

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 \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 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 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 EXAM FEE RECORD FEE

0201 SURFACE WATER \$ _____ 0202 \$ _____

0203 GROUND WATER \$ _____ 0204 \$ _____

0205 TRANSFER \$ _____

WELL CONSTRUCTION EXAM FEE RECORD FEE

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____

LANDOWNER'S PERMIT \$ _____ 0220 \$ _____

OTHER (IDENTIFY) COBU \$ 230.00

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER _____ \$ _____

0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

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

MONEY SLIP

| | |
|-----------------------|--------------------------|
| DATE: <u>9-8-2021</u> | RECEIPT #: <u>136366</u> |
|-----------------------|--------------------------|

| | |
|---|----------------------------|
| RECEIVED FROM: <u>GS1 Water Solutions Inc</u> | APPLICATION <u>G-16991</u> |
| | PERMIT |
| | TRANSFER |

| | | | | | | | |
|------|--------------------------|---------|--|------------------|--------------------------------|-------------|------------------|
| CASH | <input type="checkbox"/> | CHECK # | <input checked="" type="checkbox"/> <u>23883</u> | OTHER (IDENTIFY) | <input type="checkbox"/> _____ | TOTAL REC'D | \$ <u>230.00</u> |
|------|--------------------------|---------|--|------------------|--------------------------------|-------------|------------------|

| | |
|---------------|----------------------|
| 1083 TREASURY | 4170 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 46111 | | |
| 0407 | COPY & TAPE FEES | \$ |
| 0410 | RESEARCH FEES | \$ |
| 0408 | MISC REVENUE (IDENTIFY) _____ | \$ |
| TC162 | DEPOSIT LIAB. (IDENTIFY) _____ | \$ |
| 0240 | EXTENSION OF TIME _____ | \$ |

| | | |
|--------------|------------------------|---------------|
| WATER RIGHTS | | |
| | EXAM FEE | RECORD FEE |
| 0201 | SURFACE WATER \$ _____ | 0202 \$ _____ |
| 0203 | GROUND WATER \$ _____ | 0204 \$ _____ |
| 0205 | TRANSFER \$ _____ | |

| | | |
|-------------------|---------------------------------|---------------|
| WELL CONSTRUCTION | | |
| | EXAM FEE | RECORD FEE |
| 0218 | WELL DRILL CONSTRUCTOR \$ _____ | 0219 \$ _____ |
| | LANDOWNER'S PERMIT _____ | 0220 \$ _____ |
| <u>0200</u> | OTHER (IDENTIFY) <u>COBU</u> | <u>\$230-</u> |

| | |
|---------------|--------------------|
| 0607 TREASURY | 0467 HYDROELECTRIC |
|---------------|--------------------|

| | | |
|------|----------------------------|------------|
| 0233 | POWER LICENSE FEE (FW/WRD) | LIC NUMBER |
| 0231 | HYDRO LICENSE FEE (FW/WRD) | \$ |
| | HYDRO APPLICATION | \$ |

SPECIAL INSTRUCTIONS:

RECEIVED
OVER THE COUNTER

RETURN TO APPLICANT-- LETTER ATTACHED

OREGON



WATER RESOURCES
DEPARTMENT

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OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: George Hanson

30576 S. Oswalt Rd, Colton, OR 97017

Transaction Type: claim of Beneficial use

Fees Received: \$ 230.00

Cash

Check:

Check No. 023003

Name(s) on Check: GSI Water Solutions ~~LLC~~ Inc.

Address on Check: 55 SW Yamhill St, Suite 300

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

Patricia
97204

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,

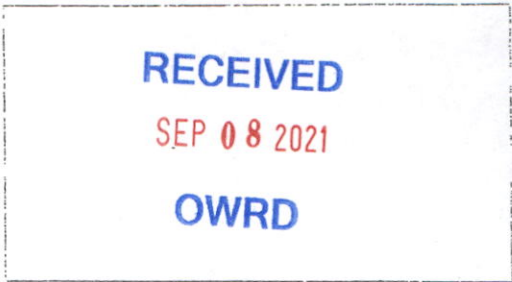
OWRD Customer Service Staff

Submission received by: Aryssa

(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Place the Submission Receipt with check/cash in the small top drawer (i.e., "Fiscal Pick Up Drawer"). Place the Submission Receipt with submission (application/other document) in the large bottom drawer.



