

Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

December 8, 2020

Bryan & Amy Schurter 2913 Hibbard Road NE Silverton OR 97381

On December 04, 2020 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-18554 Permit G-18093

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$200.00 COBU recording fee

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file G-18554

Doann M Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	‡ :	WRD Review	ver:	
Transfer #:				
Date Receive	ed:			
CWRE Name	2 :			
Priority Date	(s):			
Fees Required:				
□ YES NO □	A fee of \$200 must accompany the 1987, or later.	is form for <u>permit</u>	ts with priority dates of J	uly 9,
□ YES NO □	A fee of \$200 must accompany the with a priority date of July 9, 198 Example – A transfer involves has a priority date of July 9, 19	7, or later. 5 rights and one o	of the rights	Fill in App or Transfer
Map Review:				Number
	ilm (OAR 690-014-0170(1) & 310-0050(1 nit #; or transfer # (OAR 690-014-0100(1)		MONEY SLIP DATE: RECEIPT #:	
☐ Disclaimer (OAR 6 ☐ North arrow (OAR ☐ CWRE stamp and s ☐ Appropriate scale (90-014-0170(5))	ize scale	1063 TREASURY 4279 WRD OPERATING ACCT. MISCELLANEOUS 0407 COPY & TAPE FEES 0410 RESEARCH FEES 0408 MSC REVENUE (DENTIFY) TC182 DEPOSIT LIAS (DENTIFY) 0206 EXTENSION OF TIME	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Report Review	:		WATER RIGHTS	RECORD FEE
 □ Application & pern □ Ownership informa □ Date of survey (OA □ Person interviewed □ County (OAR 690- □ CWRE stamp and some content of the county of the coun	AR 690-014) (OAR 690-014)		WELL CONSTRUCTION WELL CONSTRUCTION OZAM FEE LANDOWNER'S PERMIT LANDOWNER'S PERMIT LANDOWNER'S PERMIT OZAM PRE OZAM FEE LANDOWNER'S PERMIT OZAM PRE OZAM FEE OZAM FEE	S
Groundwater I ☐ Pump Test not requ	File Review: aired (Priority Date prior to December 20, 1) (Priority Date on or after December 20, 1) ed	1988) *If no, includ	e pump test flyer w/acknowle	edgment letter

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

RECEIVED

DEC 04 2020

OWRD

A fee of \$200 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

SECTION 1

GENERAL INFORMATION

APPLICATION #	PERMIT # (IF AP	IT# (IF APPLICABLE) PERMIT A		MIT AMENDME	NT# (IF APPLICABLE)
G-18554	G-18093	·	T-N	Α	
2. Property Owner (cur	cont owner informatio	n)·			
	ent owner mormatio	PHONE	No		ADDITIONAL CONTACT NO.
APPLICANT/BUSINESS NAME		THORE	110.		
Bryan and Amy Schurter				·	<u> </u>
Address 2913 Hibbard Rd NE					
	STATE	ZIP		E-MAIL	
CITY		97381		L-IVIAIL	
Silverton	OR	3/301			
filed with the Departmer 3. Permit holder of record PERMIT HOLDER OF RECORD	t. <u>Each</u> permit holder o	of record mu	st sign	this form.	ended that an assignmer
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS	t. <u>Each</u> permit holder o	of record mu	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE	it. <u>Each</u> permit holder o	of record mu	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE CITY	ot. <u>Each</u> permit holder of ord (this may, or may r	of record mu	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE	it. <u>Each</u> permit holder o	of record mulator, be the d	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE CITY	ot. <u>Each</u> permit holder of ord (this may, or may r STATE OR	of record mulator, be the d	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE CITY Silverton	ot. <u>Each</u> permit holder of ord (this may, or may r STATE OR	of record mulator, be the d	st sign	this form.	
filed with the Departmen 3. Permit holder of reco PERMIT HOLDER OF RECORD Bryan and Amy Schurter ADDRESS 2913 Hibbard Rd NE CITY Silverton ADDITIONAL PERMIT HOLDER OF	ot. <u>Each</u> permit holder of ord (this may, or may r STATE OR	of record mulator, be the d	st sign	this form.	

