

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

**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:

September 5, 1990 for 0.7 cfs
from Wells 2,3,5, and 6,
October 26, 1993 for 0.15 cfs
from Wells 4, 5 and 6

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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 # G-12222	PERMIT # (IF APPLICABLE) G-18909	PERMIT AMENDMENT # (IF APPLICABLE) T-14418
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2. Property Owner (current owner information):

TL 07 2W 28C 2600 – only taxlot reported in this claim

APPLICANT/BUSINESS NAME Lewis Land LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 1118 Landcaster Dr NE PMB 409			
CITY Salem	STATE OR	ZIP 97301	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): TL 07 2W 29D 1500

PERMIT HOLDER OF RECORD Kuenzi Turf and Nursery c/o Myron Kuenzi			
ADDRESS 6500 State St			
CITY Salem	STATE OR	ZIP 97301	

TL 07 2W 28C 2600

ADDITIONAL PERMIT HOLDER OF RECORD JLPN Inc. c/o John Lewis			
ADDRESS 1118 Lancaster Dr NE; PMB 409			
CITY Salem	STATE OR	ZIP 97301	

4. Date of Site Inspection:

January 12, 2026

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

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NAME	DATE	ASSOCIATION WITH THE PROJECT
Jeremy Powell	January 12, 2026	Production Manager
John Pedersen	January 12, 2026	Production Manager

6. County

Marion County

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)): TL 07 2W 29D 1500

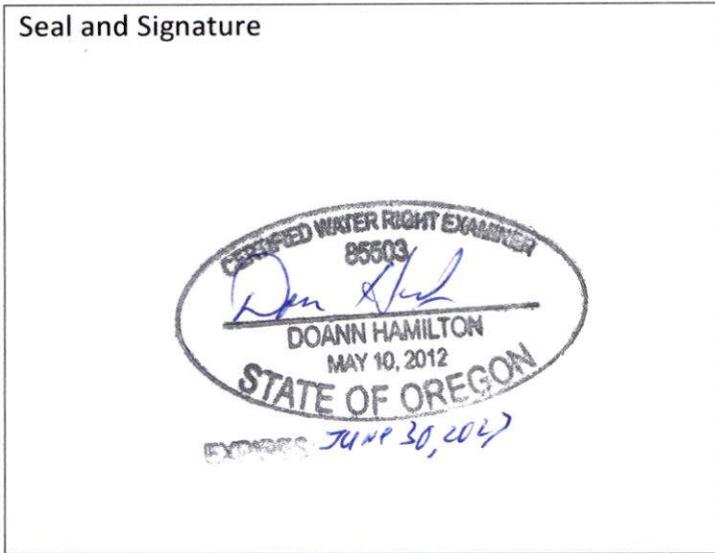
OWNER OF RECORD Cascade Futbol Club c/o Thom Nash			
ADDRESS 1678 Liberty St SE			
CITY Salem	STATE OR	ZIP 97302	

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



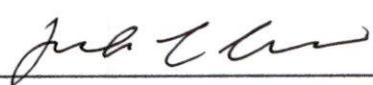
CWRE NAME Doann Hamilton		PHONE NO.	ADDITIONAL CONTACT No. (503) 349-6946
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL phgdmh@gmail.com

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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
	JOHN L. LEWIS	Pres.	2/18/26

**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 5	MARI 55544	L-47523

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 5	Fruitland Creek Basin	Pudding 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 5	Irrigation	Nursery stock	Permit did not specify	0.46 cfs
Total Quantity of Water Used				0.46 cfs

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:

Well 5 (MARI 55544) is located north of a pump shed. Water is pumped from the well using 20 Hp submersible pump to convey water out the top of the casing through 4 inch steel tee capped off at the top and continuing to the south through a meter before angling down underground and connecting to the 4 inch buried mainline. Also on top of the casing, a 2 inch galvanized tee capped off at the top and continuing to the south about 3 feet south to another tee. One line off the tee

Permit Holder of Record Signature or Acknowledgment

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

The facts contained in this Form of Beneficial Use are true and correct to the best of my knowledge.

