



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

December 16, 2020

James Woods
Janet Stauffer
PO Box 365
Dufur OR 97021

On December 10, 2020, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-16026 Permit G-15652

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.

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:
http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$200.00

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-16026
Benjamin Beseda, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

- YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____		RECEIPT #: _____	
RECEIVED FROM: _____		APPLICATION PERMIT TRANSFER	
CASH <input type="checkbox"/>	CHECK # _____	OTHER (IDENTIFY) _____	TOTAL RECD \$ _____
1083 TREASURY 4178 MISC CASH ACCT.			
0407 COPIES _____	OTHER: (IDENTIFY) _____		
0243 Instream Lease _____		0244 Muni Water Mgmt. Plan _____	
0245 Cons. Water _____			
1083 TREASURY 4270 WRD OPERATING ACCT.			
MISCELLANEOUS			
0407 COPY & TAPE FEES	4611	\$ _____	
0410 RESEARCH FEES		\$ _____	
0409 MISC REVENUE (IDENTIFY)		\$ _____	
TC162 DEPOSIT LIAB. (IDENTIFY)		\$ _____	
0240 EXTENSION OF TIME		\$ _____	
WATER RIGHTS			
0201 SURFACE WATER	EXAM FEE		RECORD FEE
0203 GROUND WATER	\$ _____	0202	\$ _____
0205 TRANSFER	\$ _____	0204	\$ _____
WELL CONSTRUCTION			
0218 WELL DRILL CONSTRUCTOR	EXAM FEE		RECORD FEE
LANDOWNER'S PERMIT	\$ _____	0219	\$ _____
OTHER (IDENTIFY)		0220	\$ _____
0200	COBU	\$200.00	
0607 TREASURY 0487 HYDROELECTRIC			
		LIC NUMBER	
0233 POWER LICENSE FEE (FWWRD)		\$ _____	
0231 HYDRO LICENSE FEE (FWWRD)		\$ _____	
HYDRO APPLICATION			
\$ _____			
SPECIAL INSTRUCTIONS:			
<input type="checkbox"/> RETURN TO APPLICANT -- LETTER ATTACHED			

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted



LETTER OF TRANSMITTAL

TO: Oregon Water Resources Department

725 Summer Street NE, Suite A

Salem, Oregon 97301-1266

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Date 12/7/2020	Work Order # 15876
Attention	
RE:	
Application G-16026	

ENCLOSED ARE THE FOLLOWING:

QUANTITY	DESCRIPTION
1	(12 pgs) CLAIM OF BENEFICIAL USE
1	(2 pgs) WELL REPORT
1	8-1/2" x 14" mylar—CLAIM OF BENEFICIAL USE MAP
1	11" x 17" color print—AERIAL PHOTO SHOWING LAND
1	\$200 FILING FEE (Woods Farms Check #3740)

THESE ARE TRANSMITTED (as checked below)

For approval

For your use

As requested

Approved as noted

Filing/Recording

For your review & comment

CHARGES

Remarks:	SF Blueline	
	SF Mylar	
	Xerox	
	Tube, Mailer, Etc.	
	P & H	
	TOTAL	

PICKED UP BY:

DELIVERED BY:

COPY TO: James Woods w/ enclosures

BY: Benjamin B. Beseda, CWRE

If enclosures are not as noted, please notify us at once.

**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

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

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).

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 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-16026	PERMIT # (IF APPLICABLE) G-15652	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME James Woods and Janet Stauffer		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 365			
CITY Dufur	STATE OR	ZIP 97021	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 Same		
ADDRESS		
CITY	STATE	ZIP

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4. Date of Site Inspection:

10/8/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jim Woods	10/8/2020	Owner and operator

6. County:

Wasco

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 Same		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

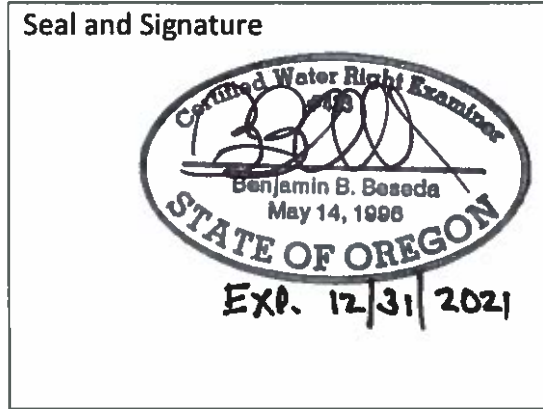
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CWRE Statement, Seal and Signature

