

# 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)

**A fee of \$345 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**Enter the date the priority date of the permit:**

February 2, 2004

**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>

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MAR 20 2026

Salem, OR

## SECTION 1

### GENERAL INFORMATION

#### 1. File Information:

APPLICATION # <b>G-16139</b>	PERMIT # (IF APPLICABLE) <b>G-15736</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Halsey Resources LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>51 Garibaldi</b>			
CITY <b>Lake Oswego</b>	STATE <b>OR</b>	ZIP <b>97035</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>Halsey Resources LLC</b>			
ADDRESS <b>51 Garibaldi</b>			
CITY <b>Lake Oswego</b>	STATE <b>OR</b>	ZIP <b>97035</b>	

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

**4. Date of Site Inspection:**

**February 4, 2026**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Juan Campuzano</b>	<b>February 4, 2026</b>	<b>Manager</b>

**6. County**

**Yamhill 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)):**

OWNER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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MAR 20 2026  
Salem, OR

**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 349-6946 cell</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>phgdmh@gmail.com</b>

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MAR 20 2026  
Salem, OR

Received by OWRD


MAR 20 2026

Salem, OR

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
	DAVE HALSEY	MANAGING PARTNER	3/13/2026

**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 3	YAMH 54172	L-74416

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 3	Well in Spring Brook Basin	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 3	Irrigation	Nursery stock	March 1 through October 31	0.14 cfs
<b>Total Quantity of Water Used</b>				<b>0.14 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 conveyed from Well 3 (YAMH 54172) using a 7.5 Hp submersible pump through a 3 inch galvanized tee located on top of the well casing. A 3 inch PVC pipe extends out to the west from this tee about 2 feet before elbowing down about 3 feet and continuing underground to the south southwest into the north east corner of the shed. Inside the shed, the 3 inch PVC extends up about

3 feet before elbowing south and reducing to 2 inch and connecting to the meter. After the meter, the line goes through a small filter and then elbows down connecting with a 3 inch PVC pipe, The 3 inch PVC pipe extends about 3 feet to the shed floor with a tee. The tee to the west reduces down to 1.25 inch PVC and connects to the 86 gallon pressure tank. The other line from the tee is the 3 inch PVC heading west and connecting to the mainline.

Outside the shed the buried 3 inch mainline runs east-west approximately 350 feet along the north property line with three hydrants. Another line off the buried 3 inch mainline heads south about 700 feet with 3 hydrants before turning south east about 250 feet with two more additional hydrants.

Portable aluminum 3 inch handlines are attached to these hydrants. Some of the 3 inch aluminum handlines have impact sprinklers every 40 feet extended upward about 4 to 8 feet, depending on the height of the plants being irrigated, on 1 inch galvanized pipe.

Other areas, the 3 inch aluminum line has an adaptor attached at the end to allow a faucet and garden hose to be attached. In these areas, this garden hose can then be attached to an above ground 1 inch PVC 10x10 grid with Rain Bird 1800 extended upward about 4 to 8 feet where needed on 1 inch PVC pipe.

Irrigation is done in combinations of the different systems to maximize the allowed rate.

**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

(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.")

**Note: This claim is in reference to the work up to the completion date of October 1, 2017 only.**

1. The location of Well 3 (YAMH 54172) is more correctly placed at:
  - a. 90 feet south and 1,875 feet east from the NE corner, Section 27.
2. The authorized Well 2 (YAMH 2614) was not performing well and has not been used; therefore, Well 2 is not included in this Claim of Beneficial Use.
3. The authorized Well 1 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.
4. The place of use was revised to include reference to the DLC:

Original authorized place of use:

3S 2W Sec 27 NW NE 10.0

Revised place of use:

3S 2W Sec 27 NW NE DLC 57 10.0

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MAR 20 2026

Salem, OR

**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 3	0.125 cfs	0.14 cfs	Not measured	Irrigation	10.0	10.0

**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):

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MAR 20 2026  
Salem, OR

Well 3

**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
3S	2W	WM	27	NWNE	NA	57	Irrigation	10.0	NA
<b>Total Acres Irrigated</b>								<b>10.0</b>	<b>NA</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**

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

**2. Describe the access port (type and location) or other means to measure the water level in the well:**

½ inch galvanized pipe with a copper cap screwed into plastic treaded PVC pipe through the sanitary seal on the north side of the 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 Well Log YAMH 54172						

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 YAMH 54172

**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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MAR 20 2026

**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.

Salem, OR

1. Is a pump used?

YES

If "NO" items 2 through item 9 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Gould Pump	85GS75	#E1832403	Submersible	Unknown	3 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Centripro	7.5 Hp

