# CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT

**Oregon Water Resources Department**
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD



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

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

1-27-2020

**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 # | PERMIT # (IF APPLICABLE) | PERMIT AMENDMENT # (IF APPLICABLE) |
|---|---|---|
| G-18907 | G-18724 | T- |

**2. Property Owner (current owner information):**

| Applicant/Business Name | Phone No. | Additional Contact No. |
|---|---|---|
| Weyerhaeuser NR Company | 541-327-2212 | |
| **Address** | | |
| 16014 Pletzer Rd SE | | |

| City | State | Zip | E-Mail |
|---|---|---|---|
| Turner | OR | 97392 | |

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 | |
|---|---|
| Weyerhaeuser NR Company | Received by OWRD |
| **Address** | JUN 15 2026 |
| 16041 Pletzer Rd SE | |

| City | State | Zip | |
|---|---|---|---|
| Turner | OR | 97392 | Salem, OR |

| Additional Permit Holder of Record | | |
|---|---|---|
| N/A | | |
| **Address** | | |
| | | |
| **City** | **State** | **Zip** |
| | | |

**4. Date of Site Inspection:**

4/29/2026 & 6/12/2026

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

| Name | Date | Association with the Project |
|---|---|---|
| Jesse Eaton | 4/29/2026 | Site Leader |
| | | |

**6. County:**

Marion

**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 | | |
|---|---|---|
| N/A | | |
| **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.

Seal and Signature.


Received by OWRD
JUN 15 2026
Salem, OR

| CWRE NAME | | PHONE NO. | ADDITIONAL CONTACT NO. |
|---|---|---|---|
| Galen McGill | | 503-409-8797 | 503-931-0210 |
| ADDRESS | | | |
| 15333 Pletzer Rd SE | | | |
| CITY | STATE | ZIP | E-MAIL |
| Turner | OR | 97392 | galen@mcgillwaterrights.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 |
|---|---|---|---|
| Jesse E L | Jesse Eaton | Site Manager | 6/15/2026 |
| | | | |
| | | | |
| | | | |
| | | | |

## 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 1 | MARI 16010 | L-145948 |
| | | |

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 | North Santiam River | Santiam River/Willamette River |
| | | |

**3. Developed use(s), period of use, and rate for each use:**

| POA NAME OR NUMBER | USES | IF IRRIGATION, LIST CROP TYPE | SEASON OR MONTHS WHEN WATER WAS USED | ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF) |
|---|---|---|---|---|
| Well 1 | Temperature Control | Seedling trees | Oct. 1 – May 31 | 4.3 |
| | | | | |
| **Total Quantity of Water Used** | | | | 4.3 |

*From well log MARI 71577

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

Water is pumped from the well by a 150 HP turbine pump and delivered to the POU through 8", 6", and 4" buried mainline. Water is applied to the POU by handline equipped with impact sprinklers.

**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."*)

**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 | 3.18 Oct 1-31 & March 1-May 31<br>4.3 cfs Nov 1-Feb 28/29 | 6.67 | * | Temperature control | 52.6 | 52.6 |
| | | | | | | |

*System not operating at time of 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): 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 |
|---|---|---|---|---|---|---|---|---|---|
| 10S | 2W | WM | 5 | SE SE | | 56 | Temp. Control | 4.5 | |
| 10S | 2W | WM | 8 | NE NE | | 56 | Temp. Control | 17.3 | |
| 10S | 2W | WM | 8 | SE NE | | 56 | Temp. Control | 1.4 | |
| 10S | 2W | WM | 9 | NW NW | | 56 | Temp. Control | 12.9 | |
| 10S | 2W | WM | 9 | SW NW | | 56 | Temp. Control | 10.8 | |
| 10S | 2W | WM | 9 | SW NW | 6 | | Temp. Control | 5.7 | |
| **Total Acres Irrigated** | | | | | | | | 52.6 | |

**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:**

¾" port on base of turbine pump

**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 MARI 16010

**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 |
|---|---|---|---|---|---|
| Peerless | 10x10x161/2 | 251334 | Turbine | | 10" |

**3. Motor Information:**

| Manufacturer | Horsepower |
|---|---|
| Newman | 150 |

**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) |
|---|---|---|---|---|
| 150 | 60 | 10' | -4' | 6.67 |

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

**5. Provide pump calculations:**

Q=(150*7.04)/(152.4'+10'+3'-7') = 6.67 cfs

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

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT (IN CFS) |
|---|---|---|---|
| * | | | |

*System not running at time of site inspection.

