

MONEY SLIP

DATE: <u>11-12-2021</u>	RECEIPT #: <u>136849</u>
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RECEIVED FROM: <u>Udell Engineering & Land Surveying, LLC</u>	APPLICATION <u>G-17075</u>
	PERMIT
	TRANSFER

CASH	<input type="checkbox"/>	CHECK #	<input checked="" type="checkbox"/> <u>44320</u>	OTHER (IDENTIFY)	<input type="checkbox"/>				
								TOTAL REC'D	\$ <u>30.00</u>

1083 TREASURY	4170 MISC CASH ACCT.
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0407	COPIES		\$
_____	OTHER: (IDENTIFY) _____		\$

0243 Instream Lease _____	0244 Muni Water Mgmt. Plan _____	0245 Cons. Water _____
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1083 TREASURY	4270 WRD OPERATING ACCT.
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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	
0201	SURFACE WATER	\$	
0203	GROUND WATER	\$	
0205	TRANSFER	\$	
			RECORD FEE
			\$

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

0607 TREASURY	0467 HYDROELECTRIC
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		LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)	\$	
0231	HYDRO LICENSE FEE (FW/WRD)	\$	
_____	HYDRO APPLICATION		\$

SPECIAL INSTRUCTIONS:

COBU 6-16924

RETURN TO APPLICANT -- LETTER ATTACHED

MONEY SLIP

DATE: _____	RECEIPT #: _____
--------------------	-------------------------

RECEIVED FROM: _____

APPLICATION	
PERMIT	
TRANSFER	

CASH CHECK # OTHER (IDENTIFY)

 _____ _____

TOTAL REC'D	\$
-------------	----

1083 TREASURY	4170 MISC CASH ACCT.
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0407	COPIES	\$
_____	OTHER: (IDENTIFY) _____	\$

0243 Instream Lease _____ 0244 Muni. Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY	4270 WRD OPERATING ACCT.
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MISCELLANEOUS

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	\$
_____	OTHER (IDENTIFY) _____			

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

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

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

MONEY SLIP

DATE: 10-28-2021

RECEIPT #: 136717

RECEIVED FROM: Udell Engineering & Land Surveying

APPLICATION PERMIT TRANSFER G-17075

CASH CHECK # 44301

OTHER (IDENTIFY)

TOTAL REC'D \$ 200.00

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

0201 SURFACE WATER EXAM FEE \$ RECORD FEE \$
0203 GROUND WATER \$ 0202 \$
0205 TRANSFER \$ 0204 \$

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ RECORD FEE \$
LANDOWNER'S PERMIT \$ 0219 \$
OTHER (IDENTIFY) COBU \$200.00 0220 \$

0607 TREASURY 0467 HYDROELECTRIC

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

SPECIAL INSTRUCTIONS:

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DATE: 10-25-2021	RECEIPT #: 136691
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RECEIVED FROM: Bryan Jensen

APPLICATION	G-19208
PERMIT	
TRANSFER	

CASH CHECK # 144410 OTHER (IDENTIFY)

TOTAL REC'D \$ 3,410.00

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

0201 SURFACE WATER	EXAM FEE \$	RECORD FEE 0202 \$
0203 GROUND WATER	\$ 2800	0204 \$ 610
0205 TRANSFER	\$	

WELL CONSTRUCTION

0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$	RECORD FEE 0219 \$
LANDOWNER'S PERMIT		0220 \$
OTHER (IDENTIFY)		

0607 TREASURY 0467 HYDROELECTRIC

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

SPECIAL INSTRUCTIONS:

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**3. 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.**

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-17075	PERMIT # (IF APPLICABLE) G-16924	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	--	------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Smith Seed Services (attn: Kevin McDonald)		PHONE NO. 541-369-1940	ADDITIONAL CONTACT NO. 541-990-3283
ADDRESS PO Box 288			
CITY Halsey	STATE OR	ZIP 97348	E-MAIL kevin@smithseed.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 Same as owner			RECEIVED OCT 28 2021
ADDRESS			
CITY	STATE	ZIP	OWRD

ADDITIONAL PERMIT HOLDER OF RECORD n/a		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

