

# 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.**

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Enter the date the priority date of the permit:

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5-9-2017

**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).  
**AS OF APRIL 1, 2026:** For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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 Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. The form and additional 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-18505</b>	PERMIT # (IF APPLICABLE) <b>G-18159</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Dean Schrock</b>		PHONE NO. <b>(541) 974-2231</b>	ADDITIONAL CONTACT NO. <b>(541) 928-7943</b>
ADDRESS <b>31696 Allen Lane</b>			
CITY <b>Tangent</b>	STATE <b>OR</b>	ZIP <b>97389</b>	E-MAIL <b>Seed4theworld@live.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>Dean Schrock</b>		
ADDRESS <b>31696 Allen Lane</b>		
CITY <b>Tangent</b>	STATE <b>OR</b>	ZIP <b>97389</b>

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

**4. Date of Site Inspection:**

<b>3-11-2026</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Dean Schrock</b>	<b>3-11-2026</b>	<b>owner</b>

**6. County:**

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

OWNER OF RECORD <b>N/A</b>		
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 William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL Willmcgill.surveying@gmail.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Dean Schrock</i>	DEAN SCHROCK	owner	5/21/26

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**SECTION 3  
CLAIM DESCRIPTION**

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**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	LINN 62342	L-128993

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	Calapooia River	None shown

**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	Hazelnuts	March 1 – Oct. 31	0.20 cfs
<b>Total Quantity of Water Used</b>				<b>0.20 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 well 1 by a 10HP submersible pump and delivered to the POU through 3" and 2" PVC buried mainline and applied to the hazelnut tree rows by buried drip lines.

**Reminder:** The map associated with this claim must identify the location of the point(s) of appropriation, 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.")

66.71 acres of irrigation were authorized, but 52.44 acres 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	0.20 cfs	0.59 cfs	*	Irrigation	66.71	52.44

\*System not running at time of site inspection

**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

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Well 1

**A. Place of Use**

1. Is the right for municipal use?

YES 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
11S	4W	WM	25	NESW		76	Irrigation	5.44	N/A
11S	4W	WM	25	NWSW		76	Irrigation	24.73	N/A
11S	4W	WM	26	NESE		76	Irrigation	22.27	N/A
<b>Total Acres Irrigated</b>								<b>52.44</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:

½" metal vent pipe on S. 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 – LINN 62342

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

N/A

### C. Groundwater Source Information (Sump)

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

YES NO

### 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
Franklin	2366028120	Not found	Submersible	Not available	3"

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	10

#### 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)
10	45 psi	9'	-3' avg.	0.59 cfs

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

#### 5. Provide pump calculations:

$$Q=(10)(7.04)/(114.3'+9'-3')=0.59 \text{ cfs}$$

#### 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 inspection			

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**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.

**8. Provide pump calculations:**

N/A
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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
3"	1900'	PVC	buried
2"	1000'	PVC	buried

**12. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

**13. Sprinkler Information:**

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

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

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**14. Drip Emitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Unikam – 24" spacing	45	0.00433	60,500	15,730	0.15 cfs

**15. Drip Tape Information:**

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

**16. Pivot Information:**

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

**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:**

N/A
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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	1-10-2019		
BEGIN CONSTRUCTION (A)	1-10-2024	March 2019	Installed drip system
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	1-10-2024	June 2019	Irrigated all areas 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?

March

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:

March

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

d. If "YES", were those measurements submitted to the Department? YES\* NO

\*2020,2023, and 2025 are shown in WRIS. March 2022 and April 2024 are attached.

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
*			

\*March 2022 and April 2024 SWL measurements are attached.

**5. Pump Test:**

a. Is a pump test required? YES NO

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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/exemption been previously submitted to the Department? YES NO\*

c. Is the pump test/exemption attached to this claim? YES NO\*

\*As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). If "NO", the claim is incomplete and will be returned.

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

e. Has a pump test exemption been approved by the Department? YES NO\*\*

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

**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	Netafim	22-50070602	working	010245133x1000	5-9-2018

**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.

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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 to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
L-128993	5-9-2018

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.

Well tag attached to well.