COBU Form Large Groundwater - Page 1 of 14

July 1, 2020

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bryan Schurter	July 1, 2020	Owner / operator

6. County

Mar	ion		

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				
ADDRESS				
Сіту	STATE	ZIP		

Add additional tables for owners of record as needed

SECTION 2 SIGNATURES

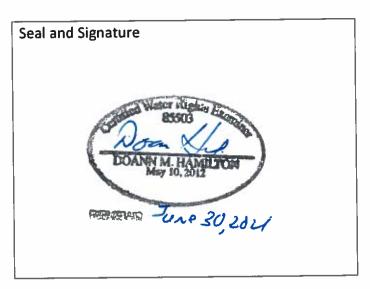
RECEIVED

DEC 0 4 2020

CWRE Statement, Seal and Signature

OWRD

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



CWRE NAME Doann Hamilton		PHONE No. (503) 632-5013		ADDITIONAL CONTACT No. (503) 349-6946		
ADDRESS 18487 S. Valley Vista Road	1					
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@	Pgmail.com		

Permit Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Bmlik	Bryan Schurter	Owner	11/17/2020
any & dehurto	Amy Schurter	owner	11/17/2020
U	J		

RECEIVED

SECTION 3

CLAIM DESCRIPTION

DEC 0 4 2020

1. Point of appropriation name or number:

OWRD

POINT OF APPROPRIATION	WELL LOG ID #	WELL TAG #
(POA) NAME OR NUMBER (CORRESPOND TO MAP)	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	(IF APPLICABLE)
Weil 1	Not Drilled	NA
Well 2	MARI 68213	L-131121

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	Source	TRIBUTARY
NAME OR NUMBER	BASIN LOCATED WITHIN	
Well 1	Beaver Creek Basin	Pudding River
Well 2	Beaver Creek Basin	Pudding River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 2	IR & IS	Vegetable seed	March 1 through October 31	1.39 cfs
Total Quantity of	Water Used			1.39 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:

Water is pumped from Well 2 using a 30 Hp submersible pump to convey the water through 15 feet of 4-inch galvanized pipe equipped with a filter and a meter before going underground to the west to connect to the buried 5-inch PVC mainline. The water can be conveyed into Kuenzi Pond to the south as a bulge in the system, or directly conveyed through buried and portable 5-inch mainlines, with or without a booster pump, depending on the distance to the place of use.

Portable 3-inch aluminum lateral lines can be attached every 60 feet with Rainbird 3/16 inch impact sprinklers every forty feet.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit,

permit amendment final order, or extension final order? If yes, describe below.

(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.")

- 1. The authorized Well 1 has not been constructed and therefore will not be included in this Claim of Beneficial Use.
- 2. The place of use was revised to include reference to the DLC and or Government Lots:

Original authorized acreage in place of use:

Ū				·		IR	IS	RECEIVED
7S	1W	WM	16	NW NW			12.80	
7 S	1W	WM	16	SW NW			9.40	DEC 0 4 2020
75	1W	WM	17	NW NE			16.80	
7 S	1W	WM	17	SW NE			25.80	OWRD
75	1W	WM	17	SE NE		4.40	15.80	OWN
75	1W	WM	17	SE NW			4.28	
					Total:	4.40	84.88	
Adju	sted acı	reage in	place o	of use:				
•		_	•			IR	IS	
7 S	1W	WM	16	NW NW			12.80	
75	1W	WM	16	SW NW			9.40	
7 S	1W	WM	17	NW NE	DLC 49		16.80	
7 S	1W	WM	17	SW NE	DLC 49		11.80	
7 S	1W	WM	17	SW NE	Lot 2		14.0	
75	1W	WM	17	SE NE		4.40	15.80	
75	1W	WM	17	SE NW	Lot 3		4.28	
					Total:	4.40	84.88	

6. Claim Summary:

POA NAME OR#	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF AGRES ALLOWED	# OF AGRES DEVELOPED
Well 2	1.12 cfs	1.39 cfs	0.74 cfs (not running full capacity)	IR	4.40	4.40
			Not measured	IS	84.88	84.88