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

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

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

**8. Provide pump calculations:**

N/A

**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 |
|---|---|---|---|
| 10" | 3,515' | Steel | Buried |
| 8" | 3,570' | PVC | Buried |
| 6" | 1,920' | PVC | Buried |
| 4" | 200' | PVC | Buried |

### 12. Lateral or Handline Information:

| Lateral or Handline Size | Length | Type of Pipe | Buried or Above Ground |
|---|---|---|---|
| 3"x30' | 38,264' | Aluminum | Above Ground |
| | | | |
| | | | |

### 13. Sprinkler Information:

| Size | Operating PSI | Sprinkler Output (GPM) | Total Number of Sprinklers | Maximum Number Used | Total Sprinkler Output (CFS) |
|---|---|---|---|---|---|
| 7/64" | 60 | 2.7 | 1,276 | 1,276 | 7.68 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) |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |

### 15. Drip Tape Information:

| Dripper Spacing in Inches | GPM per 100 Feet | Total Length of Tape | Maximum length of Tape Used | Total Tape Output (CFS) | Additional Information |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |

### 16. Pivot Information:

| Manufacturer | Maximum Wetted Radius | Operating PSI | Total Pivot Output (GPM) | Total Pivot Output (CFS) |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

## E. Storage

**1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?** YES NO

## F. Gravity Flow Pipe

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

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

## G. Gravity Flow Canal or Ditch

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

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

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

Note that in addition to this permit, permits G-18539 and G-18540 are also authorized for temperature control on the same POU but from different wells. The sprinkler system described in this COBU is designed to cover all temperature control acres from all authorized sources at the same time.

## 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 | 11-19-2021 | | |
| Begin construction (A) | 11-19-2026 | 11-21-1967 | Existing well and irrigation system |
| Complete construction (B) | N/A | N/A | N/A |
| Complete application of water (C) | 11-19-2026 | 3-19-2026 | Complete application of water |

* 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 |
|---|---|---|---|
| N/A | | | |

**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

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---|---|---|---|
| N/A | | | |

**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 | McCrometer | 16-01469-10 | working | 451,199,000 | Not found, before permit issued. |

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? YES NO

If the reports have not been submitted, attach a copy of the reports if available.

**8. Other conditions required by some permits, permit amendment final orders, or extension final orders:**

a. Were there special well construction standards? YES NO

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

| WELL ID # | DATE ATTACHED TO WELL |
|---|---|
| L-145948 | March 2022 |

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.

Condition d: Installed well ID tag.

## SECTION 6

## ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|---|---|
| Well log (2 pages) | MARI 16010 |
| Photos (x6) | Photos from site visit (labeled on back of photo). |
| Multiple Well Exemption | Pump test exemption & well logs |

## 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.

(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., 42.53764º). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.

(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 hatchuring 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., 42.53764º). 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.

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED DEC 21 1967 STATE ENGINEER SALEM, OREGON

MAR 16010

# WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

State Well No. 10/2W-4 P

State Permit No. G-6419 G-4198

## (1) OWNER:
Name WEYERHAEUSER CO. Timberlands
Address TACOMA, WASHINGTON

## (2) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

## (3) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☑ Jetted ☐
Dug ☐ Bored ☐

## (4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☑ Test Well ☐ Other ☐

## CASING INSTALLED:
Threaded ☐ Welded ☑
16" Diam. from 0 ft. to 30 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

## PERFORATIONS:
Perforated? ☑ Yes ☐ No
Type of perforator used TORCH
Size of perforations 1/2 in. by 6 in.
perforations from ft. to ft.
120 perforations from 18 ft. to 30 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

## (7) SCREENS:
Well screen installed? ☐ Yes ☑ No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

## (8) WATER LEVEL: Completed well.
Static level 9'-8" ft. below land surface Date 11-17-67
Artesian pressure lbs. per square inch Date

## (9) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☑ Yes ☐ No If yes, by whom? WEST
Yield: 2,925 gal./min. with 3'-6" ft. drawdown after 1 hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? ☐ Yes ☑ No

## (10) CONSTRUCTION:
Well seal—Material used Bentonite
Depth of seal 18 ft.
Diameter of well bore to bottom of seal 20 in.
Were any loose strata cemented off? ☐ Yes ☑ No Depth
Was a drive shoe used? ☑ Yes ☐ No
Did any strata contain unusable water? ☐ Yes ☑ No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☑ No Size of gravel:
Gravel placed from ft. to ft.