**4. Theoretical Pump Capacity – Pump at Well:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
7.5 Hp	60 psi	234 feet (from permit condition pump test)	0 feet	0.14 cfs

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

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(7.5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(234 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.14 \text{ cfs}$$

**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			

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

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

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

**8. Provide pump calculations:**

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NA	MAR 20 2026	Salem, OR
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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)
NA			

**10. Is the distribution system piped?**

YES

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

**11. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~ 1,300 feet	PVC	Buried
3 inch	~ 11 feet	PVC	Above ground
2 inch	~ 2 feet	PVC	Above ground
1.25 inch	~ 3 feet	PVC	Above ground

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~ 2,000 feet	Aluminum	Above ground
1 inch	~ 250 feet	Galvanized	Above ground
1 inch	~ 700 feet	PVC	Above ground

**13. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rain bird 1800 U15	30 psi	3.70	~70	17	0.14 cfs
Rainbird 3/16	30 psi	5.5 gpm	~ 50	11	0.13 cfs

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

**14. Drip Emitter Information:**

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

**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
NA					

**16. 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
Metal	86 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.*

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

None
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MAR 20 2026

Salem, OR

MAR 20 2026

Salem, OR

## 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	September 30, 2004		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2008 extended to: October 1, 2017	March 3, 2011	Water level was read and submitted to OWRD completing the permit conditions and putting water to 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? YES

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

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

March

c. Was the measurement submitted to the Department? 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:

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? **NO**

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

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 MAR 20 2026  
 Salem, OR

**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**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 3	DLJ Meter	14 014288	Working	88435717 gallons (February 4, 2026)	December 2007

*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? **YES**

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

b. Have the reports been submitted? **YES**

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? **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 ID #	DATE ATTACHED TO WELL
L-74416	April 2005

- e. Other conditions? **YES**

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.

**e) Condition:**  
 The well shall produce groundwater only from the Columbia River Basalt groundwater reservoir between approximately 100 and 400 feet below land surface.

**Compliance:**  
 Well 1 (YAMH 54172/L74416) develops water from the basalts with perforations within the depth intervals of 218 to 247 feet bls. No other alterations have been made to this well.

## 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 – YAMH 54172	Well log and driller's notes for YAMH 54172 – Well 3
BLM Cadastral Map	BLM Cadastral Map T. 3S. R. 2W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 3 (YAMH 54172) conducted January 8, 2026.

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MAR 20 2026  
Salem, OR*

## 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 map 3 2 27, 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

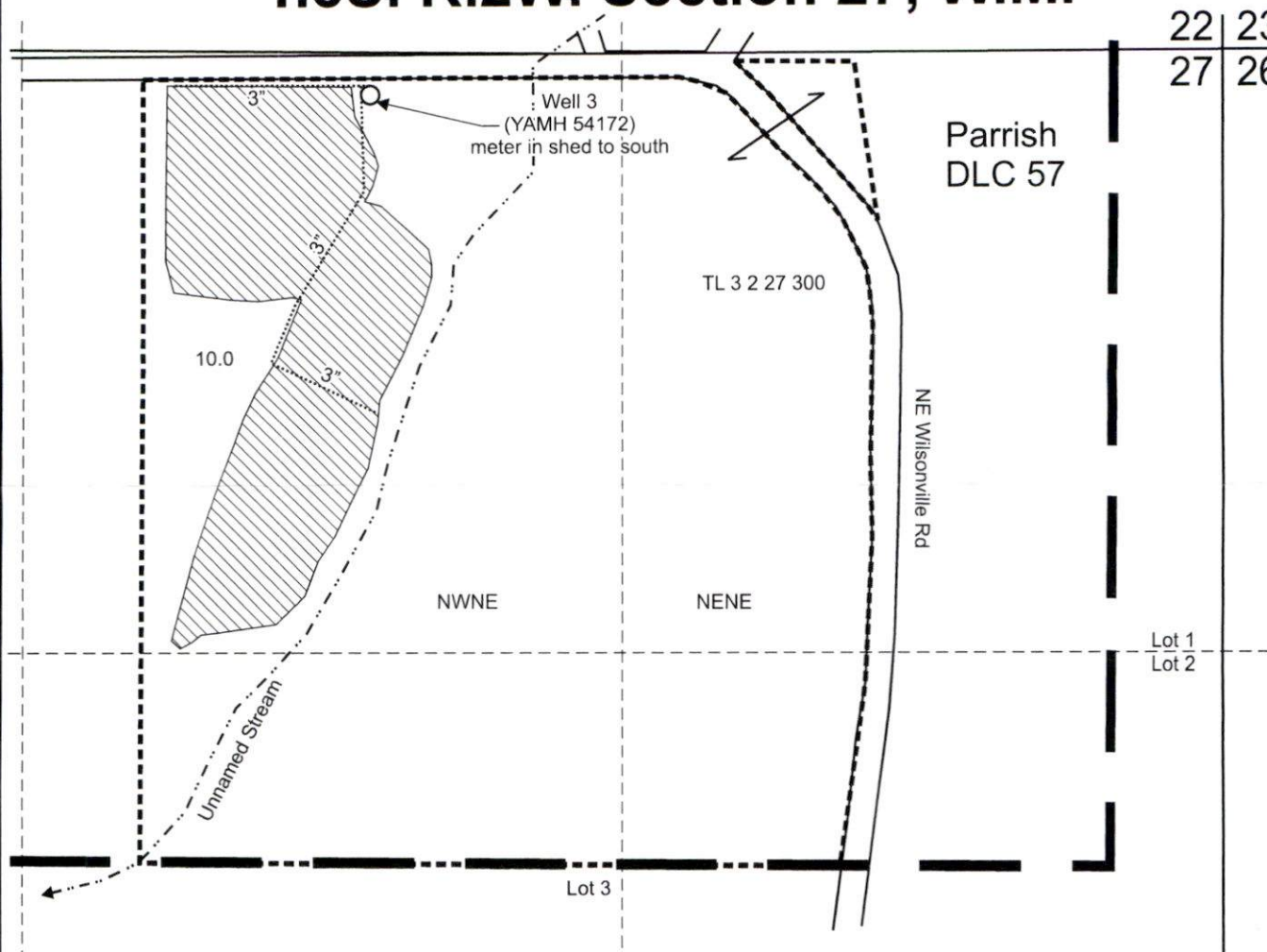
Please be sure that the map you submit includes ALL the items listed below.  
(Reminder: Incomplete maps and/or claims may be returned.)

