

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-17994</u>	WRD Reviewer <u>Com M.</u>
Transfer #	
Date Received <u>5/26/2021</u>	
CWRE Name <u>John David McGee</u>	

**Priority Date:** 2/9/2015

**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))

**MONEY SLIP**

DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_ APPLICATION PERMIT TRANSFER

CASH  CHECK # \_\_\_\_\_ OTHER (IDENTIFY) \_\_\_\_\_ TOTAL RECEIVED \$ \_\_\_\_\_

1063 TREASURY 4178 MISC CASH ACCT. \$ \_\_\_\_\_

0407 COPIES \_\_\_\_\_ \$ \_\_\_\_\_

OTHER (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_

0243 Instream Lease \_\_\_\_\_ 0244 Min Water Mgmt Plan \_\_\_\_\_ 0245 Cons Water \_\_\_\_\_

1063 TREASURY 4178 WRD OPERATING ACCT. \$ \_\_\_\_\_

MISCELLANEOUS

0407 COPY & TAPE FEES 4611 \$ \_\_\_\_\_

0410 RESEARCH FEES \$ \_\_\_\_\_

0408 MISC REVENUE (IDENTIFY) \$ \_\_\_\_\_

1042 DEPOSIT LAB (IDENTIFY) \$ \_\_\_\_\_

0240 EXTENSION OF TIME \$ \_\_\_\_\_

WATER RIGHTS EXAM FEE RECORD FEE

0201 SURFACE WATER \$ \_\_\_\_\_ 0002 \$ \_\_\_\_\_

0203 GROUND WATER \$ \_\_\_\_\_ 0004 \$ \_\_\_\_\_

0205 TRANSFER \$ \_\_\_\_\_

WELL CONSTRUCTION EXAM FEE RECORD FEE

0215 WELL DRILL CONSTRUCTION \$ \_\_\_\_\_ 0219 \$ \_\_\_\_\_

OTHER (IDENTIFY) \$ \_\_\_\_\_ 0220 \$ \_\_\_\_\_

0200 \_\_\_\_\_ 0034 3222.00

0687 TREASURY 0487 HYDROELECTRIC LIC NUMBER \$ \_\_\_\_\_

0223 POWER LICENSE FEE (FWWRD) \$ \_\_\_\_\_

0231 HYDRO LICENSE FEE (FWWRD) \$ \_\_\_\_\_

HYDRO APPLICATION \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

**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)

RETURN TO APPLICANT – LETTER ATTACHED

**Groundwater File Review:**

Pump Test Required?  YES  NO Pump Test Submitted?  YES  NO\*

\*If no, include pump test flyer w/acknowledgment letter



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CALAPOOIA CREEK

12S04W1100200

12S04W1100100

4.5 PRIMARY IRRIGATED ACRES  
NW 1/4, NW 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

11.1 PRIMARY IRRIGATED ACRES  
NE 1/4, NW 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

6.4 PRIMARY IRRIGATED ACRES  
NW 1/4, NE 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

STUB FOR GRASS FIELD

STUB FOR CLOVER FIELD

15.5 PRIMARY IRRIGATED ACRES  
SW 1/4, NW 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

WELL 3  
WELL LOG 61685  
WELL ID LABEL# L120688  
423.80' EAST AND 2588.02' NORTH  
OF ENE CORNER OF DLC 57  
METER LOCATED ±7.2' WESTERLY  
OF WELL

7.6 PRIMARY IRRIGATED ACRES  
SW 1/4, NE 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

24.8 PRIMARY IRRIGATED ACRES  
SE 1/4, NW 1/4,  
SECTION 11, T 12S,  
R 04W, W.M.  
WITHIN DLC 69

LYNN & LAURIE HENRIKSEN,  
VIKING FARMS, LLC  
CLAIM OF BENEFICIAL USE  
EXHIBIT MAP  
APRIL 12, 2021

located in

SECTION 11, TOWNSHIP 12 SOUTH,  
RANGE 4 WEST, WILLAMETTE MERIDIAN  
LINN COUNTY, OREGON

APPLICATION G-17994  
PERMIT G-17529

DLC 69  
JAMES COCHRAN

12S04W1000101

12S04W1100201

POND  
2.4 ACRE TEMPORARY  
STORAGE POND  
(BULGE)

LEGEND

- CALAPOOIA CREEK
- - - SECTION LINE
- . - . - QTR-SECTION LINE
- - - TAX LOT LINE
- - - D.L.C. LINE
- IRRIGATION MAINLINE

MAP BASE: CS 25881 AND TAX ASSESSOR  
MAP.

