

# 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 \$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:

10/2/2019

**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.

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 # <b>G-18869</b>	PERMIT # (IF APPLICABLE) <b>G-18497</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Ouragon Lands, LLC</b>		PHONE NO. <b>(541) 554-9089</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>31277 Diamond Hill Dr.</b>			
CITY <b>Harrisburg</b>	STATE <b>OR</b>	ZIP <b>97446</b>	E-MAIL <b>cersovskifarms@outlook.com</b>

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

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

PERMIT HOLDER OF RECORD <b>Ouragon Lands, LLC</b>		
ADDRESS <b>31277 Diamond Hill Dr.</b>		
CITY <b>Harrisburg</b>	STATE <b>OR</b>	ZIP <b>97446</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**10/23/2025**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Joe Cersovski</b>	<b>10/23/2025</b>	<b>Owner</b>

**6. County:**

**Lane**

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**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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CWRE NAME <b>William E. McGill</b>		PHONE NO. <b>(503) 510-3026</b>	ADDITIONAL CONTACT NO. <b>(503) 931-0210</b>
ADDRESS <b>15333 Pletzer Rd. SE</b>			
CITY <b>Turner</b>	STATE <b>OR</b>	ZIP <b>97392</b>	E-MAIL <b>willmcgill.surveying@gmail.com</b>

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Joseph M. Cersowski</i>	Joseph M. CERSOWSKI	Member	28 Jan 26

## 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 1	LANE 78247	L-134785

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 1	Willamette River	

**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 1	Irrigation	Grass Seed	Mar. 1 – Oct. 31	0.95 cfs
<b>Total Quantity of Water Used</b>				<b>0.95 cfs</b>

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

Water is pumped from the well by a 30 HP submersible pump, flows through a totalizing flow meter and is delivered to the place of use through 6" buried PVC mainline and 6" above-ground aluminum mainline. Water is applied to the place of use by a hose reel and big gun.

**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.")

Well 2 was not developed.  
  
151.6 acres of the 153.0 acres authorized were developed.

**6. Claim Summary:**

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	0.95 cfs	1.12 cfs	*	Irrigation	153.0	151.6

\*System not running at time of site inspection.

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES  NO

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

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

Well 1

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**A. Place of Use**

1. Is the right for municipal use?

YES  NO

If "YES" the table below may be deleted.

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TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
16S	4W	WM	27	NWSW		39	Irrigation	32.2	
16S	4W	WM	27	SWSW		39	Irrigation	15.0	
16S	4W	WM	28	NESE		39	Irrigation	12.6	
16S	4W	WM	28	NESE	5		Irrigation	24.7	
16S	4W	WM	28	NWSE			Irrigation	17.5	
16S	4W	WM	28	SWSE			Irrigation	2.2	
16S	4W	WM	28	SESE	6		Irrigation	29.2	
16S	4W	WM	28	SESE		39	Irrigation	8.2	
16S	4W	WM	33	NENE			Irrigation	10.0	
<b>Total Acres Irrigated</b>								<b>151.6</b>	

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES  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:

3/4" threaded access port on SW edge of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached well log LANE 78247.						

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)?

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YES  NO

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**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
Goulds	7CLC-400	MG4218	Submersible	Not accessible	6"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Hitachi	30

**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)
30	70	12.5'	-2' avg.	1.12

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

**5. Provide pump calculations:**

$$Q = (30 * 7.04) / (177.8 + 10.5) = 1.12 \text{ cfs}$$

**6. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of site inspection.			

**7. Theoretical Pump Capacity – Pump at Sump:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
N/A				

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

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**8. Provide pump calculations:**

N/A	FEB 04 2026
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**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
6"	2,440'	PVC	Buried
6"	3,360'	Aluminum	Above Ground

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3" x 40'	4,800'	Aluminum	Above Ground

**13. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 14070, 13/64 nozzle	70	7	120	62	0.97
125 Echo Hose Reel with 1.1" nozzle big gun	80	350	1	1	0.78

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

**14. Drip Emmitter Information:**

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

**15. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

**16. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

**E. Storage**

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

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

**G. Gravity Flow Canal or Ditch**

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

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

YES  NO

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

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**SECTION 5  
CONDITIONS**

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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	10/9/2020		
BEGIN CONSTRUCTION (A)	10/9/2025	9/8/2021	Began construction of well.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	10/9/2025	Sep. 2025	Irrigated all acres being claimed.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

**3. Initial Water Level Measurements:**

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

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

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**4. Annual Static Water Level Measurements:**

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

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

b. Provide the month, or months, 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? 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 1	McCrometer	21-03309-06	Working	031142	Sep. 2021

**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 some permits, permit amendment final orders, or extension final orders:**

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  YES  NO

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to the well?