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: George Hansen
30574 S. Oswalt Rd, Colton, OR 97017

Transaction Type: claim of Beneficial use

Fees Received: \$ 230.00

Cash Check: Check No. 023003

Name(s) on Check: GSI Water Solutions Inc.

Address on Check: 55 SW Yamhill St, Suite 300

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

*Patricia
97204*

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If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Alyssa
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt, and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
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September 7, 2021

Mr. Gerry Clark
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271

RE: Claim of Beneficial Use for Permit G-16429

Mr. Clark:

On behalf of the permittee, please find enclosed Claim of Beneficial Use (COBU) report for Permit G-16429 (Application G-16991) accompanied by a check in the amount of \$230 for payment of the COBU submittal fee. Please do not hesitate to contact me at 971-200-8509 with questions about the enclosed COBU.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Theodore Ressler".

Theodore Ressler, RG, CWRE
GSI Water Solutions, Inc.

Enclosures:
Claim of Beneficial Use for Permit G-16429
Check # 023883 in the amount of \$230

Cc: Joe Hansen - Foothills Honey Company.

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**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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.

The COBU is for a permit with a priority date of 12/28/2007; the referenced \$230 fee is applicable and is included.

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.

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-16991 | PERMIT # (IF APPLICABLE) G-16429 | PERMIT AMENDMENT # (IF APPLICABLE) - |
|---------------------------------|--|---|

2. Property Owner (current owner information):

| | | | |
|---|--------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME George Hansen | | PHONE NO. 503-824-2265 | ADDITIONAL CONTACT NO. |
| ADDRESS 30576 S Oswalt Rd | | | |
| CITY Colton | STATE OR | ZIP 97017 | E-MAIL contact@foothillshoney.com |

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 George and Susan Hansen | | |
| ADDRESS 30576 S Oswalt Rd | | |
| CITY Colton | STATE OR | ZIP 97017 |

| | | |
|---|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD NA | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

| |
|------------------|
| 7/21/2021 |
|------------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|----------------------|------------------|--------------------------------|
| Joe Hansen | 7/21/2021 | Foothills Honey Company |
| George Hansen | 7/21/2021 | Foothills Honey Company |

Note: The system observed during the site visit on 7/21/2021 was in place prior to the C-date of 10/1/2013. See Attachment 4 for documentation (aerial photos) that the irrigation acreage was developed prior to the C-date of 10/1/2013.

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6. County:

| |
|------------------|
| Clackamas |
|------------------|

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7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

| | | |
|------------------------------|-------|-----|
| OWNER OF RECORD NA | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

**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 Theodore R. Ressler | | PHONE NO. 503-239-8799 | ADDITIONAL CONTACT NO. |
| ADDRESS GSI Water Solutions, Inc. 55 SW Yamhill St., Suite 300 | | | |
| CITY Portland | STATE OR | ZIP 97204 | E-MAIL tressler@gsiws.com |

Permit Holder's 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 |
|-------------------------|--------------------|-----------------------------|----------|
| <i>George K. Hansen</i> | George Hansen | | 9/7/2021 |
| <i>Susan J. Hansen</i> | Susan L. Hansen | Foothills Honey Company LLC | 9-7-2021 |

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SECTION 3
CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

| POA NAME OR NUMBER (CORRESPOND TO MAP) | WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE) | WELL TAG # (IF APPLICABLE) |
|---|--|-------------------------------|
| Well 1 | CLAC-65759 | L-98102 |

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

2. 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 1 | Agriculture, Irrigation, and Nursery Use | Wildflowers, Garden Vegetables | Irrigation and Nursery Use: 3/1 – 10/31 Agriculture Use: 11/1 – 2/28 | 0.08 cfs (35.9 gpm) |
| Total Quantity of Water Used | | | | 0.08 cfs (35.9 gpm) |

3. 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:

Groundwater is appropriated from Well 1 and conveyed to the place of use via 2-inch diameter PVC mainlines. Water is then applied to beneficial use on the place of use via a multi-zone drip tape system consisting of ~29,000 ft of drip tape in total.

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).