## (11) LOCATION OF WELL:
County MARION Driller's well number
¼ ¼ Section 4 T. 10 S R. 2 W W.M.
Bearing and distance from section or subdivision corner

## (12) WELL LOG:
Diameter of well below casing 16
Depth drilled 30 ft. Depth of completed well 30 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

| MATERIAL | From | To | SWL |
|---|---|---|---|
| BROWN – SANDY SILT | 0 | 35 | |
| " – SAND + GRAVEL TO BOULDER SIZE | 35 | 23 | |
| BROWN – PARTLY CEMENTED SAND + GRAVEL | 23 | 30 | |

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Salem, OR

Work started 11-13-69 19 Completed 11-17-69 19
Date well drilling machine moved off of well 11-21-69 19

**Drilling Machine Operator's Certification:**
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Thomas West (Drilling Machine Operator) Date Nov 24, 1969
Drilling Machine Operator's License No. 188

**Water Well Contractor's Certification:**
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Wm. West-Robinson & West (Person, firm or corporation) (Type or print)
Address 5745 Joseph St. S.E. Salem
[Signed] Hewlon R. Miller (Water Well Contractor)
Contractor's License No. 37 Date 11-24-69, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Received by OWRD
JUN 15 2026
Salem, OR

**MARI 16010**

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

# Application for Well ID Number

RECEIVED
MAR 1 2022
OWRD

***Do not complete if the well already has a Well Identification Number.***

**I. OWNER INFORMATION**

Current Owner Name *(please print)*: Weyerhaeuser NR Co.

Mailing Address: 16014 Pletzer Rd. SE

City, State, Zip: Turner, OR 97392

**Mail Well ID to:** ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address:

City, State, Zip:

**II. WELL LOCATION INFORMATION** *(Please fill out as completely as possible)*

Township: 10S (North / South) Range: 2W (East / West) Section: 4 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Marion

GPS Coordinates: 44.72333800, -122.94004000

Street Address of Well, City: 16014 Pletzer Rd. SE, Turner, OR 97392

If the property had a different street address in the past:

**III. GENERAL WELL INFORMATION** *(Please fill out as completely as possible, AND attach copy of Well Report, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation, Temperature Control

Date Well Constructed (or property built): 11-17-1967 Total Well Depth: 30' Casing Diameter: 16"

Owner at time the well was constructed (if known): Weyerhaeuser Well Report # (if known): MARI 16010

Other Information:

**SUBMITTED BY** *(please print)*: Grant McGill (Will McGill Surveying LLC)

**PHONE:** (503) 931-0210 **EMAIL &/or FAX:** willmcgill.surveying@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

*For Official Use Only by the Oregon Water Resources Department:*

| Received Date: | Well Report Number: | Well Identification #: |
|---|---|---|
| 3-1-22 | MARI 16010 | L-145948 |