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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

RECEIVED

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

DEC 04 2020

Well 2

OWRD

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	Use	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
75	1W	WM	16	NW NW	NA	NA	IS		12.80
7 S	1W	WM	16	SW NW	NA	NA	IS		9.40
7S	1W	WM	17	NW NE	NA	49	IS		16.80
7S	1W	WM	17	SW NE	NA	49	IS		11.80
7S	1W	WM	17	SW NE	2	NA	IS		14.0
75 75	1W	WM	17	SE NE	NA	NA	IR & IS	4.40	15.80
75 7S	1W	WM	17	SE NW	3	NA	IR		4.28
	res Irrig		1 = -					4.40	84.88

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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:

3/4 inch PVC probe tube through the vent/access port of the sanitary seal on the southeast side of the sanitary seal.

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 AUTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log	MARI 68213					

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.

See Well Log MARI 68213

C. Groundwater Source Information (Sump)

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

NO RECEIVED

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

DEC 0 4 2020

D. Diversion and Delivery System Information

OWRD

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport <u>and</u> apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

Source	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE	DISCHARGE
Well	Wolf	6MM8V-6-4.625	PP8041610	Submersible	6 inch	3 inch
Booster	Cornell	3RB60B4-4	65469	Centrifugal	5 inch	5 inch
POD 2	Jacuzzi Bros. Inc	25GM3 C	Unknown	Centrifugal	5 inch	5 inch

3. Motor Information:

Source	MANUFACTURER	HORSEPOWER
Well	Grundfos	30 Hp
Booster	KDH Deutz Corporation	56.3 Hp (42 kw)
POD 2	Newman	25 Hp

4. Theoretical Pump Capacity:

SOURCE	HORSEPOWER	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
Well – through mainline	30 Hp	45 psi	181.78 feet (from permit condition pump test)	0 feet	0.71 cfs
Well – to pond	30 Hp	0 psi	181.78 feet (from permit condition pump test)	- 30 feet	1.39 cfs
Booster	56.3 Hp (42 kw)	45 psi	181.78 feet (from permit condition pump test)	30 feet	Not calculated
Pond	25 Hp	100 psi (with all three)	8 feet	30 feet	Not calculated

5. Provide pump calculations:

The system has several scenarios that the water user can operate:

- 1. Pump the well through the mainline directly with or without a booster pump;
- 2. Pump the well directly into the pond as a bulge in the system;
- 3. Pump from the pond to the place of use, with or without a booster pump; or
- 4. Pump the well through the mainline while pumping the pond, with or without booster pump

The calculations shown below represent the scenarios that provide the highest rates of use:

Q Pump Well 2 directly through mainlines = $(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})$ = 0.71 cfRECEIVED (181.78 ft lift + 114.3 ft pressure head)

Q Pump Well 2 to the pond = $(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})$ = 1.39 cfs (151.78 ft lift + 0 ft pressure head)

Q Pump Well 2 + booster = $[(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})] + [(56.2 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp})] = 1.97 \text{ cfs}$ (181.78 ft lift + 114.3 ft pressure head)

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)
2,647,500 gallons		STATE OF THE PARTY	0.74 cfs (booster was on, but only irrigating primary POU)

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

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5 inch	5,640 feet	PVC	Buried
5 inch	4,620 feet	Aluminum	Above ground
4 inch	15 feet	Galvanized	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	A STATE OF THE PARTY OF THE PAR	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1,200 feet	Aluminum	Above

10. Sprinkler Information:

Size	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (GFS)
Rainbird 3/16 inch	62 psi	7.9 gpm	600	100	1.76 cfs

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

11. Drip Emitter Information:

Size	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA			1	

E. Storage

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

YES

RECEIVED

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

If "YES" is it a:

Storage Tank

NO

DEC 0 4 2020

Bulge in System / Reservoir

YES

OWRD

Complete appropriate table(s), unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Kuenzi Reservoir constructed under Permit R-2199	3 feet	1.75 AF
(Certificate 28254) as a bulge in the system		

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?

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?

