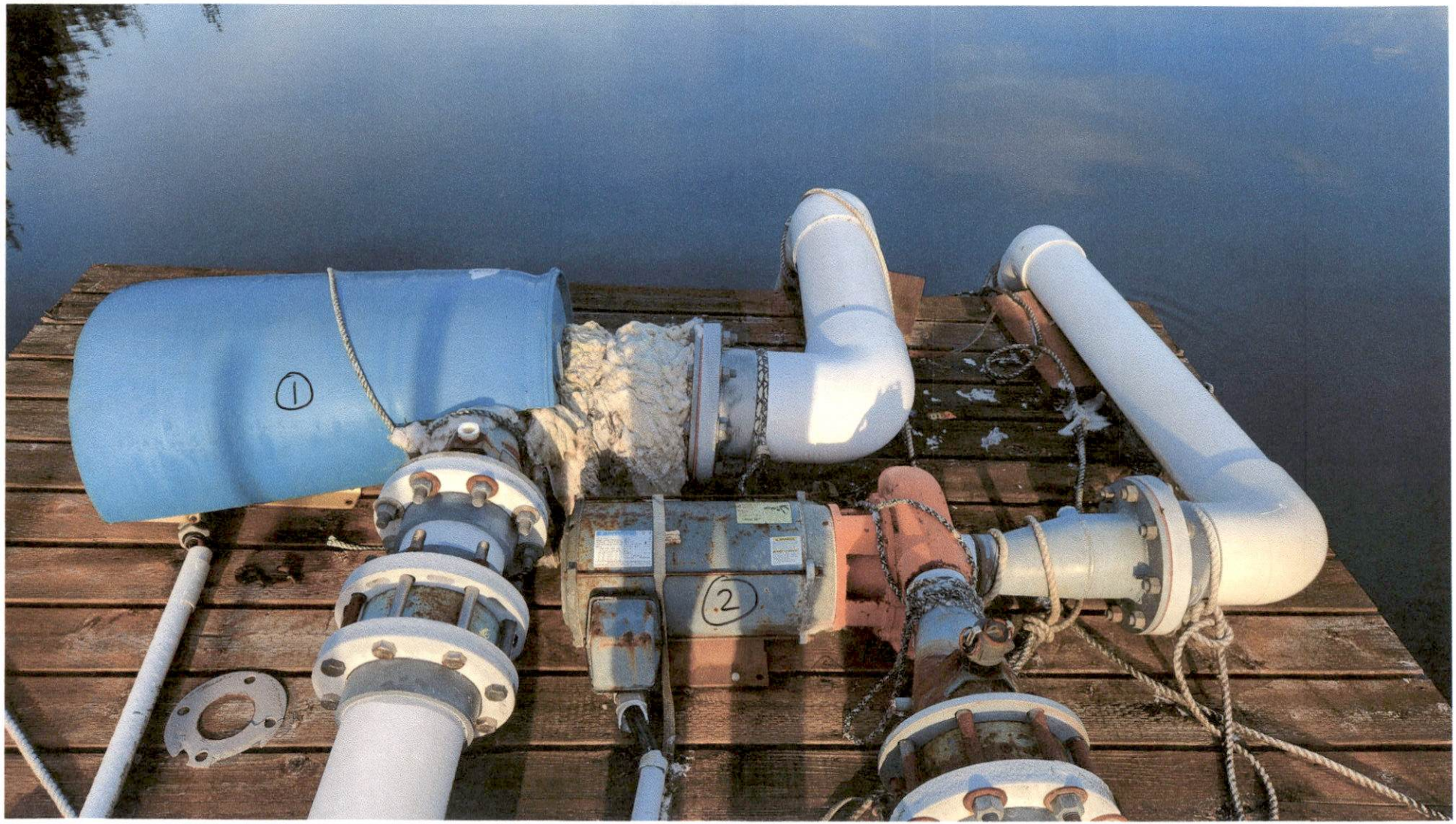

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