12/18/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kevin McDonald	12/9/2020	Project Manager
Eric Grunerud	12/18/2020	Maintenance Mangaer

6. County:

Linn

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 n/a		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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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 Kyle W. Latimer		PHONE NO. 541-451-5125	ADDITIONAL CONTACT NO.
ADDRESS 63 E Ash Street			
CITY Lebanon	STATE OR	ZIP 97355	E-MAIL kyle@udelleng.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
	Kevin McDonald	<i>Operations Mgr.</i>	<i>10-25-2021</i>

SECTION 3
CLAIM DESCRIPTION

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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	19007	Linn 52584
Well #2	107631	Linn 59755

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

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	Industrial		Year 'round	40 gpm
Well #2	Industrial		Year 'round	40 gpm
Total Quantity of Water Used				40 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:

Water is drawn from well #1 and/or well #2, then piped underground via a 2" conduit to two boilers and kettles as part of a seed coating process. Water usage is monitored using three inline meters.

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

NO

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	40 gpm total	63 gpm	110 gpm (pump test)	Industrial	n/a	n/a
Well #2	40 gpm total	80 gpm	60 gpm (pump test)	Industrial	n/a	n/a

SECTION 4 (one of two)
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

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

Well #1

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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 NO

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" port in casing cap

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
6"	46'-9"	48'	7/23/1999	n/a	Smith Seed Services	Merle Warren Well Drilling Inc

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

C. Groundwater Source Information (Sump)

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

YES NO

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

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.

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YES NO

1. Is a pump used?

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

2. Pump Information:

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MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Franklin-Electric	234 3262 604	11G14-01-02640C	submersible

3. 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)
3	?	40'	4'	0.178 cfs (@40psi)=72 gpm

4. Provide pump calculations:

$Q (@40psi) = [(7.04 * 3 \text{ hp}) / (40' + 40 \times 2.31)] = 0.1595 \text{ cfs} = 72 \text{ gpm}$

5. 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 operating at site visit

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

6. Sprinkler Information: n/a

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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

7. Drip Emitter Information: n/a

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

8. Drip Tape Information: n/a

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

E. Storage

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

YES NO

*If "NO", item 2 and 3 relating to this section may be deleted.
Complete appropriate table(s), unused table may be deleted.*

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F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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

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G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

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

Attach measurement notes.

H. Additional notes or comments related to the system:

**SECTION 4 (two of two)
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well #2

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A. Place of Use

Attach Claim of Beneficial Use map.

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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 NO

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" port in casing cap

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
8"	49'	49'	9/6/2011	n/a	Smith Seed Services	Jones Drilling Co.

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

C. Groundwater Source Information (Sump)

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

YES NO

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

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?

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos	75 S30-5	unknown	submersible

3. 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)
3	40-60	22'	4'	0.178 cfs (@40psi)=80gpm

4. Provide pump calculations:

$Q (@40psi) = [(7.04 * 3 hp) / (26' + 40 * 2.31)] = 0.178 \text{ cfs} = 80 \text{ gpm}$

5. 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)

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

6. Sprinkler Information: n/a

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

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

7. Drip Emitter Information: n/a

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

8. Drip Tape Information: n/a

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

E. Storage

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

YES NO

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*If "NO", item 2 and 3 relating to this section may be deleted.
Complete appropriate table(s), unused table may be deleted.*

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F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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?

YES NO

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

Attach measurement notes.

H. Additional notes or comments related to the system:

**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	7/23/2009		
BEGIN CONSTRUCTION (A)	No date	July 2009	Pipe installed, connect to well, install boiler and kettle
COMPLETE CONSTRUCTION (B)	No later than 7/23/2014	8/3/2009	Installed water meters
COMPLETE APPLICATION OF WATER (C)	No later than 7/23/2014	8/3/2009 8/7/2011	Tested the system and routed to boiler and kettle Drilled well #2

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES NO

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

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

b. Were the Progress Reports submitted?

