

**CLAIM OF
BENEFICIAL USE**
for Transfer New or Additional
POA Only



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 transfers where the application was submitted on July 9, 1987, or later.

Enter the date the transfer application was submitted:

August 19, 2013

A separate form shall be completed for each transfer.

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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**SECTION 1
GENERAL INFORMATION**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #

T-11651

2a. Property Owner (current owner information) TL 5 1W 33 100

APPLICANT/BUSINESS NAME DSJ Property Management LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 12506 Monitor McKee Rd.			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

2b. Property Owner (current owner information) TL 5 1W 34 500

APPLICANT/BUSINESS NAME Kenneth and Marie Fessler Trust Kenneth and Marie Fessler Trustee		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 12706 Monitor McKee Rd.			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

2c. Property Owner (current owner information) TL 5 1W 34 600

APPLICANT/BUSINESS NAME Marvin and Mary Fessler		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 12668 Monitor McKee Rd.			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

2d. Property Owner (current owner information) TL 5 1W 34 700

APPLICANT/BUSINESS NAME Kenneth Fessler		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 12706 Monitor McKee Rd			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

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

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

TRANSFER HOLDER OF RECORD Dale Fessler and Fessler Nursery Co.			
ADDRESS 12666 Monitor McKee Rd.			
CITY Woodburn	STATE OR	ZIP 97071	E-MAIL

Note: new owner is Marvin Fessler – see attached assignment from Dale Fessler to Fessler Nursery Co. c/o Marvin Fessler

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4. Date of Site Inspection:

March 4, 2026

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Marvin Fessler	March 4, 2026 March 10, 2026	Owner / operator

6. County

Marion County

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

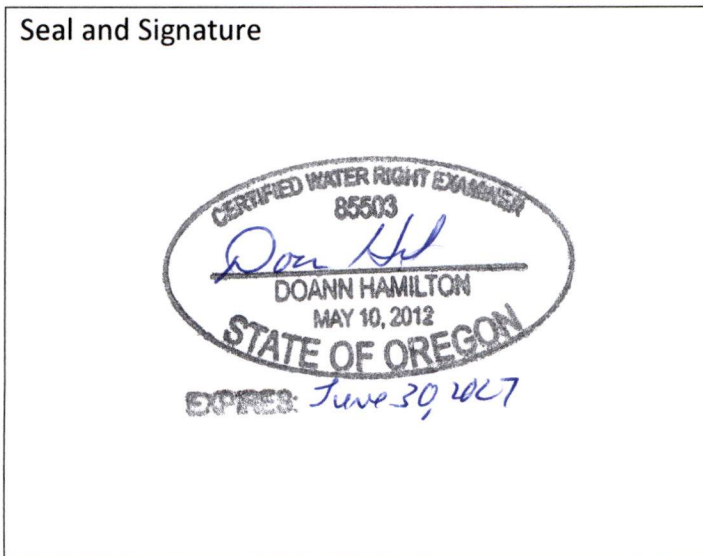
OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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



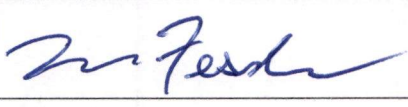
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CWRE NAME Doann Hamilton		PHONE NO. (503) 349-6946 cell	ADDITIONAL CONTACT NO. 503-931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL phgdmh@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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
	Marvin Fessler	President Fessler Nursery	3/26/26

**SECTION 3
CLAIM DESCRIPTION**

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 1	MARI 2172, 65100	L-110559	Well in Pudding River Basin
Well 6	MARI 58521	L-67465	Well in Pudding River Basin

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

If well logs are available, items A and B below can be deleted

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

- 1. The property is in the process of doing a lot line adjustment.
- 2. Original Well 2 (MARI 54098) is no longer being used and has been removed.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 1		0.17 cfs	Not Measured
Well 6		0.05 cfs	Not Measured
Total:	0.08 cfs		

SECTION 4a of 4b

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?