POSITIONS OF STRUCTURES RELATIVE TO ENE  
CORNER OF DLC 57 ARE BASED ON A GPS  
SURVEY. POSITIONS OF IRRIGATION MAINLINE  
BASED ON CLIENT PROVIDED MAP.

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

12S04W1000200

12S04W1000300



RENEWS: 12/31/2022



SCALE: 1" = 400'

ENE CORNER ISAAC BLEVINS DLC 57  
3-1/4" ALUM. CAP

JDMcGee, Inc.

Engineering & Surveying  
Land Use Planning  
Wastewater Design  
"Solving Problems for You"

1215 Main Street  
PO Box 1472  
Philomath, OR 97370  
(541) 929-4226  
(541) 929-4227 fax

DRAWN BY: KP  
JDM PROJECT #: 19-59

CHECKED BY: JDM





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Engineering & Surveying  
Land Use Planning

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"Solving Problems for You"  
www.jdmcgee.com

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**LETTER OF TRANSMITTAL**

PO Box 1472  
1215 Main Street  
Philomath, OR 97370

Office: (541) 929-4226  
Fax: (541) 929-4227  
E-mail: admin@jdmcgee.com

<b>To: Oregon Water Resources</b>
<b>Department</b>
<b>725 Summer Street NE</b>
<b>Salem, OR 97301</b>

<b>Job No: 19-59</b>
<b>Project: Henriksen - WR</b>
<b>P#G-17529</b>
<b>Date: 5/24/2021</b>
<b>From: JD McGee, Inc.</b>
<b>Via: USPS</b>

<b>Copies</b>	<b>Date</b>	<b>Description</b>
<b>1</b>	<b>5/20/2021</b>	<b>Claim of Beneficial Use form for Permit G-17529</b>
<b>1</b>	<b>4/12/2021</b>	<b>Claim of Beneficial Use Exhibit Map</b>
<b>1</b>	<b>6/13/2016</b>	<b>Well 3 Water Supply Well Report for LINN 61685</b>
<b>1</b>	<b>6/8/2016</b>	<b>Pump Test for Well 3</b>
<b>1</b>	<b>8/15/2016</b>	<b>Drip Irrigation map</b>
<b>1</b>	<b>5/19/2021</b>	<b>Check #5819 for payment to OWRD for Claim of Beneficial Use</b>

**THESE ITEMS ARE TRANSMITTED AS CHECKED BELOW OR OTHERWISE NOTED**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Approved as Submitted  | <input type="checkbox"/> Rejected              | <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Distribution   |
| <input type="checkbox"/> Approved as Noted      | <input type="checkbox"/> Resubmit for Approval | <input type="checkbox"/> For Your Use            | <input type="checkbox"/> As Indicated Below |
| <input type="checkbox"/> Returned with Comments | <input type="checkbox"/> As Requested          | <input type="checkbox"/> For Review and Comment  |   |

**REMARKS:**

cc: \_\_\_\_\_

**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](http://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 # <b>G-17994</b>	PERMIT # (IF APPLICABLE) <b>G-17529</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>LYNN AND LAURIE HENRIKSEN</b>		PHONE No. <b>503-899-8025</b>	ADDITIONAL CONTACT No.	
ADDRESS <b>PO BOX 437</b>				
CITY <b>Tangent</b>	STATE <b>OR</b>	ZIP <b>97389</b>	E-MAIL <b>laurie@lshenriksen.net</b>	

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 <b>VIKING FARMS LLC</b>				
ADDRESS <b>33156 HINCK RD.</b>				
CITY <b>TANGENT</b>	STATE <b>OR</b>	ZIP <b>97389</b>	<b>RECEIVED</b> <b>MAY 26 2021</b>	

ADDITIONAL PERMIT HOLDER OF RECORD <b>LYNN AND LAURIE HENRIKSEN</b>				
ADDRESS <b>PO BOX 437</b>				
CITY <b>Tangent</b>	STATE <b>OR</b>	ZIP <b>97389</b>	<b>OWRD</b>	