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



CWRE NAME Benjamin Beseda		PHONE NO. 541-296-9177	ADDITIONAL CONTACT NO.
ADDRESS 3775 Crates Way			
CITY The Dalles	STATE OR	ZIP 97058	E-MAIL bbeseda@tennesoneng.com

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	James Woods	Owner	11-30-20
	Janet Stauffer	Owner	11/30/2020

SECTION 3
CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	WASC 51141 and 51235	56339

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well	Fifteenmile Creek Basin	Columbia 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 (GFS, GPM, OR AF)
Well	Irrigation	Cherries, Alfalfa and Pasture	March 1 to October 31	0.68 cfs
Total Quantity of Water Used				0.68 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 the well into a buried mainline. There are permanent lateral lines with micro sprinklers and drip tube irrigation for the orchard (cherries) area. In the alfalfa and pasture are flexible flat lay hose connect to buried mainline for big gun sprinklers.

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, YES NO 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.")

The shape of the land changed from the original application. As the orchard, pasture and hay land was developed the shape changed to take in the better soils. The developed land moved in a northerly direction to take in the better soils and better air drainage for frost protection in the orchard.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.624 cfs	0.68 cfs		Irrigation	50.0	

**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):

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Well

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A. Place of Use

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1S	13E	W	31	NE of NE			Irrigation	14.0	
				SE of NE			Irrigation	5.9	
			32	NW of NW			Irrigation	1.5	
				SW of NW			Irrigation	27.5	
				SE of NW			Irrigation	0.6	
				NW of SW			Irrigation	0.5	
Total Acres Irrigated								50.0	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

3/4" notch in the top of casing under steel plate top for e-tape. Airline also runs through this notch.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well	Reports	51141	and 51235	(Tag No. 56339)		

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.

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkley	6T-200		Submersible		4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	40 hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40	50	220	70	0.68 cfs

5. Provide pump calculations:

Pump Capacity Calculation Sheet

using Department designed formula:

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

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Data Entry (fill in underlined blanks)

$$\begin{aligned} \text{HP} &= \underline{40} \\ \text{Efficiency} &= \underline{7.04} \\ \text{Lift} &= \underline{290} \\ \text{PSI} &= \underline{50} \end{aligned}$$

Results Calculated

$$\begin{aligned} (hp)(\text{efficiency}) &= 281.6 \\ \text{Head based on psi} &= 127.0 \\ \text{Total dynamic head} &= 417.0 \\ &(\text{head} + \text{lift}) \end{aligned}$$

Pump Capacity = 0.68 cubic feet per second

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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 GFS)

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

7. Is the distribution system piped? YES NO

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	2900'	PVC	Buried
3"	4500'	PVC	Buried
2"	2580'	PVC	Buried
1"	540'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2" Handline	800'	Flex Flat Lay Hose	Above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
	50	0.31	5427	600 *	0.41 cfs (186 gpm)
					*See item H for more info.
14mm x 5mm	50	73 gpm	2		146 gpm

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)

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (GFS)	ADDITIONAL INFORMATION
24"	33.3	19,650'	350' *	0.26 cfs (117 gpm)	*See item H for more info.

13. Pivot Information:

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

E. Storage

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

F. Gravity Flow Pipe

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

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

G. Gravity Flow Canal or Ditch

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

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

H. Additional notes or comments related to the system:

* The maximum output of the system is when 600 micro-sprinklers and 350 feet of drip tape are being run at one time. This is 186 gpm for the micro-sprinklers and 117 gpm for the drip tape for a total of 303 gpm (0.675 cfs). This would be in the approximate lower 1/3 of the orchard. As the irrigation moves up the hill toward the house, the increase in elevation lowers the total output of the system.

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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	6/11/2004		
BEGIN CONSTRUCTION (A)		2003	Well was constructed.
COMPLETE CONSTRUCTION (B)		2003 2004 2020	First 17 acres of irrigation system installed, and orchard planted. 14 additional acres of irrigation system installed, and orchard planted. Remaining irrigation system installed
COMPLETE APPLICATION OF WATER (C)	10/1/2020	June 2020	Alfalfa irrigated to complete the project

* 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

a. Did the Extension Final Order require the submittal of Progress Reports? YES NO

3. Initial Water Level Measurements:

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

b. What month was the initial measurement to be taken in?

March, see well reports, well in use when permit finally issued.