2. Name of	Permit Holder	1. Use

**SECTION 3
CLAIM DESCRIPTION**

1. Point of application name or number	Point of Application	Well Location	Well Location

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

2. Point of appropriation source, if indicated on permit	Point of Appropriation	Source	Point of Appropriation

3. Developed wells, period of use, and acre for each user	Developed Wells	Period of Use	Acre for Each User

Total Quantity of Water Used

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

continues down toward the ground about a foot then elbows back south and reconnects to the 4 inch steel pipe before going underground. At the 3 foot junction of the galvanized pipe, the other line off the tee elbows east then elbows down to the ground and continues underground south south-west about 15 feet into the pump shed. Inside the pump shed the galvanized line connects to two 119 gallon pressure tanks pressurizing the line. After the pressure tank, the 2 inch galvanized pipe continues south towards an unused well (possible GR-1116 (MARI 7890)) sealed off. The galvanized pipe elbows up about 3 feet then elbows south into a four way tee. The line continuing left and right from the four way tee forms a rectangle along the three sides of the wall. Along the west wall chemicals can be injected. Extending south from the four way tee, the pipe extends another 3 feet with a filter before elbowing down and connecting to the 4 inch PVC buried mainline to the shop just south of the shed. Along the rectangle, after the injections on the west well, the line elbows back east and tees down to reconnects to the buried 4 inch main line supplying the line with treated water to the system.

Well 5 convey water into a common mainline which also contains water supplied under Permit G-18696 Well 1 (MARI 59533) and Well 2 (MARI 70796). The 4 inch mainlines are all connected and in some areas increasing to 6 inch buried PVC while in others reducing down to 2 inch buried PVC. The mainlines support 2 inch and 1 inch laterals into either greenhouses where the laterals supply overhead sprinkler systems along with faucets to attach garden hoses for hand watering. These laterals also supply outside container pots with impact sprinkler system or in-ground "Stock Block" areas with drip irrigation.

Irrigation is done in several combinations to maximize the full rate allowed under this water right.

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).

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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

(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.")

1. A previous claim of beneficial use was submitted by Myron Kuenzi November 14, 1996 for TL 07 2W 29D 1500 using Well 3 (MARI 7894) only. For the purpose of this claim of beneficial use – that portion 29.7 acres and Well 3 will not be described in this application.
2. Per the extension final order dated March 1, 2024, the acres were to be limited to 27.0 acres at a rate of 0.34 cfs per the extension map provided. The extension map noted the 27.0 acres were irrigated by Well 5 (MARI 55544) not yet approved and the additional 3.0 acres to be removed were irrigated by authorized wells: Well 2 (MARI 16475) and Well 4 (Well log unknown).
3. Permit amendment application for T-14418 to approve Well 5 (MARI 55544) and Well 6 GR-1116 (MARI 7980), Well 2 (MARI 16475) and Well 4 (Well log unknown) were to be removed. Per this claim of beneficial use, Well 2 (MARI 16475) and Well 4 (Well log unknown) are not include and are removed from this form.
4. The authorized Well 6 GR-1116 (MARI 7980) was not performing well and has not been used; therefore, Well 6 GR-1116 (MARI 7980) is not included in this Claim of Beneficial Use.
5. The place of use was revised to include reference to the DLC and/or Government Lot and show the place of use based on the extension final order issued March 1, 2024 and reduced after field verifying:

Original authorized place of use based extension final order issued March 1, 2024 :

7S	2W	28	SWSW	4.3	priority date: 10-26-1993
7S	2W	29	SESE	3.0	priority date: 10-26-1993
7S	2W	32	NENE	1.1	priority date: 10-26-1993
7S	2W	32	NENE	7.4	priority date: 9-5-1990
7S	2W	33	NWNW	3.6	priority date: 10-26-1993
7S	2W	33	NWNW	7.6	priority date: 9-5-1990
Total:				27.0	

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Revised place of use:

7S	2W	28	SWSW	DLC 75	3.7	priority date: 10-26-1993
7S	2W	29	SESE	DLC 75	3.3	priority date: 10-26-1993
7S	2W	32	NENE	DLC 75	1.2	priority date: 10-26-1993
7S	2W	32	NENE	DLC 75	4.7	priority date: 9-5-1990
7S	2W	33	NWNW	DLC 75	2.1	priority date: 10-26-1993
7S	2W	33	NWNW	DLC 75	9.2	priority date: 9-5-1990
Total:				24.2		