**4. Date of Site Inspection:**

<b>10/1/2019 &amp; 9/23/2020</b>
----------------------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Lynn Henriksen</b>	<b>10/1/2019 &amp; 9/23/2020</b>	<b>Property Owner</b>
<b>Laurie Henriksen</b>	<b>10/1/2019</b>	<b>Property Owner</b>

**6. County:**

<b>LINN</b>
-------------

**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				
CITY	STATE	ZIP		

Add additional tables for owners of record as needed

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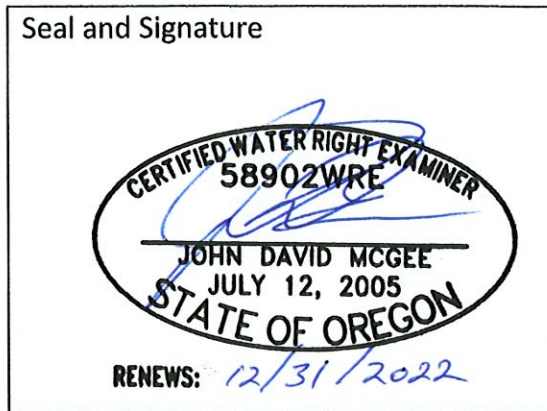
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SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

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



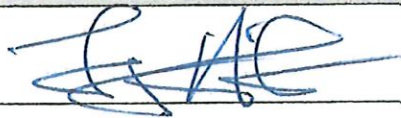

CWRE NAME <b>JOHN DAVID MCGEE</b>		PHONE NO. <b>541-929-4226</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>PO BOX 1472</b>				
CITY <b>PHILOMATH</b>	STATE <b>OR</b>	ZIP <b>97370</b>	E-MAIL <b>johnmcgee@jdmcgee.com</b>	

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
	LYNN S. HENRIKSEN	PROPERTY OWNER	05/20/2021
	LAURIE J. HENRIKSEN	PROPERTY OWNER	05/20/2021

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**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 3	LINN 61685	L120688

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 3	Calapooia River Basin	NA

**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 3	Irrigation	Hazelnuts, Rye, Fescue, Clover	May 1 – September 30	5.57 AF
<b>Total Quantity of Water Used</b>				<b>5.57 AF</b>

**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:

The water distribution system begins at Well 3 (Well Log 61685) where water is pumped from a submersible pump through the Netafim totalizing flow meter and through a buried 3" PVC mainline to the irrigation system. The irrigation system consists of drip and handline zones. The buried 3" mainline connects to a 2.5" PVC mainline that conveys flow to the above ground drip irrigation system and to two stubbed out lines to the grass field and the clover field. Above ground 2.5" aluminum handline connects to the stubbed out lines and conveys flow to Rain Bird sprinklers in the clover and grass fields. The water user stated that the bulge on the property can be employed as needed using a 6.5/15 HP Berkeley pump, 15 HP Baldor Motor and HIPOWER Generating set. Additional information about the bulge is included in the system comments section below.

**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**  
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 permit allowed 81.3 acres of irrigation. The water user only developed 69.9 acres.**

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
<b>Well 3</b>	<b>0.20 CFS</b>	<b>0.48 CFS</b>	<b>NA</b>	<b>Irrigation</b>	<b>81.3</b>	<b>69.9</b>

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**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.

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

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Well 3

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**A. Place of Use**

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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
12S	4W	W.M.	11	NWNE	NA	69	Irrigation	6.4	NA
12S	4W	W.M.	11	SWNE	NA	69	Irrigation	7.6	NA
12S	4W	W.M.	11	NENW	NA	69	Irrigation	11.1	NA
12S	4W	W.M.	11	NWNW	NA	69	Irrigation	4.5	NA
12S	4W	W.M.	11	SWNW	NA	69	Irrigation	15.5	NA
12S	4W	W.M.	11	SEnw	NA	69	Irrigation	24.8	NA
<b>Total Acres Irrigated</b>								<b>69.9</b>	<b>NA</b>

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:

1/2" Vent Port on Well 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 ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
NA	NA	NA	NA	NA	NA	NA



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)?

NO

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.

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**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.

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1. Is a pump used?

YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Wolf	5LL5V-5	Unknown	Submersible	4"	3"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Grundfos	7.5

**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)
7.5	30	40'	0'	0.48

**5. Provide pump calculations:**

<p><b>Pump Capacity (Calculations using WRD designed formula):</b>  <math>(HP * Efficiency) / (Lift + PSI Head) = Capacity \text{ in CFS}</math>  <math>(PSI / 0.433) * 1.1 = Head \text{ in Feet based on PSI}</math>  <math>(30 / 0.433) * 1.1 = 69.3 \text{ ft}</math>  <math>(7.5 * 7.04) / (40 + 69.3) = 0.48 \text{ cfs}</math></p>
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**6. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA	NA	NA	NA

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
3"	2,100'	Class 160 PVC	Buried
2.5"	3,800'	Class 160 PVC	Buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2.5"	2,880'	Aluminum	Above Ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	30	3.5	72	57	0.50

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)
18mm	10	0.0043	7,029 average per zone (7 zones)	49,200 (maximum number of emitters)	0.47 (maximum emitter output)

**E. Storage**

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

YES

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

If "YES" is it a: Storage Tank  
Bulge in System / Reservoir

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NO

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YES

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

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**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
POND	0'	15.6



**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.*

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

The water user has a 6.5/15 HP Berkeley pump, 15 HP Baldor Motor and HIPOWER Generating set for use at the bulge. Photos of the bulge pump, motor, and generating set labels are provided below for reference. The theoretical maximum flow from the bulge pump is given below.

$$(15 * 6.61) / (7 + 69.3) = 1.3 \text{ CFS}$$



The bulge volume was calculated from the surveyed surface area multiplied by the water user-supplied average depth of 6.5 ft.