**SECTION 6**

**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<u>Well log (2 pages)</u>	<u>LINN 62342</u>
<u>Pictures x 6</u>	<u>Taken at 3-11-2026 site inspection</u>
<u>SWL reports (2 pages)</u>	<u>March 2022 &amp; April 2024 SWL measurements not showing in WRIS.</u>
<u>Pump Test (6 pages)</u>	<u>Pump test completed on 4/29/2026.</u>

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## SECTION 7

### CLAIM OF BENEFICIAL USE MAP

In order to properly examine your claim, the Department must have an accurate map that meets the criteria described in OAR 690-014-0170 and OAR 690-305-0010, which are provided below for your convenience:

#### **OAR 690-014-0170 Minimum Requirements for Maps for Permit or Transfer Final Order Claims of Beneficial Use**

- (1) Maps submitted by a CWRE as part of the Claim of Beneficial Use shall meet the standards in OAR chapter 690, division 305. In addition, the map shall meet the following criteria:
  - (a) Horizontal accuracy is required only to ten feet for the purpose of locating and quantifying water rights. Maps shall be developed from any standard survey method. Traverse closures are not required.
  - (b) Maps shall clearly designate the place of use and point of diversion or appropriation for each source and use.
  - (c) The map shall indicate by description, in relation to the point of diversion or appropriation, the location of any fish screens, by-pass devices, and measuring devices required by the permit or transfer final order.
  - (d) The following statement shall be placed on the map: "This map is not intended to provide legal dimensions or locations of property ownership lines."
- (2) A CWRE may make a written request to the Director for a waiver of one or more mapping standards. The Director will determine whether the waiver shall be allowed and will respond to such requests in writing.

#### **OAR 690-305-0010 General Map Criteria**

Each map submitted to the Department shall meet the following general criteria in addition to any specific criteria identified in the rules for the relevant water right transaction:

- (1) Drawing
  - (a) The map shall be drafted on paper or polyester film with ink or otherwise printed in an indelible form with sufficient clarity so as to be easily reproduced or scanned. Maps may be submitted electronically in portable document format (pdf) and must be prepared consistent with, and include the same information as, a paper map.
  - (b) The preferred paper size is 8.5 inches by 11 inches and should be no larger than 30 inches by 30 inches. A map greater than 30 inches by 30 inches may be submitted if the Department grants, by mail or electronic means, advance approval of the larger size.
  - (c) Beginning April 1, 2029, regardless of whether the map is submitted electronically, on paper, or on polyester film, for any map that OAR chapter 690 requires be prepared by a Certified Water Right Examiner, a digital file containing the coordinate system and geospatial features of the map as specified by the Department shall be submitted in addition to the map, unless the Department provides a waiver. The digital file shall be submitted as a shapefile or other approved format in a manner required by the Department.

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- (d) A platted and recorded subdivision map, deed description survey map, or county assessor map may be submitted as the application map if all of the required information included in sections (2) and (3) of this rule is clearly shown.
- (e) An aerial image may be provided in addition to the map to aid the Department in understanding the proposal.
- (f) The map submitted under subsection (a) shall be the official record of the water right. An aerial image or digital file shall not be the official record of the water right.

(2) Scale

- (a) The map shall be drawn to a standard, even-numbered scale and one-inch shall not exceed 1320 feet.
- (b) The map scale may exceed 1320 feet per inch if the Department grants, by mail or electronic means, advance approval of the requested scale.
- (c) Notwithstanding subsection (a) and (b), for maps identifying the location of a municipal use place of use, one-inch can exceed 1320 feet; provided that the scale is sufficient to identify the quarter-quarters involved in the place of use.

(3) Features: Features shall be clearly identified and labeled. Unless otherwise indicated in rule, the following features must be included in each map submitted to the Department:

- (a) Mapping scale.
- (b) North directional symbol.
- (c) Legend.
- (d) General location of main canals, ditches, flumes, pipelines, pumps, or other water delivery features used to transport water from the point(s) of diversion or appropriation to the place use and to include the delivery features at the place of use.
- (e) Other topographical features such as rivers, creeks, streams, lakes, reservoirs, ponds, roads, or railroads that may be helpful to clarify and identify the location of points of diversion, wells, dams, and places of use.
- (f) Location and flow direction of the water way if the source is surface water. If multiple water ways exist in the area of the proposed diversion and use, the map must identify the location and flow direction of the additional water ways.
- (g) Township, range, section, quarter-quarter, and tax lot(s), donation land claims, or government lots where water will be or has been diverted, conveyed, and used. If the map is for municipal use the map:
  - (A) Must identify but does not need to label the quarter-quarters,
  - (B) Does not need to identify or label tax lots, donation land claims, or government lots.
- (h) Location of each proposed or developed diversion point, well (point of appropriation), or dam by reference to a recognized public land survey corner. For a reservoir without a dam, the center of the reservoir shall be referenced to a recognized public land survey corner.
  - (A) The locations shall be shown by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall also include latitude and longitude as established by a global positioning system.
  - (B) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764<sup>o</sup>). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.

