

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



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

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**A fee of \$200 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**A separate form shall be completed for each permit.**

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

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

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

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

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

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

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

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

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
<b>G-18535</b>	<b>G-17984</b>	<b>T-</b>

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

APPLICANT/BUSINESS NAME <b>Hermreck at the Y Ranch, LLC</b>		PHONE NO. <b>(805)440-2423</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>P.O. Box 4</b>			
CITY <b>Paulina</b>	STATE <b>OR</b>	ZIP <b>97751</b>	E-MAIL

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

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

PERMIT HOLDER OF RECORD <b>Hermreck at the Y Ranch, LLC</b>		
ADDRESS <b>P.O. Box 4</b>		
CITY <b>Paulina</b>	STATE <b>OR</b>	ZIP <b>97751</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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**4. Date of Site Inspection:**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Henry Starr</b>	<b>3/31/2021</b>	<b>Ranch Manager</b>
<b>Susan Hermreck</b>	<b>3/31/2021</b>	<b>Owner</b>

**6. County:**

<b>Crook</b>
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**7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

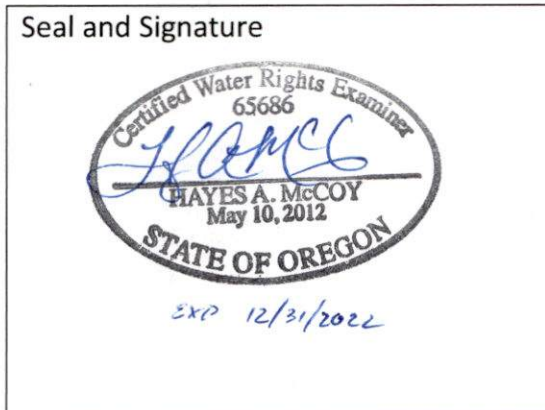


## SECTION 2

### 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.



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<b>CWRE NAME</b> Hayes A. McCoy	<b>PHONE No.</b> (541)923-7554	<b>ADDITIONAL CONTACT No.</b>
<b>ADDRESS</b> 1180 SW Lake Road #201		
<b>CITY</b> Redmond	<b>STATE</b> OR	<b>ZIP</b> 97756
<b>E-MAIL</b> hayes@ham-engr.com		

#### Permit Holder of Record Signature or Acknowledgement

**Each** permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Susan M. Hermreck	owner	3-31-2021
	Henry Starr	manager	3-31-21

## SECTION 3

### CLAIM DESCRIPTION

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 11 CROO 2759		

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

**2. Point of appropriation source, if indicated on permit:**

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 11	Alkali Creek Basin	

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Grass Hay	4/1 – 10/1	137 AF (2018) 165 AF (2019) 139 AF (2020)
Total Quantity of Water Used				147 AF/YR Average

**4. Provide a general narrative description of the distribution works.** This description must trace the water system from **each** point of appropriation to the place of use:

Irrigation water appropriated from well and piped to Place of Use. Water distributed to fields by irrigation pivot.

**Reminder:** The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

**5. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

**YES NO**

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

Distribution pipe diameter was measured at 8".

**6. Claim Summary:**

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POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	1.14 cfs	1.56 cfs*	Not running	Irrigation	91.5	91.5
		(See comment, Section H)				

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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):

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**A. Place of Use**

1. Is the right for municipal use?

YES NO

**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:

Access port in well casing.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See CROO 2759						

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

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**

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 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
	60hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60hp	32 psi	36'	43'	5.34 cfs

5. Provide pump calculations:

$Q = (60hp) * (7.04) / 79' = 5.34 \text{ cfs}$  (Note that pump supplies water to multiple pivots)

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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)
Not operating			

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	3450'	PVC	Buried

9. Lateral or Handline Information: None

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



### 10. Sprinkler Information: **None**

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

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

### 11. Drip Emitter Information: **None**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

### 12. Drip Tape Information: **None**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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### 13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1649.7	32	750	1.67

## E. Storage

1. Does the distribution system include in-system storage (e.g. 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  
                                      Bulge in System / Reservoir