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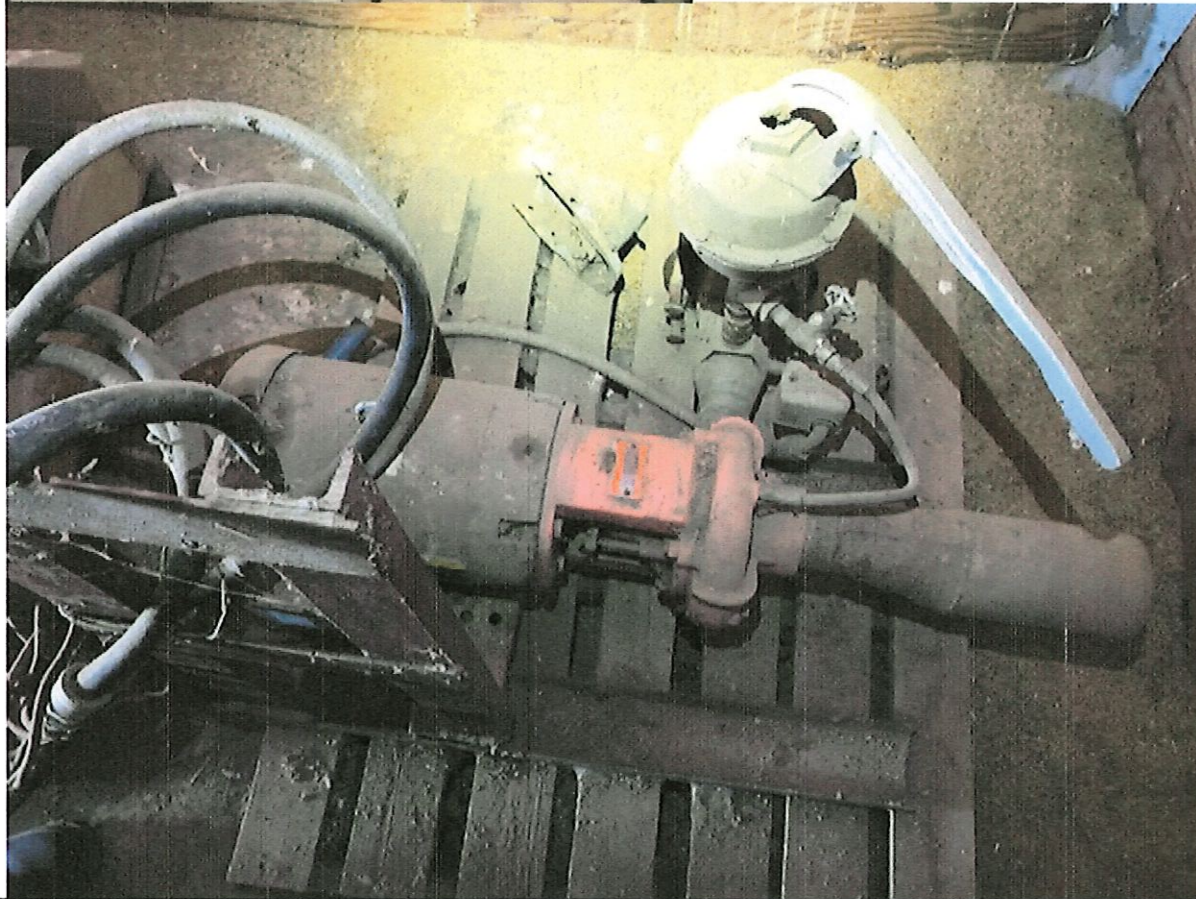
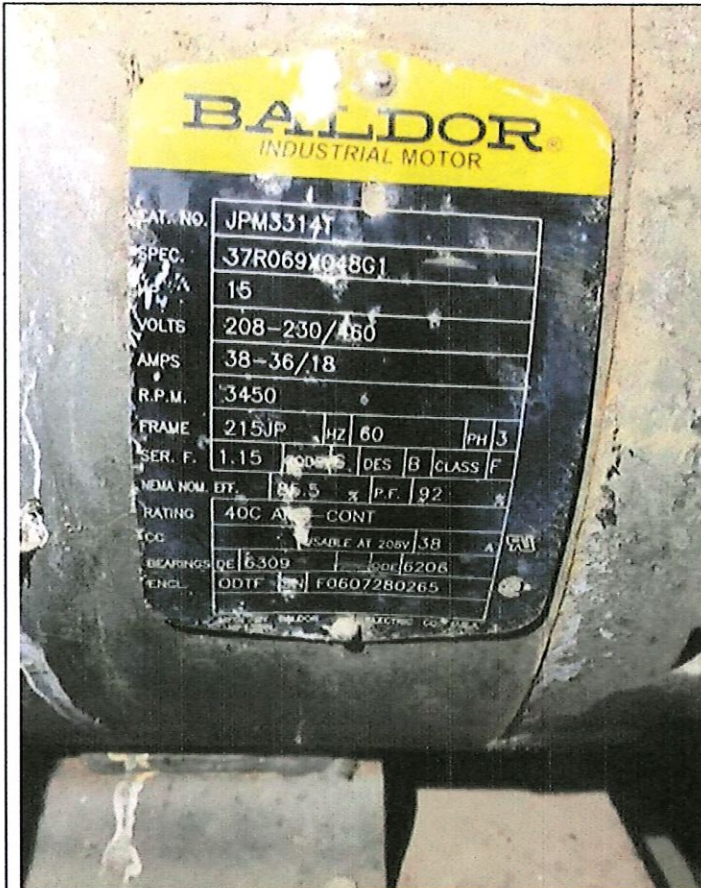
 MC 24550 FOR ELECTRICAL EQUIPMENT ONLY POUR MATERIEL ELECTRIQUE SEULEMENT		 <b>HIPOWER™</b> Illinois Power System, Inc. 16210 W. 110th Street - Lenexa, KS 66219 Tel. 913-495-5557 - Fax. 913-495-5575	
DIESEL POWERED AC GENERATING SET			
Model: HRYW-25 T6 RENTAL		Serial# X1CH34422 date: 2011 Sept 19	
FREQUENCY Hz	60HZ	R.P.M.	1,800
RATED OUTPUT	26KVA		17KVA
RATED VOLTAGE V	480 208	240	120
PHASE #	3		1
RATED CURRENT A	31 72	69	2x 69
POWER FACTOR	0.8		0.8
INSULATION CLASS	H-25 °C	WEIGHT lb	2400 lb
		DIMENSIONS in	84.6 x 40.4 x 61.0
*10% OVERLOAD FOR 2H IN A 24H PERIOD*			



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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:

Table with 4 columns: Category, Date from Permit, Date Accomplished, and Description of Actions Taken by Water User to Comply with the Time Limits. Rows include Issuance Date, Begin Construction (A), Complete Construction (B), and Complete Application of Water (C).

\* 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.

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

March

c. Was the measurement submitted to the Department? YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

Table with 4 columns: Date of Measurement, Measurement Made By, Method, and Measurement. All cells contain 'NA'.

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? YES

d. If "YES", were those measurements submitted to the Department? YES

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

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DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA	NA	NA	NA

**5. Pump Test:**

a. Did the permit require the submittal of a pump test? YES

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.

