

# 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

**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)

A fee of \$230 must accompany this form for permits  
with priority dates of July 9, 1987, or later.

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**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-18428</b>	PERMIT # (IF APPLICABLE) <b>G-17871</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>KCK Partners LLC</b>		PHONE NO. <b>503-864-9422</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>11483 SE Amity Dayton Hwy</b>			
CITY <b>Dayton</b>	STATE <b>OR</b>	ZIP <b>97114</b>	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

**3. Permit holder of record (this may, or may not, be the current property owner):**

PERMIT HOLDER OF RECORD <b>KCK Partners LLC c/o Keven Coleman</b>			
ADDRESS <b>11483 SE Amity Dayton Hwy</b>			
CITY <b>Dayton</b>	STATE <b>OR</b>	ZIP <b>97114</b>	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

**4. Date of Site Inspection:**

**February 4, 2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kevin Coleman	February 4, 2021	Owner / operator

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6. County

Polk

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)):

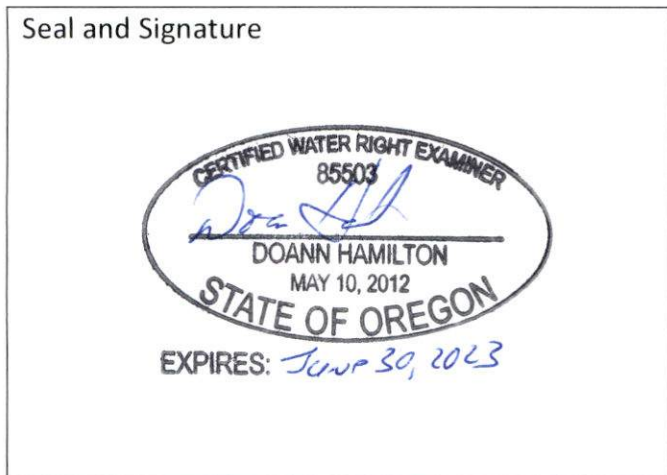
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**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 Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com




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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
	KEVIN LOTEMAN	MEMBER	10/29/21

## SECTION 3

## CLAIM DESCRIPTION

**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	POLK 54202	L-131184

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	A well in Spring Valley Creek Basin	Willamette River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Grass seed and nursery root stock	March 1 through October 31	0.56 cfs
<b>Total Quantity of Water Used</b>				<b>0.56 cfs</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:

Water is pumped from Well (POLK 54202) using a 30 Hp submersible pump to convey water through an eight-foot-long 6-inch steel pipe equipped with a flow meter before going underground. The mainline then tees into to 6-inch PVC pipe heading north and south, then heads east and continues along the side of the road, with hydrants every 60 feet. From these hydrants, aluminum laterals with impact sprinklers every 40 feet are attached.

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



**5. Variations:**

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

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

**1. The place of use was revised to include reference to the DLC and or Government Lot:**

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**Original authorized place of use:**

6S	3W	WM	17	SW SW	16.0
6S	3W	WM	17	SE SW	35.8
6S	3W	WM	17	SW SE	0.1
6S	3W	WM	20	NW NE	0.1
6S	3W	WM	20	NE NW	35.7
6S	3W	WM	20	NW NW	16.2
6S	3W	WM	20	SW NW	1.5
6S	3W	WM	20	SE NW	<u>2.0</u>

**Total: 107.4**

**Revised place of use:**

6S	3W	WM	17	SW SW	DLC 55	16.0
6S	3W	WM	17	SE SW	DLC 55	35.8
6S	3W	WM	17	SW SE	DLC 55	0.1
6S	3W	WM	20	NW NE	DLC 55	0.1
6S	3W	WM	20	NE NW	DLC 55	35.7
6S	3W	WM	20	NW NW	DLC 55	16.2
6S	3W	WM	20	SW NW	DLC 55	1.5
6S	3W	WM	20	SE NW	DLC 55	<u>2.0</u>

**Total: 107.4**

**2. After field verifying, Well (POLK 54202) is more correctly located at:**

**305 feet north and 310 feet west from the S 1/4 corner, Section 17.**

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.50 cfs	0.56 cfs	Not measured	Irrigation	107.4	107.4