YES

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

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

Well 1

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	2 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	5 Hp

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3. 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)
5 Hp	60 psi	58 feet (from pump test recorded on well log)	0 feet	0.17 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(58 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.17 \text{ cfs}$$

5. 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			

6. 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.

7. Provide pump calculations:

NA

8. 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			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

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C. Additional notes or comments related to the system:

Well 1 access port is 3/4 inch copper cap in the sanitary seal on the east side of the casing.

Well 1 also provides water to Permit G-15676.

**SECTION 4b of 4b
SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)? YES

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

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

Well 6

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	1.25 inch

2. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	1.5 Hp

3. 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)
1.5 Hp	0 psi	228 feet (from pump test recorded on well log)	0 feet	0.05 cfs

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

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(1.5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(228 \text{ ft lift} + 0 \text{ ft pressure head})} = 0.05 \text{ cfs}$$

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5. 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			

6. 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.

7. Provide pump calculations:

NA

8. 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			

9. Additional notes or comments related to the system:

NA

B. Groundwater Source Information (Well and Sump)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Well 6 access is inside the casing after removing the pitless adaptor cap.

Well 6 only discharges into the pond as a bulge in the system and also provide water to Permit G-15676.

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SECTION 5
CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	May 27, 2014	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2015	May 27, 2014

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?

NO

If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

YES

New and existing – But existing Well 2 has been removed

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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Hersey	0403449	Working	5,174,800 gallons March 4, 2026	September 2006
Well 6	Hersey	0305924	Working	5,269,696.9 gallons March 10, 2026	September 2006

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

4. 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.

5. Other conditions required by the transfer 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. 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):

c) Condition:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance:

Original Well 2 (MARI 54098) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 73 to 83, 132 to 137, and 215 to 225 feet with in layers of sand and gravel.

New Authorized Well 1 (MARI 2172) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 70 to 94 feet with in layers of sand and gravels.

New Authorized Well 6 (MARI 58521) develops water within the alluvial aquifer through perforations in the casing within the depth intervals of 228.6 to 245.3feet with in layers of clay and sand.

It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

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**SECTION 6
ATTACHMENTS**

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

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ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map, modified Certificate 88043
State Water Well Report – MARI 2172	Well log and driller's notes for MARI 2172 – Well 1
State Water Well Report – MARI 65100	Well log and driller's notes for MARI 65100 – Well 1 alterations
State Water Well Report – MARI 58521	Well log and driller's notes for MARI 58521 – Well 6
Request for Assignment	Assign T-11651 To Fessler Nursery Co. c/o Marvin Fessler

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the

original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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 05 1W 33 and 34, 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.) ***Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Quarter-Quarters illustrated and named (NE NE, NW NE, etc.)
- 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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Salem, OR

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Westerberg Drilling, Inc.
66728 S. Kropf Rd.
Medalla, OR 97038

WELL I.D.# L 67465

START CARD # 166710

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

(1) LAND OWNER Name Dale Fessler
Address 12666 Monitor-McKee Rd.
City Woodburn State OR Zip 97071

(2) TYPE OF WORK [X] New Well
[] Deepening [] Alteration (repair/recondition) [] Abandonment [] Conversion

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Other

(4) PROPOSED USE [] Domestic [] Community [] Industrial [X] Irrigation
[] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No
Depth of Completed Well 255.5 ft.
Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or Pounds. Includes rows for 12" and 8" diameters with Cement and Bentonite seals.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other Bentonite placed dry

Backfill placed from 274 ft. to 338 ft. Material Cement
Gravel placed from 209 ft. to 261 ft. Size of gravel 8/12 & 6/9

(6) CASING/LINER Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes rows for 8" casing and Riser 6", Tail 5" liners.