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- (i) Location of the proposed or developed place of use by township, range, section, and nearest quarter-quarter section.
  - (A) For irrigation or nursery use, the map shall additionally indicate the place of use in each quarter-quarter of a section by shading or hatching and indicate the number of acres in each quarter-quarter section, donation land claim, government lot, or other recognized public land survey lines.
  - (B) For places of use that are limited to a point, such as a stock watering tank, the location may also be identified by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall include latitude and longitude as established by a global positioning system.
  - (C) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764<sup>o</sup>). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
  - (D) Where more than one point of diversion or well is included, the map must clearly identify the place(s) of use served by each point of diversion or well.
- (j) If for a supplemental irrigation application or claim of beneficial use, the location and water right reference number of the underlying primary right, registration or claim.
- (k) Any other information the Department requests and considers necessary to evaluate the water right transaction.

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# LINN 62342

WELL I.D. LABEL# L 128993  
 START CARD # 1038613  
 ORIGINAL LOG #

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

5/16/2018

**(1) LAND OWNER** Owner Well I.D. DR-3304  
 First Name DEAN Last Name SCHROCK  
 Company \_\_\_\_\_  
 Address 31696 ALLEN LANE.  
 City TANGENT State OR Zip 97389

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

**(2a) PRE-ALTERATION**  
 Casing: 

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Seal: 

Material	From	To	Amt	sacks/lbs

**(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 180.00 ft.  
**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	29	Bentonite	0	29	22	S
8	29	180				Calculated	16.44
						Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
 Backfill placed from \_\_\_\_\_ ft to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	<del>159.8</del> 179.8	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe  Inside  Outside  Other Location of shoe(s) 159.8  
 Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Holte Air Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	8	99	119	25	1	720	
Perf	Casing	8	130	170	25	1	1440	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		119	1
250		167	2

 Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 142 ppm  

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County LINN Twp 11.00 S N/S Range 4.00 W E/W WM  
 Sec 25 NW 1/4 of the SW 1/4 Tax Lot 2102  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 44.58397000 DMS or DD  
 Long \_\_\_\_\_ " or -123.12617800 DMS or DD  
 Street address of well  Nearest address

NEXT TO 31696 ALLEN LANE  
 TANGENT OR 97389

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	5/9/2018		18

 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 29.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5/4/2018	29	44	5		7
5/7/2018	46	68	45		18
5/7/2018	77	93	45		18
5/8/2018	105	120	75		18
5/9/2018	130	170	200		18

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

Material	From	To
Topsoil		2
Clay Brown Sticky		17
Clay Brown/Gray Very Sticky		21
Clay Gray w/ Small Gravels		25
Clay Brown w/ Gravels		29
Gravels Dirty Cemented		44
Clay Brown		46
Gravels w/ Course Sand Brown		68
Gravels Black w/ Sand		75
Clay Gray		77
Gravels Black w/ Sand Course & Quartz		93
Sand Black Course - Heaving		105
Gravels Large Black		120
Clay Dark Gray Sticky		121
Clay Gray Sticky w/ Grit		130
Clay Gray w/ Gravels		133
Gravels Black w/ Sand Course & Clay		135
Gravels Medium w/ Some Sand - Heaving		159
Sand Black Course w/ Quartz		165

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Date Started 5/3/2018 Completed 5/9/2018

**(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 1974 Date 5/9/2018  
 Signed CHARLES NUGENT (E-filed)

**(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 664 Date 5/9/2018  
 Signed CHARLES NUGENT (E-filed)  
 Contact Info (optional) Nugent Drilling Co.