**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

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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
6S	3W	WM	17	SW SW	NA	55	Irrigation	16.0	NA
6S	3W	WM	17	SE SW	NA	55	Irrigation	35.8	NA
6S	3W	WM	17	SW SE	NA	55	Irrigation	0.1	NA
6S	3W	WM	20	NW NE	NA	55	Irrigation	0.1	NA
6S	3W	WM	20	NE NW	NA	55	Irrigation	35.7	NA
6S	3W	WM	20	NW NW	NA	55	Irrigation	16.2	NA
6S	3W	WM	20	SW NW	NA	55	Irrigation	1.5	NA
6S	3W	WM	20	SE NW	NA	55	Irrigation	2.0	NA
<b>Total Acres Irrigated</b>								<b>107.4</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-inch port on north side of the sanitary seal.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log POLK 54202						



4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log POLK 54202

**C. Groundwater Source Information (Sump)**

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

NO

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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.

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
Hitachi	VCTI- KK	G27724E	Submersible	6 inch	6 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Hitachi	30 Hp

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 Hp	70 psi	68.65 feet (from permit condition pump test)	0 feet	0.86 cfs

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(68.65 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.86 \text{ cfs}$$

**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)
Not running during site visit			

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.



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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	3,600 feet	PVC	Buried
6 inch	5 feet	Steel	Above

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1,400	Aluminum	Above ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16	50	7.2 gm	35	35	0.56 cfs

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

**11. Drip Emitter Information:**

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

**12. Drip Tape Information:**

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

**13. Pivot Information:**

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

**E. Storage**

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

NO

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

**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?**

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*If “NO”, items 2 through 4 relating to this section may be deleted.*

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

None

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<b>October 10, 2017</b>		
BEGIN CONSTRUCTION (A)	<b>NA</b>	<b>NA</b>	<b>NA</b>
COMPLETE CONSTRUCTION (B)	<b>October 10, 2022</b>	<b>March 2020</b>	<b>Meter was installed and water level read.</b>
COMPLETE APPLICATION OF WATER (C)	<b>October 10, 2022</b>	<b>October 2020</b>	<b>Water was put to full use and reported October 2020.</b>

\* 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:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

**4. Annual Static Water Level Measurements:**

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

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

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

March

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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
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? **NO**

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	McCrometer	20-02957-06	Working	45.324 AF February 4, 2021	March 2020

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

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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 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
L-131184	November 2018

e. Other conditions? YES

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

e1) Condition:

Groundwater production shall be only from the alluvial groundwater reservoir.

Compliance:

Well (POLK 54202) was drilled to a depth of 134 feet but the well was completed to 122 feet, cased to 122 feet and screened from 97 to 117 feet within sand and gravel; therefore, the condition has been met.

e2) Condition:

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

Compliance:

Well tag L-131184 is attached to the well casing.

e3) Condition:

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 635-415, shall be followed.

**Compliance:**

Well (POLK 54202) was drilled approximately 2,000 feet from nearest creek, Valley Creek, to the west of this property and therefore no riparian area was disturbed.

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – POLK 54202	Well log and driller's notes for POLK 54202 – Well
BLM Cadastral Map	BLM Cadastral Map T. 6S. R. 3W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well (POLK 54202) conducted March 10, 2021

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**SECTION 7  
CLAIM OF BENEFICIAL USE MAP**

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

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

The COBU map was prepared using tax assessor's maps 6.3.17 and 6.3.20, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:  
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