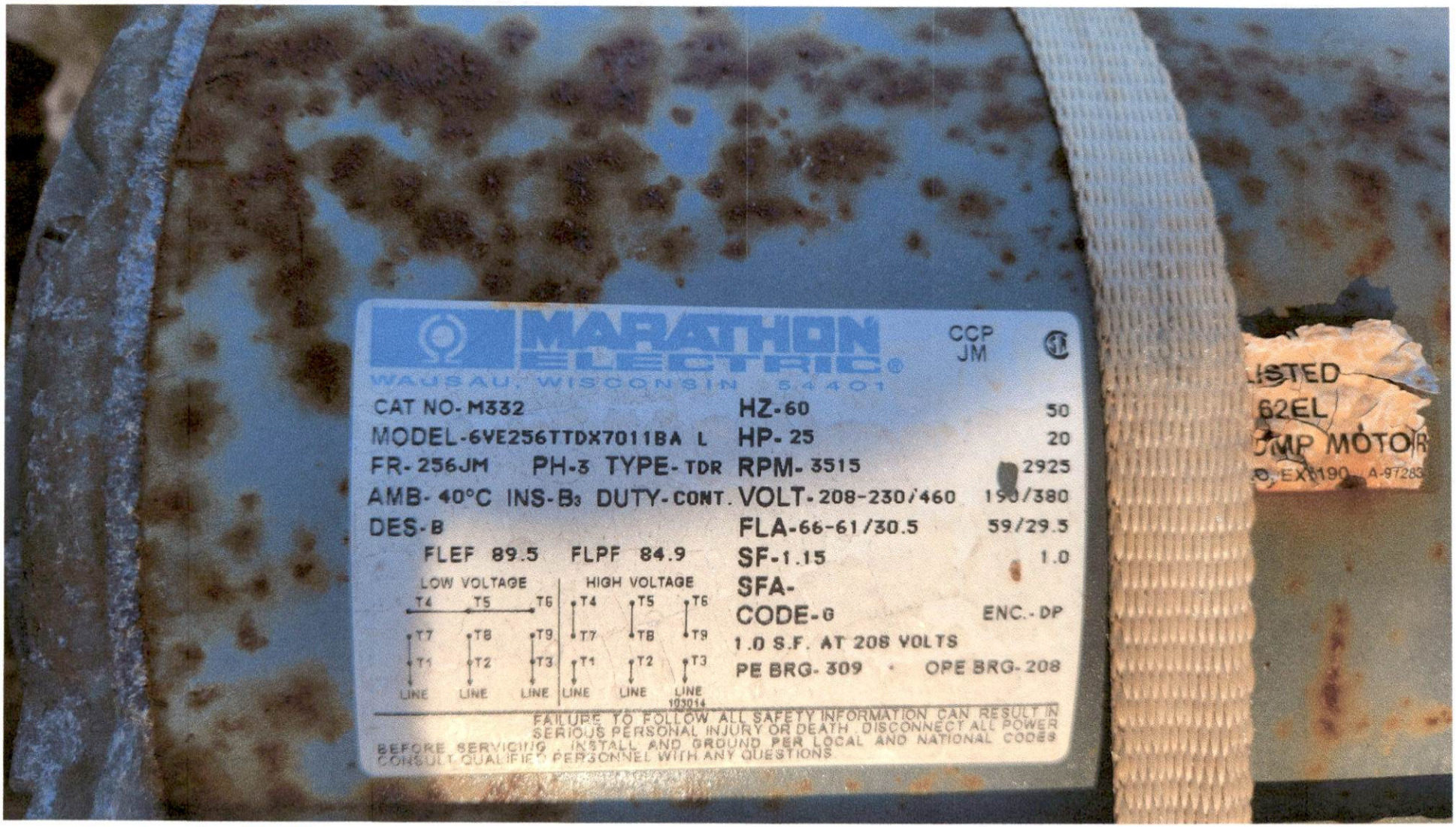
10/20/24 - Wintersgn COBL - bulge pumps
① Feeds bags 1+2 ② Feeds bags 3+4