4. Variations:

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

YES

(e.g. "The permit allowed three points of diversion. 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.")

Point of Appropriation. Only one of the two points of appropriation authorized under the permit (Well 1; CLAC-65759) has been developed.

5. Claim Summary:

| POD / POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|------------------------|--------------------------------|---|---------------------------------|---|-----------------------|-------------------------|
| Well 1 | 0.08 cfs (35.9 gpm) | 0.17 cfs (78.3 gpm) | 0.085 cfs (38.4 gpm) | Agriculture, Irrigation, and Nursery Use | 13.9 acres | 5.14 |

**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):

Well 1 (CLAC-65759)

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, 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-inch dedicated access port at wellhead

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

| POA NAME | CASING DIAMETER | CASING DEPTH | TOTAL DEPTH | COMPLETION DATE OF ORIGINAL WELL | COMPLETION DATES OF ALTERATION | WHO THE WELL WAS DRILLED FOR | WELL DRILLED BY |
|--|-----------------|--------------|-------------|----------------------------------|--------------------------------|------------------------------|-----------------|
| Well log provided in Attachment 3 | | | | | | | |

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 Attachment 3 for well log associated with Well 1 (CLAC-65759)

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.

D. Appropriation and Delivery System Information

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Provide the following information concerning the appropriation 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

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

| POA NAME | MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|----------|--------------|--------|---------------|--|
| Well 1 | Goulds | 55GS75 | NA | Submersible |

3. Theoretical Pump Capacity:

| POA NAME | 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) |
|----------|------------|---------------------|--|--------------------------------|----------------------------|
| Well 1 | 7.5 | 75 (at wellhead) | 112 ft | - | 0.17 cfs (78.3 gpm) |

4. Provide pump calculations:

$$Q_{\text{pump}} = \frac{(\text{Hp})(\text{conversion factor})}{(\text{lift} + \text{pressure}) \text{ total head in feet}} = \text{cfs}$$

Conversion factor:

Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4/\text{sec/Hp}$

Well 1

$$Q_{\text{pump}} = \frac{(7.5)(7.04)}{[112 + (75 * 2.54)]} = 0.17 \text{ cfs (78.3 gpm)}$$

Note: Frictional losses in the well pump and pump column (upstream of the pressure measurement) assumed to be accounted for by the 2.54 ft/psi conversion factor (versus 2.31 ft/psi). Frictional losses in the transmission pipeline and additional lift downstream of the well discharge are a component of the pressure measured at the wellhead.

5. Measured Pump Capacity (using meter if meter was present and system was operating):

| POA NAME | INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT (IN CFS) |
|----------|-----------------------|----------------------|---------------------------|----------------------------|
| Well 1 | 53984 cubic feet | 53993 cubic feet | 1.5 minutes | 0.085 cfs (38.4 gpm) |

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

6. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------------------------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| NA; not used in system | | | | | |

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

7. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|

NA; individual drip emitters not used in system

8. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|---|
| 12-inches | ~1 | ~29,000 ft | ~3,300 | 0.07 (33 gpm) | A multi-zone application system is used to apply water within the POU. The largest zone contains ~3,300 ft of drip tape |

E. Storage

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

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?

NO

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

Attach measurement notes.

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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**SECTION 5
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 any 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 extension final order:

| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|----------------------|--------------------|---|
| ISSUANCE DATE | 2/2/2009 | | |
| BEGIN CONSTRUCTION (A) | Not Specified | 2/23/2009 | Began drilling Well 1 |
| COMPLETE CONSTRUCTION (B) | 10/1/2013 | 11/2011 | Finished developing the application system to beneficially apply water |
| COMPLETE APPLICATION OF WATER (C) | 10/1/2013 | 11/2011 | Finished developing the application system to beneficially apply water |

* 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:

| POA NAME | DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---|---------------------|---------------------|--------|-------------|
| See Groundwater Site CLAC 65759 for submitted water level measurements | | | | |
| https://apps.wrd.state.or.us/apps/gw/gw_info/gw_info_report/gw_details.aspx?gw_site_id=20884 | | | | |

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.