Schrock COBU Well 1

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OREGON  
WATER RESOURCES DEPT  
WELL#  
L128993  
DO NOT REMOVE LABEL

Schrock COBU Well 1 I.D. Tag

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Schrock COBU Flow Meter

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Salem, OR

Technical Support (USA):

1-800-927-5292

Technical Manuals / Online Support:

www.yaskawa.com

Parts • Service • Repairs • Upgrades

Assembled in USA



Franklin Electric  
SUBMERSIBLE MOTOR

MODEL 2366028120 3-PHASE

8.6 kW 230 V 32.2 A 3460 min<sup>-1</sup> cos φ 0.86  
60Hz  
metric (7.5 kW SF 1.15)

10 HP 230 V 28.4 A 3450 RPM 32.2 MAX A  
60Hz SF 1.15

KVA Code H

Thrust Load 15500N 3500LB

Max Ambient Temp 30°C Min Cooling Flow 16cm/s 0.5ft/sec  
Ins Class F IP68  
Continuous Duty

ASSEMBLED IN USA

power supply.  
To conform to CE requirements, make sure to ground the supply neutral for 400V class.

After opening the manual switch between the drive and motor, please wait 5 minutes before inspecting, performing maintenance or wiring the drive.

Hot Surfaces  
Top and side surfaces may become hot. Do not touch.



危険

有受傷、触电危険。

・ 安装、运行前務必先阅读使用说明书。  
・ 通电时及电源切断后5分钟以内、不要打开盖子拆外壳。

・ 对于400V级的变频器、请将电源的中性线接地。(符合CE标准)  
・ 进行维护、检查或者接线作业时、请将输出侧手动开关断开5分钟后予以实施。

注意高温

・ 变频器的上部、侧面会产生高温、请勿触摸。

la décharge des condensateurs.  
Pour répondre aux exigences CE, s'assurer que le neutre soit relié à la terre, pour la série 400V.

Après avoir déconnecté la protection entre le driver et le moteur, veuillez patienter 5 minutes avant d'effectuer une opération de montage ou de câblage du variateur.

Surfaces Chaudes  
Dessus et cotés du boîtier Peuvent devenir chaud. Ne Pas toucher.

危険

けが、感電のおそれがあります。

・ 据え付け、運転の前には必ず取扱説明書を読むこと。  
・ 通電中および電源遮断後5分以内はフロントカバーを外さない事。

・ 400V級インバータの場合は、電源の中性点が接地されている事を確認すること。(CE対応)  
・ 保守・点検、配線を行う場合は、出力側開閉器を遮断後5分待って実施してください。

高温注意

・ インバータ上部、側面は高温になります、触らないでください。

iQPUMP<sup>®</sup>1000  
Intelligent Pump Controller

MIDWAY  
PLUMBING INC.

2428 Three Lakes Road | Albany, Oregon 97322  
OFFICE: 541.928.7927 | FAX: 541.928.0144  
EMAIL: midwayplumbing@comcast.net  
CDB# 180409

RESIDENTIAL • COMMERCIAL • REMODELS

Schrock COBU Pump Motor Tag

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Salem, OR



*Schrock COBU Hazelnut Crop (Buried Drip Lines)*

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Salem, OR

er Stik®

er Stik®

mailed 3/8/2022

1551

### Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	G 18505
Permit	G 18159
Certificate	
Transfer	
POD	1
Userid	32683

DEAN SCHROCK  
3096 ALLEN LANE  
SANGENT OR 97389

Water Right (OWRD Use Only):
Permit: G 18159 * (198336)

#### A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	LINN 62342*	Well name on water right	A WELL
Well Id- Well Tag on Well: L-		Owner's well name	A WELL
Water Use Report Id	68060	Water use rpt facility name	LINN 62342/L-128993

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log

**B. Well Location** Lat (WGS1984): \_\_\_\_\_ Long: \_\_\_\_\_ Est loc error (feet): \_\_\_\_\_ Loc Source (eps): \_\_\_\_\_  
 Location on water right: In the SW qtr of the NW qtr of Section 25, T. 11.00S, R. 4.00W, 962 FT S & 2147 FT E FR. CO. G 76

#### C. Water-Level Measurement

Date of measurement: 3-8-2022 Measurements should be made to at least the nearest tenth of a foot or the nearest inch (10' 3") or the nearest pound, if using a gage.  
 Depth to water below measuring point: 12' 3" Airline length or transducer depth (land surface): \_\_\_\_\_ ft  
 Measuring point height (above/below) below land surface: 1' 5" Airline gage pressure: \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft  
 Depth to water below land surface: 10' 10" Shut-in pressure (flowing wells): \_\_\_\_\_ psi x 2.31 = \_\_\_\_\_ ft

Measurement status: Static  Pumping  Rising  Flowing  Other   
 Measurement method: E-tape  Airline