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? YES

c. Is the pump test attached to this claim? YES

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

e. Has a pump test exemption been approved by the Department? 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

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

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

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 3	Netafim	16-505031985	Working	5,333,830 gallons	10/1/2016

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



**7. Recording and reporting conditions:**

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

YES

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

b. Have the reports been submitted?

YES

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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?

NO

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 to the well?

YES

WELL ID #	DATE ATTACHED TO WELL
L120688	6/8/2016

e. Other conditions?

NO

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

The water user had the well constructor attach the well ID tag upon completion of the well construction.

**SECTION 6**

**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
LINN 61685	Well 3 Water Supply Well Report for LINN 61685 (Well ID L120688)
Pump Test	Pump Test for Well 3
Exhibit Map	Claim of Beneficial Use exhibit map
Drip Irrigation Map	Map showing drip irrigation layout provided by Stettler Supply Company

**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 location of the Place of Use, wells, and meters were measured from the ENE corner of DLC 57 using GPS. The irrigation mainline was drawn from irrigation maps provided by the property owner. Boundary lines were based on County tax assessor maps.

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**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
- N/A 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
- N/A 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



LINO 61685

# LINN 61685

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

WELL I.D. LABEL# 120688  
START CARD # 1029894  
ORIGINAL LOG #

(1) LAND OWNER  
Owner Well I.D. 5633  
First Name Lynn Last Name Henricksen  
Company Viking Farms LLC  
Address PO Box 437  
City Tangent State OR Zip 97389

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrd  
Casing:          
Material From To Amt sacks/lbs  
Seal:

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

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 100 ft.

BORE HOLE			SEAL				sacks/lbs
Dia	From	To	Material	From	To	Amt	
16	0	30	Bentonite	0	30	32	S
12	30	80			Calculated	30	
10	80	100			Calculated		

How was seal placed: Method  A  B  C  D  E  
 Other poured dry  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  
  12  2 79 250      
Shoe  Inside  Outside  Other Location of shoe(s)  
Temp casing  Yes Dia 16 From \_\_\_\_\_ To 19

(7) PERFORATIONS/SCREENS  
Perforations Method Holt air perf.  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/Screen Serr/slot Slot # of Tele/  
screen Liner Dia From To width length slots pipe size  
Perf Casing 12 40 74 .125 1 1,750

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
251 40 70 1  
220 40 70 4

Temperature 54 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 125  
From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
County LINN Twp 12 S N/S Range 4 W E/W WM  
Sec 11 NE 1/4 of the NW 1/4 Tax Lot 200  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

33156 Hinck Rd.- Tangent, OR 97389

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 06-07-2016 \_\_\_\_\_ 18  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 25

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-06-2016	25	70	100		18
06-06-2016	83	100	120		18

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
Top Soil 0 2  
Brown clay 2 18  
Dirty brown sand 18 40  
Cemented sand and gravel 40 45  
Dirty sand and gravel 45 58  
Blue sand and gravel 58 70  
Gray clay 70 83  
Sand and gravel 83 90  
Black sand 90 92  
Black sand and gravel 92 100  
-hole covered back to 83'  
JONES DRILLING CO., INC.  
2940 SANTIAM HWY.  
LEBANON, OR 97355  
541-367-2560 541-451-2686  
1-800-915-8388

Date Started 06-06-2016 Completed 06-07-2016

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
License Number 1888 Date 06-13-2016  
Signed *Karen Gillett*

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
License Number 1684 Date 06-13-2016  
Signed \_\_\_\_\_  
Contact Info (optional) \_\_\_\_\_



Oregon Water Resources Department  
**PUMP TEST FORM COVER SHEET**

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**Well Owner:**  
 Name: Viking Farms, LLC  
 Address: 33156 Hinck Rd.  
 County: Linn  
 City: Tangent State: OR Zip: 97389  
 Original owner (from well log): Viking Farms, LLC

**Well Location:**  
 Township: 12 S Range: 4 W  
 Section: 11  $\frac{1}{4}$ : NE  $\frac{1}{16}$ : NW  $\frac{1}{64}$ :  
 Well depth: 100.0 Date drilled: 6/07/2016  
 Owners well no. (if any): 120688  
 POD ID: \_\_\_\_\_

**Water Right Information:**  
 Application: \_\_\_\_\_ Permit: \_\_\_\_\_ 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: Tyler Klopfenstein Well Owner?  Yes  
 Company: Jones Drilling Co., Inc.  
 Address: 29400 Santiam Hwy. Date of Test: 06/08/2016  
 City: Lebanon State: OR Zip: 97355  
 Daytime phone: 541-367-2560

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

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

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

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

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) \_\_\_\_\_

Measuring point distance above land surface 3.00 feet.