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 5	0.34 cfs per extension FO dated March 1, 2024	0.46 cfs	Not measured	Irrigation	27.0 acres per extension FO dated March 1, 2024	24.2

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

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

Well 5

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A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	2W	WM	28	SWSW	NA	75	Irrigation	3.7 priority date: 10-26-1993	NA
7S	2W	WM	29	SESE	NA	75	Irrigation	3.3 priority date: 10-26-1993	NA
7S	2W	WM	32	NENE	NA	75	Irrigation	1.2 priority date: 10-26-1993	NA
7S	2W	WM	32	NENE	NA	75	Irrigation	4.7 priority date: 9-5-1990	NA
7S	2W	WM	33	NWNW	NA	75	Irrigation	2.1 priority date: 10-26-1993	NA
7S	2W	WM	33	NWNW	NA	75	Irrigation	9.2 priority date: 9-5-1990	NA
Total Acres Irrigated								24.2	NA

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

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:

A 3/4-inch galvanized pipe treaded into the access port and reduced down to 1/2 inch with PVC vent tube extending upward about 4 inches with a cap on top on the south side of the sanitary seal.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log MARI 55544						

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.

See Well Log MARI 55544

C. Groundwater Source Information (Sump)

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

NO

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

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

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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

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
Unknown	Unknown	Unknown	Submersible	Unknown	4 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	20 Hp

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)
20 Hp	80 psi	102.5 feet (from permit condition pump test)	0 feet	0.46 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(102.5 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.46 \text{ cfs}$$

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)
Not running during site visit			

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

7. Is the distribution system piped?

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4 inch	~ 5 feet	Steel	Above ground
2 inch	~ 50 feet	Galvanized steel	Above ground and buried
2 inch	~25 feet	PVC	Above ground
Common mainline			
4 inch	~ 4,675 feet	PVC	Buried
6 inch	~ 1,000 feet	PVC	Buried
2 inch	~ 2,225 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~275 feet	PVC	Buried
2 inch	~125 feet	PVC	Buried and Above Ground
1 inch	~ 14,600 feet	PVC	Buried and Above Ground
1 inch	~ 18,500 feet	Black Polyethylene	Above ground
½ inch	2,000 feet	PVC	Above ground
¼ inch	~ 18,000 feet	Polyethylene tubing	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
VibroNet Spinkler	35 psi	0.173 gpm or 10.4 gph	~5,730	675	0.26 cfs
Roberts - John Deere Water Tech 2 arm whirl sprinkler	35 psi	2 gpm	~45	45	0.20 cfs
Rainbird Maxipaw - blue	35 psi	3.3 gpm	~ 400	45	0.33 cfs
Nelson S10 Spinner – Purple	35 psi	1.5 gpm	~760	72	0.24 cfs

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

11. Drip Emitter Information:

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

12. 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
12 inch spacing	0.34 gpm/100 ft	94,000 feet	26,000 feet	0.20 cfs	None

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

E. Storage

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

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

If "YES" is it a: Storage Tank YES
 Bulge in System / Reservoir 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
Fiberglass #1	119 gallons	Above ground
Fiberglass #2	119 gallons	Above ground

F. Gravity Flow Pipe

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

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

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? NO

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

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H. Additional notes or comments related to the system:

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None

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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	Permit G-11666 issued: February 16, 1994 Permit G-18909 issued: November 13, 2024		
BEGIN CONSTRUCTION (A)	February 16, 1995	February 16, 1995	Construction of original Well 2 (MARI 16475) began November 15, 1979 and was completed November 16, 1979.
COMPLETE CONSTRUCTION (B)	October 1, 1995 extended to October 1, 2026	December 29, 2025	Meter was installed and connected to system
COMPLETE APPLICATION OF WATER (C)	October 1, 1996 extended to October 1, 2026	March 2026	All the permit conditions were met and water was put to full 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

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

a. Did the Extension Final Order require the submittal of Progress Reports?