**Map Checklist**

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

Map on polyester film



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

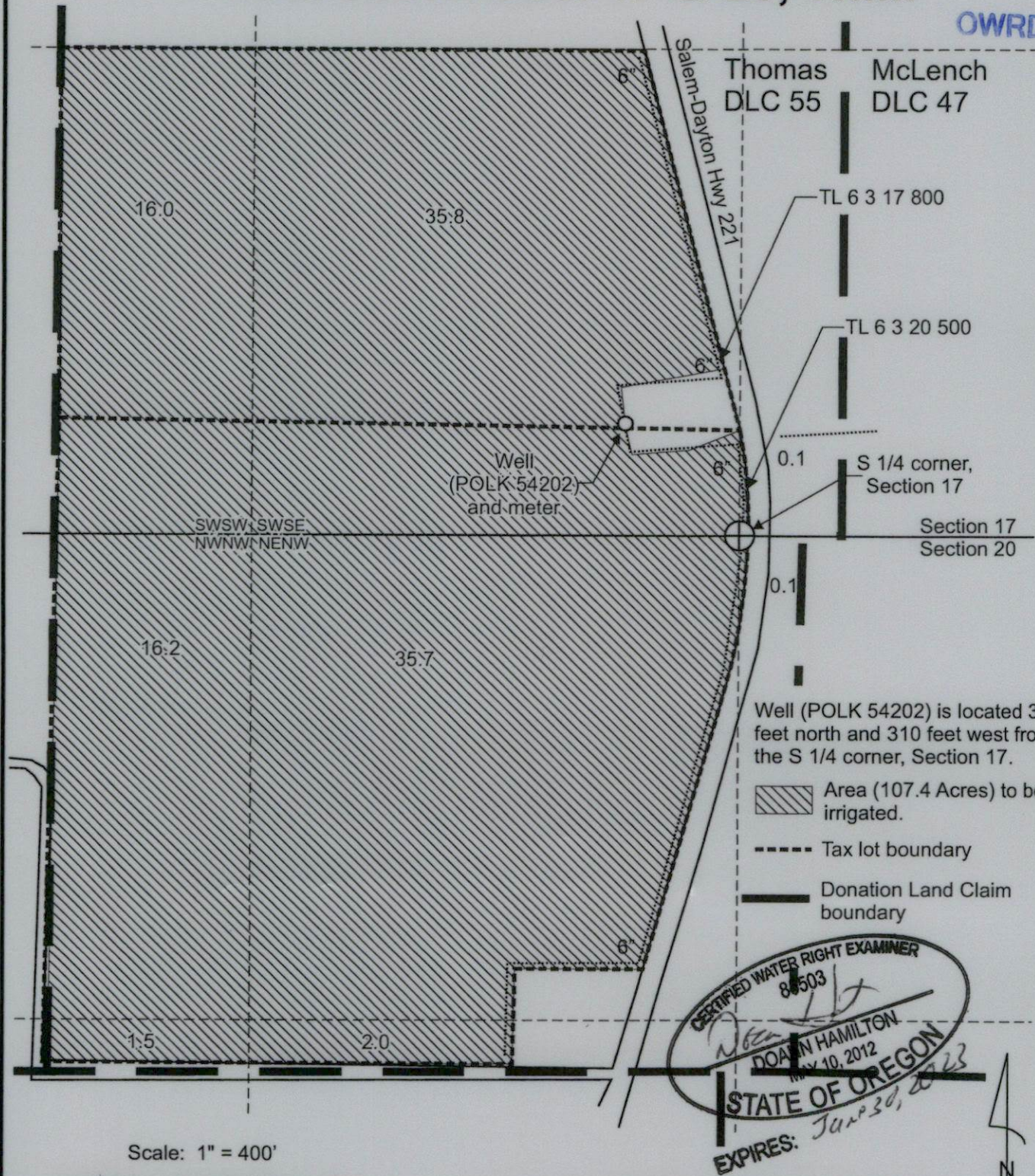
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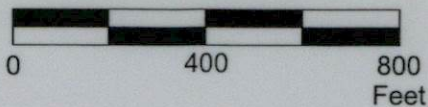
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# T.6S. R.3W. Sec. 17 & 20, W.M.



Scale: 1" = 400'



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

Claim of Beneficial Use Map  
Application G-18428, Permit G-17871

KCK Partners LLC c/o Kevin Coleman  
T.6S. R.3W. Sec. 17 & 20, W.M.