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|--|---------------------|--------|-------------|
| See Groundwater Site CLAC 65759 for submitted water level measurements https://apps.wrd.state.or.us/apps/gw/gw_info/gw_info_report/gw_details.aspx?gw_site_id=20884 | | | |

5. Pump Test:

- a. Is a pump test required? **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? **NO**
- c. Is the pump test attached to this claim? **NO**
- d. Has the pump test been approved by the Department? **NO**
- e. Has a pump test exemption been approved by the Department? **NO**

****The Claim 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 appropriation.

- b. Has a meter been installed? **YES**
- c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|----------------------|-----------|----------------------------|-------------------------|------------------|
| Well 1 | Hersey Meters | NA | Working | 53993 cubic feet | 3/17/2009 |

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**

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

b. Have the reports been submitted? YES

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 a Well Identification Number (Well ID tag) assigned and attached to the well? YES

| WELL ID # | DATE ATTACHED TO WELL |
|---------------------------|-----------------------|
| Well 1 L-98102 | 3/17/2009 |

d. 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):

Irrigation allowed under this permit shall be by drip irrigation or by an equally efficient method.
IN COMPLIANCE: Water is beneficially applied to the place of use via a multi-zone drip tape system.

**SECTION 6
ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION |
|---------------------|--|
| Attachment 1 | Map |
| Attachment 2 | Water Right Information |
| Attachment 3 | Well Logs |
| Attachment 4 | Supporting Beneficial Use Documentation |
| Attachment 5 | COBU Review Fee |

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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 point of appropriation and other visible components were visited during the site inspection. The locations of the point of appropriation and flowmeter are based on a field survey using a handheld GPS completed during the site inspection. The Claim of Beneficial Use map was developed using Geographic Information System (GIS) software and spatial datasets obtained from the Oregon Water Resources Department (OWRD), the Bureau of Land Management (BLM), the United States Geological Survey (USGS), and ESRI. Additional data and information specific to the water right holder's use of water under the water right described in this Claim of Beneficial Use report were obtained from the water right holder.

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 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
- NA** 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

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Attachment 2

Water Right Information

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STATE OF OREGON

COUNTY OF CLACKAMAS

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

GEORGE AND SUSAN HANSEN
30576 S OSWALT RD
COLTON, OR 97017

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-16991

SOURCE OF WATER: WELL 1 AND WELL 2 IN MILK CREEK BASIN

PURPOSE OR USE: AGRICULTURE, IRRIGATION, AND NURSERY USES ON 13.9 ACRES

MAXIMUM RATE: 0.08 CUBIC FOOT PER SECOND

PERIOD OF USE:

MARCH 1 THROUGH OCTOBER 31 FOR IRRIGATION AND NURSERY USE
NOVEMBER 1 THROUGH THE END OF FEBRUARY FOR AGRICULTURAL USE

DATE OF PRIORITY: DECEMBER 28, 2007

WELL LOCATION:

WELL 1 - NW $\frac{1}{4}$ SW $\frac{1}{4}$, SECTION 4, T5S, R3E, W.M.; 175 FEET SOUTH AND
525 FEET EAST FROM W1/4 CORNER, SECTION 4

WELL 2 - NW $\frac{1}{4}$ SW $\frac{1}{4}$, SECTION 4, T5S, R3E, W.M.; 75 FEET SOUTH AND
1025 FEET EAST FROM W1/4 CORNER, SECTION 4

The amount of water used for nursery use is limited to a maximum of 5.0 acre feet per acre and a diversion of 0.15 cubic foot per second per acre. For irrigation of containerized nursery plants, the amount of water diverted is limited to one fortieth of one cubic foot per second and 5.0 acre feet per acre per year. For irrigation of in-ground nursery plants, the amount of water diverted is limited to one eightieth of one cubic foot per second and 2.5 acre feet per acre per year. The use of water for nursery use may be made at any time, during the period of allowed use specified above, that the use is beneficial. For irrigation of any other crop, the amount of water diverted is limited to one eightieth of one cubic foot per second and 2.5 acre feet per acre during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NW $\frac{1}{4}$ SW $\frac{1}{4}$ 13.9 ACRES
SECTION 4
TOWNSHIP 5 SOUTH, RANGE 3 EAST, W.M.

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Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the meter(s) in good working order. The permittee shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter(s); provided however, where any meter is located within a private structure, the watermaster shall request access upon reasonable notice.