NO

If "NO", item 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? NO – but states:

"The Water Resources Department had determined that the initial water level in the well(s) are those of the initial March report."

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

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

March

c. Was the measurement submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements: Only for Well 3

a. Was the water user required to submit annual static water level measurements? YES

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? YES

d. If "YES", were those measurements submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

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

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

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

c. Is the pump test attached to this claim? YES

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

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

- see email dated January 9, 2026 approving Unreasonable Burden exemption for Well 3 (MARI 7894) by Travis Brown OWRD

** 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

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

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 5	McCrometer	25-07181-04	Working	4,400 gallons (January 12, 2026)	December 29, 2025

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

7. Recording and reporting conditions:

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

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

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

a. Were there special well construction standards? NO

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

c. Was submittal of a water management and conservation plan required? NO

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

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 5	L-47523	March 2001

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YES

e. Other conditions?

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

e1) Condition per the extension final order issued March 1, 2024:

Development Limitation:

Use of water under this permit is limited to no more than for irrigation of 56.7 acres, being 0.37 cfs for irrigation of 29.7 acres located north of State Street, as identified in the Claim of Beneficial use submitted, October 26, 1993, and 0.34 cfs of water from the MARI 55544, for irrigation of the 27.0 acres illustrated in the map submitted April 20, 2023, as part of the Application for Extension of Time.

Compliance:

The total of 0.46 cfs has been recorded from Well 5 (MARI 55544) but is limited by the irrigation system to 0.37cfs.

e2) Condition per the extension final order issued March 1, 2024:

Permit Amendment Condition:

The permit holder shall submit a Permit Amendment Application requesting a change in point of appropriation from Well 2 and Well 4, to MARI 55544 for irrigation of 27.0 acres of land previously developed, by no later than March 5, 2024. The Place of Use may not be changed until a certificate of water right for the 27.0 acres that have been developed south of State Street.

If a Permit Amendment Application is not submitted by March 5, 2024, no future extension of time will be approved.

Compliance:

Permit Amendment Application T-14418 was submitted on March 5, 2024.

Final order approving permit amendment T-14418 was issued November 13, 2024.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – MARI 55544	Well log and driller’s notes for MARI 55544 – Well 5
BLM Cadastral Map	BLM Cadastral Map T. 7S R. 2W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 5 (MARI 55544) conducted January 20, 2026
Email dated January 9, 2026 from Travis Brown OWRD	Approving Unreasonable Burden exemption for Well 3 (MARI 7894)

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 COBU map was prepared using tax assessor’s maps 07 2W 28C, 29D, 32A, and 33B, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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.)