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

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

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For additional information regarding pump tests see:

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<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

b. Has the pump test been previously submitted to the Department? YES NO **OWRD**

c. Is the pump test attached to this claim? YES NO

d. Has the pump test been approved by the Department? YES NO

e. Has a pump test exemption been approved by the Department? YES NO

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	04-02883-4	Working	537171 x 100 gallons	2003

7. Recording and reporting conditions:

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

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

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
56339	2003 by driller

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):

After Use of Water has Begun A Reference Water Level; User shall submit one static water level after use begins. This condition satisfied by submitting water level measurements for March of 2005, 2007, and 2008.

**SECTION 6
ATTACHMENTS**

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

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ATTACHMENT NAME	DESCRIPTION
Well Reports	WASC 51141 and Wasco 51235
Claim Map	

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.

Surveyed land irrigated on aerial photo from Google Earth. Used aerial photo and Wasco County Assessor maps to locate public land survey lines to locate property

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

STATE OF OREGON
 WATER SUPPLY WELL REPORT APR 18 2003
 (as required by ORS 537.785)

WELL ID # L 56339
 (START CARD) # 148847

Instructions for completing this report are on the first page of this report.
 WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER: Well Number: _____
 Name James Woods & Janet Stauffer
 Address 81814 Dufur Valley Rd.
 City Dufur State OR Zip 97021

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

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12"	0	18	Bentonite	0	18	12 Bags	
8"	18	584					

How was seal placed: Method A B C D E
 Other Poured in Dry
 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: 8"	1.5	23.5	.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"/>

Final location of shoe(s) None

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baller Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200+		580	1 hr.

Temperature of Water 65 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 Wasco Latitude 12.493 Longitude 26.342
 Township 1S N or S. Range 13E E or W. of WM.
 Section 32 Lot NW 1/4 SW 1/4
 Tax lot 2301 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 81814 Dufur Valley Rd., Dufur, Or.

(10) STATIC WATER LEVEL:
200 ft. below land surface. Date 04/13/2003
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 564

From	To	Estimated Flow Rate	SWL
564	584	200+	200

(12) WELL LOG: Ground elevation 1679

Material	From	To	SWL
Soil	0	7	
Sandstone Fine Hard Tan	7	40	
Sandstone Coarse Hard Brown	40	45	
Sandstone Fine Hard Tan	45	74	
Sandstone Fine Hard Brown	74	118	
Sandstone Fine Hard Tan	118	129	
Sandstone Coarse Hard Tan	129	134	
Sandstone Fine Hard Brown	134	210	
Sandstone Med. Hard Light Tan	210	273	
Basalt Broken Hard Brown	273	315	
Basalt Hard Gray	315	368	
Rock Decomposed Soft Brown	368	377	
Basalt Fract. Hard Black	377	462	
Basalt Fract. Hard Gray	462	516	
Rock Decomposed Soft Brown	516	523	
Basalt Fract. Med. Black	523	554	
Basalt Fract. Hard Gray	554	564	
Rock Broken Decomposed Soft Brown	564		
W/B		584	200

Date started 04/07/2003 Completed 04/13/2003

(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 my best 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 Charles Austin WWC Number 790
 Date 04/16/2003

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

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STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.785)

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

DEC 29 2003

WELL ID # L 156339

(START CARD) # 148861

WATER RESOURCES DEPT

(1) OWNER: Well Number: SALEM

Name Jim Woods
Address 81814 Dufur Valley Rd.
City Dufur State OR Zip 97021

(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

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Includes entries for Bentonite and Cemented.

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes casing and liner details.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailor Air Flowing Artesian

Table with columns: 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 Wasco Latitude Longitude
Township 18 N or S. Range 13E E or W. of WM
Section 32 NW 1/4 SW 1/4
Tax lot 2301 Lot Block Subdivision
Street Address of Well (or nearest address) 81814 Dufur Valley Rd.
Dufur, OR.

(10) STATIC WATER LEVEL:
200 ft. below land surface. Date 12/05/2003
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation
Material From To SWL
Plug in the hole 327 ft. down to 396 ft. Reamed hole 12" from Land surface to 327 ft. Set 8" Casing +2 ft. to 322 ft. with a cementing shoe. Pumped in 141 bags cement grout. after 72 hrs. grout had settled 18 ft. filled from 18 ft. to land surface with 11 bags bentonite. Drilled out plug & Cleaned hole to bottom

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Date started 10/04/2003 Completed 12/05/2003