YES NO

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES NO

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 NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Well #1	Jones Drilling	e-tape	5'-6"
Well #2	Jones Drilling	e-tape	7'

4. Annual Static Water Level Measurements:

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

YES NO

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

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 NO

d. If "YES", were those measurements submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

a. Is a pump test required? YES NO

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

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For additional information regarding pump tests see:

<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 NO

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

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

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

****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 NO

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 NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Meter #1	Sea-Metrics	012520	Working	0941400	8/3/2009
Meter #2	Neptune	?	Working	02108900	unknown
Meter #3	Neptune	60642122	Working	11428900	8/3/2009
see	Attached	Summary			

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 NO

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

b. Have the reports been submitted?

YES NO

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

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

a. Were there special well construction standards?

YES NO

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

YES NO

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

YES NO

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WELL ID #	DATE ATTACHED TO WELL
1	7/22/2011
2	9/7/2011

d. Other conditions?

YES NO

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment #1	Well #1 pump test form data sheet
Attachment #3	Well #2 pump test form data sheet
Attachment #3	Well #1 well log
Attachment #4	Well #2 well log
Attachment #5	Well #1 water level reporting forms
Attachment #6	Well #2 water level reporting forms
Attachment #7	Claim of Beneficial Use Summary

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ATTACHMENT #1



OREGON
WATER
RESOURCES
DEPARTMENT

OWRD

WELL #1

PUMP TEST FORM
DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-99999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-19007					07/19/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs,)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
07/19/2021	910		10'11"	0	Pre-test			
	932		10'11"	0	Pre-test			
	950		10'11"	0	Pre-test			
	1000		10'11"	110	Pumping			
	1002		20'	110	Pumping			
	1004		20'10"	110	Pumping			
	1006		21'1"	110	Pumping			
	1008		21'4"	110	Pumping			
	1010		21'8"	110	Pumping			
	1015		21'11"	110	Pumping			
	1020		21'11"	110	Pumping			
	1025		22'3"	110	Pumping			
	1030		22'6"	110	Pumping			
	1045		22'11"		Pumping			
	1100		23'2"		Pumping			
	1115		23'5"		Pumping			
	1130		23'7"	110	Pumping			
	1145		23'8"		Pumping			
	1200		23'9"		Pumping			
	1215		23'11"		Pumping			
	1230		23'11"	110	Pumping			
	1245		23'11"		Pumping			
	1300		23'11"		Pumping			
	1315		24'	110	Pumping			
	1330		24'		Pumping			
	1345		24'		Pumping			
	1400		24'	0	Recovery			
	1402		14'8"	0	Recovery			
	1404		14'		Recovery			
	1406		13'8"		Recovery			
	1408		13'6"		Recovery			
	1410		13'3"		Recovery			
	1415		12'11"		Recovery			
	1420		12'9"		Recovery			
	1425		12'7"		Recovery			
	1430		12'4"		Recovery			
	1445		12'1"		Recovery			

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ATTACHMENT #2



OREGON WATER RESOURCES DEPARTMENT

OWRD

WELL #2

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
	L-107631					07/05/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs,)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
07/05/2021	945		13'1"	0	Pre-test			
	1005		13'1"	0	Pre-test			
	1025		13'1"	0	Pre-test			
	1030	start	13'1"	57	Pumping			
	1032		30'6"	57	Pumping			
	1034		31'10"	57	Pumping			fixed kink
	1036		32'9"	60	Pumping			
	1038		33'6"	60	Pumping			
	1040		33'11"	60	Pumping			
	1050		34	60	Pumping			
	1055		34'10"	60	Pumping			
	1100		35'6"	60	Pumping			
	1115		36		Pumping			
	1130		36'10"		Pumping			
	1145		37'4"	60	Pumping			
	1200		37'11"		Pumping			
	1215		38'6"		Pumping			
	1230		38'11"		Pumping			
	1245		39'6"	60	Pumping			
	1300		39'11"		Pumping			
	1315		40'2"		Pumping			
	1330		40'10"		Pumping			
	1345		41'4"	60	Pumping			
	1400		42'		Pumping			
	1415		42'		Pumping			
	1430		42'2"	60	Pumping			
07/05/2021	1430	0	42'2"		Recovery			
	1432		27'6"		Recovery			
	1434		21'		Recovery			
	1436		19'3"		Recovery			
	1438		18'6"		Recovery			
	1440		18'		Recovery			
	1445		17'3"		Recovery			
	1450		17'		Recovery			
	1455		16'10"		Recovery			
	1500		16'8"		Recovery			
	1515		16'1"		Recovery			
	1530		15'10"		Recovery			