- 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
- 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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MAR 20 2026  
Salem, OR

# T.3S. R.2W. Section 27, W.M.

22 | 23  
27 | 26



Well 3 (YAMH 54172) is located 90 feet south and 1,875 feet west from the NE corner, Section 27.

 Area (10.0 Acres) irrigated under Application G-16139, Permit G-15736.

 Tax lot boundary

 Donation Land Claim boundary

 Water main line

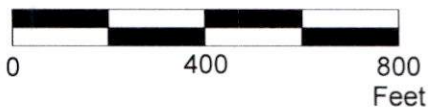
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MAR 20 2026

Salem, OR



Scale: 1" = 400'



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-16139, Permit G-15736

Halsey Resources LLC  
T.3S. R.2W. Section 27, W.M.



Uke McKern  
 "1480"  
 .56  
 Acres 639.72

Jesse Parrish  
 "1481"  
 .57  
 Acres 639.36

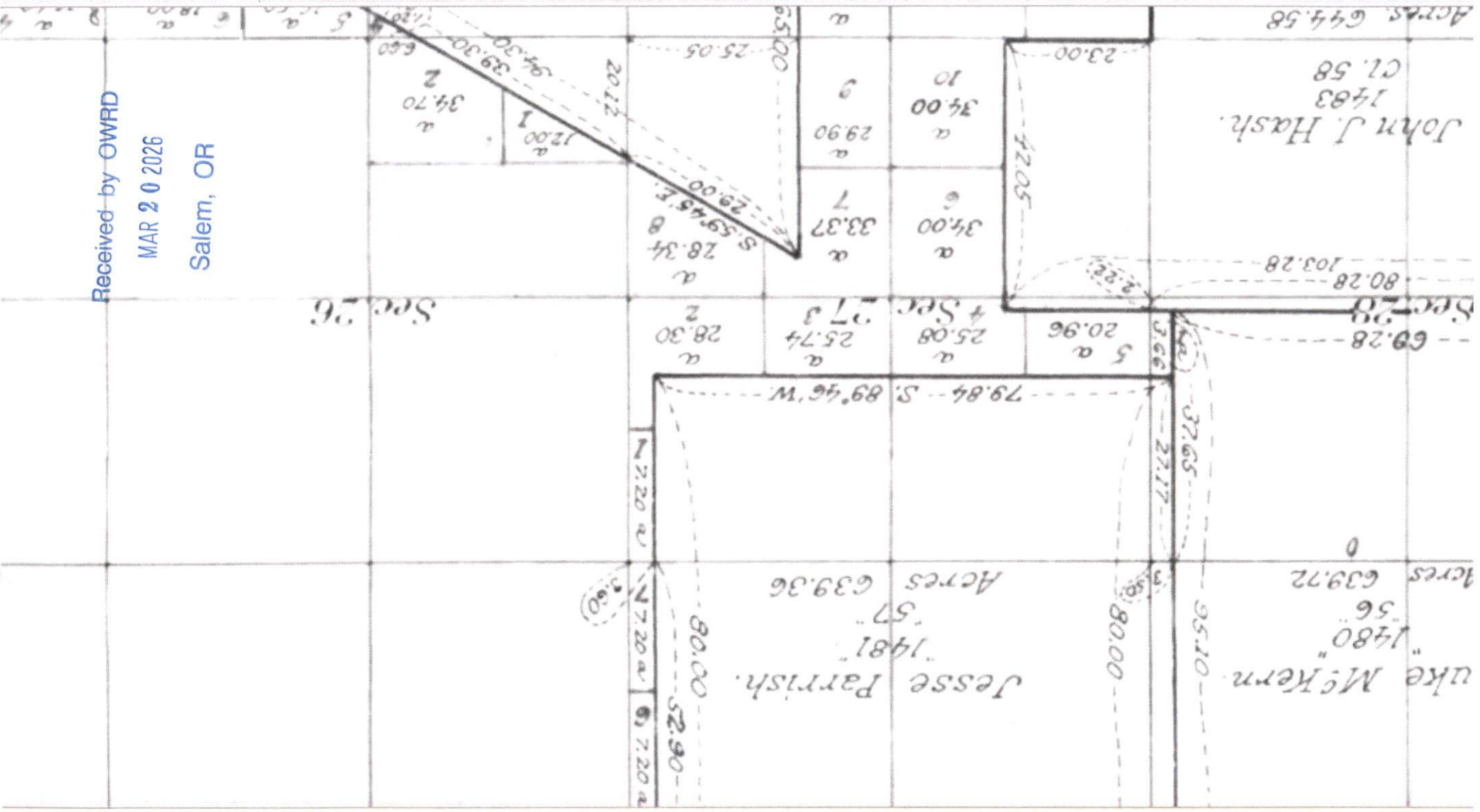
John J. Hash.  
 1483  
 Cl. 58  
 Acres 644.58

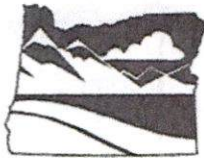
Sec 26

Salem, OR

MAR 20 2026

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

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

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Goulds 8SG\$75  
HP: 7.5 HP Pump set at: 231 feet.  
Pump idle time: 2 plus months

Discharge Measurement Method: 55 gal. drum/Deter valves

Flowmeter (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

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 3 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2" vent port on well seal

Time pump turned on: Date 1-8-26 Time 10:00 AM  
Time pump turned off: Date 1-8-26 Time 2:00 PM  
Total pumping time: 4 hours 0 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:

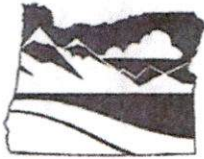
[https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID\\_OARD=1BdwLynsYAPNSQW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186)

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

