

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



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

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

Enter the date the priority date of the permit:

August 24, 2015

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 # G-18134	PERMIT # (IF APPLICABLE) G-17610	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Michael and Kristen Kruse		PHONE NO. 541-975-3200	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 90			
CITY Imbler	STATE OR	ZIP 97841	E-MAIL

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

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

PERMIT HOLDER OF RECORD Michael and Kristen Kruse			
ADDRESS P.O. Box 90			
CITY Imbler	STATE OR	ZIP 97841	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**May 5, 2026****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Wade Bingaman	5/5/2026	Water right user

6. County:**Union****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 Michael and Kristen Kruse			
ADDRESS P.O. Box 90			
CITY Imbler	STATE OR	ZIP 97841	

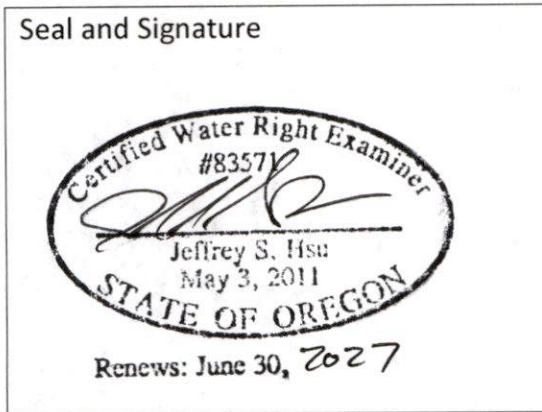
Add additional tables for owners of record as needed

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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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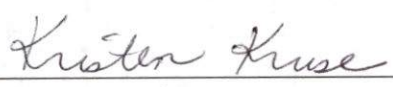
CWRE NAME Jeffrey S. Hsu	PHONE NO. 541-963-6092	ADDITIONAL CONTACT NO.	
ADDRESS 2006 Adams Ave.			
CITY La Grande	STATE OR	ZIP 97850	E-MAIL jeff@bgbsurveyors.com

Permit Holder of Record Signature or Acknowledgement

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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
	Kristen Kruse	Property Owner/ Permit Holder	5-20-2026
	Michael E Kruse	Property Owner Permit Holder	5-20-2026

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)
Hull Lane Well	Unio 50833	L-40702

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
Hull Lane Well	Grande Ronde 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)
Hull Lane Well	Irrigation	Alfalfa, Grains, Grass, Pasture	March 1 – Oct. 31	1.98 cfs
Total Quantity of Water Used				2.17 cfs

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

From Hull Lane Well water is conveyed via 8 inch steel buried mainlines to two pivots, one 980 gpm pivot in the center of the NE1/4 of Section 30 and a 268 gpm pivot near the NE corner of the NE1/4 of Section 30. From the pivot in the center of the NE1/4, 4 in buried lines run to risers at the NW and SW corners of the property where the corners are watered by hand or wheel lines. A 4 inch buried steel line runs from the pivot in the center of the NW1/4 of Section 29 to risers at the Southeast corner of this property, where the corners are watered by hand and/or wheel 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).

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5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

~~YES~~ 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.")

Permit map utilized areas based on nominal 40 acre quarter-quarters. Map included with this COBU is based on monumented and surveyed Section Corners. As such, acres differ slightly per quarter-quarter section. However overall, the place of use is still below the allotted area allowed on the permit. According to NRCS, lands previously identified on application map as wetlands are no longer classified as wetlands, and are currently farmed and/or utilized as pasture.

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
Hull Lane Well	1.98 cfs	3.90 cfs	2.17 cfs	Irrigation	159.2	158.8

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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):

Hull Lane Well

A. Place of Use

1. Is the right for municipal use?

~~YES~~ NO

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:

Well is an artesian well. A pressure gauge is installed on the top of the well for measuring static water level.

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

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.