Irrigation allowed under this permit shall be by drip irrigation or by an equally efficient method.

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

Before Use of Water Takes Place

Initial and Annual Measurements

The Department requires the permittee to report an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

After Use of Water has Begun

Seven Consecutive Annual Measurements

Following the first year of water use, the user shall report seven consecutive annual static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require the user to obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction

Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- A. Identify each well with its associated measurement; and
- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method used to obtain each well measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water level measurements reveal an average water level decline of three or more feet per year for five consecutive years; or
- B. Annual water level measurements reveal a water level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water level measurements reveal a water level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

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. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

STANDARD CONDITIONS

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may not be valid, unless the Department authorizes the change in writing.

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If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The well(s) shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR Chapter 635, Division 415, Section 030 adopted November 13, 1991 shall be followed.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet existing state or federal water quality standards due to reduced flows.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes substantially with any prior surface or ground water rights.

Completion of construction and complete application of the water to the use shall be made on or before October 1, 2013. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application

for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued February 2, 2009

E. Timothy Wall

for Phillip C. Ward, Director
Water Resources Department

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BEFORE THE WATER RESOURCES DEPARTMENT
OF THE STATE OF OREGON

IN THE MATTER OF THE)
REINSTATEMENT OF PERMIT G-16429) ORDER

Findings of Fact

1. On March, 23, 2021, the Department cancelled this permit in accordance with the provisions of ORS 537.260.
2. The permittee requested reconsideration of the March 23, 2021, order canceling the permit.
3. The petition for reconsideration was submitted within the timeline provided by the order, and the necessary re-instatement fee required under ORS 536.050 was received.

PERMIT TO USE GROUNDWATER:

| <u>Name</u> | <u>Basin Number</u> | <u>Watermaster District</u> | <u>Application Number</u> | <u>Permit Number</u> |
|---------------|-------------------------|---------------------------------|-------------------------------|--------------------------|
| GEORGE HANSEN | 2 | 20 | G-16991 | G-16429 |
| SUSAN HANSEN | | | | |

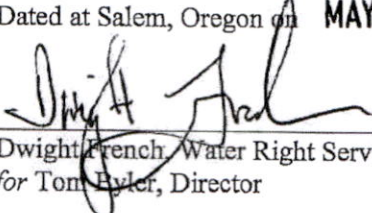
Conclusions of Law

1. Permits may be re-instated by the Department upon reconsideration pursuant to OAR 137-004-0080.

Order

1. NOW, THEREFORE, it is hereby ORDERED that the permit listed above is reinstated.
2. The Department will take no action to cancel this permit until 120 Days, to allow the permittee to come into compliance with the terms and conditions of the permit.

Dated at Salem, Oregon on **MAY 1 1 2021**


Dwight French, Water Right Services Administrator
for Tom Byler, Director

PLACED IN U.S. MAIL **MAY 1 1 2021**
BY OREGON WATER RESOURCES DEPARTMENT

This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080, you may petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date, the petition was filed, the petition shall be deemed denied.

Special Order Volume 120 Page 478

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Attachment 3

Well Log

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

WELL ID. # 98102
START CARD # 199260

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

(1) LAND OWNER Well Number L 98102
Name George & Susan Hansen
Address 30576 South Oswalt Road
City Colton State OR Zip 97017

(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 320 ft.
Explosives used Yes No Type Amount

| HOLE | | | SEAL | | | |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 12 | 0 | 75 | Cement | 0 | 75 | 44 SACKS |
| 10 | 75 | 320 | | | | |

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

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

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 8 | 4 | 120 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: 6 | -3 | 320 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) 320'

(7) PERFORATIONS/SCREENS:

Perforations Method Airknife
 Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 280 | 320 | 1/8 x 2 | 400 | 6 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 80 | | 320 | 1 hr. |
| | | | |
| | | | |

Temperature of water 54F Depth Artesian Flow Found

Was a water sample taken? Yes By whom _____
Is the water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other

MAR 31 2009

(9) LOCATION OF WELL by legal description:
County Clack Latitude Longitude
Township 5S N or S Range 3E E or W WM
Section 4 1/4 NW 1/4 SW
Tax Lot 04902 Lot Block Subdivision
Street Address of Well (or nearest address) 30576 South Oswalt Rd Colton OR 97017