Length of time well was idle prior to measurement: 5 Plus months

Measuring point description: 1/2" access port in well seal  
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap, 1-1/2" port pipe on N side, pressure gage.  
 Measuring points should not be used for airline measurements as airline length should be referenced to land surface.  
 Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.  
 Comments: \_\_\_\_\_

#### D. Certification

I certify that this report is accurate and represents the static water level in the well at the time of measurement.  
 Person making measurement (print): Del Gerig  
 Signature of measurer: [Signature]  
 Company: Midway Plumbing Inc  
 License number (Circle license type: CWRE, RG, PE, WWC Pump Installer): CPI 135  
 Daytime phone number: 541-971-9058 Email address: midwaypumps@gmail.com

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.  
 Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.  
 Or email it as an attachment to [reportingmmts@wrdd.state.or.us](mailto:reportingmmts@wrdd.state.or.us)

Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD>

OWRD GW/BPS 2

#### Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Date	Arln Len	WL BMP	MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03/09/2020		12.17	1.33	10.84	STATIC	ETAPE	DEL GERIG	1/2" ACCESS PORT IN WELL SEAL
06/15/2019		14.50	1.33	13.17	STATIC	ETAPE	DEL GERIG	1/2" ACCESS PORT IN WELL SEAL

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MAY 22 2026

Salem, OR

**Oregon Water Resources Department  
PERMIT CONDITION WATER-LEVEL REPORTING FORM**

Well owner:

Name: DEAN SCHROCK  
 Address: 31696 ALLEN LANE  
 City/State/Zip: TANZEM OR 97389  
 Phone/Fax/Cell: 541-974-2231  
 Email: SEED4THEWORLD@LIVE.COM

Application: G 18505  
 Permit: G 1815-9  
 Certificate: 32683  
 Userid:  
 Transfer:

I do not want to be notified by email about water level reporting

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):			
Permit number(s):			
Certificate number(s):			

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID: LIN00623420 Owner's well name: A WELL  
 Well ID (Well Tag) on Well: L- 128993  
 Well ID (Well Tag) on Well Log: L- 1038613 Well drilled by: NUGENT DRILLING CO  
 Start Card # on Well Log: 5/2018 Total depth: 180' Casing diameter (inches): 8"  
 Date drilled: 5/2018 Owner on well log: A WELL

**Water-Level Measurement**

Date of measurement: 4-5-24 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 11' 4" Airline length or transducer depth: \_\_\_\_\_ feet  
 Measuring point height above/below land surface: 14" Above Airline pressure: \_\_\_\_\_ psi x 2.31= \_\_\_\_\_ feet  
 Depth to water below land surface: 10' Shut-in pressure: \_\_\_\_\_ psi x 2.31= \_\_\_\_\_ feet

Measurement Status: Static  Pumping  Rising  Flowing  Other \_\_\_\_\_  
 Measurement Method: E-tape  Airline  Other \_\_\_\_\_

Length of time well was idle prior to measurement: Unknown  
 Measuring point description: Top of well seat thru 1/2" Breather port

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.  
 Comments:

When did water use begin for this well under this permit? Month 6 Year 2023

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Kyle Moore  
 Signature of measurer: [Signature]  
 Company: Nugent drilling co. llc  
 Licensed number (circle license type: CWRE, RG, PE, (WWC) Pump Installer): \_\_\_\_\_  
 Daytime phone number: 541-258-7816  
 Email address: CJnugentdrilling@gmail.com

I do not want to be notified by email about water level reporting

If you have any questions about this notice, please call the OWRD Groundwater Data Group at 971-720-0864.  
 Return this Form to: OWRD, Groundwater Data Group, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.  
 Email it as an attachment to OWRD.WaterLevelReporting@water.oregon.gov.  
 Additional forms can be obtained from our web site at: [https://www.oregon.gov/owrd/WRDFormsPDF/SWL\\_Reporting\\_Form.pdf](https://www.oregon.gov/owrd/WRDFormsPDF/SWL_Reporting_Form.pdf)

*nugent well drilling*

Last Update: 01/2023

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MAY 22 2026

Salem, OR

OREGON



WATER RESOURCES  
DEPARTMENT

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MAY 22 2026

Salem, OR

Date Received (Date Stamp Here)

## OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Dean Schrock 316910 Allen Lane  
Tangent, OR 97389

Transaction Type: COBU

Fees Received: \$ 345.00

Cash

Check:

Check No. 2616

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.