WELL ID #	DATE ATTACHED TO WELL
L-134785	9/16/2021

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) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

## SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	Well 1 (LANE 78247)
Pump Test	Pump test done by Jones Pump Company on 11/11/2025
Photos (x11)	Taken at 10/23/2025 site inspection.

## SECTION 7 CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey method used was aerial photo provided by Vantor Technologies.  
Source Date: 1/25/2025

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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
- N/A 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
- Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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

WELL I.D. LABEL# L 134785  
 START CARD # 1051990  
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 6221  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Cersovski Farms  
 Address 95706 Howard Ln.  
 City Junction City State OR Zip 97448

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

(2a) PRE-ALTERATION  
 Dia + From To Gauge Stil Plstc Wld Thrd  
 Casing:            
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

(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 162 ft.  
 BORE HOLE  

Dia	From	To	Material	SEAL	From	To	Amt	sacks/
16	0	162	Bentonite	0	18	168	15	S
							Calculated	
							Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry  
 Backfill placed from \_\_\_\_\_ ft to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 104 ft to 135 ft. Material Round rock Size 3/4x1/2  
 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	Stil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12	2	161	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia 16 From 0 To 161

(7) PERFORATIONS/SCREENS  
 Perforations Method Torch cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/S	Casing/Screen	Perf	Casing	Dia	From	To	Scr/slot	Slot	# of	Tele/
green	Liner						width	length	slots	pipe size
				42	162		375	12	1,225	

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600		160	2

  
 Temperature 61 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 130  

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
 County LANE Twp 16 S N/S Range 4 W E/W WM  
 Sec 27 SW 1/4 of the SW 1/4 Tax Lot 2800  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Lassen Ln. - Junction City, OR

(10) STATIC WATER LEVEL  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-16-2021		12.5

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-16-2021	20	150	600		12.5

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
Topsoil	0	2
Brown clay	2	19
Dirty gravel & sand	19	40
Gravel & sand w/clay	40	46
Brown sand gravel	46	54
Brown sand w/some gravel	54	62
Dirty gravel & sand	62	100
Gravel w/sand cemented	100	112
Brown clay w/some gravel	112	122
Grav & sand cemented	122	152
Cemented clay & gravel	152	162

  
**JONES DRILLING CO., INC.**  
 29400 SANTIAM HWY.  
 LEBANON, OR 97355  
 541-367-2560 541-451-2686  
 1-800-915-8388  
 RECEIVED  
 OCT 01 2021  
 OWRD

Date Started 09-08-2021 Completed 09-16-2021

(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 1411 Date 09-27-2021  
 Signed KTD

(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 1684 Date 09-27-2021  
 Signed \_\_\_\_\_  
 Contact Info (optional) jonesdrilling@hotmail.com



OREGON  
WATER  
RESOURCES  
DEPARTMENT

## PUMP TEST FORM CRITERIA

Pump test are intended to provide aquifer & well information for groundwater resource characterization & to help solve well problems.

### Forms can be sent to:

[WRD\\_DL\\_pumptestsupport@water.oregon.gov](mailto:WRD_DL_pumptestsupport@water.oregon.gov)

This pump test workbook contains 3 sheets (not including this sheet).

Cover Sheet

Methods Sheet

Data Sheet

\*clickable shortcuts

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

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase ( $\geq 4$  hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours.  
( $\leq 2$  minutes for the first 10 minutes,  $\leq 5$  mins for 10-30 mins, and  $\leq 15$  mins for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90% of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an e-tape & the depth to water was  $\geq 300$  feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person  
(Oregon licensed well constructors, Oregon registered professional geologists or engineering geologist, Certified water rights examiners, Oregon registered professional engineers)

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

[Pump test requirements for OAR 690-217 can be found online here.](#)

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**OREGON  
WATER  
RESOURCES  
DEPARTMENT**

**PUMP TEST FORM  
COVER SHEET**

Owner / Business :

Name	Phone Number	Owner Street Address
Ouragon Lands, LLC	541-554-9089	31277 Diamond Hill Dr.
State	City	Zip
OR	Harrisburg	97446

If different from owner,

Test Conducted By	Qualifications	License #
Justin Jones	Pump Installer	249934
Company	Phone Number	Company Street Address
Jones Pump Company	541-367-2560	29400 Santiam Hwy.
Company State & Zip	E-mail	
Lebanon, OR 97355	jonesdrilling@hotmail.com	