(10) STATIC WATER LEVEL:
33 ft. below land surface Date 3/17/09
Artesian pressure _____ lb. per square inch Date

(11) WATER BEARING ZONES:

Depth at which water was first found 8'

| From | To | Estimated Flow Rate | SWI |
|------|------|---------------------|-----|
| 8' | 12' | 9 GPM | 8 |
| 280' | 320' | 80 GPM | 33 |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWI |
|--|------|-----|-----|
| Top Soil | 0 | 1.5 | |
| Brown Clay | 1.5 | 8 | |
| Med. Large Boulders | 8 | 12 | 8 |
| Gray Claystone w/ fingers of purple clay | 12 | 17 | |
| Blue Claystone | 17 | 32 | |
| Grayish Blue Clay | 32 | 56 | |
| Med. Hard Gray Basalts | 56 | 240 | |
| Brow. Gray Clay with gravel | 240 | 320 | 33 |

Olsen-Pulliam Well Drlg
PO Box 505
Gresham Or 97030
503-665-3353

Date started 2/23/09 Completed 3/17/09

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1738
Signed Vance Wagner Date 3/26/09

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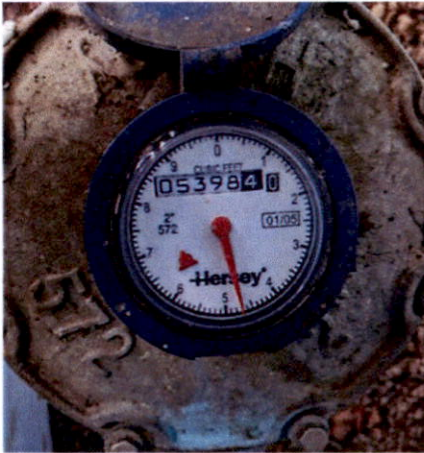
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Attachment 4

Supporting Beneficial Use Documentation

Well 1 / CLAC-65759 (Site Visit on July 21, 2021):



1. Flowmeter (Start of Pumping)



2. Flowmeter after 1.5 minutes of pumping

Total Volume Pumped = 9 cubic feet (67.32) gallons

Pumping Duration = 1.5 minutes

Average Pumping Rate = $(67.32 / 1.5) \sim \underline{38.4 \text{ gpm (0.085 cfs)}}$

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Documentation of Irrigation Development Prior to C-Date of 10/1/2013