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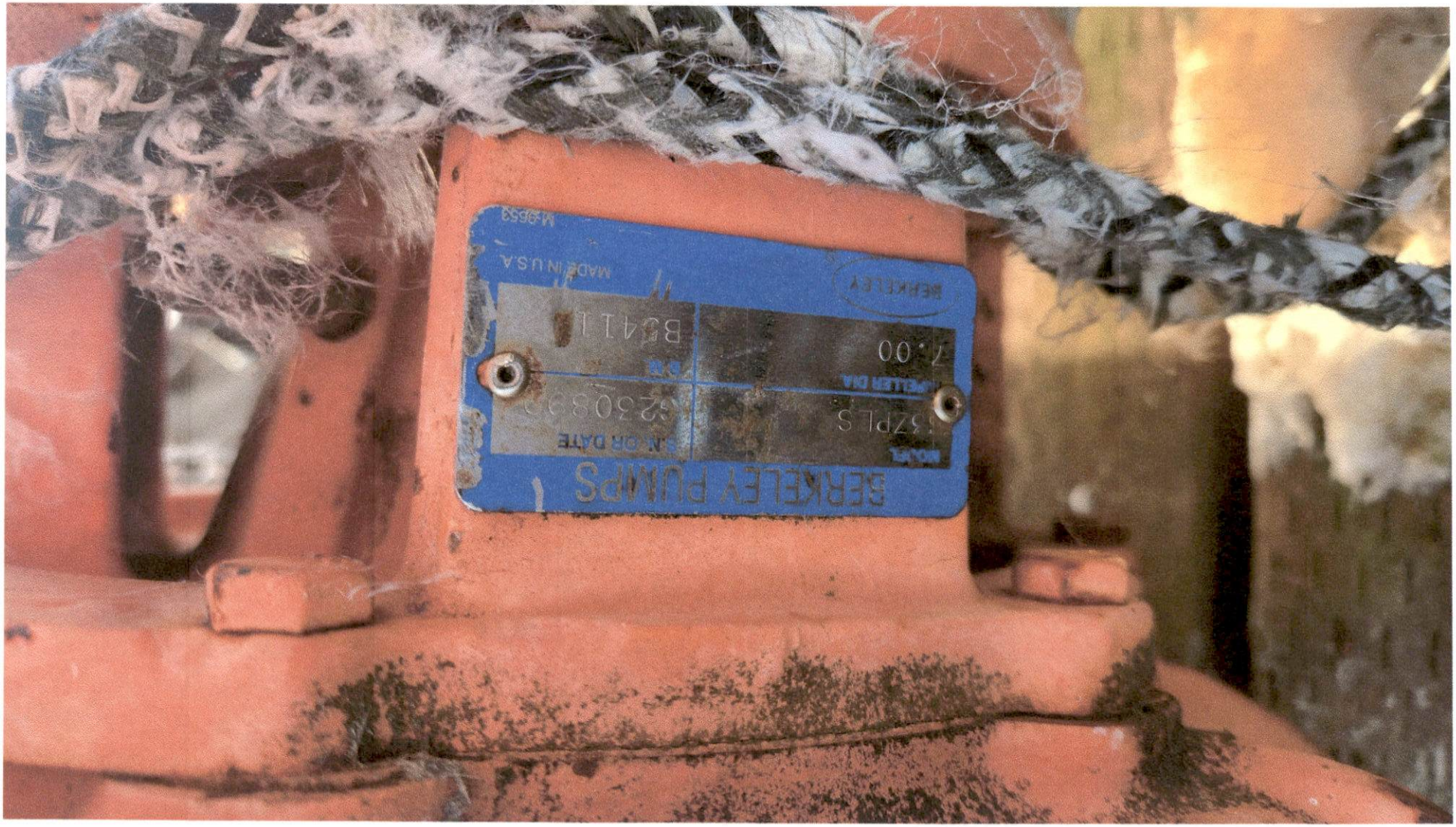
10/20/24 - Wintersgun COBU — bulge pump 2 motor tag