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Tested Well Information :

Well Log	Well Log #	Well Tag L-#
LANE	78247	134785
Date Drilled	TWP RNG SEC QQ	Surveyed Location
9/16/2021	16S 4W 27 SWSW	1185' N & 795' E of SW cor., sec. 27
Latitude	Longitude	
44.14529366	-123.1652063	

Water Right(s) Information : include letter in front (ex. G-xxxxx)

Application	Permit	Transfer
G-18869	G-18497	

Certificate

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

Yes

Operator Initials: JJ Date: 2/3/2026

Owner Initials: JC Date: 2/3/2026



1 Are there any wells, other than domestic or stock wells, within 1000' of the tested well?  no

2 If yes, identify the well by OWRD log number. Note the approximate distance to each well from tested well and approximate pumping rate.

Well Log	Distance From Pumped Well	Date & Time Pump On	Pumping Rate
	ft		gpm
	ft		
	ft		
	ft		

3 Is there a lake, stream, or other surface water body within 1/4 mile of the tested well?  no

Approx. Distance	Approx. Elevation Difference
ft	ft

4 Was the test conducted during normal use of the well?  no  
 Where pumped water was discharged?  West of well  
 How far from pumped well was water discharged?  600 ft

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5 Water-Level Measurement Method

Electric Tape  If other, please state:   
 If airline used, give length  (ft)  
 \*Airline mmt must be verified by an e-tape mmt.  
 Verify Airline here:  
 psi  ft  
 E-tape  ft  
 If Pressure Transducer used,  
 Manufacturer:   
 Serial #:   
 Date Last Calibrated:   
 Units:

Pump Type Submersible   
 If other, what pump type?   
Pump HP 30  
Pump Set 80 ft  
Idle Time unit  
 2 months

Discharge Method Flowmeter  
 If Flowmeter used,  
 Manufacturer:  McCrometer  
 Serial #:  21-03309-06  
 Date Last Calibrated:  Sep-21  
 Units:  AF

Measuring Point (MP)  
 2.10 ft above  land surface

Description of MP  
 3/4" threaded access port on SW edge of well cap

Time Pump Turned On  
 Date  11/11/2025 Time  11:00

Time Pump Turned Off  
 Date  11/11/2025 Time  15:00

Total Pumping Time  
 Hours  4 Minutes  0



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PUMP TEST FORM  
DATA SHEET

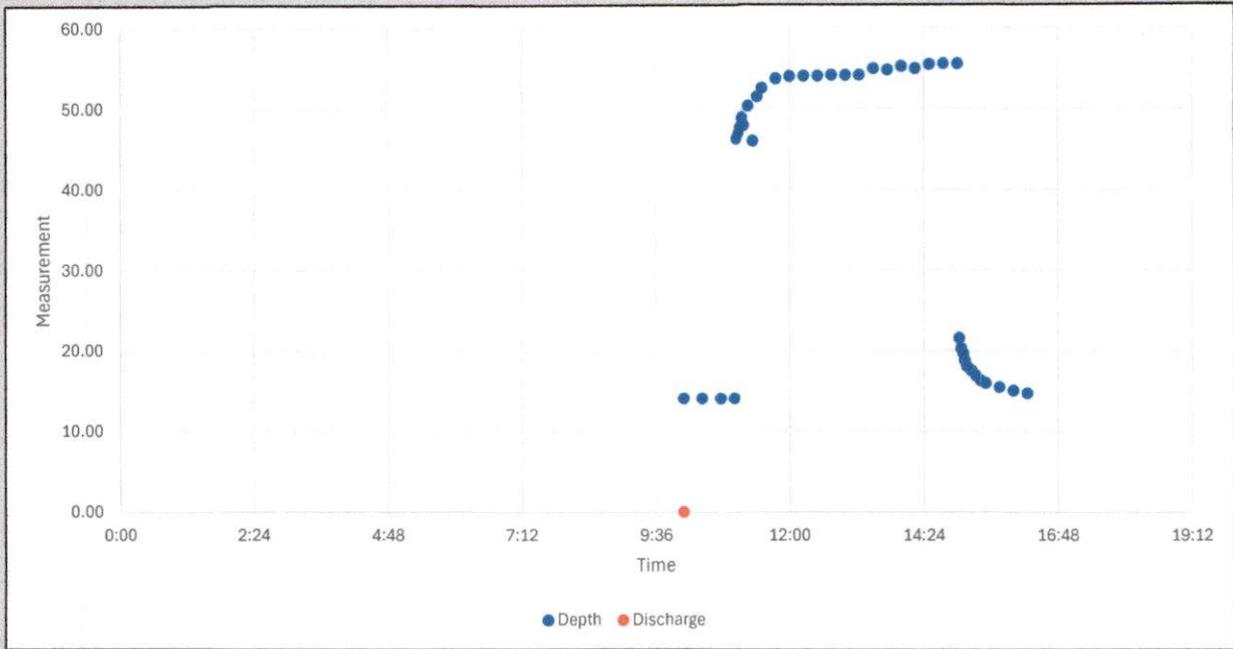
Excel Tips:

1. Duplicate cells by dragging bottom right corner of 2 highlighted cells of the same data
2. Quick time format cells by highlighting the cells with the time difference needed and dragging bottom right corner of highlighted cells (ex. 10:00 & 10:02 (highlight cells) > 10:04 (next cell))
3. Rows are can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to printing

\*Measurements in decimal foot

Date	Time	Depth to Water Below MP	Discharge Rate	Units	Pump ON / OFF	Airline (psi)	Flowmeter	Units	Comments
11/11/2025	10:05	14.08	0	(gpm) gallons	off		31.142	acre ft	
	10:25	14.08	0	(gpm) gallons	off				
	10:45	14.08	0	(gpm) gallons	off				
	11:00	14.08	500	(gpm) gallons	on				
	11:02	46.33	500	(gpm) gallons	on				Cascading water
	11:04	47.00	500	(gpm) gallons	on				
	11:06	47.75	500	(gpm) gallons	on				
	11:08	48.92	500	(gpm) gallons	on				
	11:10	47.92	500	(gpm) gallons	on				
	11:15	50.33	500	(gpm) gallons	on				
	11:20	46.00	500	(gpm) gallons	on				
	11:25	51.50	500	(gpm) gallons	on				
	11:30	52.58	500	(gpm) gallons	on		31.189	acre ft	
	11:45	53.75	500	(gpm) gallons	on				
	12:00	54.00	500	(gpm) gallons	on		31.233	acre ft	
	12:15	54.08	500	(gpm) gallons	on				
	12:30	54.08	500	(gpm) gallons	on				
	12:45	54.17	500	(gpm) gallons	on				
	13:00	54.17	500	(gpm) gallons	on		31.325	acre ft	
	13:15	54.17	500	(gpm) gallons	on				
	13:30	55.00	500	(gpm) gallons	on				
	13:45	54.83	500	(gpm) gallons	on				
	14:00	55.25	500	(gpm) gallons	on		31.414	acre ft	
	14:15	55.00	500	(gpm) gallons	on				
	14:30	55.50	500	(gpm) gallons	on				
	14:45	55.58	500	(gpm) gallons	on				
	15:00	55.58	500	(gpm) gallons	on		31.505	acre ft	
	15:02	21.58	0	(gpm) gallons	off				
	15:04	20.33	0	(gpm) gallons	off				
	15:06	19.75	0	(gpm) gallons	off				
	15:08	18.83	0	(gpm) gallons	off				
	15:10	18.08	0	(gpm) gallons	off				
	15:15	17.58	0	(gpm) gallons	off				
	15:20	16.92	0	(gpm) gallons	off				
	15:25	16.33	0	(gpm) gallons	off				
	15:30	16.00	0	(gpm) gallons	off				
	15:45	15.50	0	(gpm) gallons	off				
	16:00	15.08	0	(gpm) gallons	off				
	16:15	14.75	0	(gpm) gallons	off				

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\*Rough hydrograph using the Data Sheet to use as a review reference of the data entered.

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Well  
10/23/25  
Duragon  
Lands COBU

OREGON  
WATER RESOURCES DEPT  
WELL#  
L134785  
DO NOT REMOVE LABEL

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Well  
tag  
10/23/25  
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Lands  
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VFD  
Pump  
Controller  
10/23/25  
Avignon Leads  
Co BU



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Flow meter cap 10/23/25 Duragan Lands COBU



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Flow Meter

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Grass crop 10/23/25 Owygan Lands COBU



Received by OWRD Aluminum above ground mainline 10/23/25 OuraganLads COBU  
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Hose-reel trailer  
Echo 125

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Owagan Lands COBU



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Big gun  
1.1" nozzle

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Oregon Lands COBU



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Handlines 10/23/25 Durayon Lands COBU



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Rainbird  
Sprinklers  
1 3/64" nozzle  
for handlines  
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Oregon  
Lands COBU