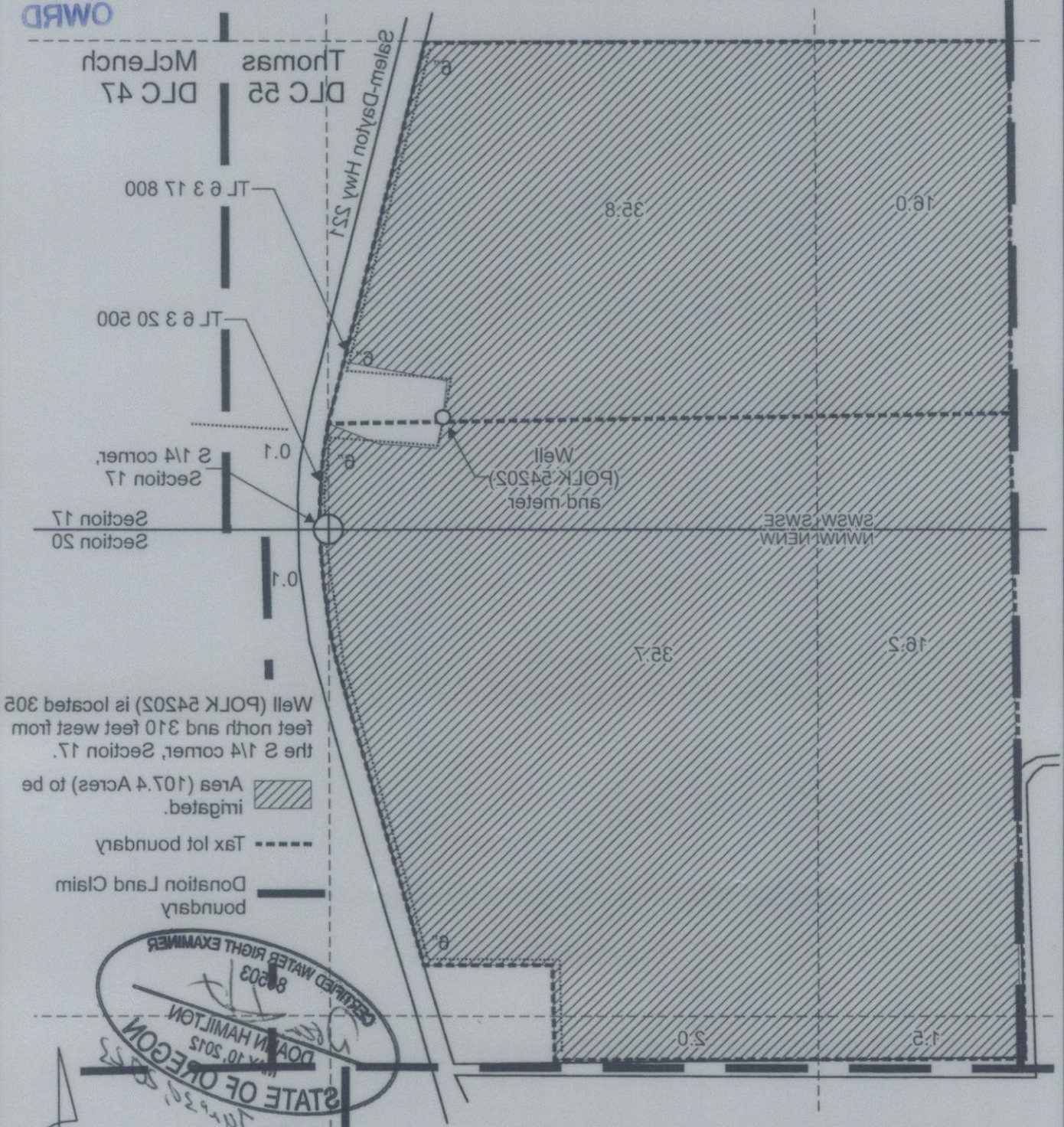
Pacific Hydro-Geology Inc.



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# T.6S. R.3W. Sec. 17 & 20, W.M.

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Well (POLK 54202) is located 305 feet north and 310 feet west from the S 1/4 corner, Section 17.

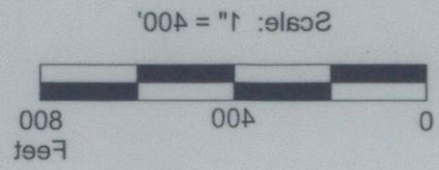
Area (107.4 Acres) to be irrigated.