Worst well

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ATTACHMENT #3

LINN 52584 RECEIVED

JUL 30 1999

POA WELL #1

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. SALEM, OREGON WELL I.D. # L19007 START CARD # 116706

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

(1) OWNER: Well Number Name Smith Seed Services Address P.O. Box 288 City Halsey State OR Zip 97348

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 48 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Row 1: 10" 0 18' cement 0 18 18 1/2 sacks. Row 2: 6" 18 48

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6" +12" 46' 250 [X] 09" Liner:

Final location of shoe(s) 46' 09"

(7) PERFORATIONS/SCREENS: [X] Perforations Method Acetylene torch [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tube/pipe size, Casing, Liner. Row 1: 38' 09" 46' 3/8 44 6" [X] 09" x 12"

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [X] Bailor [] Air [] Flowing Artesian Yield gal/min 40 gpm Drawdown 22 Drill stem at Time 1 hr.

Temperature of water 55 Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Linn Latitude Longitude Township 14 S N or S Range 4 W E or W. WM. Section 11 NE 1/4 NW 1/4 Tax Lot 300 Lot Block Subdivision Street Address of Well (or nearest address) Halsey Crook Dr. 1/2 mile West of Powerline

(10) STATIC WATER LEVEL: 13 ft. below land surface. Date 7-23-99 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 30

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 30' 46' 40 gpm 13

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: Top soil (0-3), Brown clay (3-19), Brown clay & gravel (19-30), Dirty gravel (30-37), Brown sand & gravel (37-46), Brown clay & gravel (46-48)

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Date started 7-20-99 Completed 7-23-99 (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.

Signed WWC Number Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed WWC Number 1378 Date 7-27-99

LINN 52584

WELL #1



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

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JUN 27 2011

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): Smith Seed Services
Mailing Address: PO Box 288
City: Halsey State: OR Zip: 97348
Mailing Address (to send Well I.D.): PO Box 288
City: Halsey State: OR Zip: 97348

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 14S (North/South) Range: 4W (East/West) Section: 11
Tax Lot: 201 County: Linn NE 1/4 NW 1/4
Street Address of Well: 26890 Powerline Rd City: Halsey
Owner at time the well was constructed, (if known): Smith Seed Services
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic + industrial
Date Well Constructed: 7/23/1999 Total Well Depth: 48' Casing Diameter: 6"
Other Information:

SUBMITTED BY (please print): Kevin McDonald
PHONE: 541-369-2830 FAX: 541-369-2723

*** TAG MISSING RE-ISSUE NEW # 7/22/11 ***
VOID TAG 19007.

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

LINN 52584

107553

For Official Use Only by the Oregon Water Resources Department
Received Date: Well Log Number: Well Identification #:

ATTACHMENT #4

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-285-0210)

WELL LABEL # L 107631 START CARD # 1014782

POA WELL #2

(1) LAND OWNER Owner Well I.D. 5195 First Name Last Name Company Smith Seed Address P.O. Box 288 City Halsey State OR Zip 97348

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy Depth of Completed Well 50 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 12, 0, 20, Bentonite, 0, 20, 15, S. Row 2: 8, 20, 50.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other Poured dry Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld. Includes diagrams of casing types.

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [X] Yes Dia 12 From 0 To 20

(7) PERFORATIONS/SCREENS Perforations Method Air perforator Screens Type Material

Table with columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 30, 48, .375, 1.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: From, To, Description, Amount, Units. Row 1: 54, Lab analysis, Yes.

(9) LOCATION OF WELL (legal description) County LINN Twp 14 S N/S Range 4 W E/W WM Sec 11 NE 1/4 of the NW 1/4 Tax Lot 300 Tax Map Number Lot Lat Long [X] Street address of well [] Nearest address 26890 Powerline Rd., Halsey, OR 97348

(10) STATIC WATER LEVEL Date 09-06-2011 SWL(psi) + SWL(ft) 15 Existing Well / Predeepening Completed Well

WATER BEARING ZONES Depth water was first found 19. Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows: 09-06-2011, 19, 28, 20, 15; 09-06-2011, 43, 50, 45, 15.