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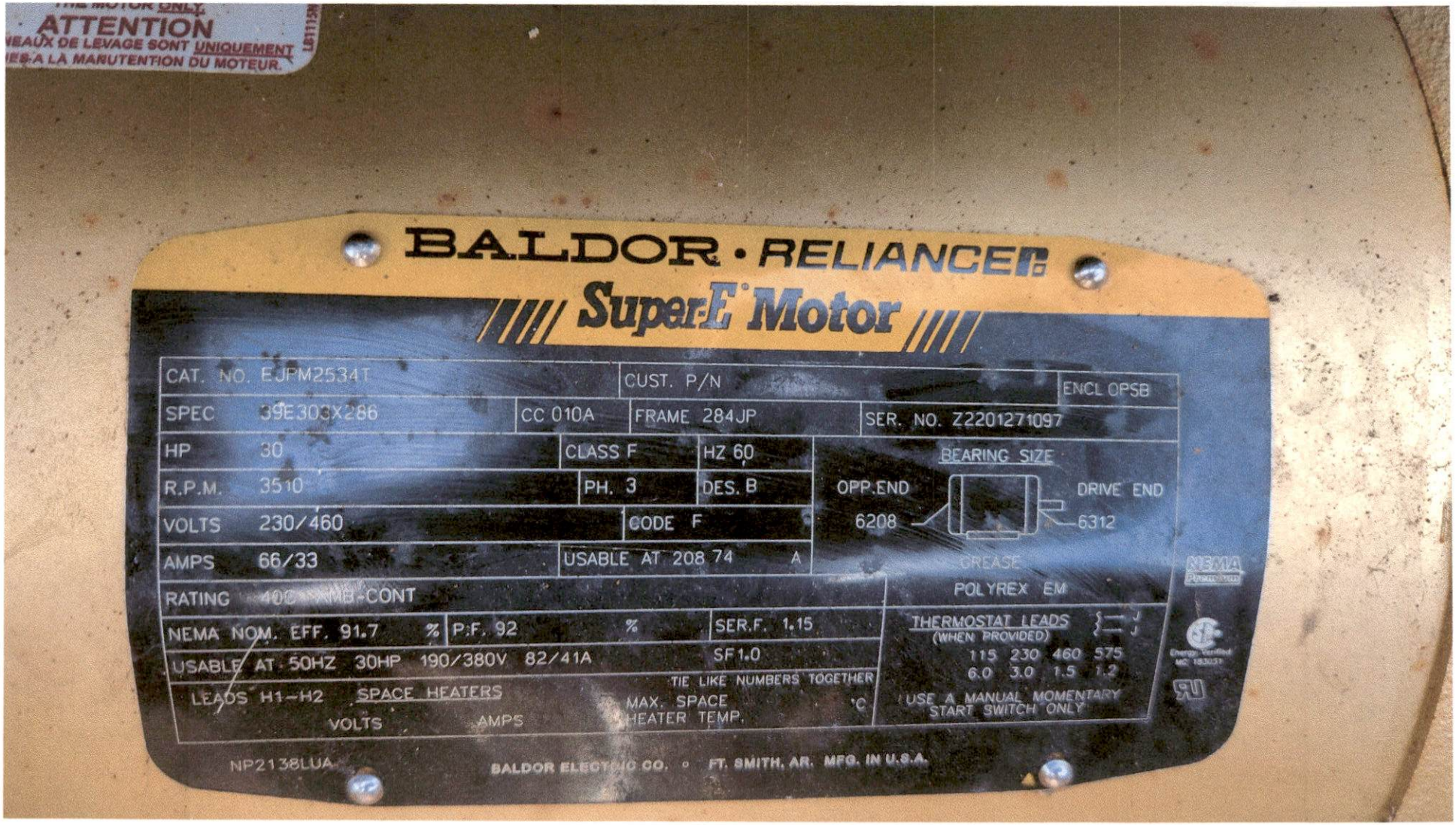
10/20/24 - Watershed Coast — bulge pump 2 pump tag