--- Tax lot boundary

— Donation Land Claim boundary

**STATE OF OREGON**  
 DOAN HAMILTON  
 10/10/2012  
 CERTIFIED WATER RIGHT EXAMINER  
 8/503  
 EXPIRES: 2/28/2013

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



Claim of Beneficial Use Map  
 Application G-18428, Permit G-17871  
 KCK Partners LLC c/o Kevin Coleman  
 T.6S. R.3W. Sec. 17 & 20, W.M.

Pacific Hydro-Geology Inc.

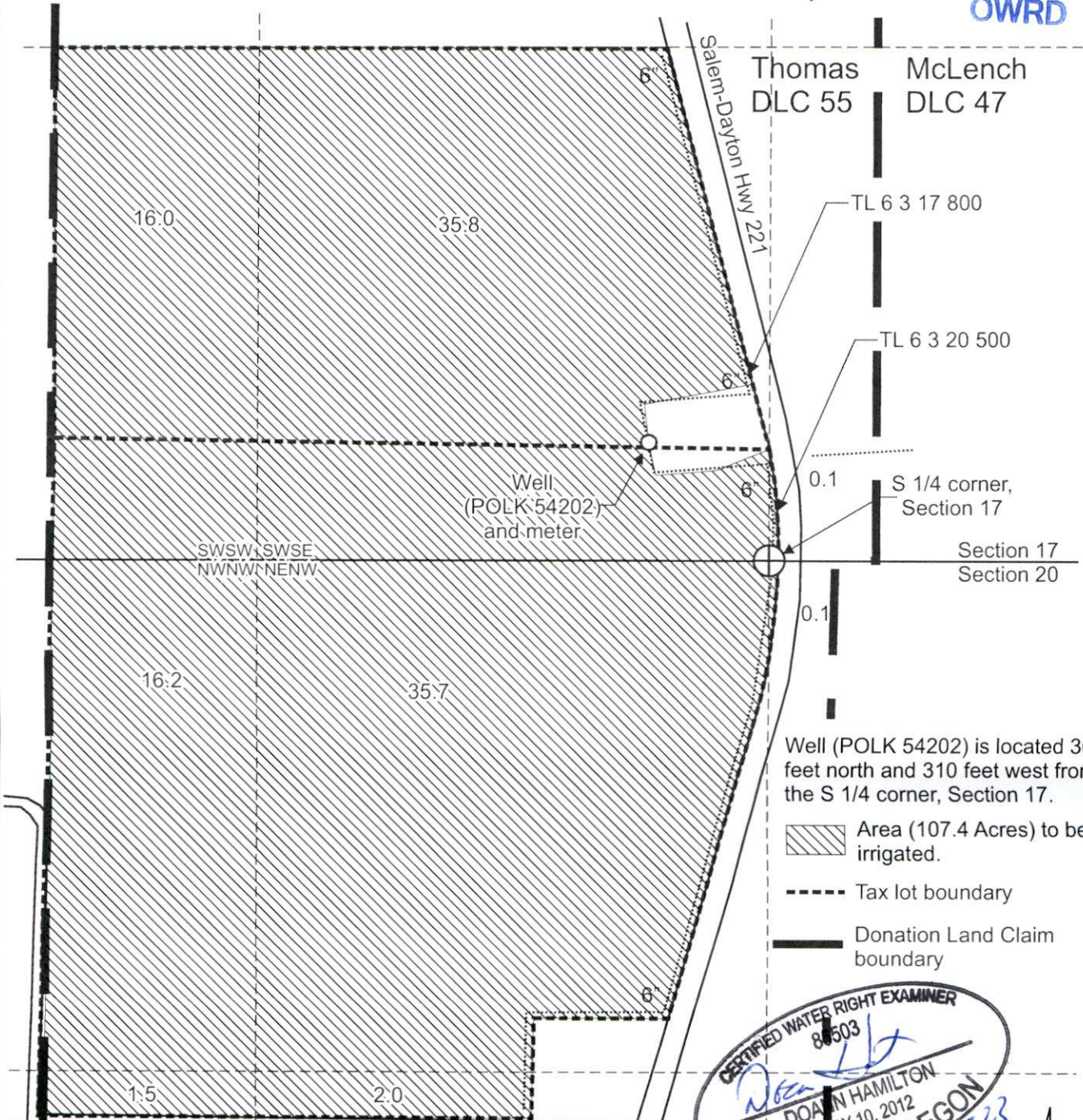
10/2012

100 96MUB08C85481-02arrnelo0



# T.6S. R.3W. Sec. 17 & 20, W.M.

OWRD

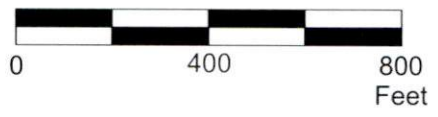


Well (POLK 54202) is located 305 feet north and 310 feet west from the S 1/4 corner, Section 17.

- Area (107.4 Acres) to be irrigated.
- Tax lot boundary
- Donation Land Claim boundary

**CERTIFIED WATER RIGHT EXAMINER**  
 85503  
*John Hamilton*  
 JOHN HAMILTON  
 DOAN HAMILTON  
 MAY 10, 2012  
**STATE OF OREGON**  
 EXPIRES: *June 30, 2023*

Scale: 1" = 400'



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



ColemanG-18428COBUMap.cdr

Pacific Hydro-Geology Inc.

Claim of Beneficial Use Map  
 Application G-18428, Permit G-17871

KCK Partners LLC c/o Kevin Coleman  
 T.6S. R.3W. Sec. 17 & 20, W.M.



POLK 54202

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

Arrow 18-23-1

WELL I.D. LABEL# L 131184 START CARD # 1039007 ORIGINAL LOG #

(1) LAND OWNER:

Owner Well I.D. Last Name Company KCK Farms Address: 11483 SE Amity Dayton Hwy City: Dayton State: OR Zip: 97114

(2) TYPE OF WORK: [X] 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: OWRD

(3) DRILL METHOD:

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ] Reverse Rotary [ ] Other:

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

(5) BORE HOLE CONSTRUCTION: Special Standard [ ] (attach copy)