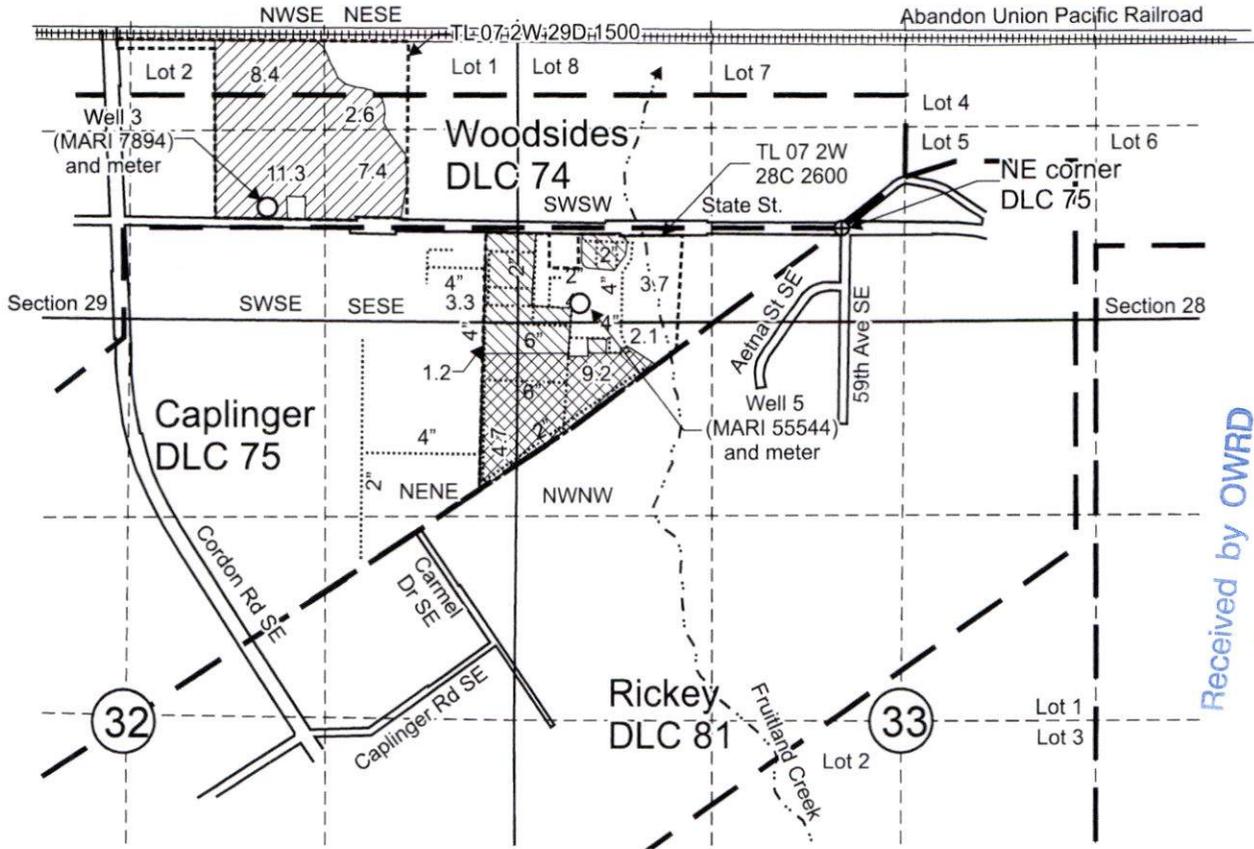
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots

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- 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

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T.7S. R.2W. Sec. 28, 29, 32, & 33, W.M.



Well 3 (MARI 7894) is located 800 feet north and 1,700 feet west from the SE corner, Section 29.

Well 5 (MARI 55544) is located 130 feet north and 425 feet east from the SW corner, Section 28.

-  Area (29.7 Acres) irrigated under Application G-12222, Permit G-18909, T-14418, priority date: 9-5-1990, using Well 3 per claim of beneficial use submitted 10-26-1993.
-  Area (10.3 Acres) irrigated under Application G-12222, Permit G-18909, T-14418, priority date: 10-26-1993.
-  Area (13.9 Acres) irrigated under Application G-12222, Permit G-18909, T-14418, priority date: 9-5-1990.

- Tax lot boundary
- • — Donation Land Claim boundary
- Water main line

Scale: 1" = 1,320'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.



Claim of Beneficial Use Map
Application G-12222, Permit G-18909, T-14418

JLPN Inc., c/o John Lewis
T.7S. R.2W. Sec. 28, 29, 32, & 33, W.M.

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MAR 2 55544

Pg 1 of 2

STATE OF OREGON WATER SUPPLY WELL REPORT

MAR 1 2001

WELL I.D. # 47523 START CARD # 137245

Instructions for completing this report are on the back page of this form.

(1) LAND OWNER: Lewis Lakeshore Nursery Inc, 581 Landcaster Dr SE Suite 275, Salem, OR 97301

(2) TYPE OF WORK: [X] New Well

(3) DRILL METHOD: [X] Cable

(4) PROPOSED USE: [X] Irrigation

(5) BORE HOLE CONSTRUCTION: Depth of Completed Well 148ft

Table with columns: Diameter, From, To, Material, Seal, etc. Row 1: 16, 0, 18, Cement, 0, 23+ bent.

How was seal placed: Method [X] C

(6) CASING/LINER table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Drive Shoe used: [X] Inside

(7) PERFORATIONS/SCREENS: Method Mills Knife

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Yield gal/min, Drawdown, Drill string, Time

Temperature of water 54, Depth Artesian Flow Found, Was a water analysis done?