NO

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

H. Additional notes or comments related to the system:

None

RECEIVED

DEC 0 4 2020

SECTION 5

OWRD

CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	August 16, 2018	原位的是100mm,100mm。 100mm,100mm 100mm	Carrie of the ca
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	August 16, 2023	July 2020	Well 2 was completed and connected to the system. Irrigated the primary acres from Well 2.
COMPLETE APPLICATION OF WATER (C)	August 16, 2023	July 2020	All the permit conditions were met and water was put to full use on the primary acres. Ready, willing, and able to irrigate the supplemental acres.

^{*} 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)?

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

h	What month was	the initial measurement to be	e taken in?		
D.		The little little and the second second			
c.	March Was the measure	 ment submitted to the Depar	tment?	YES	
d.		urement was not submitted,		nt now, if available:	
_	E OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	MEASUREMENT	
IA					
4.	Annual Static Wa	iter Level Measurements:			-
a.	Was the water us	er required to submit annual	static water level measur	rements? YES	RECEIVE
If '	"NO", items b thro	ugh e relating to this section r	nay be deleted.		DEC 0 4 202
b.	Provide the mont	th, or months, the static wate	r level measurement(s) w	vere to be made:	
	March				OWRD
c.	Were the static w	ater level measurements take	en in the month(s) requir	red? YES	
d.	If "YES", were tho	ose measurements submitted	to the Department?	YES	
e.	If the annual mea	surements were not submitt	the state of the s		A CONTRACTOR OF THE PARTY OF TH
	E OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	MEASUREMENT	
AV					
5.	Pump Test:				
	•	quire the submittal of a pump		YES	
te	st prior to issuance	ts with priority dates on or af e of a certificate. In some case easonable burden exemption	es, the permit holder may	require the submittal of qualify for a multiple v	a pump vell
	·	nation regarding pump tests s			
ht	tps://www.oregon	n.gov/OWRD/programs/GWW	/L/GW/Pages/PumpTestP	rogram.aspx	
lf	"NO", items b thro	ugh e relating to this section i	may be deleted.		
b.	Has the pump tes	st been previously submitted t	to the Department?	YES	
c.	Is the pump test a	attached to this claim?		NO	
d. Has the pump test been approved by the Department?			YES		
e.	Has a pump test e	exemption been approved by	the Department?	NO	
**	Claims will not be rev	viewed until a pump test or exemp	tion has been approved by th	e Department	
6.	Measurement Co	onditions:			
		permit amendment, or any e er or approved measuring de		ire the YES	
Re	eminder: If a meter	ough f relating to this section is or approved measuring device the point of diversion or approp	was required, the COBU ma	ap must indicate the loca	tion of the
	Has a meter bee			YES	

c. Meter Information

POD/POA NAME OR#	MANUFACTURER	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	McCrometer	19-03116-04	Working	2,648,200 gallons	May 2019
				July 1, 2020	

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

7. Recording and reporting conditions:

RECEIVE

a. Is the water user required to report the water use to the Department?

YES

DEC 0 4 2021

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

b. Have the reports been submitted?

YES

OWRD

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards?

YES

b. Was submittal of a ground water monitoring plan required?

NO

c. Was submittal of a water management and conservation plan required?

NO

d. Was a Well Identification Number (Well ID tag) assigned and attached

YES

to the well?

WELL ID#	DATE ATTAGHED TO WELL	
L-131121	October 2018	

e. Other conditions?

YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

a1) Condition:

"Each basalt well shall be open to a single aquifer of the Columbia River Basalt Group and shall meet the applicable well construction standards (OAR 690-200 and OAR 690-210). In addition, the open interval in each well shall be no greater than 100 feet."

Compliance:

Well 2 (MARI 68213/L131121) the total depth of the well is 363 feet, the well is cased to 265 feet and sealed to 263 feet, with open hole from 265 to 363 feet, totaling 98 feet of open interval; therefore, the condition has been met.

a2) Condition:

"Each basalt well shall be continuously cased and continuously sealed from land surface to a depth of at least 250 feet blow land surface."