YES NO  
YES NO

## F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES 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?

YES NO

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

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

\* During visit in preparing Claim, the panel on the irrigation pivot which supplies water to the POU indicates it runs at 750 gpm, which is at a rate of 1.67 cfs. This exceeds the allowable use under the permit. I called Henry Starr, Hermreck's ranch manager. He said the pivot probably runs between 600-700 gpm, but is hard to estimate because of the multiple pivots the Well provides water to. However, this pivot does not run all of the time. For the pivot to work correctly, it must receive a minimum flow. When I called (June 1<sup>st</sup>), he said the pivot was not running currently. I also contacted the owner, Susan Hermreck. She said her late husband (Andy Hermreck), had the field planted with a drought tolerant Orchard Grass specifically because of the limited water that is permitted for use on the field. Their current practice is to irrigate the field for one cutting of hay, then the field irrigated sparingly for pasture and grazing by cattle. I reviewed the reported water use on the field and the total water applied to the field is less than the 3 af/ac limit (although the water use is an estimate since the meter measures water to three fields). It appears this field is receiving water within its limits and if averaging the flow over the irrigation period, the maximum flow is not being exceeded.

\*\* Regarding Pump Test section on Page 11. An application for pump test exemption was submitted to OWRD on April 28, 2021

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## SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

### 1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	March 8, 2018		
BEGIN CONSTRUCTION (A)	7 days	March 15, 2018	
COMPLETE CONSTRUCTION (B)	25 days	April 26, 2018	
COMPLETE APPLICATION OF WATER (C)	2 mo., 8 days	May 16, 2018	

\* 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.

### 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?

April, 2019

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
April 22, 2019	Hayes McCoy, CWRE	Etape	34.08/3735.92

### 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, the static water level measurement(s) were to be made:

Generally March

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? **YES NO**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

### 5. Pump Test:

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

**\*\* Claims will not be reviewed until a pump test or exemption has been approved by the Department**

### 6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES 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 diversion or appropriation.**

b. Has a meter been installed? **YES NO**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 11	McCrometer	18- 00870	Working	661174	March, 2018

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **N/A YES NO**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department? **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 submittal of a water management and conservation plan required? **YES** **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** **NO**

WELL ID #	DATE ATTACHED TO WELL

e. 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):

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Log of CROO 2759	

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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.

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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature



NOTICE TO WATER WELL CONTRACTOR  
The original and first copy  
of this report are to be  
filed with the

STATE ENGINEER, SALEM, OREGON 97310  
within 30 days from the date  
of well completion.

WATER RESOURCES DEPT.  
WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

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MAR - 3 1977

State Well No. 165/24E3/3d

State Permit No.

(1) OWNER:

Name JAMES LAYTON  
Address PAULINA - OREGON

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐  
Cable ☐ Jetted ☐  
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

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

(5) CASING INSTALLED:

Threaded ☐ Welded ☒  
" Diam. from 0 ft. to 25 ft. Gage 250  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

(6) 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 \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ 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 ART REED  
Yield: 1200 gal./min. with 50 ft. drawdown after 10 hrs.

Ball test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered \_\_\_\_\_ ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT

Well sealed from land surface to 25 ft.

Diameter of well bore to bottom of seal 14 in.

Diameter of well bore below seal 10 in.

Number of sacks of cement used in well seal \_\_\_\_\_ sacks

Number of sacks of bentonite used in well seal \_\_\_\_\_ sacks

Brand name of bentonite \_\_\_\_\_

Number of pounds of bentonite per 100 gallons  
of water \_\_\_\_\_ 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 CROOK Driller's well number \_\_\_\_\_  
SE 1/4 NW 1/4 Section 31 T. 16S R. 24E W.M. \_\_\_\_\_  
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 180 ft.

Static level 22' ft. below land surface. Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

(12) WELL LOG:

Diameter of well below casing \_\_\_\_\_

Depth drilled \_\_\_\_\_ ft. Depth of completed well \_\_\_\_\_ 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
TOP SOIL	0	15	
BASALT	15	180	
- WATER	180	195	22
BASALT	195	372	
- WATER	372	392	

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Work started SEPT 1975 Completed SEPT 1975

Date well drilling machine moved off of well \_\_\_\_\_ 19 \_\_\_\_\_

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] \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_

(Drilling Machine Operator)

Drilling Machine Operator's License No. \_\_\_\_\_

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 DICK AKINS (Type or print)

(Person, firm or corporation)

Address \_\_\_\_\_

[Signed] \_\_\_\_\_ (Water Well Contractor)

Contractor's License No. \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

SP-45656-119