(9) LOCATION OF WELL by legal description: County Marion, Township 7-S, Range 2-W, Section 28 SW 1/4 SE 1/4, Tax Lot 2600, Block, Subdivision, Street Address 5590 State St SE Salem, OR

(10) STATIC WATER LEVEL: 44.5 ft below land surface, Date 3-1-01

(11) WATER BEARING ZONES table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Group 47523

Well Log table with columns: Material, From, To, SWL

Date started 2-7-01, Completed 3-1-01

(unbonded) Water Well Constructor Certification: I certify that the work performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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FEB 25 2026

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORES 537.765)

Salem, OR

MARI
55544

Pg 2 of 2
WELL I.D. #1. 47523
START CARD # 137245

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name: Lewis Lakeshore Nursery Inc Well Number _____
Address: 581 Landcaster Dr SE Suite 275
City: Salem State: OR Zip: 97301

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/condition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well: 148 ft
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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

Backfill placed from _____ ft to _____ ft Material _____
Gravel placed from _____ ft to _____ ft Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:							
Liner:							

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Shot size	Number	Diameter	Telepipe size	Casing	Liner

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

Yield gal/min	Drawdown	Drift stem at	Flowing Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL, by legal description:
County: Marion Latitude _____ Longitude _____
Township: 7-5 N or S Range: 2-W E or W WM
Section: 28 SW 1/4 5E 1/4
Tax Lot: 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): 5590 State St SE Salem OR

(10) STATIC WATER LEVEL:
44' 5" ft below land surface Date: 3-1-01
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Large to Med gravel with broken clay			
Tight brown sand and gravel	86	106	
Brown clay + gravel	106	112	
Semi-cemented	112	122	
Tight sand + gravel	122	126	
Med to Large gravel with broken clay	126	131	
Med to large gravel	131	141	
Semi Tight	141	146.5	
Brown Clay	146.5	148	
Dark gray basalt			

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MAR 19 2001
WATER RESOURCES DEPT
Date started: 2-7-01 Completed: 3-1-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed: _____ WWC Number: 1128
Date: 3-1-01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed: Floyd A. Sapp WWC Number: 1273
Date: 3-1-01



Owner Information:

OWNER NAME/BUSINESS NAME: JLPN NURSERY		PHONE No.: 503-373-9781	ADDITIONAL CONTACT No.:
ADDRESS: 5440 STATE ST			
CITY: Salem	STATE: Or	ZIP: 97317	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Rich Gerig	QUALIFICATION: (SELECT) Pump Installer <input type="checkbox"/>	LICENSE #: CPI210
COMPANY: Gerig Water Services	PHONE No.: 971-777-1180	ADDITIONAL CONTACT No.:
ADDRESS: 8835 Sunnyview RD NE		
CITY: Salem	STATE: Or	ZIP: 97305
E-MAIL: richard.gerig@gmail.com		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI55544	47523	5	148	LEWS LAKESHORE	03/01/2001	01/20/2026

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 FT N & 735 FT E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
7S	2W	28	SWSW	SWSW	44.926497	-122.946703

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
X 18768 X G-12222	X 18698 X G-18909	T-14418		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
				<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
				<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
L-79515	150FT	OFF	OFF	300
L-146619	500	OFF	OFF	550

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

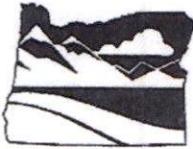
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: 575ft ft.

Well elevation is above the surface water body. Approximate elevation difference: 150 ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: field
How far from the pumped well was water discharged? 100 ft.

Additional forms can be found at:



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**PUMP TEST FORM
COVER SHEET**

Water-Level Measurement Method: Electric Tape *Verify here: { Airline: _____ psi _____ feet.
Length of air line (if used): _____ { E-Tape: 500 _____ feet.

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Submersible
HP: 20 HP Pump set at: 105 feet.
Pump idle time: 16 hours

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: Mccrometer Serial #: _____
Date Last Calibrated: 1-2026 Units: GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1ft 4in feet.