Compliance:

Well 2 (MARI 68213/L131121) is cased to 265 feet and sealed to 263 feet; therefore, the condition has been met.

a3) Condition:

"The applicant shall coordinate with the driller to ensure that drill cuttings are collected at 10-ft intervals and at changes in formation in each well. A split of each sampled interval shall be provided to the Department."

Compliance:

RECEIVED

Per OWRD memo dated November 28, 2018 from Dennis Orlowski, Groundwater Section, OWRD, this condition has been met.

DEC 0 4 2020

e1) Condition:

OWRD

The wells with pumps shall be equipped with a minimum ¾ inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of the measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

Compliance:

A dedicated measuring tube was installed in Well 2 (MARI 68213/L131121) shortly after the well was constructed in November 2018.

e2) Condition:

Groundwater production shall occur only from the basalt groundwater reservoir.

Compliance:

According to the log for Well 2 (MARI 68213/L131121), water production occurs from a zone in basalt between the depths of 270 and 363 feet; therefore, the condition has been met.

e3) Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

Compliance:

Well 2 (MARI 68213) has well tag L-131121 attached to the well casing.

SECTION 6

ATTACHMENTS

DEC 0 4 2020

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

OWRD

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – MARI 68213	Well log and driller's notes for MARI 68213 – Well 2
BLM Cadastral Map	BLM Cadastral Map T. 7S. R. 1W. showing DLC and
SLIVI Cauastiai Wap	Government Lot locations
Memo from OWRD dated November 28, 2018	Memo from Dennis Orlowski, Groundwater Section, OWRD, stating drill cuttings have been received and this condition of permit G-18093 has been satisfied.

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

The COBU map was prepared using tax assessor's map 07 1W 16 & 17, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources **Conservation Service, Image Metadata:**

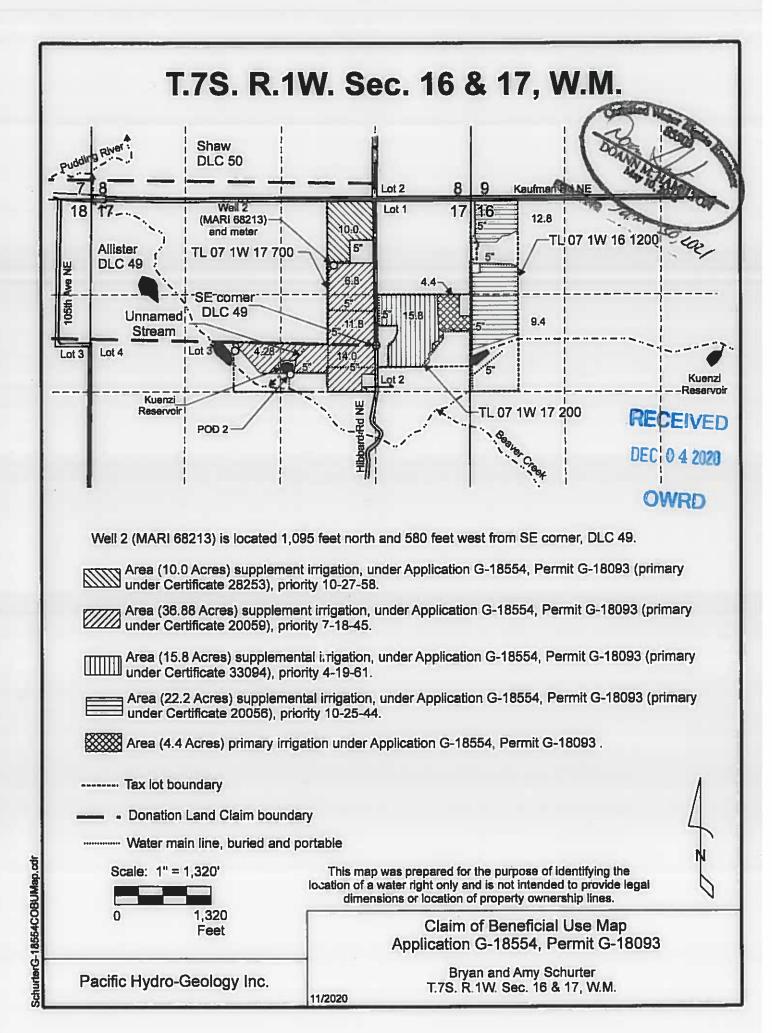
http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