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Rows include bentchips and cement.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [X] Other bent poured-probed-hydrated Backfill placed from 122ft. to 143ft. Material 3/8 pea gravel Filter pack placed from 6ft. to 122ft. Material gravel Size 3/8 pea Explosives Used [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER:

Table with columns: Casing Liner, Dia, +, From, To, Gauge, Stl Plstc, Wld, Thrd. Rows show casing details for 10 inch diameter.

Shoe [ ] Inside [ ] Outside [ ] Other Location of Shoe(s): Temp casing [X] Yes Dia: 16" From: 0 To: 60' end plate welded on bottom

(7) PERFORATIONS/SCREENS:

Table with columns: Perf/Screen, Casing/Liner, Screen Dia, From, To, Sern/slot width, Slot length, #of slots, Tele/pipe size. Row shows screen at 97-117 feet.

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gpm, Drawdown, Drill Stem/pump depth, Duration (hr). Row shows 20 gpm yield at 3' drawdown.

Table with columns: Temperature of water, Lab analysis, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL by legal description:

County: Polk Twp: 6S Range: 3W Sec: 17 SE 1/4 of the SW 1/4 Tax Lot: 800 Tax Map Number 6 3 17 Block: Subdivision: DMS or DD

[ ] Street Address of Well [ ] Nearest Address NYA Wallace Rd. Salem. OR 97304

(10) STATIC WATER LEVEL:

Table with columns: Description, Date, SWL(psi), +, SWL(ft). Row shows sat overnight on 11-21-18 at 49.6 ft.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES: Depth at which water was first found 67'

Table with columns: SWL Date, From, To, Est. Flow, SWL(psi), +, SWL(ft). Rows show water bearing zones at 67 and 117 feet.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Lists soil types from top soil to clay gray stiff with corresponding depths.

Date Started: 5-30-18 Completed: 11-21-18

(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.