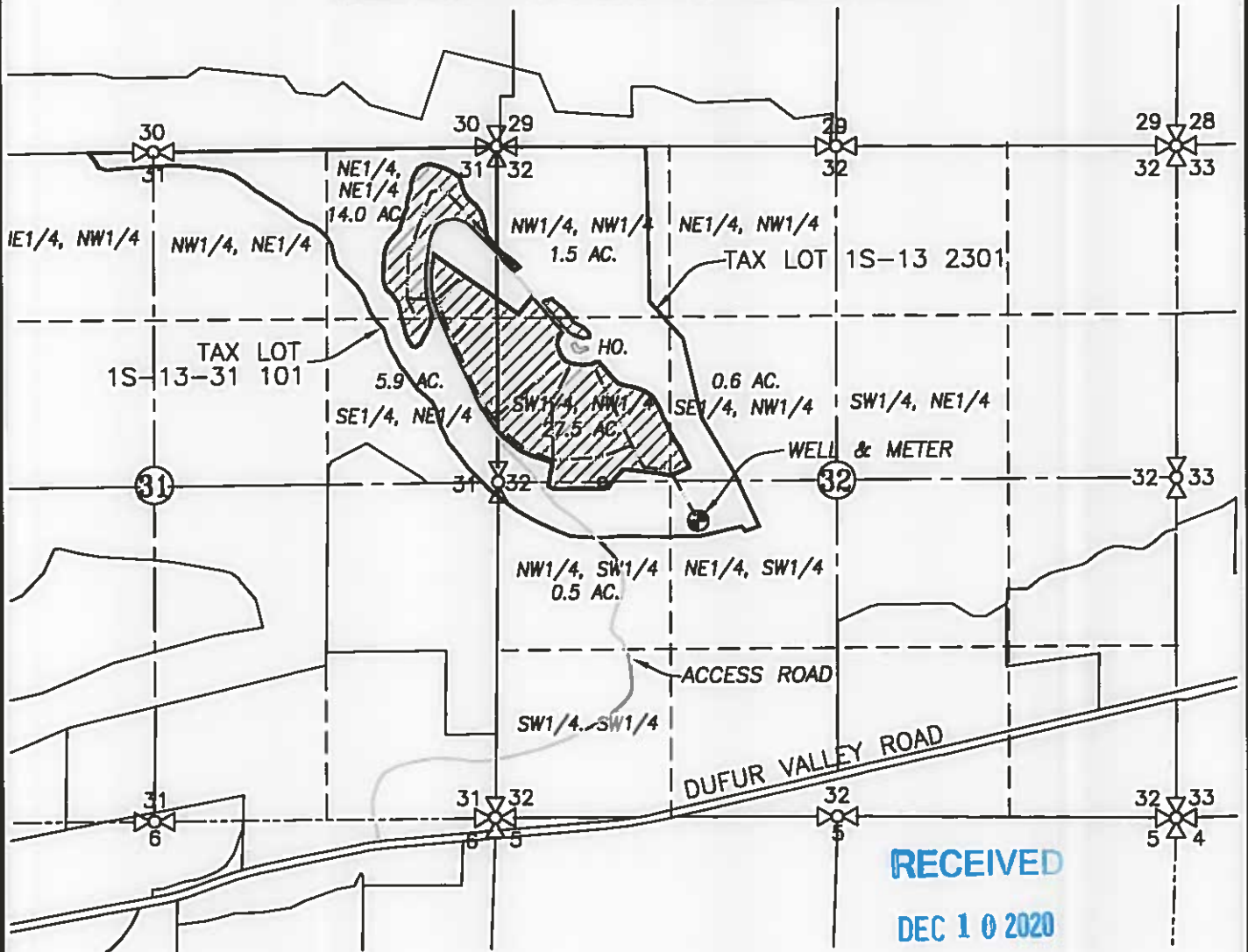
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Signed _____ WWC Number _____
Date _____

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Signed Charles Austin WWC Number 790
Date 12/22/2003

SECTIONS 31 & 32, TWP.1 S. RANGE 13 E. W.M.
 WASCO COUNTY, OREGON






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LEGEND:

- WELL & METER (WASC 51141): 315' S. & 1,570' E. OF W1/4 COR. SEC. 32
-  IRRIGATION AREA = 50.0 ACRES
-  IRRIGATION LINE
-  STREAM WITH DIRECTIONAL FLOW

CLAIM OF BENEFICIAL USE MAP

SCALE: 1" = 1320'



