

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



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:

February 7, 2018

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-18607	G-18153	NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME David Duddy		PHONE NO. 541-630-3109	ADDITIONAL CONTACT NO. None
ADDRESS PO Box 2517			
CITY White City	STATE OR	ZIP 97503	E-MAIL dave.duddy@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 Bin Lin		
ADDRESS 15700 Antioch Rd.		
CITY White City	STATE OR	ZIP 97503

ADDITIONAL PERMIT HOLDER OF RECORD None		
ADDRESS Received		
CITY	STATE	ZIP NOV 10 2025

4. Date of Site Inspection:**OWRD**

October 17, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chris	10/17/2025	System Operator
Dave Duddy	10/17/2025	Property Owner

6. County:

Jackson

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)):

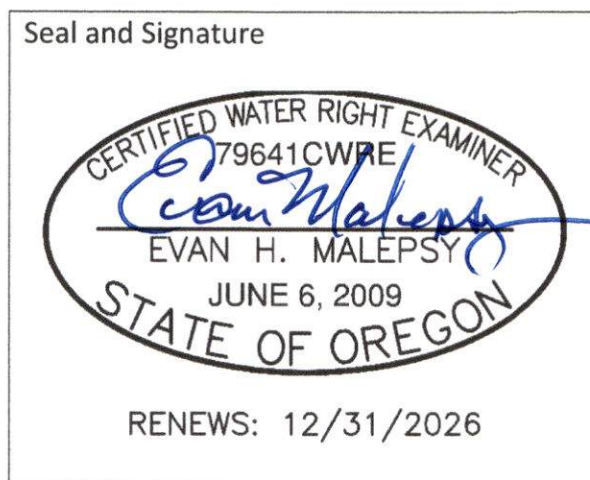
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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 Evan Malepsy		PHONE NO. 541-621-2868	ADDITIONAL CONTACT NO. None
ADDRESS 4251 Tami Lane			
CITY Central Point	STATE OR	ZIP 97502	E-MAIL emalepsy@roguecivil.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
	David Duddy	Owner	11/5/25

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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 1	JACK 3357	L85282

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 1	Irrigation including nursery	Cannabis and grass	Year-round	20 GPM
Total Quantity of Water Used				20 GPM

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 1 with a 1 HP submersible pump via 2" PVC to a group of three 2,000 gallon storage tanks. It is then pumped again from the storage tanks to the place of use with a 2HP centrifugal pump through 2" main lines. The water is applied to the place of use with 5/8" poly pipe with drippers. A mobile "big gun" style sprinkler is also used for areas that do not have drip lines installed.

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

(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.")

The permit allowed 6.0 acres of irrigation/nursery. The water user only developed 5.4 acres.

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 1	0.009 CFS	0.05 CFS	None	Irrigation including nursery	6.0	5.4

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 1

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

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" vent hole in well seal

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						

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.

Well log is attached

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

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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 9 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersilbe	Unknown	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	1

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)
1	40	34'	10'	0.05

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

5. Provide pump calculations:

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See attached pump calculation

NOV 10 2025

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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)
NA – not operating during 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)
NA				

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

8. Provide pump calculations:

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NA

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)
NA			

10. Is the distribution system piped?

YES

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

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	750'	PVC	Buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1 1/2"	300'	Flexible HDPE	Above
5/8"	8,000'	Polyethylene	Above

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
12mm	40	40	1	1	0.09

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

14. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.015 GPM	40	0.015	4300	650	0.02

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
None					

16. 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 (i.e. storage tank, bulge in system / reservoir)?

YES

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

If "YES" is it a: Storage Tank
 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
Polyethylene	6-2,000 gallon	above

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
None		

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

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

H. Additional notes or comments related to the system:

The permit lists Well Log JACK 3357 as the source. Please note that JACK 3357 is a reconditioning of JACK 3388. Both well logs are attached.

The property was purchased in 2023 by David Duddy. A Request for Assignment is included in this submittal.

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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	8/14/2019		
BEGIN CONSTRUCTION (A)	8/14/2024 (well)	Well drilled: 8/1/1972 Well reconditioned: 5/18/1987	Well drilled: 8/1/1972 Well reconditioned: 5/18/1987
COMPLETE CONSTRUCTION (B)	None	NA	NA
COMPLETE APPLICATION OF WATER (C)	8/14/2024	3/11/2024	Static water level measured, full application of water to place of use.

* 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)?

NO

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

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?

NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/11/2024	Doug Cox	E-Tape	33.1' below ground surface

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, 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

d. If "YES", were those measurements submitted to the Department? NO

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/11/2024	Doug Cox	E-Tape	33.1' below ground surface

5. Pump Test:

a. Is a pump test required? 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? YES

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

e. Has a pump test exemption been approved by the Department? 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

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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Master Meter	222369192	Working	300110 Gal.	10/1/2020

If a meter has been installed, items d through f relating to this section may be deleted.

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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? **NO**

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

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

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

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

WELL ID #	DATE ATTACHED TO WELL
L85282	June 5, 2006

d. 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):

No other conditions

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
COBU Map	Claim of Beneficial Use Map
Pump Calc.	Theoretical Pump Calculation
Water Use Report	Water Use Reports for 2023 and 2024
Static Water Level Measurement	Water Level Reporting Form
Well Logs	Well Logs for JACK 3357 and JACK 3388
Request for Assignment	Request for Assignment forms

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NOV 10 2025
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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.

Aerial photos along with a site inspection were used to prepare the map. Aerial Photos are Google Earth, dated 5/16/2024.

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.)
- ☐ 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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Pump Capacity Calculation Sheet - Duddy Well 1

using Department designed formula:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	<u>1</u>
Efficiency =	<u>6.61</u>
Lift =	<u>44</u>
PSI =	<u>40</u>

Results Calculated

(hp)(efficiency) =	6.61
Head based on psi =	101.6
Total dynamic head =	145.6
(head + lift)	

Pump Capacity = 0.05 feet per second

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November 5, 2025

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301

Sent via: Mail

Subject: Reporting Permit G-18153

To Whom it May Concern:

I am providing the following water use reports with my Claim of Beneficial Use for Permit G-18153.
Please upload them to the reporting site.

Water Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2024	0.05	0.01	0.00	0.00	0.00	0.00	0.02	0.02	0.10	0.12	0.15	0.12
2023	0.02	0.01	0.01	0.01	0.02	0.01	0.03	0.02	0.12	0.13	0.15	0.13

Please contact me if you have any questions or need additional information.

Sincerely,


David Duddy

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Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name	Dave Duddy		
Address	5128 Beagle Road		
City/State/Zip	White City	OR	97503
Phone/Fax/Cell		541-630-3109	
Email	dave.duddy@yahoo.com		

Application:	G-18607
Permit:	G-18153
Certificate:	None
Userid:	
Transfer	None

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when 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:	JACK 3357	Owner's well name:	Well 1	
Well ID (Well Tag) on Well: L-	L-85282	Well drilled by:	Gribble Well Drilling	
Well ID (Well Tag) on Well Log:L-	L-85282	Total depth	220'	Casing diameter (inches): 6
Start Card # on Well Log:	None	Owner on well log:	Robert T. Harper	
Date drilled:	5/18/87			

Water-Level Measurement

Date of measurement:	3/11/2024	Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.		
Depth to water below measuring point:	34.1'	Airline length or transducer depth:		feet
Measuring point height above/below land surface:	+1.0'	Airline pressure:		psi x 2.31= feet
Depth to water below land surface:	33.1'	Shut-in pressure:		psi x 2.31= feet

Measurement Status:	Static ☒	Pumping ☐	Rising ☐	Flowing ☐	Other ☐
Measurement Method:	E-tape ☒	Airline ☐	Other ☐		

Length of time well was idle prior to measurement:	>24 hours
Measuring point description:	1/2" vent hole in well seal

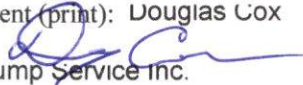
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

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): Douglas Cox

Signature of measurer: 

Company: Affordable Pump Service Inc.

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): CPI/3

Daytime phone number: 541-878-0947

Email address: dougsaffordablepump@gmail.com

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

355/2w-11
second

(9) LOCATION OF WELL by legal description:

9809C 10/86

For Official Use Only by The Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification Tag #:

JACK 335785282

RECEIVED

APPLICATION FOR A WELL IDENTIFICATION TAG

MAY 3 2006

If not located on your property see attached instructions. This is well # 1 of 1 wells on this property.WATER RESOURCES DEPT.
SALEM, OREGON

Do not complete form if your well already has a tag attached to the casing.

RECEIVED
MAY 3 2006
WATER RESOURCES DEPT.
SALEM, OREGON

LANDOWNER INFORMATION

PLEASE PRINT

Current landowner's name and mailing address:

Tom & Kim Wilson
15700 Antioch Rd - White City, OR 97503

Mail tag and paperwork to: (current landowner or realtor, or to buyer if property has closed in escrow)

15700 Antioch Rd - White City, OR 97503

Application submitted by: (name & phone, fax # or e-mail)

541-621-2611 OR
541-944-5980

WELL LOCATION INFORMATION

Township #: 3S (North or South)Range #: 2W (East or West)Section #: 11 Tax Lot #: 320County JacksonStreet address & city of well: 15700 Antioch Rd - White City, OR 97503Owner at time the well was drilled, if known: (see attached instructions) Robert Harper

If the property had a different street address in the past, please indicate it, if known: _____

If known: 1/4 SW 1/4 11 Lot# 355 Block# 2W Subdivision _____

WELL INFORMATION

(You do not need to complete this section if the well report is attached - see instructions to obtain well report.)

Type of Well (i.e.; domestic, irrigation, commercial, industrial, monitoring, etc.): domesticDate Well Constructed: 8-1-72 Well Depth: 225 Casing Diameter: _____

Other Information: _____

Applications can be mailed to: Oregon Water Resources Department - 725 Summer Street N.E., Suite A - Salem, OR 97301-1271 OR fax to 503-986-0902. Applications are processed and tags mailed every Tuesday. Thank you for participating in Oregon's Well Identification Program!

Received (revised 8/05)

NOV 10 2025

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NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

RECEIVED
AUG 4 - 1972
STATE OF OREGON
STATE ENGINEER
SALEM, ORE.

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date of well completion.

(Please type or print)

(Do not write above this line)

State Well No.

355/2W-11c

State Permit No.

(1) OWNER:

Name ROBERT HARPER
Address 10803 TABLE ROCK ROAD
CENTRAL POINT, ORE.

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Cable ☐ Dug ☐

Driven ☐ Jetted ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐ Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

6" Diam. from 0 ft. to 21 ft. Gage 250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(5) PERFORATIONS:

Perforated? ☐ Yes ☒ No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____ Model No. _____
Type _____ 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

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Flow: gal./min. with ft. drawdown after hrs.

" " " " " "

" " " " " "

Flow test 75 gal./min. with 196 ft. drawdown after 1 hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite

Well sealed from land surface to 20 ft.

Diameter of well bore to bottom of seal 9 7/8 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal _____ sacks

Number of sacks of bentonite used in well seal 1 sacks

Brand name of bentonite NATIONAL-BARIED

Number of pounds of bentonite per 100 gallons

of water 800 lbs./100 gals.

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ 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: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County JACKSON Driller's well number _____
S.W. 1/4 Section 11 T. 35S R. 2W W.M.

Bearing and distance from section or subdivision corner

APPROX. 1500' EAST AND 300' N. FROM S.W. CORNER

(11) WATER LEVEL: Completed well.

Depth at which water was first found 171 ft.

Static level 29 ft. below land surface. Date 8-1-72

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 225 ft. Depth of completed well 225 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
SOIL, BROWN	0	1	
SANDSTONE, BROWN	1	15	
SANDSTONE, BLUE	15	34	
SANDSTONE, GREY	34	48	
BASALT, BLUE HARD	48	54	
SANDSTONE, BLUE	54	73	
BASALT, BLUE HARD	73	84	
SANDSTONE, BLUE	84	120	
BASALT, BLUE HARD	120	135	
SANDSTONE, BLUE	135	152	
BASALT, BLUE HARD	152	171	
SANDSTONE, BLUE	171	176	
BASALT, BLUE HARD	176	225	29

Received

NOV 10 2025

OWRD

Work started 7-31-1972 Completed 8-1-1972

Date well drilling machine moved off of well 8-1-1972

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] Donald Martinson Date 8-1, 1972
(Drilling Machine Operator)

Drilling Machine Operator's License No. 622

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 MARTINSON WELL DRILLING
(Person, firm or corporation) (Type or print)

Address 81 BALL RD. EAGLE POINT, ORE.

[Signed] J. W. Martinson
(Water Well Contractor)

Contractor's License No. 406 Date 8-1, 1972

(USE ADDITIONAL SHEETS IF NECESSARY)

SP-45054-119