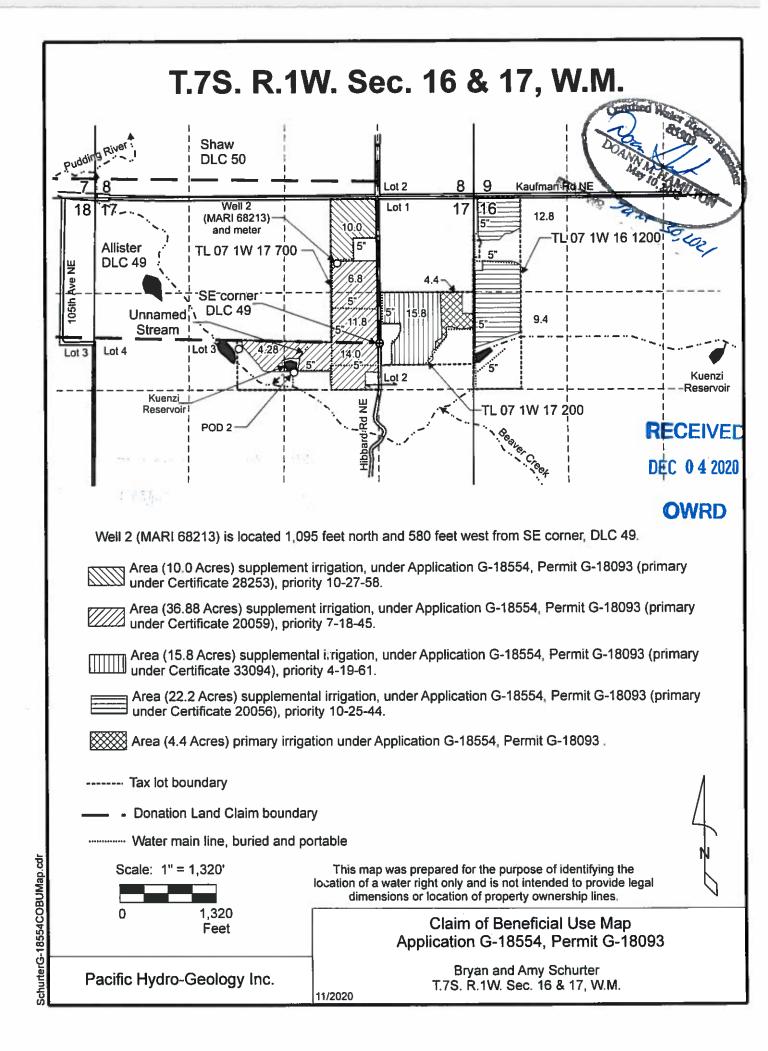
Map Checklist

Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)

\boxtimes	1ap on polyester film
	ppropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor hap)
\boxtimes	ownship, Range, Section, Donation Land Claims, and Government Lots
\boxtimes	irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots Quarter-Quarters
	ocations of fish screens and/or fish by-pass devices in relationship to point of diversion
\boxtimes	ocations of meters and/or measuring devices in relationship to point of diversion or appropriation
\boxtimes	onveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	oint(s) of diversion or appropriation (illustrated and coordinates)
	V2/2020 CORU Form Large Groundwater - Page 13 of 14

\boxtimes	CWRE stamp and signature	OWRD
\boxtimes	Legend	DEC 0 4 2020
\boxtimes	North arrow	
\boxtimes	Application and permit number or transfer number	RECEIVED
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of plines")	property ownership
	Source illustrated if surface water	
\boxtimes	Tax lot boundaries and numbers	





STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537,765 & OAR 690-205-0210)