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: [Signature] DATE: 1-26-26  
OWNER SIGNATURE: [Signature] DATE: 1-26-26



Owner Information:

Salem, OR

OWNER NAME/BUSINESS NAME: SCOTT GARSTKA / Phillips Pump		PHONE No.: 503-538-6669	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 938			
CITY: Newberg	STATE: OR	ZIP: 97132	E-MAIL: phillipspump@frontier.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Donnie Maul		QUALIFICATION: (SELECT) Pump tech.	LICENSE #: (owner) 7-8XPI/128266
COMPANY: Phillips Pump		PHONE No.: 503-538-6669	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 938			
CITY: Newberg	STATE: OR	ZIP: 97132	E-MAIL: phillipspump@frontier.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
Yamh 54122	L-74416	Boxwood Garden well 3	251'	Kimrex Inc	3-4 2005	1-8-26

(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)
3S	2W	27		Tax lot # 300 / 60 FT S & 1760 FT W FR NE corner		

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?
G- 16139	G- 15736	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<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)

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.

Well elevation is  above the surface water body. Approximate distance: \_\_\_\_\_ ft.

Approximate elevation difference: \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Away from the well toward the road/ditch.  
How far from the pumped well was water discharged? 20'-30' away ft.



OREGON



Received by OWRD

MAR 20 2026

Salem, OR

Received by OWRD

MAR 20 2026

Salem, OR

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Halsey Resources LLC 51 Garibaldi Lake Oswego, OR 97035

Transaction Type: COBU

Fees Received: \$ 345.00

Cash

Check:

Check No. 2566

Name(s) on Check: Will McGill Surveying LLC

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

OWRD Customer Service Staff

Submission received by: Sarah Benham  
(Name of OWRD staff)

### Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.