APPLICATION No. G-16026

PERMIT No. G-15652

IN THE NAME OF:
JAMES WOODS & JANET STAUFFER

DATE: OCTOBER 15, 2020



EXPIRES: 12/31/2021

BY: **TENNESON ENGINEERING CORP.**
 3775 CRATES WAY
 THE DALLES, OREGON. 97058
 PH. 541-296-9177
 FAX 541-296-6657

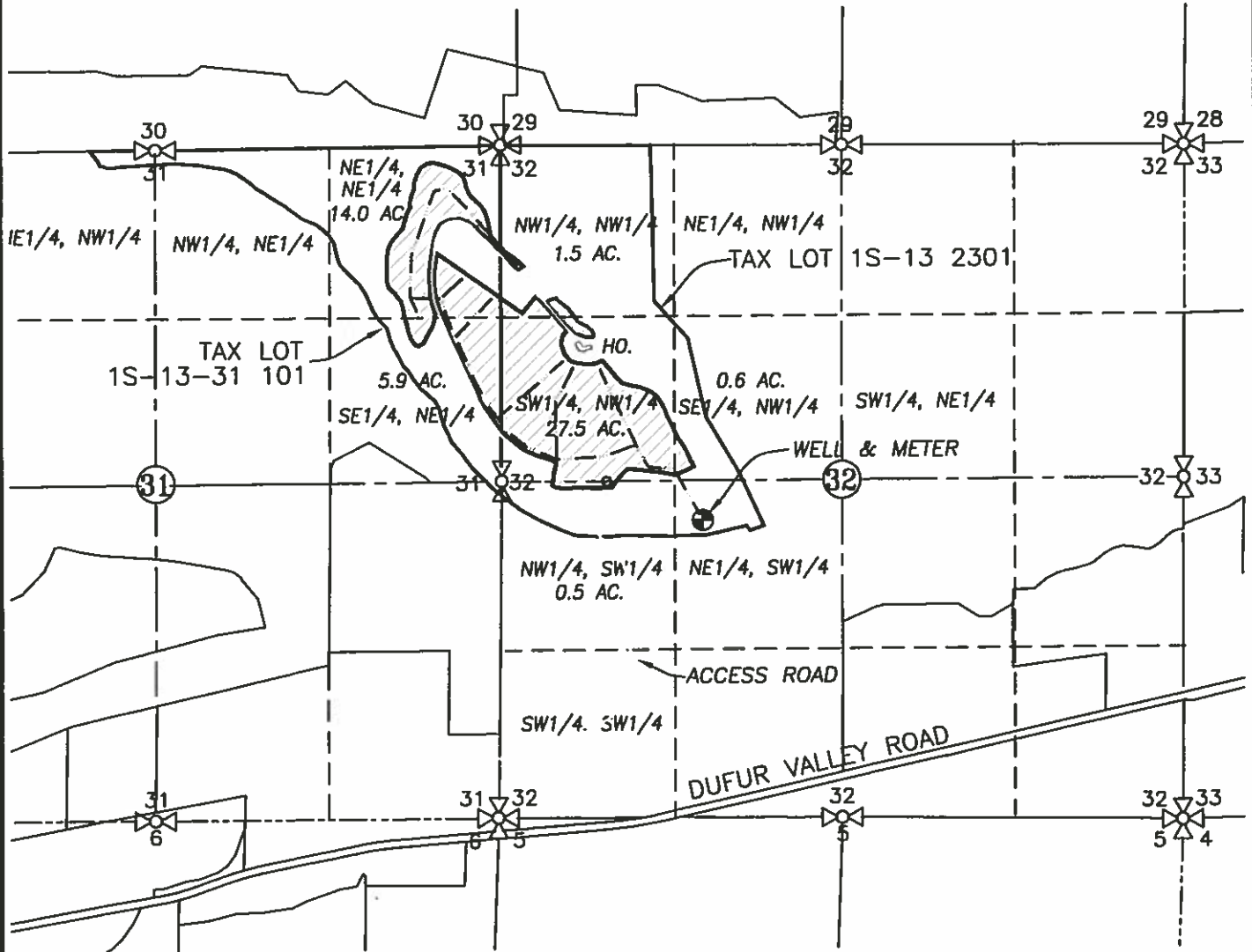


NOTE:





"THIS MAP IS NOT INTENDED TO PROVIDE LEGAL DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES."

W.O. #15876wr

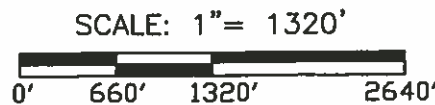
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CLAIM OF BENEFICIAL USE MAP



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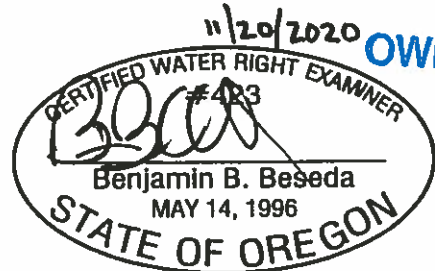
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