License Number Date

Signed

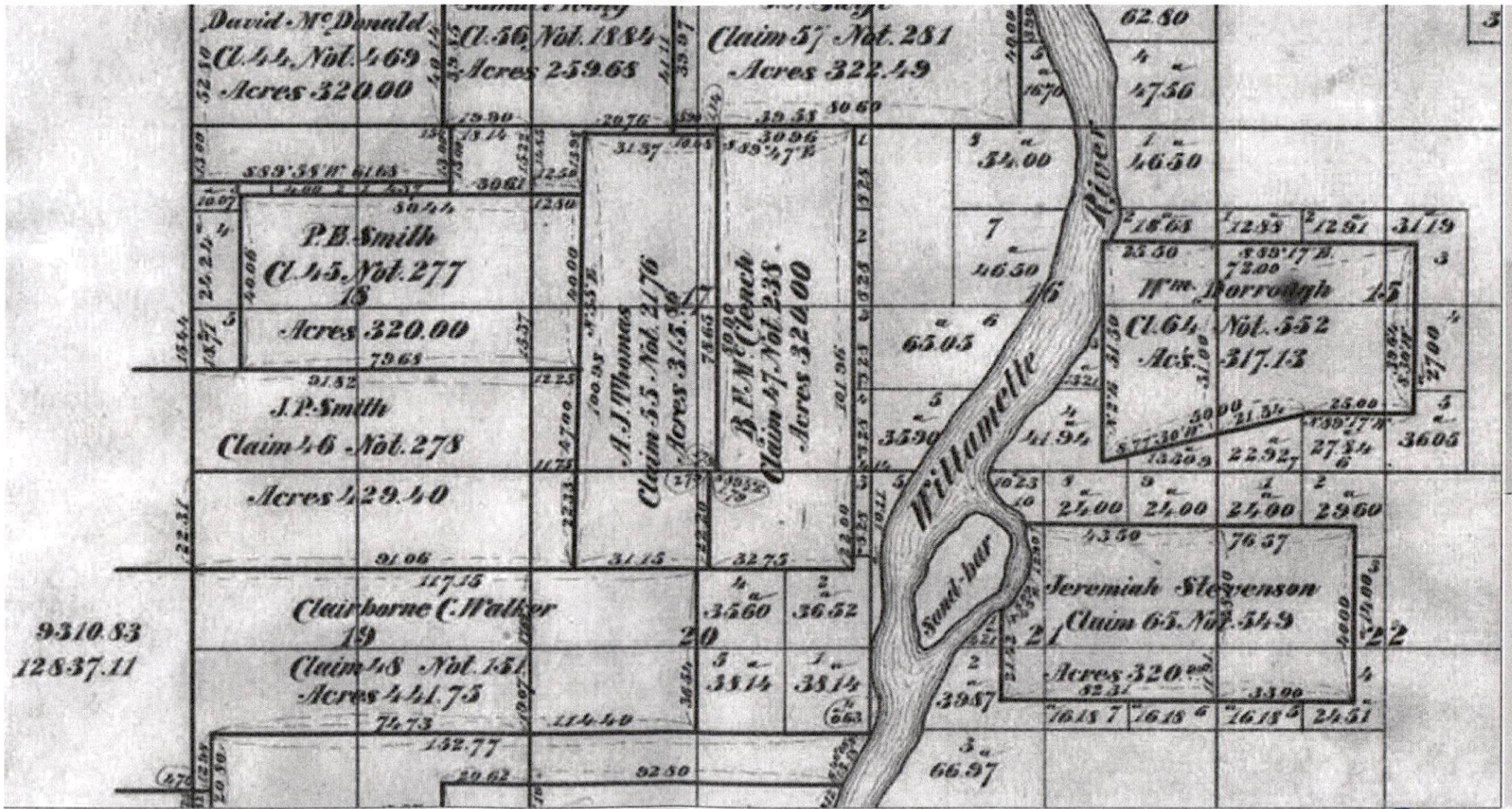
(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1483 Date 12-04-18