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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
Cornell	5RB-75-3-4	116953-135	Centrifugal	6 in	8 in

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Electrical Motors	75 hp

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
75	50	0	0	3.90 cfs

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

5. Provide pump calculations:

$\frac{(75 \text{ hp}) \times 6.61}{(0 + ((50 \text{ psi} / 0.433) \times 1.1))} = 3.90 \text{ cfs}$	Received JUL 20 2026 OWRD	Received JUL 20 2026 OWRD
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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)
614.145 af	614.146 af	20 sec	2.17 cfs

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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)

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

8. Provide pump calculations:**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)

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
8 in	2400 ft	Steel	Buried
8 in	720 ft.	Steel	Buried
4 in	2520 ft.	Steel	Buried
8 in	1480 ft.	Steel	Buried
4 in	1630 ft.	Steel	Buried

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

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13. Sprinkler Information:

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

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)

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

16. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1422.3 ft	45	980	2.18
Reinke	448.75 ft	50	200	0.45

E. Storage

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

YES NO

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

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

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

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

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H. Additional notes or comments related to the system:

Water right user is in possession of a large sum of handlines and wheellines of varying sizes to water the corners, though active watering of the corners was not occurring at the time of inspection. Lateral and handline information omitted on this claim, though water right user undoubtedly has sufficient hardware to make full beneficial use of the area.

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SECTION 5 CONDITIONS

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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	6-22-2016		
BEGIN CONSTRUCTION (A)	n/a		System in place at time of issuance. Well and flowmeter in place since 2001. Pivot construction commenced 2016.
COMPLETE CONSTRUCTION (B)	n/a		
COMPLETE APPLICATION OF WATER (C)	6-22-2021	2016	System in place, flowmeter installed, and beneficial use made.

* 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

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES 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?

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.

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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

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>

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

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
Hull Lane Well	McCrometer	01- 02494-8	Working	614.145 af	May 2001

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

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f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

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
<u>L40702</u>	

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.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
<u>Well Log</u>	<u>Well Log</u>

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.765)
WATER RESOURCES DEPT
SALEM, OREGON

WELL ID: # 46697 40702
START CARD # 114185

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

(1) OWNER: Well Number _____
Name Boss Engineering
Address 100 E. 25th St
City Imbler State OR Zip _____

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

(3) DRILL METHOD:
☒ Rotary ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other Air Reverse

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 192 ft
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
33 in 0 483 cement 0 483 455

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 18 in +2 483 375 ☒ ☐ ☒ ☐
Liner: _____ ☐ ☐ ☐ ☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method steel welded
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Casing Liner
324 1078 1/4 in 43182 10 in ☒ ☐
1078 1924 1/2 in 26600 10 in ☐ ☐

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

☐ Pump ☐ Bailor ☐ Air ☒ Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
2400 _____ _____ _____ 1 hr.
Temperature of water 83.3 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 by legal description:
County Union Latitude _____ Longitude _____
Township 35 N or S Range 39 E E or W. WM.
Section 29 NW 1/4 NW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64905 HULL RD.
Imbler, OR

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 6/1/00
Artesian pressure 22 lb. per square inch. Date 11/15/00

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Sand Tan	1	28	
Sand Tan + Clay Tan	28	36	
Clay Tan	36	68	
Clay Tan + Chertstone Tan	68	69	
Clay Brown - Soft	69	72	
Sand Clay Brown + Gravel	72	76	
Sand Brown + Rock Black	76	87	
Clay Brown - Soft	87	89	
Sand Brown - Fine	89	93	
Clay Tan - Soft	93	101	
Clay Brown - Soft	101	103	
Gravel 3/8" under	103	106	
Clay Tan - Soft	106	112	
Sandstone Brown	112	115	
Clay Tan - Soft	115	119	
Clay Tan - Dry + Hard	119	125	
Clay Gray Black - Soft	125	130	
Clay Black - Dry + Hard	130	133	
Clay Gray Green - Soft	133	137	

Date started 5/1/00 Completed 1-6-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1399
Signed Wally Jones Date 2-12-01

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

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(2)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT
Instructions for completing this report are on the back of this form.

WELL I.D. # L 70027 HLT 702
START CARD # 114185

(1) OWNER: Well Number _____
Name _____

Address _____

City _____ State _____ Zip _____

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Other _____

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.

Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE SEAL

Diameter From To Material From To Sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter From To Gauge Steel Plastic Welded Threaded

Casing: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From To Slot Size Number Diameter Tensile strength Casing Liner

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

☐ Pump ☐ Bailor ☐ Air ☐ Flowing

Yield gals/min Drawdown Drill stem at Time

Temperature of water _____ 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 by legal description:

County _____ Latitude _____ Longitude _____

Township _____ N or S Range _____ E or W. WM.

Section _____ 1/4 _____ 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 70077 46702
START CARD # 114185

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Type		Material			
From	To	Slot size	Number	Diameter	Tab/pipe size	Casing	Liner		
						☐	☐		
						☐	☐		
						☐	☐		
						☐	☐		
						☐	☐		

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

☐ Pump	☐ Bailor	☐ Air	☐ Flowing
Yield gpm/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
231	238	30 GPM	
246	256	10 GPM	
287	292	30 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Gray - Dry	235	231	
Sand Coarser Gravel 3/4"	231	238	
Clay + Sand	238	241	
Clay Green Black	241	246	
Sand Light Green Coarse	246	256	
Clay Brown - Soft	256	267	
Sand Brown - Fine	267	269	
Clay Gray - Soft	269	270	
Clay Tan - Soft	270	278	
Clay Green + Gravel 1/2" under	278	281	
Clay Gray + Sand	281	282	
Clay Green - Hard + Dry	282	289	
Sand Course	289	292	
Clay + Sand Gray Green Dry	292	295	
Sand	295	297	
Clay Gray	297	299	
Sand + Wood	299	301	
Clay Gray - Soft	301	302	
Sand Gravel 1/2" under clay	302	305	
Clay Gray + Wood	305	307	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1359
Signed Walter Lowe Date 3-28-01

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

WATER RESOURCES DEPT

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

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WELL I.D. # L 40677 410702
START CARD # 114185

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Type		Material	
From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gallons	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
325	327	50 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Gray Green - Dry	307	325	
Clay Gray + Sandy Green 1 1/2" under	325	327	
Gravel 1 1/2" under	327	329	
Clay Dark Green - Dry	329	331	
Sand + Clay Green	331	332	
Clay Green - soft + hard	332	334	
Clay Green - Soft	334	335	
Clay Gray - Soft	335	337	
Clay Green - Soft + Dry	337	338	
Clay Green - soft + claystone	338	351	
Claystone - Dark Green	351	352	
Clay Green - Soft + Dry	352	356	
Clay Green - Pyrite Flakes	356	358	
Clay Green - Soft + Dry	358	362	
Clay Gray - Soft + Dry	362	368	
Clay Gray - Soft + Claystone	368	390	
Clay Gray - Soft + Dry	390	401	
Clay Green - Soft + Dry	401	406	
Sand Green - Coarse	406	408	
Clay Green - Gray - Soft + Hard	408	410	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Material used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1377
Signed _____ Date 2-12-01

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(As required by ORS 517.265)

WATER RESOURCES DEPT

Instructions for completing this report are on the separate OIG 44 form.

WEIL.I.D. #1. 10677 4071.2
START CARD # 114185

Depth of strata:

Signed W. H. H. H. H. Date 2-14-0

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(7)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 90497- H 702
START CARD # 114185

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.

Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Material			
		Type		Size/type		Casing	Liner
From	To	Slot size	Number	Diameter		☐	☐
_____	_____	_____	_____	_____	_____	☐	☐
_____	_____	_____	_____	_____	_____	☐	☐
_____	_____	_____	_____	_____	_____	☐	☐
_____	_____	_____	_____	_____	_____	☐	☐

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

☐ Pump	☐ Bailor	☐ Air	☐ Flowing
Yield gpm/min	Drawdown	Drill stem at	Time
_____	_____	_____	1 hr.
_____	_____	_____	_____

Temperature of water _____ 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 by legal description:

County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI.
583	593	42 GPM	
594	611	108 GPM	
_____	_____	_____	_____
_____	_____	_____	_____

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWI.
Basalt Black + Clay Black	550	551	
Clay Tan Gray Basalt	551		
Black "like Cinders"		574	
Basalt Black + Shale + Clay	574		
Gray Brown + Red		582	
Basalt Black - Hard	582	583	
Basalt Gray + Clay Gray	583	593	
Basalt Black + Shale Brown	593	594	
Basalt Gray + Shale Gray	594	611	
Basalt Gray + Shale Green	611	623	
Basalt Gray with Brown coat	623	626	
Clay + Claystone Gray	626	627	
Clay Green - Soft	627	628	
Clay Brown - Soft + Dry	628	629	
Basalt Black + Clay	629		
Gray Brown + Yellow Tan		644	
Clay Gray - Soft	644	663	
Clay Gray - Hard + Soft	663	675	
Clay Gray + Claystone	675		
some Cinder Red		684	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed _____

Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1572

Signed Walter Lowe

Date 2-12-01

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WATER RESOURCES DEPT

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

WELL I.D. # L 4447
START CARD # 114195

Temperature of water _____ 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: _____

(banded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1394
Date 2-18-01

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

WELL I.D. # 40977
START CARD # 114185

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing	Diameter	From	To	Gauge	Steel				Plastic	Welded	Threaded
					☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:											
☐ Perforations				Method				Material			
☐ Screens				Type				Taka/sips size			
From	To	Slot size	Number	Diameter				Casing		Line	
								☐		☐	
								☐		☐	
								☐		☐	
								☐		☐	
								☐		☐	
								☐		☐	

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Brown + Shale Green	788	791	
Basalt Black + Clay Gray	791		
Shale Green		797	
Basalt Black	797	801	
Basalt Gray + Clay Gray	801	808	
Basalt Brown + Clay Brown	808	809	
Basalt Brown + Shale Green	809	811	
Basalt Brown + Clay Brown	811	813	
Basalt Gray + Shale Green	813	815	
Basalt Red + Shale Green	815	818	
Basalt Black + Clay Gray	818	823	
Basalt Gray + Clay or Ash	823	825	
Basalt Black + Clay Gray	825		
Shale Green		826	
Basalt Brown + Clay Brown	826	827	
Basalt Red + Clay Red-Soft	827	829	
Basalt Brown + Clay Brown-Soft	829	831	
Basalt Brown + Clay Tan-Soft	831	832	
Basalt Black + Clay Brown	832	836	
Basalt Brown + Clay Brown	836	837	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 222
Signed [Signature] Date 2-12-01

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # 40697 1070-6
START CARD # 114185

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:		Method		Material	
From	To	Slot size	Number	Diameter	Tele./pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☐ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water _____ 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, by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W, WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Black + Shale Green	837	840	
Clay Gray + Tan - Soft	840	846	
Basalt Black + Shale Green	846	850	
Basalt Gray	850	857	
Clay Gray - Soft + Basalt G. Gray	857	861	
Basalt Gray + some Quartz	861	868	
Basalt Gray + Clay shale Green	868	869	
Basalt Gray + White Quartz	869	871	
Basalt Black + Clay Gray	871	875	
Basalt Black + Brown +	875		
Green - Clay Gray		878	
Basalt Gray + Shale Green	878	880	
Cinders Red + Clay Red	880	881	
Basalt Red + Cinders Red +	881		
Clay Red + Quartz White		886	
Basalt Brown + Clay Gray	886	898	
Basalt Red, Brown + Cinders Red	898		
Shale, Green + White		904	
Basalt Black + Shale Green	904	907	
Clay Red + Brown - Soft	907	910	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1344
Signed W. H. H. H. Date 2-12-01

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

SALEM, OREGON
Instructions for completing this report are on the back of this form.

WELL I.D. # L 1065 11/10/2
START CARD # 119185

Temperature of water _____ 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: _____

Signed [Signature] WWV Number 1299
Date 1-12-01

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UN10
50833

WELI I.D. # 1. 1-10597
START CARD # 114105

(9) LOCATION OF WELL, by legal description:

County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

Number	From	To	Amount	Balance
1	1/1/19	1/1/19	100.00	100.00
2	1/1/19	1/1/19	100.00	200.00
3	1/1/19	1/1/19	100.00	300.00
4	1/1/19	1/1/19	100.00	400.00
5	1/1/19	1/1/19	100.00	500.00
6	1/1/19	1/1/19	100.00	600.00
7	1/1/19	1/1/19	100.00	700.00
8	1/1/19	1/1/19	100.00	800.00
9	1/1/19	1/1/19	100.00	900.00
10	1/1/19	1/1/19	100.00	1000.00

Backfill placed from	ft. to	ft.	Material
Other			

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threads
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

[illegible]

☐ Pump	☐ Hailer	☐ Air	☐ Flowing Artesian
Yield gals/min	Degdown	Drill stem at	Time
			1 hr.

Was a security analysis done? ☐ Yes By whom _____

☐ Salty ☐ Murky ☐ Oily ☐ Colored ☐ Other _____

Depth of strata: _____

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
985	987	350 GPM	

Ground Elevation _____

Material	From	To	SWL
Basalt Gray	974	976	
Basalt Brown + Shale Green	976	978	
Basalt Gray + Clay Gray +	978		
Quartz White		981	
Clay Black - Soft	981	983	
Shale Black + Clay Black + Gray	983	984	
Clay Gray + Shale Black	984	985	
Basalt Black + Shale Green	985	987	
Basalt Gray + Clay Gray +	987		
Shale Green		1001	
Basalt Brown + Shale Green	1001	1003	
Basalt Black + Clay Gray	1003	1005	
Clay Gray	1005	1006	
Basalt Gray + Clay Gray	1006	1011	
Clay Green - Soft	1011	1017	
Shale Green	1017	1021	
Clay Gray - Soft	1021	1030	
Basalt Black	1030	1036	
Basalt Gray	1036	1044	
Basalt Black	1044	1046	

Date started _____ Completed _____

(unbounded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number

Signed _____ Date _____

(bonded) Water Well Contractor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1292

Signed W. B. L. L. L. L. Date 1-18-01

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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

MAR 05 2001

WATER RESOURCES DEPT

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

SALEM, OREGON

UNIO
50033

WELL ID # L

START CARD #

114185

(1) OWNER:

Well Number

Name

Address

City

State

Zip

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.

Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tape/pipe size	Casing	Liner
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

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

Yield gpm/min	Drawdown	Drift stem at	Flowing Artesian Time

Temperature of water _____ 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 by legal description:

County _____ Latitude _____ Longitude _____

Township _____ N or S Range _____ E or W. WM.

Section _____ 1/4 _____ 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI
1066	1076	30 GPM	
1091	1119	22 GPM	
1150	1153	22 GPM	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWI
Clay Green - Soft	1046	1052	
Basalt Black Brown + shale Green	1052	1057	
Basalt Black + Shale Green	1057	1061	
Basalt Gray + Shale Green	1061	1066	
Basalt Black + Cinders Red	1066	1076	
Basalt Gray + Shale Green	1076	1091	
Basalt Gray + Clay Gray	1091	1119	
Basalt Gray Red + Clay Gray	1119	1121	
Basalt Red + Shale Green	1121	1123	
Cinders Red + Shale Green	1123	1143	
Cinders Black + Shale Green	1143	1150	
Basalt Gray + Shale Green	1150	1153	
Basalt Black + Shale Green	1153	1157	
Cinders Red + Black + Shale Green	1157	1161	
Cinders Red + Brown	1161	1163	
Basalt Red + Shale Green	1163	1165	
Basalt Black + Brown	1165	1169	
Basalt Black + Clay Gray	1169	1174	
Basalt Black + Cinders Red	1174	1180	
Basalt Black	1180	1182	

Date started _____

Completed _____

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed _____

Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number _____

Signed _____

Date _____

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(15)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.765)
WATER RESOURCES DEPT
SALEM, OREGON

WELL ID. # 40549 40549
START CARD # 119185

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

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

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: _____
Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tube/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
1369	1371	25 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Light Gray + Clay Green	1323	1333	
Basalt Gray + Shale Green	1333	1335	
Basalt Gray + Brown	1335	1337	
Basalt Black + Green	1337	1338	
Basalt Gray + Shale Green	1338	1341	
Basalt Black	1341	1343	
Basalt Gray	1343	1353	
Basalt + Black + Shale Green	1353	1355	
Basalt Gray ves. + Clay Green	1355	1365	
Basalt Black + Brown +	1365		
Shale Green		1366	
Cinders Red + Brown +	1366		
Shale Green		1368	
Cinders Black + Shale Green	1368	1369	
Basalt Black Ver.	1369	1371	
Basalt Gray Ver. + Shale Green	1371	1373	
Basalt Gray	1373	1383	
Basalt Black + Clay Green	1383	1390	
Clay Gray + Soft + Basalt Black	1390	1392	
Basalt Black + Clay Green Hard	1392	1394	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed W. Allen Love WWC Number 1394 Date 2-12-21

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JUN 11 2026
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50833

WATER RESOURCES DEPT
SALEM, OREGON.

(as required by ORS 532.765)

WELL I.D. #1. ~~70797~~ 410002
START CARD# 114185

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

(1) OWNER: _____ Well Number _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger☐ Other☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation☐ Thermal ☐ Injection ☐ Livestock ☐ OtherSpecial Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.

Explosives used	☐ Yes	☐ No	Type	Amount
-----------------	------------------------------	-----------------------------	------	--------

HOLE			SEAL			
Diameter	From	To	Material	From	To	Seals or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from	ft. to	ft.	Material
----------------------	--------	-----	----------

Gravel placed from	ft. to	ft.	Size of gravel
--------------------	--------	-----	----------------

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
1. inner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoes(i)

From		To	Slit size	Number	Diameter	Material	Castings	Linear
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

☐ Pump Yield gal/min	☐ Bailer Drawdown	☐ Air Drill string at	Flowing ☐ Artesian Time
			1 hr.

Temperature of water	Depth	Artisan Flow Found
10	10	10
20	20	20
30	30	30
40	40	40
50	50	50
60	60	60
70	70	70
80	80	80
90	90	90
100	100	100

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: _____

County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found

From	To	Estimated Flow Rate	SWI
1415	1416	15 GPM	
1525	1535	35 GPM	

Ground Elevation _____

Material	From	To	SWI
Basalt Gray+Clay Gray	1394	1401	
Basalt Black+Clay Gray	1401	1404	
Basalt Gray+Clay Gray	1404	1413	
Basalt Black+Brown	1413	1415	
Basalt Black+Shale Green	1415	1416	
Basalt Gray+Clay Gray	1416	1417	
Basalt Black with Brown Cont.	1417		
Shale Green		1421	
Basalt Gray+Clay Gray	1421	1425	
Cinder + Shale All Colors	1425	1450	
Basalt Gray+Clay Gray	1450	1464	
Basalt Gray	1464	1505	
Cinders Red+Shale Green +	1505		
Brown		1519	
Basalt Black+Shale Green	1519	1525	
Basalt Gray+some Shale Green	1525	1535	
Basalt Black+Clay Gray	1535	1537	
Basalt Gray+Shale Green	1537	1544	
Basalt Black Veg. Shale Green	1544	1561	
Cinders Red+Shale Green	1561	1563	

Date started	Completed

(unbounded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1395

Signed Robert L. Jones Date 7-7-77

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UNIO
50033STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.745)WATER RESOURCES DEPT.
SALEM, OREGONWELL I.D. # 114185
START CARD # 114185(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____(2) TYPE OF WORK
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tube/pipe size	Casing	Liner
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐

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

☐ Pump	☐ Bailor	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI.
1563	1566	10 GPM	
1617	1620	200 GPM	
1620	1634	300 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI.
Basalt Black + Cinders Red	1563	1566	
Basalt + Gray + Shale Green + with Calcite White	1566	1614	
Basalt Black + Cinders Red + Clay Gray + Quartz White	1614	1615	
Shale Orange Red + Cinders	1615	1617	
Cinders Red	1617	1620	
Basalt Black + Cinders Red	1620	1634	
Basalt Black + Gray	1634	1647	
Cinders Black + Shale Green	1647	1650	
Cinders Green + Shale Green	1650	1673	
Shale Green + Clay Green	1673	1675	
Basalt Black + Shale Green	1675	1708	
Basalt Black + Cinders Black	1708	1724	
Shale Green		1724	
Cinders Black + Red + Basalt	1724	1763	
Black		1763	
Basalt Black	1763	1765	
Cinders Red + Black + Quartz	1765	1777	
Green like Glass		1777	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed CC. [Signature] WWC Number 1399 Date 2-12-01

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WELL I.D. # L 4669
START CARD # 114195

WATER RESOURCES DEPT
Report # W-0896-13 Date 07/08/14
SALMON, OREGON

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

County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

_____ ft. below land surface. Date _____
Arterial pressure _____ lb. per square inch. Date _____

Depth at which water was first found.

From	To	Estimated Flow Rate	SWL
1845	1924	1241 GPM	

Ground Elevation _____

[illegible]

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Coating	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump Yield gal/min	☐ Bailor Drawdown	☐ Air Drill stem at	☐ Flowing Artesian Time
			1 hr.

Temperature of water _____ 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: _____

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WVC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed L. A. L. L. WWC Number 1349
Date 2-11-01

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JUL 20 2026

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: Ross A. Bingaman
Address: PO Box 56
County: Union
City: Imbler State: OR Zip: 97841
Original owner (from well log): same

Well Location:

Township: 1 S Range: 39 E
Section: 29 $\frac{1}{4}$ NE $\frac{1}{16}$ NE $\frac{1}{64}$ NE
Well depth: 1,920.0 Date drilled: 06/01/2000
Owners well no. (if any): 2
POD ID: 38303

Water Right Information:

Application: G-14270 Permit: G-13123 Certificate: N/A
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Ross Bingaman Well Owner? ☒ Yes
Company: Self-employed
Address: PO Box 56
City: Imbler State: OR Zip: 97841 Date of Test: 06/11/2001
Daytime phone: (541)534-2745

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Artesian Well
Length of air line (if used): _____

Pump type (pick one or enter other method used): Centrifugal
Was the pump test conducted during normal use of the well? ☒ Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: _____
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within $\frac{1}{4}$ mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top plate of casing.

Measuring point distance above land surface 2.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>7:00 am</u>	<u>Artesian 16 psi</u>	_____
<u>7:20 am</u>	<u>16 psi</u>	_____
<u>7:40 am</u>	<u>16 psi</u>	_____

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>8:00 am</u>	<u>1,700.00</u>	<u>gpm (gallons per minute)</u>
<u>9:00 am</u>	<u>1,700.00</u>	<u>gpm (gallons per minute)</u>
<u>10:00 am</u>	<u>1,700.00</u>	<u>gpm (gallons per minute)</u>
<u>11:00 am</u>	<u>1,700.00</u>	<u>gpm (gallons per minute)</u>
<u>11:59 am</u>	<u>1,700.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: _____ Date 06/11/2001
Time pump turned off: _____ Date 06/11/2001
Total pumping time: 4 hours 0 minutes

Time 8:00 am
Time 12:00 pm

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

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Required Signature: Ross A. Bingaman

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Application: G-14270 Permit: G-13123 Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

[illegible]

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

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Pump Capacity Calculation Sheet

using Department designed formula:

$$(\text{hp})(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 75
Efficiency = 6.61
Lift = 5
PSI = 65

Results Calculated

(hp)(efficiency) = 495.75
Head based on psi = 165.1
Total dynamic head = 170.1
(head + lift)

Pump Capacity = 2.91 feet per second 1307 gpm

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