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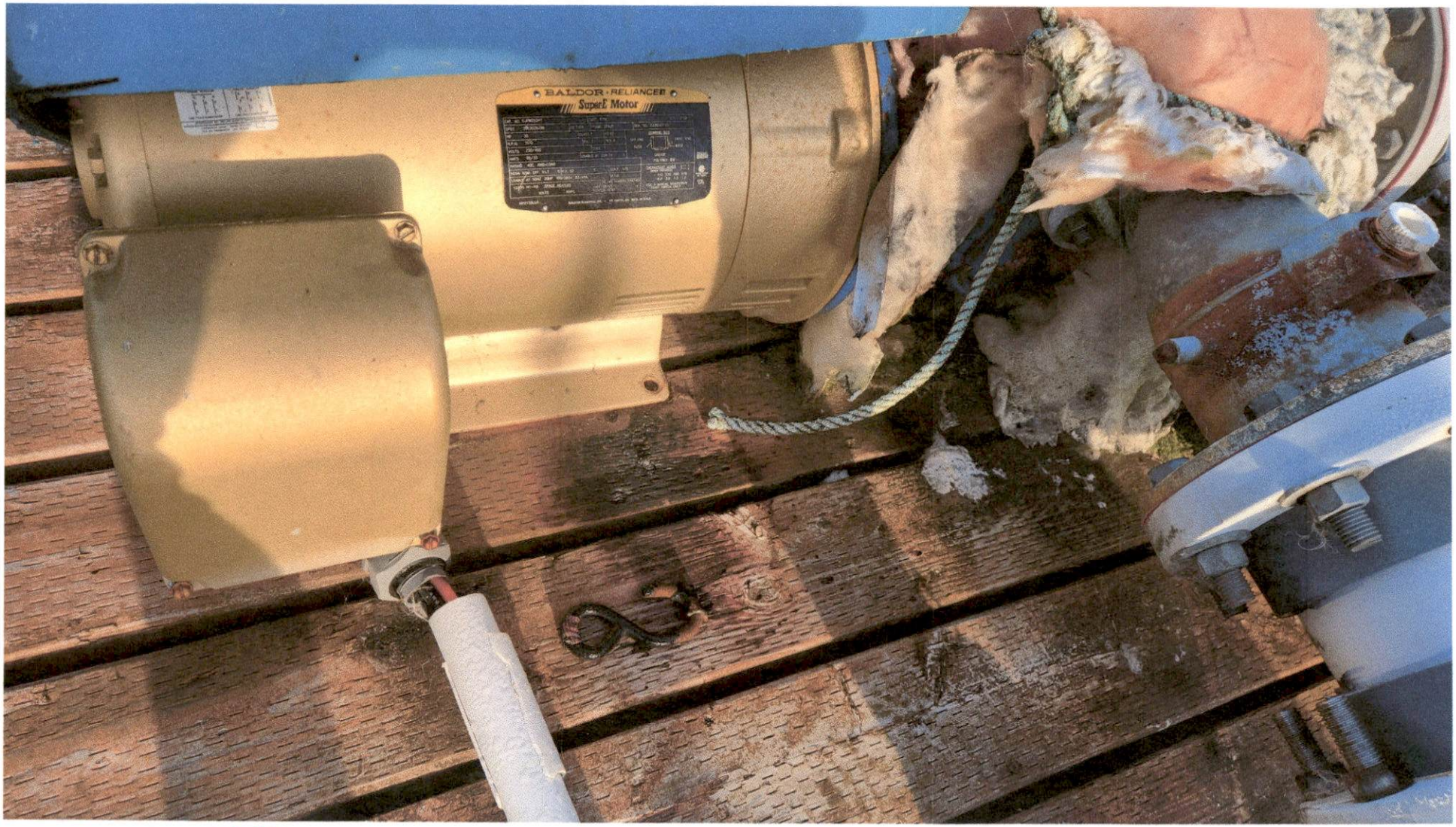
10/20/24 – Watterson COBH – bulge pump 1 motor tag



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10/20/24 - Watersign COBU - bulge pump 1