5/2010



11/2011



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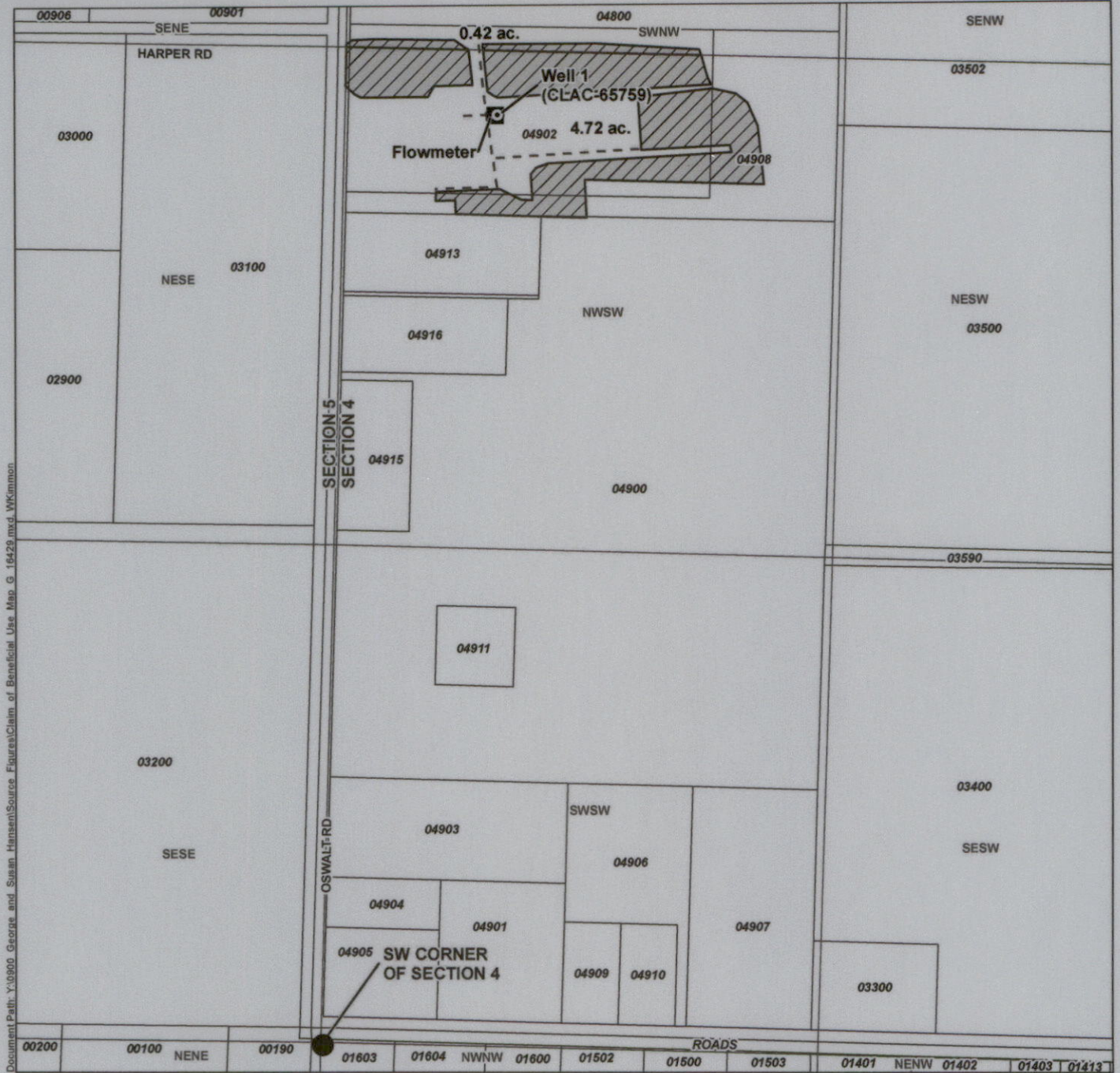
Attachment 5

COBU Review Fee

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Document Path: Y:\0900 George and Susan Hansen\Source Figures\Claim of Beneficial Use Map_G_16429.mxd WKmmmon

- LEGEND**
- Point of Appropriation (POA)
 - Flowmeter
 - Water Conveyance
 - Place of Use (POU)
 - Tax Lot
 - Government Lot (GL)
 - D...
 - R...
 - W...
 - V...

**Claim of Beneficial Use Map
A Water Right in the Name of
George and Susan Hansen
Permit G-16429, Application G-16991
Township 5 South, Range 3 East (W.M.)**

CERTIFIED WATER RIGHTS EXAMINER

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DISCLAIMER
This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

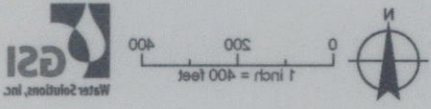
Date: August 23, 2021
Data Sources: BLM, ESRI, OWRD, USGS



Document Path: \70000 Geodata and Plans Hansen\geotice\Examiner\Claim to Beneficial Use Map G-16423.mxd MKM\mkm

**Claim of Beneficial Use Map
A Water Right in the Name of
George and Susan Hansen
Permit G-16423, Application G-16991
Section 4, Township 5 South, Range 3 East (W.M.)**

DISCLAIMER
This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.
Data Sources: BLM, ESRI, OWRD, USGS
Date: August 23, 2021



LOCATION DESCRIPTION
Well 1 (CLAC-85789)
Located 2480 feet North and 390 feet East from the SW corner of Section 4, Township 5 South, Range 3 East (W.M.)

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- LEGEND**
- Point of Appropriation (POA)
 - Flowmeter
 - Water Conveyance
 - Place of Use (POU)
 - Tax Lot
 - Waterbody
 - Watercourse
 - Railroad
 - Donation Land Claim (DLC)
 - Government Lot (GL)



CERTIFIED WATER RIGHTS EXAMINER STAMP