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

Time	Depth to water below meas. point	Depth to water below land surface
<u>9:00 am</u>	<u>18.00</u>	<u>15.00</u>
<u>9:20 am</u>	<u>18.00</u>	<u>15.00</u>
<u>9:40 pm</u>	<u>18.00</u>	<u>15.00</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>10:36 am</u>	<u>255.00</u>	<u>gpm (gallons per minute)</u>
<u>11:45 am</u>	<u>235.00</u>	<u>gpm (gallons per minute)</u>
<u>12:45 pm</u>	<u>235.00</u>	<u>gpm (gallons per minute)</u>
<u>1:45 pm</u>	<u>227.50</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 06/08/2016 Time 10:30 am  
 Time pump turned off: Date 06/08/2016 Time 2:30 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: 



**PUMP TEST DATA SHEET**

Application: \_\_\_\_\_ Permit: \_\_\_\_\_ Certificate: \_\_\_\_\_ Pod Id: \_\_\_\_\_

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
6/08/2016	10:30 am	0	18'	15'	275 gpm	6/08/2016	2:32 pm	0	59'	56'	
	10:32 am	2	44' 1"	41' 1"	270 gpm		2:34 pm	2	36' 5"	33' 5"	
	10:36 am	4	53' 8"	50' 8"	255 gpm		2:38 pm	4	34' 9"	31' 9"	
	10:38 am	6	56'	53'	330 gpm		2:38 pm	6	32' 9"	29' 9"	
	10:35 am	8	57'	54'			2:40 pm	8	31' 2"	28' 2"	
	10:40 am	10	57'	54'	330 gpm		2:42 pm	10	30' 1"	27' 1"	
	10:45 am	15	56' 11"	58' 11"			2:47 pm	15	28' 6"	25' 6"	
	10:50 am	20	57' 1"	54' 1"	253 gpm		2:52 pm	20	27' 6"	24' 6"	
	10:55 am	25	57' 11"	54' 11"			2:57 pm	25	26' 8"	23' 8"	
	11:00 am	30	57'	54'	253 gpm		3:02 pm	30	26'	23'	
	11:15 am	45	57' 7"	54' 7"			3:17 pm	45	25' 1"	22' 1"	
	11:30 am	60	58'	55'	235 gpm		3:32 pm	60	24'	21'	
	11:45 am	75	58'	55'			3:47 pm	75	23'	20'	
	12:00 pm	90	58' 7"	55' 7"	235 gpm		4:02 pm	90	22'	19'	
	12:15 pm	105	59' 4"	56' 4"	235 gpm		4:17 pm	105	21'	18'	
	12:30 pm	120	59' 6"	56' 6"	235 gpm		4:32 pm	120	20'	17'	
	12:45 pm	135	59' 10"	56' 10"	235 gpm						
	1:00 pm	150	59' 1"	56' 1"							
	1:15 pm	165	59' 7"	56' 7"							
	1:30 pm	180	59' 10"	56' 10"	227.5 gpm						
	1:45 pm	195	60'	57'							
	2:00 pm	210	59' 1"	56' 1"							
	2:15 pm	225	58' 10"	55' 10"	220 gpm						
	2:30 pm	240	59'	56'							