Drive Shoe used [] Inside [X] Outside [] None
Final location of shoe(s) 318.5' cut-off

(7) PERFORATIONS/SCREENS Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes rows for 228.7", 233.10", 233.10", 239.1", 239.1" perforations.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 18 Drawdown 158' Drill stem at 2 hr. Time

Temperature of water 56 Depth Artesian Flow Found
Was a water analysis done? [] Yes By whom
Did any strata contain water not suitable for intended use? [] Too little
[] Salty [] Muddy [] Odor [] Colored [] Other
Depth of strata: RECEIVED

(9) LOCATION OF WELL (legal description)
County Marion
Tax Lot 500 Lot
Township 5 S Range 1 W WM
Section 34 NW 1/4 NW 1/4

Lat " or " (degrees or decimal)
Long " or " (degrees or decimal)

Street Address of Well (or nearest address) E. of 12706 Monitor-McKee Rd.

(10) STATIC WATER LEVEL
70 ft. below land surface. Date 7-30-04
ft. below land surface. Date
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES Table with columns: From, To, Estimated Flow Rate, SWL. Includes rows for 80, 153, 232 depths.

(12) WELL LOG Table with columns: Material, From, To, SWL. Lists soil types like Clay brown, Clay blue, etc. with elevations.

Date Started 5-24-04 Completed 7-30-04

(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.

WWC Number Date MAY 29 2026

(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.

WWC Number 669 Date 11-22-04
Signed Steve N. Stadel

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

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NOV 26 2004

WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # 745

START CARD # 166710

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

(1) LAND OWNER Dale Fessler
Well Number
Address 12666 Monitor-McKee Rd.
City Woodburn State OR Zip 97071

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 255.5 ft.
Explosives used: Yes No Type Amount

Table with columns: BORE HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks and Pounds. Includes rows for 12" and 8" diameters with Cement and Bentonite seals.

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

Backfill placed from 274 ft. to 338 ft. Material Cement
Gravel placed from 209 ft. to 261 ft. Size of gravel 8/12 & 6/9

(6) CASING/LINER Pea gravel from 261' to 274'
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes rows for Casing and Liner (Riser, Tail).

Drive Shoe used Inside Outside None
Final location of shoe(s) 318.5' cut-off

(7) PERFORATIONS/SCREENS
Perforations Screens
Method Continuous wrap Type V-wire Material Stainless

Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Lists perforation details for 228'7", 233'10", and 239'1" depths.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time

Temperature of water 56 Depth Artesian Flow Found
Was a water analysis done? Yes By whom
Did any strata contain water not suitable for intended use? Too little
Salty Muddy Odor Colored Other
Depth of strata:

(9) LOCATION OF WELL (legal description)
County Marion
Tax Lot 500 Lot
Township 5 S Range 1 W WM
Section 34 NW 1/4 NW 1/4

Lat or (degrees or decimal)
Long or (degrees or decimal)

Street Address of Well (or nearest address) E. of 12706 Monitor-McKee Rd.

(10) STATIC WATER LEVEL
70 ft. below land surface. Date 7-30-04
ft. below land surface. Date
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES
Table with columns: From, To, Estimated Flow Rate, SWL. Includes rows for 80, 153, and 232 depths.

(12) WELL LOG
Table with columns: Material, From, To, SWL. Lists soil and rock layers from 0 to 232 feet.

Date Started 5-24-04 Completed 7-30-04

(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.

WWC Number Date MAY 29 2006

Signed Salem, OR

(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.

WWC Number 688 Date 11-22-04

Signed Steven N. Stadelh.

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Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Dale Fessler 12506 Monitor
Mckee Rd Woodburn, OR 97071

Transaction Type: Assignment

Fees Received: \$ 180.⁰⁰

Cash

Check:

Check No. 2621

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.

OREGON



Received by OWRD

MAY 29 2026

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Dale Fessler 12506 Monitor
Mckee Rd Woodburn, OR 97071

Transaction Type: COBU

Fees Received: \$ 345.00

Cash

Check:

Check No. 2622

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.