		_
WELL I.D. LABEL# L START CARD #	131121	
ORIGINAL LOG#		

(1) LAND OWNER Owner Well I.D. Silverton, OR: First Name Bryan Last Name Schurter	(9) LOCATION OF WELL (legal description)	36
	County MARION Twp 7 S N/S Range 1 W E/N	www.
Company Address 2913 Hibbard Rd NE	Sec 17 NW 1/4 of the NE 1/4 Tax Lot 700	******
Silverton State OR Zip 97381	Sec 17 144 174 of the 145 174 Table	
Address 2913 Hibbard Rd NE City Silverton State OR Zip 97381 (2) TYPE OF WORK New Well Deepening Conversion Abandonment (complete 29 & 10) Abandonment (complete 58)	Tax Map Number Lot Lat "or DMS o	r DD
Alteration (complete 2a & 10) Abandonment(complete 5a)	DMC	r DD
(2a) DDE ALTEDATION	Long Or ONCARCH ONCARCH Address	
Dia + Front 10 Gauge Sti Fiste Wild Itua	Street address of well Ortemest address	\neg
	same	- 1
Material From To Amt sacks/lbs		
Seal: (3) DRILL METHOD	(10) STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft	<u>) </u>
Reverse Rotary Other	Existing Well / Pre-Alteration Completed Well 10-29-2018 - 121.4	
	Completed Well 10-29-2018 121.4 Flowing Artesian? Dry Hole?	
(4) PROPOSED USE Domestic Irrigation Community		
Industrial/Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 200	
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	200 250 40	\Box
Depth of Completed Well 363 ft.	10-29-2018 270 363 300 121.	.4
BORE HOLE SEAL sacks/		
Dia From To Material From To Amt 1bs		
12 0 263 Bentonite 0 70 33 S		
10 263 363 Calculated 38 Calculated 70 263 73.5 S		
Calculated 66.6	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B XC D E	Material From To	
X Other bent prd & probed	1.6	\Box
Backfill placed from 263 ft. to 265 ft. Material pea gravel/cuttings	clay brown RECEIVED 1.5 10	_
Filter pack from ft. to ft. Material Size	soft weathered rock 10 23	_
Explosives used: Yes Type Amount	basalt grey brown weathered DEC 0 4 2020 34 39	\dashv
	basalt grey brown weathered 34 39 basalt grey hard 39 65	\neg
(5a) ABANDONMENT USING UNHYDRATED BENTONITE Pounds Pounds Pounds	headt may medium	
Linkolen Villount	basalt weathered brown OWRD 72 80	\Box
(6) CASING/LINER Casing Liner Dia + From To Gauge Sd Plstc Wld Thrd	basalt grey brown weathered 80 95	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	basalt grey medium some brown 95 120	_
8 X 18" 265 250 X	basalt grey hard 120 164	-
	basalt grey medium with brown weathered 164 172 180 180	_
	basalt grey hard with some fractures 172 180 basalt grey hard 180 240	_
	basalt dark grey medium hard 240 270	
Shoe Inside Outside Other Location of shor(s) 265	basalt dark grey mildly viscular 270 280	
Temp casing X Yes Dia 12 From + X 1 To 16'	basalt light grey hard 280 295	_
	basalt grey hard with fractures 295 317	$\overline{}$
(7) PERFORATIONS/SCREENS Perforations Method none	basalt grey fractures & porous 317 322	_
Screens Type Material	Date Started 10-22-2018 Completed 10-29-2018	
Perf/S Casing/Screen Scrn/slot Slot # of Tele/		
creen Pines Dia From To width length slots pine size	(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alterat	ion or
NEGEIVED	abandonment of this well is in compliance with Oregon water suppl	y well
101/ 0.5 00/0	construction standards. Materials used and information reported above are	true to
NOV 05 20 8	the best of my knowledge and belief.	
	License Number 1358 Date 10-31-2018	
(8) WELL TESTS: Minimum testing time is 1 hour		
O to O the O the O the O the O the O	Signed Day & All	
O and D and D	(bonded) Water Well Constructor Certification	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 300 363 1	I accept responsibility for the construction, deepening, alteration, or aband	donment
	work performed on this well during the construction dates reported above.	AJI WOTK
	performed during this time is in compliance with Oregon water supp	piy well
Temperature 54 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and	ocilet.
460	License Number688	
Water quality concerns? Yes (describe below) TDS amount 408 From To Description Amount Units	Signed Steven M. Stadeler	
	Contact info (optional)	
OPIGINAL WATER RESOURCES	DEPARTMENT	