Signed

Contact Info (optional) ARROW DRILLING 503-538-4422





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PUMP TEST FORM  
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: KCK FARMS		PHONE No.: 503 209 7297	ADDITIONAL CONTACT No.: Kevin
ADDRESS: 11483 SE AMITY DAYTON HWY			
CITY: Dayton	STATE: OR	ZIP: 97114	E-MAIL: Kevin@kckfarms.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Travis Rush	QUALIFICATION: (SELECT) WWC	LICENSE #: 2041
COMPANY: Grossen Well Drilling	PHONE No.: 5039822060	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 526		
CITY: Woodburn	STATE: OR	ZIP: 97071
E-MAIL:		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
polk 54202	131184		122	Kck Farms	11/21/18	3/10/21

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
6S	3W	17	SE/SW			

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

No Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.  
Well elevation is  above the surface water body. Approximate distance: \_\_\_\_\_ ft.  
Approximate elevation difference: \_\_\_\_\_ ft.

No Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: \_\_\_\_\_  
How far from the pumped well was water discharged? \_\_\_\_\_ ft.

Additional forms can be found at:





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**Water-Level Measurement Method:** Airline

\*Verify here: { Airline: 25.5 psi 41.1 feet.  
E-Tape: 41.1 feet.

Length of air line (if used): 100

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: McCrometer Serial #: \_\_\_\_\_

Date Last Calibrated: March of 2020 Units: Gpm

**Pump Type:** Submersible

HP: 30 Pump set at: ? feet.

Pump idle time: 6 months

**Discharge Measurement Method:** \_\_\_\_\_

Flowmeter (if used):

Manufacturer: McCrometer Serial #: \_\_\_\_\_

Date Last Calibrated: March 2020 Units: gpm

**Note:** Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:

**Measuring Point (MP):** Measuring point distance above land surface 1.75 feet.

Description (e.g., top port of 1 inch port pipe, west side) North Port

**Time pump turned on:** Date 3/10/21 Time 11:45

**Time pump turned off:** Date 3/10/21 Time 3:45

Total pumping time: 4 hours 0 minutes.

**Remember, your pump test may not be approved unless it meets the following criteria\*:**

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301**

**I hereby certify that this test has been conducted in accordance with OAR 690-217:**

OPERATOR SIGNATURE: [Signature] DATE: 3/31/2021

OWNER SIGNATURE: [Signature] DATE: 3/31/2021

Additional forms can be found at:

OWRD 20200115





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**PUMP TEST FORM**

**DATA SHEET**

Page 1 of 2

WELL LOG # (EX MARI 99999)	WELL TAG # (EX L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Polk-54202	131184		122	Kck Farms	11/21/2018	3/10/21

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
3/10/21	11:00		41.1	0	Pre-test			
3/10/21	11:20		41.1	0	Pre-test			
3/10/21	11:45		41.1	0	Pre-test			
3/10/21	11:47	2	54.3	225	Pumping			
3/10/21	11:49	4	66		Pumping			
3/10/21	11:51	6	65.4		Pumping			
3/10/21	11:53	8	65.4		Pumping			
3/10/21	11:55	10	65.1		Pumping			
3/10/21	12:00	15	64.9	225	Pumping			
		20	65.1		Pumping			
		25	65.4		Pumping			
		30	65.4		Pumping			
		45	66.7		Pumping			
3/10/21	12:45	60	66.5	225	Pumping			
		75	67.4		Pumping			
		90	67.4		Pumping			
		105	67.7		Pumping			
3/10/21	1:45	120	67.9	225	Pumping			
		135	68.1		Pumping			
		150	68.1		Pumping			
		165	68.8		Pumping			
3/10/21	2:45	180	69.9	225	Pumping			
		195	70.2		Pumping			
		210	70.3		Pumping			
		225	70.35		Pumping			
3/10/21	3:45	240	70.4	225	Pumping			
3/10/21	3:47	2	46.6		Recovery			
3/10/21	3:49	4	45		Recovery			
3/10/21	3:51	6	44.6		Recovery			
3/10/21	3:53	8	44.3		Recovery			
3/10/21	3:55	10	44.1		Recovery			
3/10/21	4:00	15	42.9		Recovery			
3/10/21	4:05	20	42.5		Recovery			

Additional forms can be obtained from our web site at: