

**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](http://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:

**June 6, 2019; the \$345 fee is  
included.**

**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>

Received  
DEC 08 2025  
OWRD

## SECTION 1

### GENERAL INFORMATION

#### 1. File Information:

APPLICATION # <b>G-18831</b>	PERMIT # (IF APPLICABLE) <b>G-18529</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>N/A</b>
---------------------------------	--	--

#### 2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME <b>Seth Crawford and Eric Crawford</b>	PHONE NO. <b>541-760-5419</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>7744 NW Mint Ave</b>		
CITY <b>Albany</b>	STATE <b>OR</b>	ZIP <b>97321</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>Jack Hempicine, LLC</b>	
ADDRESS <b>7744 NW Mint Ave</b>	
CITY <b>Albany</b>	
STATE <b>OR</b>	ZIP <b>97321</b>

ADDITIONAL PERMIT HOLDER OF RECORD <b>N/A</b>	
ADDRESS	
CITY	
STATE	ZIP

#### 4. Date of Site Inspection:

**10/28/2025**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Eric Crawford</b>	<b>10/28/2025</b>	<b>Owner / Jack Hempicine, LLC</b>

#### 6. County:

**Benton**

**Received**

**DEC 08 2025**

**OWRD**

**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		
<b>N/A</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

Received  
DEC 08 2025  
OWRD

## 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>Robyn Cook</b>	PHONE NO. <b>971-200-8505</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>GSI Water Solutions, Inc., 650 NE Holladay Street, Suite 900</b>		
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97232</b> E-MAIL <b>rcook@gsiws.com</b>

#### 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
	<b>Seth Crawford</b>	<b>Owner / Jack Hempicine, LLC</b>	
	<b>Eric Crawford</b>	<b>Owner / Jack Hempicine, LLC</b>	

Received  
DEC 08 2025

OWRD

**SECTION 3**  
**CLAIM DESCRIPTION**

Received  
DEC 08 2025

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

OWRD

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	LINN 62629	L-132107

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	Pasture; Hemp	March 1 – October 31	0.02 cfs
	Nursery (Irrigation and Agriculture)	Hemp	January 1 – December 31	
<b>Total Quantity of Water Used</b>				<b>0.02 cfs</b>

**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 using a 0.5 HP submersible pump and conveyed through 165 feet of PEX mainline to a 5,000-gallon polyurethane storage tank and a 5,000-gallon polyurethane pressure tank. From this system bulge, water is distributed through approximately 7,500 feet of PVC drip line with drip emitters for nursery use, and through 700 feet of lay-flat hose supplying a big gun sprinkler used for irrigation.

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.")

**N/A**

**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	0.02 cfs	0.04 cfs	0.03 cfs	Irrigation	8.9	8.9
				Nursery (Irrigation and Agriculture)	1.5	1.5

## SECTION 4

### SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

**Well 1**

#### 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:

**0.25 inch access port on north side of well**

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
-----------------	--------------	-------------	----------------------------------	---------------------------------	------------------------------	-----------------

**The well log is provided in Attachment B.**

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.

**N/A**

#### C. Groundwater Source Information (Sump)

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

YES NO

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

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

Received  
DEC 08 2025  
OWRD

## 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.

### 2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flint & Walling	4F10A0530	Unknown*	Submersible	1.25 in	1.25 in

\*The pump is submersible and could not be accessed during the site visit.

### 3. Motor Information:

MANUFACTURER	HORSEPOWER
Flint & Walling	0.5 HP

### 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)
0.5 HP	22 PSI	20 ft	10 ft	0.04 cfs

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

### 5. Provide pump calculations:

Pump calculations are provided in Attachment C.

### 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)
194,340.0 gal	194,353.5 gal	1.0 min	0.03 cfs

### 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.

Received  
DEC 08 2025

OWRD

**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			

**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
1.25 in	165 ft	PEX	Buried
3.0 in	40 ft	PVC	Above

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.0 in	700 ft	Lay Flat Hose	Above
0.75 in	7,500 ft	PVC Dripline	Above

**13. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1.1 in	23-100 PSI	3-26 gpm	1	1	0.06 cfs

*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)
0.25 in	40 PSI	0.05 gpm	4,800	2,400	0.27 cfs

**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				

Received

DEC 08 2025

OWRD

### **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
Polyurethane	5,000 gal	Above
Polyurethane	5,000 gal	Above

### 3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
N/A		

## **F. Gravity Flow Pipe**

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAMS FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe? **YES** **NO**

### **6. Gravity Flow Canal or Ditch**

## G. Gravity Flow Canal or Ditch

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

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

**H. Additional notes or comments related to the system:**

None

Received  
DEC 08 2025  
OWRD

## 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	April 9, 2021		
BEGIN CONSTRUCTION (A)	April 9, 2026	February 4, 2019	Complete construction of Well 1.
COMPLETE CONSTRUCTION (B)	April 9, 2026	September 3, 2019	Complete construction of water system.
COMPLETE APPLICATION OF WATER (C)	April 9, 2026	June 2025	Appropriated 0.02 cfs and used for irrigation and nursery on full authorized 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)?

YES  NO

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

#### 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. Received

b. What month was the initial measurement to be taken in? DEC 08 2025

c. Was the measurement submitted to the Department? OWRD YES  NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

#### 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:

c. Were the static water level measurements taken in the month(s) required?  YES  NO

d. If "YES", were those measurements submitted to the Department?	<u>YES</u>	<u>NO</u>
e. If the annual measurements were not submitted, provide the measurements now:		
DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD

**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.**

**\* The water user is submitting the pump test to OWRD Pump Test Support concurrently with the submittal of this COBU.**

**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 1	Hersey	22134020	Working	194,353.5 gal	2019

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

**Received**

**DEC 08 2025**

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department? **OWRD** YES NO

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

b. Have the reports been submitted? YES 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? **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
<b>L-132107</b>	<b>February 4, 2019</b>

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):

**Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.**

***The Well ID tag is permanently attached to the well and referenced in any correspondence regarding the well.***

## **SECTION 6**

### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Attachment A</b>	<b>Permit G-18529</b>
<b>Attachment B</b>	<b>LINN 62629/L-132107</b>
<b>Attachment C</b>	<b>Pump Calculations</b>
<b>Attachment D</b>	<b>Claim of Beneficial Use Map</b>

Received  
DEC 08 2025  
OWRD

## 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.

**The place of use and well were visited during the site inspection. The extent of the place of use and irrigation system was located using aerial imagery (Google Earth, 2025), and a field survey completed during the site inspection. The map was created using Geographic Information System (GIS) software and spatial datasets obtained from Bureau of Land Management (BLM), Environmental Systems Research Institute (ESRI), Oregon Water Resources Department (OWRD), and United States Geological Survey (USGS). Additional data and information specific to the use of water under the water right described in this Claim of Beneficial Use report were obtained from the water user.**

#### 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

Received  
DEC 08 2025

OWRD

## Attachment A

Permit G-18529

Claim of Beneficial Use – Jack Hempicine

Received

DEC 08 2025

OWRD

STATE OF OREGON  
COUNTY OF BENTON  
PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

JACK HEMPICINE LLC  
7744 NW MINT AVE  
ALBANY OR 97321

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18831

SOURCE OF WATER: WELL 1 (LINN 62629/L132107) IN BOWERS SLOUGH BASIN

PURPOSE OR USE AND PERIOD OF USE:

IRRIGATION OF 8.9 ACRES - MARCH 1 THROUGH OCTOBER 31

NURSERY USE (IRRIGATION AND AGRICULTURE USE) ON 1.5 ACRES - JANUARY 1  
THROUGH DECEMBER 31

MAXIMUM RATE: 0.02 CUBIC FOOT PER SECOND

DATE OF PRIORITY: JUNE 6, 2019

AUTHORIZED POINT OF APPROPRIATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
10 S	4 W	WM	21	SE SW	835 FEET NORTH AND 340 FEET WEST FROM S1/4 CORNER, SECTION 21

The amount of water used for nursery use under this right, together with the amount secured under any other right existing for the same lands, is limited to 0.15 cubic foot per second per acre and 5.0 acre feet per acre per year. For irrigation of containerized nursery plants, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-FORTIETH of one cubic foot per second and 5.0 acre feet per acre per year. For irrigation of in-ground nursery plants, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second and 2.5 acre feet per acre per year. The use of water for nursery use may be made at any time, during the period of allowed use specified above, that the use is beneficial. For irrigation of any other crop, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second and 2.5 acre feet per acre during the irrigation season of each year.

Received

DEC 08 2025

OWRD

AUTHORIZED PLACE OF USE:

<b>IRRIGATION</b>					
Twp	Rng	Mer	Sec	Q-Q	Acres
10 S	4 W	WM	21	SE SW	4.0
10 S	4 W	WM	21	SW SE	4.9

<b>NURSERY USE</b>					
Twp	Rng	Mer	Sec	Q-Q	Acres
10 S	4 W	WM	21	SE SW	1.5

**1. Water Use Measurement, Recording, and Reporting Condition:**

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The permittee shall keep a complete record of the volume of water used each month, and shall submit an annual report which includes the recorded water-use measurements to the Department annually, or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

**2. Static Water Level Condition:**

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

**Before Use of Water Takes Place**

Initial and Annual Measurements

The Department requires the permittee to report an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

## **After Use of Water has Begun**

### Seven Consecutive Annual Measurements

Following the first year of water use, the user shall report seven consecutive annual static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require the user to obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- A. Identify each well with its associated measurement; and
- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method used to obtain each well measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water level measurements reveal an average water level decline of three or more feet per year for five consecutive years; or
- B. Annual water level measurements reveal a water level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water level measurements reveal a water level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

**Received**

**DEC 08 2025**

Permit G-18529  
Water District # 16

**OWRD**

### **3. Well Identification Tag Condition:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

## **STANDARD CONDITIONS**

1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.
4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.
5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.

**Received**

10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.
11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued APR 09 2021



Dwight French  
Water Right Services Division Administrator, for  
Thomas M. Byler, Director  
Oregon Water Resources Department



Received

DEC 08 2025

OWRD

Received  
DEC 08 2025

OWRD

**Attachment B**  
LINN 62629/L-132107  
Claim of Beneficial Use – Jack Hempicine

AMENDMENT 7/10/2014  
STATE OF OREGON  
5-13-19

LINN 62629

WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)WELL I.D. LABEL# L 132107  
START CARD # 1041893  
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. NW  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Jack Hempscine LLC  
Address 7744 NW Mint Ave  
City Albany State Or Zip 97321

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  RELOCATED (complete 5a)

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrd  
Casing:  APR 08 2019  
Material From To Amt sacks/lbs  
Seal:  OWRD

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  
 Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 74 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	57	Bentonite Chips	0	26	78	S
8	57	74				Calculated	10.8
			Cement	26	39	7	S
						Calculated	4.8

How was seal placed: Method  A  B  C  D  E  
 Other cement tremied

Backfill placed from 39 ft. to 57 ft. Material pea gravel

Filter pack from 33 ft. to 74 ft. Material silica Size 6/9

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount	Pounds	Actual Amount	Pounds
-----------------	--------	---------------	--------

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	74	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	1	53	sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) 74  
 Temp casing  Yes Dia 10 From +  1 To 32

(7) PERFORATIONS/SCREENS  
Perforations Method milled

Perf/S	Casing/ Screen	Material	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner					
Perf	Casing	6	.52	.69	.125	.6"
Screen	Liner	4	53	74	.032	

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

Pump	Bailer	Air	Flowing Artesian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10.5		60	4

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount 125 ppm

From	To	Description	Amount	Units

LINN- 62629

## (9) LOCATION OF WELL (legal description)

County LINN BENT Twp 10 S N/S Range 4 W E/W WM

Sec 21 SE 1/4 of the SW 1/4 Tax Lot 1101

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat ° ' " or \_\_\_\_\_ DMS or DD

Long ° ' " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

North of 7744 NW Mint ave. Albany, Or 97321

## (10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	02-04-2019			14

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 39

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
02-04-2019	21	28	10			
	41	65	10.5			14

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	1
clay, dark brown, sticky	1	5
clay, light brown, sticky	5	7
clay, orange, silty	7	21
clay, brown, sandy w/fine black/brown pea gravel	21	31
fine black/brown pea gravel w/occ. grey sandy clay	31	47
black, blue, brown pea gravel w/occ. grey sandy clay	47	65
grey clay	65	74

RECEIVED

Dickerson Well Drilling, Inc.  
(503) 623-2664

MAR 01 2019

Received  
DEC 08 2025 OWRD

OWRD

Date Started 01-25-2019 Completed 02-04-2019

## (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 1574 Date 02-24-2019

Signed Robt S. Ulrich

## (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 1571 Date 02-24-2019

Signed William A. Blei

Contact Info (optional) \_\_\_\_\_

Received  
DEC 08 2025

OWRD

**Attachment C**  
Pump Calculations  
Claim of Beneficial Use – Jack Hempicine

# Well 1, LINN 62629/L132107

## Pump Capacity Calculation Sheet

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 = 0.5  
Efficiency = 7.04  
Lift = 30  
PSI = 22

### Results Calculated

$(hp)(\text{efficiency}) =$  3.52  
Head based on psi = 55.9  
Total dynamic head = 85.9  
(head + lift)

Pump Capacity = 0.04 cubic feet per second

Received

DEC 08 2025

OWRD

**Attachment D**  
**Claim of Beneficial Use Map**  
**Claim of Beneficial Use – Jack Hempicine**

**Received**  
**DEC 08 2025**

**OWRD**



December 4, 2025

Gerry Clark  
Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1271

RE: Claim of Beneficial Use for Permit G-18529 (Application G-18831)

Gerry:

On behalf of Jack Hempicine, LLC, please find enclosed a Claim of Beneficial Use report for Permit G-18529.

Please do not hesitate to contact me at 541-753-0933 with questions about the enclosed COBU.

Sincerely,

A handwritten signature in black ink that reads "Zach Westfall".

Zach Westfall  
Water Resources Consultant

A handwritten signature in black ink that reads "Robyn Cook".

Robyn Cook, RG, PG, CWRE  
Principal Hydrologist

Enclosures:  
Claim of Beneficial Use for Permit G-18529 and \$345 fee

Received  
DEC 08 2025

OWRD