10/20/24

—

Wintersogn
COBH

—

catwalk
and lines
from bulge
pumps to
bogs

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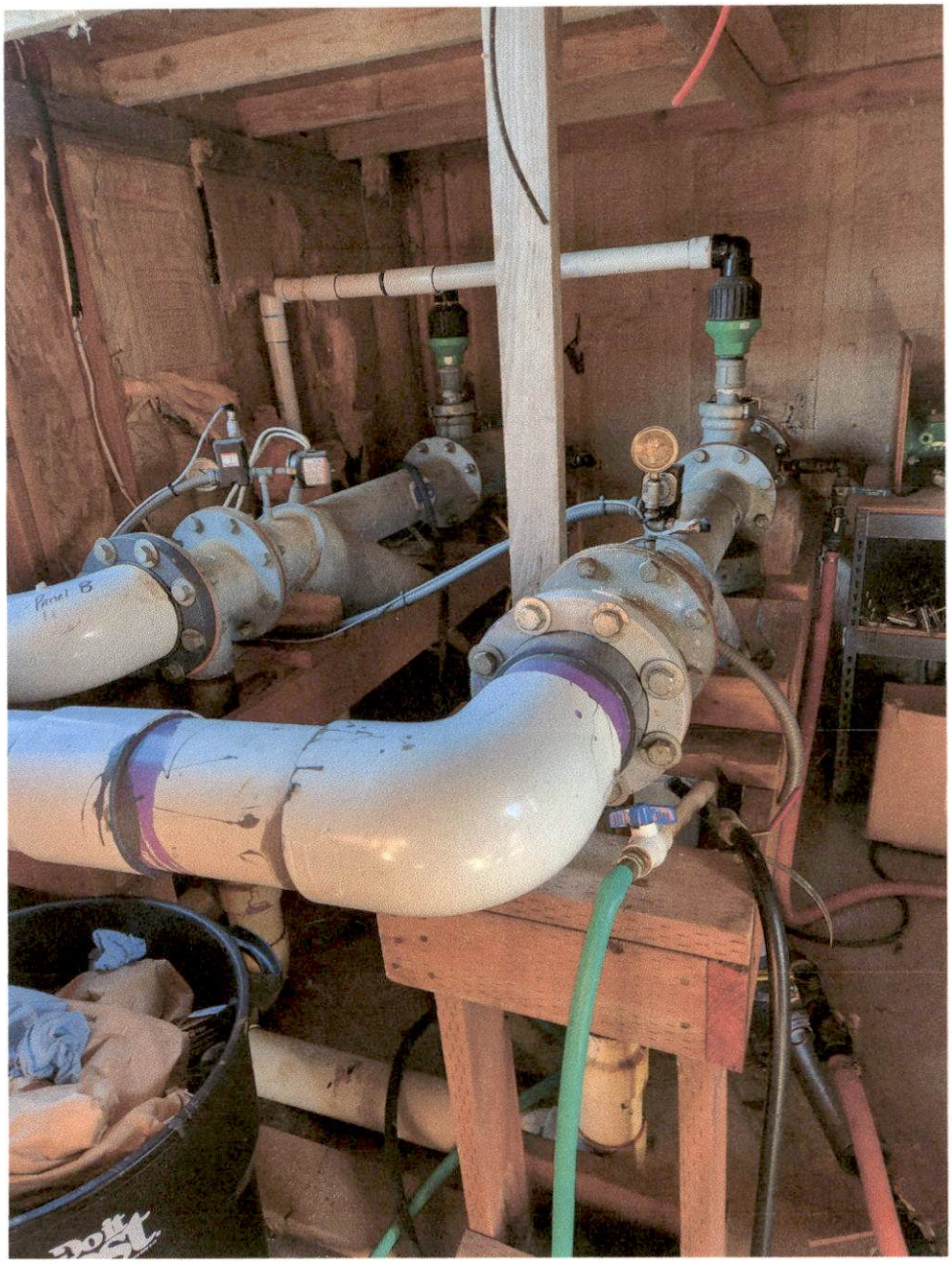

10/20/24 – Wintersgirl COBU – lines from bulge pumps in pumphouse before bogs for chemigation.

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10/20/24 — Wintersogn COBH — Nelson rotator sprinkler nozzles

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10/20/24 - Wintersgn COBU - Cranberry bog

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10/20/24 - Wintersogn COBH — flow meter on line from bulge pump 1

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10/20/24 - Wintersgon COBU - Flow meter on line from bulge pump 2

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10/20/24 – Wintersogn COBH – flow meters on lines from bulge pumps

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