Description (e.g., top port of 1 inch port pipe, west side) _____
1/2in port west side of top seal

Time pump turned on: Date 1/20/2026 Time 9:22am
Time pump turned off: Date 1/20/2026 Time 1:20pm
Total pumping time: 4 hours _____ minutes.

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 (≥ 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 (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min 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 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 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 water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

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

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

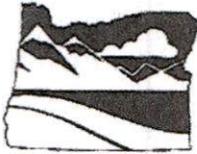
Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301**

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

OPERATOR SIGNATURE: Richard Herzig DATE: 2-10-26
OWNER SIGNATURE: [Signature] DATE: 2-18-26

Additional forms can be found at:

OWRD 20200115



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 55544	47523	5	148 ft	LEWS LAKESHORE NURSERY	03/01/2001	01/20/2026

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
1-20-2026	8:15		41FT 10IN	0	Pre-test			
	8:35		41FT10IN	0	Pre-test			
	8:55		41FT10IN	0	Pre-test			
	9:15		41FT10IN					
	9:22	2MIN	60ft 4in	155				57psi
	9:24	4MIN	96ft4in	150				
	9:26	6MIN	98ft3in	150				
	9:28	8MIN	99ft	150				
	9:30	10MIN	99ft8in	150				57psi
	9:35	15MIN	100ft3in	150				
	9:40	20MIN	100ft11in	150				57psi
	9:45	25MIN	101ft8in	150				56psi
	9:50	30MIN	102ft4in	150				
	9:55	35MIN	103ft2in	150				
	10:00	50MIN	103ft11in	150				55psi
	10:15	65MIN	101ft	135		throttled back	getting air	58 psi
	10:30	80MIN	101ft9in	138				55psi
	10:45	95MIN	102ft3in	138				55
	11:00	110MIN	102ft10in	138				
	11:15	125MIN	103ft6in	136				56psi
	11:30	140MIN	103ft10in	136				
	11:45	155MIN	103ft10in	136				
	12:00	170MIN	103ft10in	136				
	12:15	185MIN	103ft10in	136				56psi
	12:30	200MIN	103ft10in	136				
	12:45	215min	103ft10in	136				
	1:00	230MIN	103ft10in	136				56psi
	1:15	245MIN	103ft10in	136				
	1:30	300min	103ft10in	136		pump off		56psi
	1:32	2MIN	52ft					
	1:34	4MIN	46ft					
	1:36	6MIN	44ft6in					
	1:38	8MIN	43ft7in					
	1:40	10MIN	43ft5in					
		15MIN						
		20MIN						
								END OF TEST



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LD 25 2026 Doann Hamilton <phgdmh@gmail.com>

Salem, OR

App G-12222, Permit G-18909, T-14418

BROWN Travis C * WRD <Travis.C.BROWN@water.oregon.gov>

Fri, Jan 9, 2026 at 5:44 PM

To: Doann Hamilton <phgdmh@gmail.com>

Cc: "HOOTSMANS James A.S * WRD" <James.A.S.HOOTSMANS@water.oregon.gov>, CLARK Gerald E * WRD <Gerald.E.CLARK@water.oregon.gov>, IVERSON Justin T * WRD <Justin.T.IVERSON@water.oregon.gov>, SEYMOUR Tim R * WRD <Timothy.R.SEYMOUR@water.oregon.gov>

Hi Doann,

I've approved an Unreasonable Burden exemption for Well 3 (MARI 7894). No need for you/your client to submit the exemption request form. You will still need to submit the pumping test for Well 5 (MARI 55544) for approval.

Thank you,

Travis

Travis Brown, RG | Hydrogeologist – Groundwater Section

Email: Travis.C.Brown@water.oregon.gov | Phone: 971-301-3088

Address: 725 Summer St. NE, Suite A, Salem, OR 97301 | Pronouns: He/him



Integrity | Service | Technical Excellence | Teamwork | Forward-Looking

From: Doann Hamilton <phgdmh@gmail.com>

Sent: Tuesday, January 6, 2026 2:14 PM

To: BROWN Travis C * WRD <Travis.C.BROWN@water.oregon.gov>

Cc: HOOTSMANS James A.S * WRD <James.A.S.HOOTSMANS@water.oregon.gov>

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