Received by OWRD
JUN 15 2026
Salem, OR


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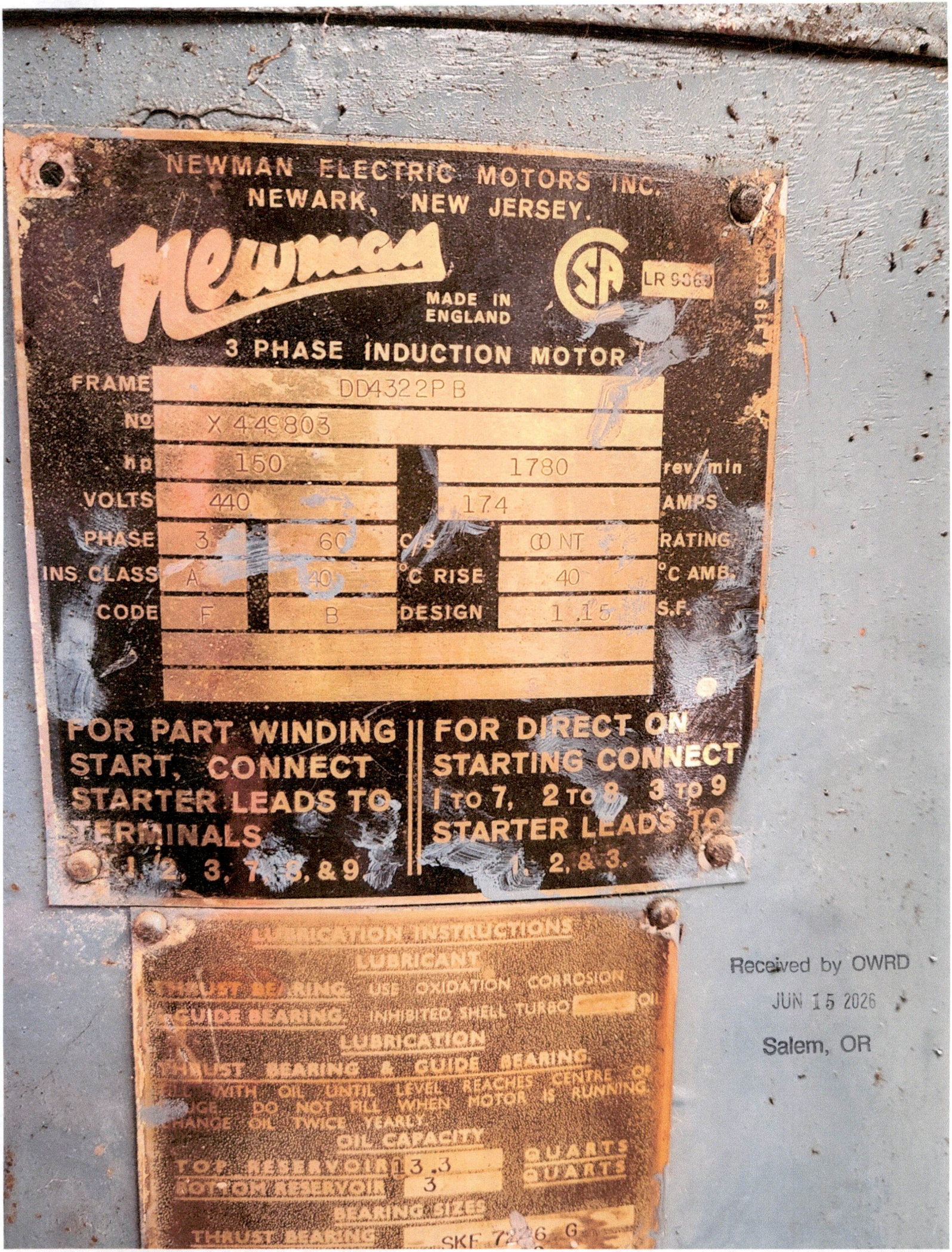
JUN 15 2026
Salem, OR
OREGON
WATER RESOURCES DEPT
WELL#
L 145948
DO NOT REMOVE LABEL

PEERLESS
Received by OWRD
JUN 15 2026
Salem, OR
fmc
CORPORATION
HYDRODYNAMICS DIVISION
Los Angeles, Indianapolis, U.S.A.
SIZE
TYPE
SERIAL NO.
R P M
TDH-FT



STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

MARI 71581
5/1/2025

WELL I.D. LABEL# L 143596
START CARD # 1074247
ORIGINAL LOG #

## (1) LAND OWNER

Owner Well I.D. GREENHOUSE
First Name _____ Last Name _____
Company WEYERHAEUSER NR COMPANY
Address 16014 PLETZER RD SE
City TURNER State OR Zip 97392

## (2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

## (2a) PRE-ALTERATION

| | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|
| Casing: | | | | | | | | | |

| | Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|
| Seal: | | | | | |

## (3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

## (4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[X] Thermal [ ] Injection [ ] Other

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 37.00 ft.

BORE HOLE

| Dia | From | To |
|---|---|---|
| 20 | 0 | 26 |
| 16 | 26 | 45 |
| | | |
| | | |

SEAL

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| Bentonite Chips | 0 | 18 | 23 | S |
| | | Calculated | 20 | |
| | | | | |
| | | Calculated | | |

Seal placement method: [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other: POUR&PROBE BENT
Backfill placed from 37 ft. to 45 ft. Material SILICA SAND
Filter pack from 10 ft. to 37 ft. Material SILICA SAND Size 6/9
Explosives used: [ ] Type _____ Amount _____
Seal Placement Begin Date 8/28/2024 Begin Time 09 00