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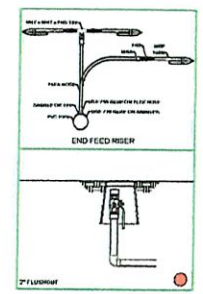
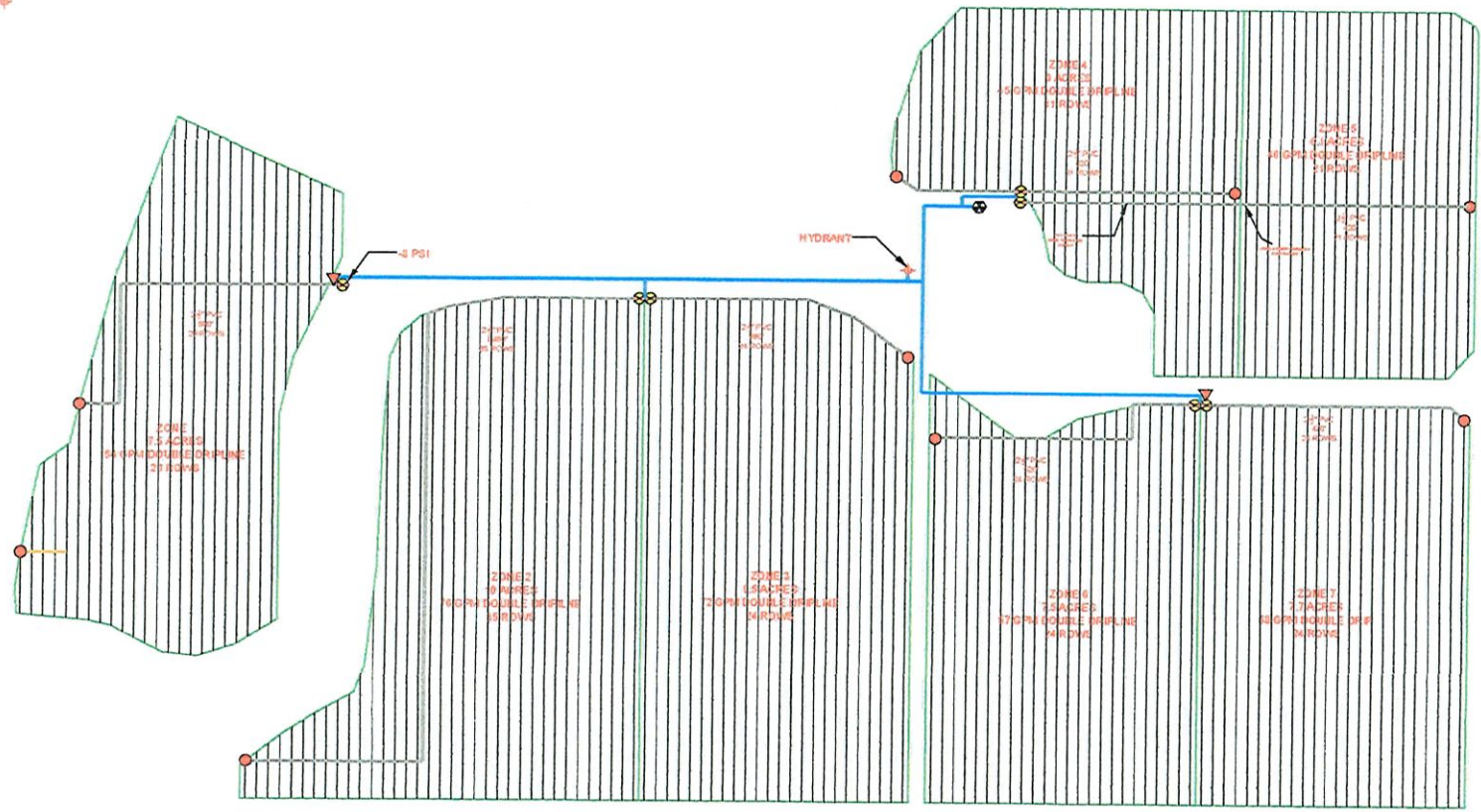


- LEGEND:**
- 8" PVC PIPE
  - 6" PVC PIPE
  - 5" PVC PIPE
  - 4" PVC PIPE
  - 3" PVC PIPE
  - 2 1/2" PVC PIPE
  - 2" PVC PIPE
  - 1 1/2" PVC PIPE
  - 1 1/4" PVC PIPE
  - 1" PVC PIPE
  - VALVE
  - PUMP & FILTER
  - AIR VENT
  - FLUSHOUT
  - ROW DIRECTION
  - SPRINKLER

GLUE NOTES	
711	PVC PIPE AND FITTINGS
719	GLUE ON SADDLES
795	FLEXIBLE PVC HOSE
P-70	PRIMER

**DESIGN NOTES:**  
 ACRES ± :  
 CROP:  
 ROW SPACING:  
 PLANT SPACING:  
 APPLICATION DEVICE:  
 APPLICATION RATE:  
 NO. OF SETS:

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L'YNN HENRIKSEN
HOUSE HAZELNUTS
DATE: 3/15/16
SCALE: 1" = 100'



DRAWN BY: EMK	
DESIGNED BY: EMK	
JOB NUMBER:	HAZELNUTS
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