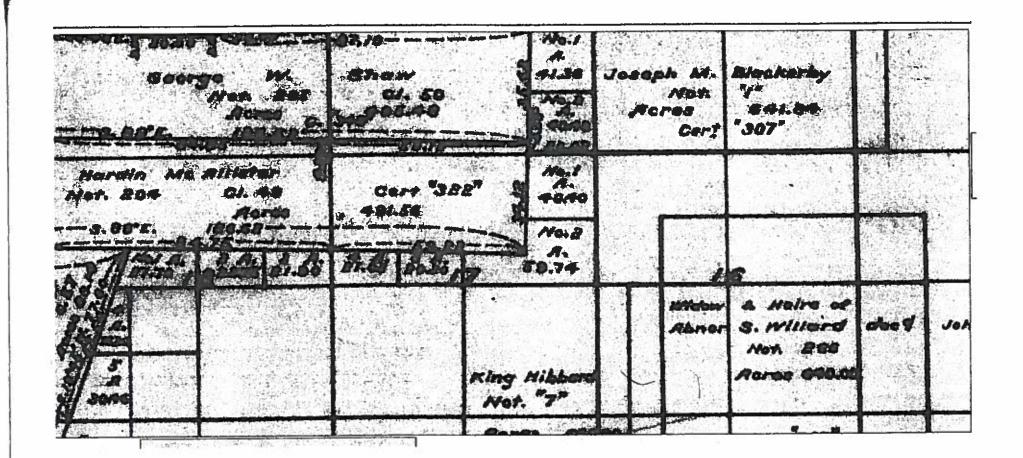
MARI 68213 WELL I.D. LABEL# L 131121 WATER SUPPLY WELL REPORT -Stadeli & Sons Well & Pump Inc.

Well & Pump Inc.

4385 Stadeli Lane NE ORIG

Silverton, OR 97381

Silverton, Water Quality Concerns START CARD # 215693 ' continuation page **ORIGINAL LOG#** (2a) PRE-ALTERATION Gauge Sti Piste Wid Thrd Amount Units Dia To From Description From Material From Amt sacks/lbs To (10) STATIC WATER LEVEL (5) BORE HOLE CONSTRUCTION + SWL(ft) SWL Date Est Flow SWL(psi) To **BORE HOLE SEAL** sacks/ Dia To From From To Amt [bs Material Calculated Calculated Calculated Calculated FILTER PACK (11) WELL LOG Material Size From To From То Material 322 340 basalt grey hard 340 363 basalt grey hard with fractures (6) CASING/LINER Stl Piste Wid Thrd Casing Liner To Gauge From RECEIVED DEC 0 4 2020 OWRD (7) PERFORATIONS/SCREENS Perf/S Casing/ Screen # of Tele/ Scrn/slot Slot slots pipe slze creen Liner To Dia From width length RECEIVED NOV 05 2018 OWRD Comments/Remarks (8) WELL TESTS: Minimum testing time is 1 hour Drill stem/Pump depth Duration (hr) Yield gal/min Drawdown



DEC 0 4 2020

OWRD

State of Oregon

Water Resources Department

Memorandum November 28, 2018

To:

App G-18554/Permit G-18093 File (Schurter)

RECEIVED

From:

Dennis Orlowski, Groundwater Section

DEC 0 4 2020

Subject:

Drill Cuttings Receipt (MARI 68213)

OWRD

Permit G-18093 contains a well construction condition (4D) that required the collection of drill cuttings at 10-ft intervals, with split samples of those cuttings to be submitted to OWRD.

The authorized POA for permit G-18093, MARI 68213, was drilled between October 22-29, 2018. During that time the driller notified OWRD staff of the cuttings availability, which were subsequently obtained from the site by OWRD.

This memorandum is confirmation that the well construction condition 4D of permit G-18093 has been satisfied.