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

## (6) CASING/LINER

| C/L | Dia | + | From | To | Gauge | Mat. Type | Wld | Thrd | Shoe | Shoe Location |
|---|---|---|---|---|---|---|---|---|---|---|
| C | 16 | X | 1.2 | 18 | 0.375 | ST | X | | OUT. | 45 |
| L | 12 | | 2 | 18 | 0.375 | ST | X | | | |
| L | 12 | | 33 | 37 | 0.375 | ST | X | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Temp casing [X] Yes Dia 20 From + [X] 1 To 26

## (7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type V-Shaped Wire wrap Material 304SS

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ Pipe size |
|---|---|---|---|---|---|---|---|---|
| Screen | Liner | 12 | 18 | 33 | 50 | | | Pipe Size |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|---|---|---|---|---|
| Pump | 600 | 26 | 30 | 1 |
| | | | | |
| | | | | |

Temperature 55 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount 50 ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County MARION Twp 10.00 S N/S Range 2.00 W E/W WM
Sec 4 SE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat ° ' " or 44.72331488 DMS or DD
Long ° ' " or -122.93949560 DMS or DD
(•) Street address of well ( ) Nearest address
16014 PLETZER RD SE, TURNER, OR 97392

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | | |
| Completed Well | 4/10/2025 | | | 10 |

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 10.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 4/10/2025 | 8 | 35 | 600 | | | 10 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
| Cobbles and gravel 8" minus | 0 | 10 |
| Cobbles and gravel 6" minus | 10 | 26 |
| Sand with gravel 2" minus | 26 | 30 |
| Gravel, cemented | 30 | 31 |
| Sand with gravel 2" minus | 31 | 32 |
| Sand and cobbles 3" minus | 32 | 40 |
| Gravel 3" minus, cemented | 40 | 45 |

Received by OWRD
JUN 15 2026
Salem, OR

Construction
Begin Date 6/27/2024 Begin Time 09 00 End Date 4/10/2025

**(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 2077 Date 5/1/2025
Signed MIKE MINGAY (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 1988 Date 5/1/2025
Signed ERIC SCHNEIDER (E-filed)
Drilling Company: Schneider Water Services

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

**WATER SUPPLY WELL REPORT - continuation page**

**MARI 71581**

**5/1/2025**

**WELL I.D. LABEL# L** 143596

**START CARD #** 1074247

**ORIGINAL LOG #**

## (2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| | | | | |

## (5) BORE HOLE CONSTRUCTION

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|---|---|
| | | | | | Calculated | | |
| | | | | | Calculated | | |
| | | | | | Calculated | | |
| | | | | | Calculated | | |

FILTER PACK

| From | To | Material | Size |
|---|---|---|---|
| | | | |

## (6) CASING/LINER

| C/L | Dia | + | From | To | Gauge | Mat. Type | Wld | Thrd | Shoe | Shoe Location |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

## (7) PERFORATIONS/SCREENS

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ Pipe size |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|---|---|---|---|---|
| | | | | |

## Water Quality Concerns

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |

## (10) STATIC WATER LEVEL

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| | | | | | | |

## (11) WELL LOG

| Material | From | To |
|---|---|---|
| | | |

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JUN 15 2026

Salem, OR

Name of person(s) who assisted with construction and Trainee License # / Helper #

| Assistant Name | Type | # |
|---|---|---|
| JEREME BLACKWELL | HELPER WATER | 8888981 |
| CHAD DAHL | HELPER WATER | 8888989 |
| DARREN GONZALES | HELPER WATER | 8888979 |
| TYLER JESKE | HELPER WATER | 8888953 |
| ANDREW PETRIE | HELPER WATER | 8888908 |

## Comments/Remarks

3/8" plate welded to the bottom of 12" screen assembly.
3/8" plate welded between 12" and 16" with an access port for adding pack.

