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WATER RESOURCES DEPT
 SALEM, OREGON

CLAIM OF BENEFICIAL USE

The completion of this form is required by OAR 690-014-010(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. Every numbered item must have a response. If any requested information does not apply to the Claim, insert "n/a." Do not delete 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. **A separate form shall be completed for each permit or transfer final order.**

I. General Information

1. File Information

Application Number (G, R, S or T)	Permit Number (if applicable)
G-16144	G-15692

2. Property owner (current owner information)

a. Individuals

Name	Susan Dibble	
Mailing Address	31481 Bellfountain Rd.	
City/State/Zip	Corvallis, OR 97333	
Phone #	(541) 754-0742	
Fax #	N/A	
e-mail address	N/A	

b. Businesses/Organizations

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone	

Fax	
e-mail	

If the current property owner is not the permittee or transfer holder of record, it is recommended that an assignment be filed with the Department.

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3. Permittee / Transferee of record (this may not be the current property owner)

c. Individuals

	Individual 1	Individual 2
Name	Susan Dibble	
Mailing Address	31481 Bellfountain Rd.	
City/State/Zip	Corvallis, OR 97333	

d. Businesses/Organizations

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	

4. Date of Site Inspection: August 12, 2005

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

Name	Date	Association with the project
Neil Dibble	8/12/2005	Father of owner

Benton

6. County:

7. Tax Lot Information:

Tax map number	Tax lot number
12 5 30	1105

8. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(3)):

**Mark "NA" if there are no owners of property not included in this claim

Name	N/A
Contact Person and Title	
Mailing Address	
City/State/Zip	
Phone #	

I. Points of Diversion/Appropriation and Place of Use

For each point of diversion or appropriation, provide the following information. If the claim is for more than one point of diversion/appropriation, copy and complete this section for each point of diversion or appropriation.

1. Provide a general narrative description of the distribution works. This description must trace the water system from the point of diversion or appropriation to and include the place of use:

Water is distributed from the well by a 3" mainline that feeds 6 separate 3" laterals with up to 9 sprinklers each. Each lateral has its own shutoff valve to distribute water to separate areas of the pasture at different times.

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2. Point of diversion/appropriation name or number (correspond to map):

Point of diversion/appropriation name or number (correspond to map)	Well log ID # for all work performed on the well (if applicable)	Well tag # (if applicable)
Well	161794	

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

3. Point of diversion/appropriation source and, if from surface water, the tributary:

Source	Tributary to
Well in the Muddy Creek basin	

4. Point of diversion/appropriation location:

(DLC, Government Lot, 1/4 1/4, Section, Township, Range)	Reference to a recognized public land survey corner by distance and bearing or by coordinates
NW1/4SE1/4 Section 30, T12S, R5W, W.M.	South 15°48'24" West, 376.63 feet from the Southwest Corner of D.L.C. No. 62

5. Actual use(s), period of use, and rate for each use:

Uses	If irrigation, list crop type	When water is used	Rate for use
Irrigation	Pasture	March 1 to October 31	27 gpm

6. Place of use for the point of diversion or appropriation:

DLC	Gov lot	1/4 1/4	Section	Township	Range	Use	# of primary acres	# of supplemental acres
		NE1/4 SE1/4	30	12 South	5 West	irrigation	2.05	
		NW1/4 4SE1/4	30	12 South	5 West	irrigation	0.68	
		SW1/4 SE1/4	30	12 South	5 West	irrigation	1.73	
		SE1/4 SE1/4	30	12 South	5 West	irrigation	0.32	
Total Acres Irrigated							4.78	

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Groundwater Source Information (Well and Sump)

**If the appropriation is not from ground water (well or sump), this section, items 1-5, can be deleted.

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

3/4" vent with 1/2" pipe on top of well seal

2. 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

In addition to the information requested in item "2" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

System Information:

Provide the following information concerning the diversion and delivery system. Trace the flow of water from the point of diversion/appropriation to the place of use.

1. Pump information

Brand	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	40GS50	H0417417	submersible	2"	2"

2. Motor information

Brand	Model	Horsepower	Max RPM	Voltage

Franklin	Electric	5	3450	230
----------	----------	---	------	-----

3. Meter information (if required in permit or transfer final order)

Make	Serial #	Condition (working or not)	Current meter reading	Notes
N/A				

4. Measurement device description

Device description	Condition (working or not)	Notes
N/A		

5. Measured pump capacity (using meter if meter was present and system was operating)

Initial meter reading	Ending meter reading	Duration of time observed	Total pump output
27 gpm	27 gpm	4 hours	27 gpm

6. Theoretical pump capacity

Horsepower	Operating psi	Lift from source to pump *If a well, the water level during pumping (see pump test results)	Lift from pump to place of use	Total pump output
5	42	115 feet	20 feet	65 gpm

7. Provide pump calculations in the box below:

$$cfs = \frac{\text{efficiency} \times HP}{\text{lift} + \text{head}} = \frac{7.04 \times 5}{(115 + 20) + 106.7} = \frac{35.2}{241.7} = 0.146 \text{ cfs} = 65 \text{ gpm}$$

$$\text{head} = \frac{\text{psi}}{2.31} \times 1.1 = 106.7$$

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8. Mainline information

Mainline size	Length	Type of pipe	Buried or above ground
3"	436 feet	PVC	Buried

9. Lateral or handline information

Lateral or handline size	Length	Type of pipe	Buried or above ground
3"	2000 feet	Aluminum	Above ground

10. Sprinkler information Make and model:

Make	Model	Size	Operating psi	Sprinkler output	Maximum number used	Total sprinkler output
Rainbird	30	1/8	42	3 gpm	9 (27 total)	27 gpm (81 gpm total)
Rainbird	B-PJ	7/64	42	2.2 gpm	2 (4 total)	4.4 gpm (8.8 gpm total)

Nelson	F-33	1/8	42	3 gpm	9 (19 total)	27 gpm (57 gpm total)
--------	------	-----	----	-------	--------------	-----------------------

Refer to the chart of sprinkler output at various pressures for most nozzle sizes attached to this document.

$$Q_{\text{sprinklers}} = \frac{(\text{max \# heads})(\text{gpm/head})}{448.8 \text{ gpm/cfs}} = \text{cfs}$$

11. Additional notes or comments related to the system:

There are 6 laterals with their own shutoff valve and up to nine 3 gpm sprinklers each. These are run on rotation to maximize the 27 gpm maximum rate while not exceeding this limit. The theoretical pump capacity and the total sprinkler system output exceeds the maximum rate, but the shutoff valves and timing rotation limits the total system to the maximum output of one lateral with 9 sprinklers at 3 gpm each. This follows the maximum allowed rate of 27 gpm.

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III. CONDITIONS

Please pay special attention to this section. All conditions contained in the permit or transfer final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

a. Permits or transfer 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 is to be completed by. 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 transfer final order:

	Dates from permit or transfer final order	Date accomplished	Description of actions taken by water user to comply with the time limits
Begin construction	N/A		
Complete construction	N/A		
Complete application of water	10/01/2008	3/01/2005	Irrigating pasture

2. Initial Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

a. Was the water user required to submit an initial static water level measurement? YES NO NA

- b. What month was the initial measurement to be taken in? March
- c. Did an authorized individual (as stated in the permit or transfer final order) make the initial static water level measurement in the month required?

YES NO

- d. If "YES", was the measurement submitted to the Department? YES NO

e. If the initial measurement not been submitted, provide that measurement now if available:

Date of measurement	Who made measurement	Method	Measurement

3. Annual Static Water Level Measurements:

**If the Claim is for surface water or a reservoir, or if the water user was not required to submit static water level measurements, items b through e relating to this section can be deleted.

- a. Was the water user required to submit annual static water level measurements? YES NO NA

b. In the box below, provide the month in which the static water level was to be made:

March - It is within 1 year of initial measurement so additional annual measurements have not been needed.

- c. Were the static water level measurements taken in the month 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 in the box below:

Year	Month	Measurement made by	Measurement

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4. Measurement, recording, and reporting conditions:

- a. Does the permit or transfer final order require the installation of a meter or approved measuring device?
YES NO **If "NO", items b through g relating to this section can be deleted.

5. Fish Screening and/or By-pass Devices

- a. Are any points of diversion required to be screened and/or have a by-pass device to prevent fish from entering the point of diversion? YES NO NA
**If "NO", items b through i relating to this section can be deleted

6. Pump Test (typically required for ground water uses prior to issuance of a certificate, but not a requirement of permit development)

- a. Did the permit or transfer final order require the submittal of a pump test? YES NO NA
- b. Has a pump test been submitted and approved by the Department? YES NO

c. If no, is the pump test attached to this Claim? YES NO

7. **Other Permit Conditions** (examples: special well construct standards, water conservation plans, no obstructions to fish without a fishway, etc.; number as appropriate.)

IV. Attachments, Conclusions, Map and Signatures

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Attachments

If you are attaching any documents to this report, provide a list below:

Attachment name	Description
Water Supply Well Report	
Water Level Reporting Form	
Pump Test Form	

Permit and Transfer Final Order Rates and System Rates Comparisons:

POD or POA name or #	Maximum rate allowed by permit or transfer final order	Calculated theoretical rate of water based on system	Actual amount of water measured (if measured)	Developed use	# of acres allowed by permit or transfer final order	# of acres developed
Well	0.06 cfs	Pump = 0.146 cfs	0.06 cfs measured during pump test	Irrigation	4.78	4.78
		Total sprinklers = 0.327 cfs				
		Total system (one lateral) = 0.06 cfs				

Claim of Beneficial Use Map

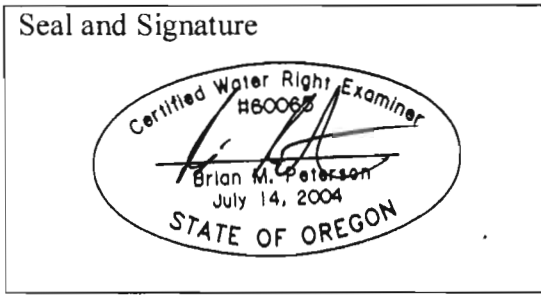
The Claim of Beneficial Use Map must be submitted with this Claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320', 1" = 400', or the original full-size scale of the county assessor map for the location.

In the following box, provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

A traverse survey based on Benton County Survey No. 9657 and dated 8/22/2001.

CWRE Statement, Seal and Signature

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



Permit or Transfer Holders Signature or Acknowledgement

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.

Susan L. Dibble Susan L. Dibble 9/8/2005
Signature Print or type name Date

Signature Print or type name Date

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CLAIM OF BENEFICIAL USE MAP

IN THE NAME OF

SUSAN L. DIBBLE

APPLICATION G-16144 PERMIT G-15692

IN THE B.W. WILSON D.L.C. NO. 64

SE 1/4 OF SECTION 30, TOWNSHIP 12 SOUTH

RANGE 5 WEST, W.M.

BENTON COUNTY, OREGON

AUGUST 12, 2005



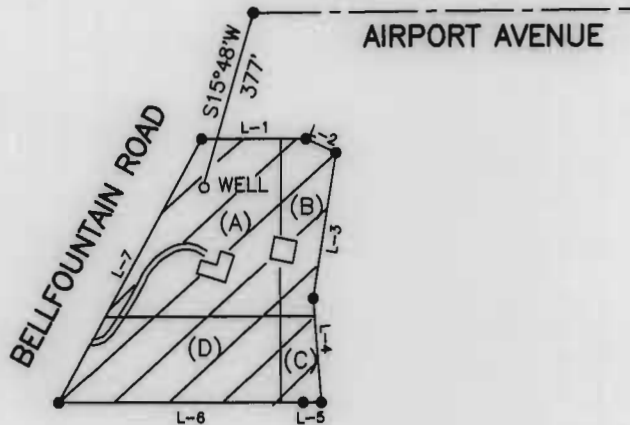
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THIS MAP IS FOR THE PURPOSE OF OBTAINING A
WATER RIGHT AND IS NOT INTENDED TO PROVIDE
LEGAL DIMENSIONS FOR LOCATIONS OF PROPERTY
BOUNDARIES

SW CORNER
DLC NO. 62



TAX LOT 1105 = 5.00 ACRES

(A) NW 1/4, SE 1/4 = 2.05 ACRES

(B) NE 1/4, SE 1/4, = 0.68 ACRE

(C) SW 1/4, SE 1/4 = 1.73 ACRES

(D) SE 1/4, SE 1/4 = 0.32 ACRE

TOTAL 4.78 ACRES TO IRRIGATE

COURSE	BEARING	DISTANCE
L-1	N 89°59'49"E	215.88'
L-2	S 65°23'47"E	69.01'
L-3	S 08°53'59"W	307.18'
L-4	S 04°25'18"E	216.87'
L-5	N 89°58'17"W	38.10'
L-6	N 89°59'20"W	507.59'
L-7	N 28°30'45"E	623.99'

NARRATIVE

This map was generated from "PROPERTY LINE ADJUSTMENT FOR SUSAN L. DIBBLE" dated June 18, 2001 on file in the Benton County Surveyor's Office, File No. 9657. Ties were then made from found monuments to the barn, house, well, and driveway.

LEGEND



MONUMENT OF RECORD



PROJECTED 1/16 SECTION LINE

SCALE 1 INCH = 400 FEET



Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: Susan Dibble
 Address: 31481 Bellfountain Road
 County: Benton
 City: Corvallis State: OR Zip: 97333
 Original owner (from well log): Susan Dibble

Well Location:

Township: 12 S (N/S) Range: 5 W (E/W)
 Section: 30 1/4: SE 1/16: NW 1/64: SE
 Well depth: 151 Date drilled: 10-18-03
 Owners well no. (if any): L 61794
 POD ID: none

Water Right Information:

Application: G-16144 Permit: G-15692 Certificate: _____
 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: _____ Well Owner? Yes
 Company: Philomath Pump Co.
 Address: 1755 SW Philomath Blvd Date of Test: 8-25-05
 City: Corvallis State: OR Zip: 97333
 Daytime phone: (541)929-2931

Method of discharge measurement (see our brochure for acceptable methods): _____
 Method of water-level measurement (pick one or enter other method used): _____
 Length of air line (if used): _____

Pump type (pick one or enter other method used): _____

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 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: 1200 ft Approx. elevation difference: 55 ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) 3/4" pipe port for weather 1/2" pipe on west side of well cap.
 Measuring point distance above land surface 1.2 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>11:00 am</u>	<u>97</u>	<u>96</u>
<u>11:20 am</u>	<u>97</u>	<u>96</u>
<u>11:40 am</u>	<u>97</u>	<u>96</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>12:00 pm</u>	<u>27</u>	<u>gpm</u>
<u>1:00 pm</u>	<u>27</u>	<u>gpm</u>
<u>2:00 pm</u>	<u>27</u>	<u>gpm</u>
<u>3:00 pm</u>	<u>27</u>	<u>gpm</u>
<u>4:00 pm</u>	<u>27</u>	<u>gpm</u>

Time pump turned on: Date 8-25-05 Time 12:00 pm
 Time pump turned off: Date 8-25-05 Time 4:00 pm
 Total pumping time: 4 hours 0 minutes

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>

OWRD 2/9/2000

Required Signature: _____

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PUMP TEST DATA SHEET

Application: G-16144 Permit: G-15692 Certificate: _____ Pod Id: none

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

Drawdown Data

Recovery Data

Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
8-25-05	12:00pm	0	97	96		8-25-05	4:00pm	0	116	115	
	12:02	2	113	112			4:02	2	101	100	
	12:04	4	114	113			4:04	4	100	99	
	12:06	6	114	113			4:06	6	100	99	
	12:08	8	114.5	113.5			4:08	8	99.5	98.5	
	12:10	10	114.5	113.5			4:10	10	99.5	98.5	
	12:15	15	115	114			4:15	15	99	98	
	12:20	20	115	114			4:20	20	99	98	
	12:25	25	115.5	114.5			4:25	25	99	98	
	12:30	30	115.5	114.5			4:30	30	98.5	97.5	
	12:45	45	115.5	114.5			4:45	45	98	97	
	1:00	60	116	115			5:00	60	98	97	
	1:15	75	116	115			5:15	75	98	97	
	1:30	90	116	115			5:30	90	98	97	
	1:45	105	116	115			5:45	105	98	97	
	2:00	120	116	115			6:00	120	98	97	
	2:15	135	116	115			6:15	135	98	97	
	2:30	150	116	115			6:30	150	98	97	
	2:45	165	116	115			6:45	165	98	97	
	3:00	180	116	115			7:00	180	98	97	
	3:15	195	116	115			7:15	195	98	97	
	3:30	210	116	115			7:30	210	98	97	
	3:45	225	116	115			7:45	225	98	97	
	4:00	240	116	115			8:00	240	98	97	

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

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STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.763)

WELL I.D. # L 16794
 START CARD # 160/28

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

(1) LAND OWNER Well Number _____
 Name Susan L Duffle
 Address 3148 Bellington RD,
 City Cornelius State Oreg Zip 97333

(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 61 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
10"	0 149	Concrete	0 149	38
6"	149 151			

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	7/1	149	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Boiler Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	40'	150	1 hr.

Temperature of water 52 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 Benton Latitude _____ Longitude _____
 Township 12 N or S Range 5 E or W M
 Section 30 SE 1/4 SE 1/4
 Tax Lot 1105 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3148 Bellington RD, Cornelius, Oreg 97333

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 10-13-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 150

From	To	Estimated Flow Rate	SWL
150	151	50 gal/min	6'

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(12) WELL LOG: WATER RESOURCES DEPT
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Material	From	To	SWL
brown clay on grit	0	12	
brown on gray clay	12	42	
gray sandy clay	42	110	
gray cemented gravel	110	115	
gray hard pan clay	115	149	
gray on brown gravel	149	151	60'

Date started 9-30-03 Completed 10-13-03

(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 R. L. Smith WWC Number 1011 Date 10-14-03

llh

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

E: Required Water Level Report for a Well on: Application G 16144 Permit G 15692 Certificate Transfer
Registered on water right as: A WELL Pool 1 Priority date: 12/3/2003
Well Identification (if any, from our records): Log ID: BENT 52551 Well Tag: L 61794

Well location: In the NW quarter of the SE quarter of Section 30, Township 12.00S, Range 5.00W
SOUTH 15 DEGREES 48 MINUTES 24 SECONDS WEST, 376.63 FEET FROM SW CORNER, DLC 62

SUSAN L DIBBLE
31481 BELLFOUNTAIN RD
CORVALLIS OR 97333

GW/KCW

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Our records indicate that you are the holder of a groundwater permit that requires that you periodically measure and report static water levels in your well(s). If you are no longer the holder of this permit or no longer have an interest in it, please contact our department. Consult your permit to determine the required times for measuring and reporting, as well as any requirements regarding who may make the measurements. We recommend that you keep a copy of all measurement reports for your records. All measurements should be made to at least the nearest tenth of a foot or the nearest inch (e.g. 10.2 feet or 10 feet 3 inches). All wells that have been constructed must be measured regardless of whether they are being used, in accordance with your permit.

MEASUREMENT REPORT
(Complete one form for each well.)

Well Identification (Please provide a well id (next line) or as much information about the well as possible; correct any errors listed):

Well Log ID: BENT 52551 Well Tag: L 61794 Startcard #: 160128

Well not yet drilled as of date:

Original owner on well log: SUSAN L DIBBLE

Well depth: 151.00 (ft) Casing diameter: (in) Date drilled: 10/13/2003

Owner's well name: Susan L. Dibble Drilled by: Ron Witham

When did water use begin under this permit from this well? Date: Month/Yr N/A

Show all water rights listing this well:

Application number(s):

Permit number(s):

Certificate number(s):

Date of measurement: 3/30/05

Description of measuring point (e.g. 1 1/4" port pipe on north side): Top of well casing 1/2" Port on West side of Casing

Static water level above/below (circle one) measuring point: 60.0 feet, or airline pressure psi

Measuring point distance above/below (circle one) land surface: 1.0 feet, or airline length feet

Static water level above/below (circle one) land surface: 59.0 feet

Shut-in pressure (if flowing artesian well): psi

Method of measurement: E-tape Airline Other(specify):

Water-level status when measured: Static Pumping Rising Flowing Other

Length of time well was idle before measurement: 1 1/2 yrs

Comments (use back or extra sheet if necessary): Error in Report Dated 3/29/05

I hereby certify that, to the best of my ability, the information on this report is accurate and, at the time of measurement, representative of the static water level in the aquifer.

Person making measurement (print): Larry Hungenmuller

Signature of measurer: [Signature]

Company: Larry Hungenmuller PLS CWRE

License number (CWRE, RG, PE, WWC, Pump Installer): CWRE # 320

Daytime phone number: (541) 757-7644 Email address: Larry.H@Peak-ORB

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0834 or 503-986-0831. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1271.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us> OWRD 2/15/2005 GW/KCW

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

DATE	STATUS	MPT/ICD	MP HIGH	WL DLS MEASURED BY	COMMENTS
10/13/2003	STATIC			60.00	DRILLER