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED DEC 21 1967 STATE ENGINEER SALEM, OREGON

MAR 16010

# WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

State Well No. 10/2W-4P
State Permit No. G-6419 G-4198

## (1) OWNER:
Name WEYERHAEUSER CO. Timberlands
Address TACOMA, WASHINGTON

## (2) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

## (3) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☑ Jetted ☐
Dug ☐ Bored ☐

## (4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☑ Test Well ☐ Other ☐

## CASING INSTALLED:
Threaded ☐ Welded ☑
16" Diam. from 0 ft. to 30 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

## PERFORATIONS:
Perforated? ☑ Yes ☐ No
Type of perforator used TORCH
Size of perforations ½ in. by 6 in.
perforations from ft. to ft.
120 perforations from 18 ft. to 30 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

## (7) SCREENS:
Well screen installed? ☐ Yes ☑ No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

## (8) WATER LEVEL: Completed well.
Static level 21-8" ft. below land surface Date 11-17-67
Artesian pressure lbs. per square inch Date

## (9) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☑ Yes ☐ No If yes, by whom? WEST
Yield: 2,925 gal./min. with 3'6" ft. drawdown after 1 hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? ☐ Yes ☑ No

## (10) CONSTRUCTION:
Well seal—Material used Bentonite
Depth of seal 18 ft.
Diameter of well bore to bottom of seal 20 in.
Were any loose strata cemented off? ☐ Yes ☑ No Depth
Was a drive shoe used? ☑ Yes ☐ No
Did any strata contain unusable water? ☐ Yes ☑ No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☑ No Size of gravel:
Gravel placed from ft. to ft.

## (11) LOCATION OF WELL:
County MARION Driller's well number
¼ ¼ Section 4 T. 10 S R. 2 W. W.M.
Bearing and distance from section or subdivision corner

## (12) WELL LOG:
Diameter of well below casing 16
Depth drilled 30 ft. Depth of completed well 30 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

| MATERIAL | From | To | SWL |
|---|---|---|---|
| BROWN — SANDY SILT | 0 | 35 | |
| " — SAND & GRAVEL TO BOULDER SIZE | 35 | 23 | |
| BROWN — PARTLY CEMENTED SAND & GRAVEL | 23 | 30 | |

Work started 11-13-69 19 Completed 11-19-69 19
Date well drilling machine moved off of well 11-21-69 19

Received by OWRD JUN 15 2026 Salem, OR

**Drilling Machine Operator's Certification:**
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Marion West (Drilling Machine Operator) Date Nov 24, 19 69
Drilling Machine Operator's License No. 188

**Water Well Contractor's Certification:**
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Miller-Robinson & West (Person, firm or corporation) (Type or print)
Address 5945 Joseph St. S.E. Salem
[Signed] Hanlon R. Miller (Water Well Contractor)
Contractor's License No. 37 Date 11-24-69 19

(USE ADDITIONAL SHEETS IF NECESSARY)

**MARI 16010**

Received by OWRD
JUN 15 2026
Salem, OR

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

# Application for Well ID Number

RECEIVED
MAR 1 2022
OWRD

***Do not complete if the well already has a Well Identification Number.***

**I. OWNER INFORMATION**

Current Owner Name *(please print)*: Weyerhaeuser NR Co.

Mailing Address: 16014 Pletzer Rd. SE

City, State, Zip: Turner, OR 97392

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address:

City, State, Zip:

**II. WELL LOCATION INFORMATION** *(Please fill out as completely as possible)*

Township: 10S (North / South) Range: 2W (East / West) Section: 4 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Marion

GPS Coordinates: 44.72333800, -122.94004000

Street Address of Well, City: 16014 Pletzer Rd. SE, Turner, OR 97392

If the property had a different street address in the past:

**III. GENERAL WELL INFORMATION** *(Please fill out as completely as possible, AND attach copy of Well Report, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation, Temperature Control

Date Well Constructed (or property built): 11-17-1967 Total Well Depth: 30' Casing Diameter: 16"

Owner at time the well was constructed (if known): Weyerhaeuser Well Report # (if known): MARI 16010

Other Information:

SUBMITTED BY *(please print)*: Grant McGill (Will McGill Surveying LLC)

PHONE: (503) 931-0210 EMAIL &/or FAX: willmcgill.surveying@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

*For Official Use Only by the Oregon Water Resources Department:*

| Received Date: | Well Report Number: | Well Identification #: |
|---|---|---|
| 3-1-22 | MARI 16010 | L-145948 |

OREGON

WATER RESOURCES DEPARTMENT

Received by OWRD
JUN 15 2026
Salem, OR

*Date Received (Date Stamp Here)*

# OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Weyerhaeuser NR Company
11004 Pletter Rd SE Turner, OR 97392

Transaction Type: COBU

Fees Received: $ 345.00

☐ Cash ☒ Check: Check No. 2637

Name(s) on Check: Will McGill Surveying LL

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.