(11) WELL LOG Ground Elevation. Table with columns: Material, From, To. Includes text: RECEIVED, OCT 28 2021, OWRD, RECEIVED, JONES DRILLING CO., INC., 29400 SANTIAM HWY., LEBANON, OR 97355, 541-367-2560 541-451-2686 1-800-915-8388, WATER RESOURCES DEPT SALEM, OREGON.

Date Started 09-07-2011 Completed 09-07-2011

(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. License Number 1411 Date 09-16-2011

(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. License Number 1684 Date 09-16-2011

Oregon Water Resources Department

PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
 Permit: G 16538
 Certificate:
 Transfer:
 POD: 1
 Userid: 9181

SMITH SEED SERVICES
 PO BOX 288
 HALSEY OR 97348

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 OWRD

Well History, if available:

Logid	Type Work	Date	Depth
LINN 52584	NEW WELL	07/23/1999	48

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID: LINN 52584 Owner's well name: _____
 Well ID (Well Tag) on Well: L- _____ Well name on water right: LINN 52584
 Well ID (Well Tag) on Well Log: L- 19007 Well drilled by: MERLE WARREN WELL DRILLING INC
 Start Card # on Well Log: 116706 Total depth: 48 Casing diameter (inches): 6
 Date drilled: 07/23/1999 Owner on well log: SMITH SEED SERVICES
 Well location on water right: In the NE quarter of the NE quarter of Section 11, Township 14.00S, Range 4.00W, 77 FEET SOUTH AND 5133 FEET EAST FROM NW CORNER, SECTION 11

Water-Level Measurement

Date of measurement: 3-2-10 Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.
 Depth to water below measuring point: 4ft 6in Airline length or transducer depth: _____ feet
 Measuring point height above / below land surface: _____ Airline pressure: _____ psi x 2.31 = _____ feet
 Depth to water below land surface: 5ft 6in Shut-in pressure: _____ psi x 2.31 = _____ feet
 Measurement status: Static Pumping Rising Flowing Other _____
 Measurement method: E-tape Airline Other _____
 Length of time well was idle prior to measurement: 1 hour
 Measuring point description: 1/2" access port in well cap
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: _____

When did water use begin for this well under this permit? Month 8 Year 2009

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.
 Person making measurement (print): JAMES FINLEY JONES
 Signature of measurer: [Signature]
 Company: JONES DRILLING
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 1684
 Daytime phone number: 541-367-2560 Email address: Jones Drilling @ hot mail .com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
 Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us> OWRD GW/KCW 2/17/2010

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Date	MP Height	WL BLS	Pump Idle Time	Status	Method	Measured By	Comments
07/23/1999		13.00		UNKNOWN	REPORTED	DRILLER	LINN 52584. New well, 48 ft TD.

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

OWRD

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
Permit: G 16538
Certificate:
Transfer:
POD: 1
Userid: 9181

SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Well History, if available:
Table with columns: Logid, Type Work, Date, Depth. Row 1: LINN 52584, NEW WELL, 07/23/1999, 48

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID: LINN 52584
Well ID (Well Tag) on Well: L-
Well ID (Well Tag) on Well Log: L- 19007
Start Card # on Well Log: 116706
Date drilled: 07/23/1999
Owner's well name:
Well name on water right: LINN 52584
Well drilled by: MERLE WARREN WELL DRILLING INC
Total depth: 48 Casing diameter (inches): 6
Owner on well log: SMITH SEED SERVICES

Well location on water right: In the NE quarter of the NE quarter of Section 11, Township 14.00S, Range 4.00W, 77 FEET SOUTH AND 5133 FEET EAST FROM NW CORNER, SECTION 11

Water-Level Measurement

Date of measurement: 3/3/11
Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 3'
Measuring point height above (below) land surface: 1'
Depth to water below land surface: 4'
Airline length or transducer depth:
Airline pressure: psi x 2.31 =
Shut-in pressure: psi x 2.31 =
Measurement status: Static [X] Pumping
Measurement method: E-tape [X] Airline
Length of time well was idle prior to measurement: 5 hours
Measuring point description: 1/2" access port in well seal

Comments:

When did water use begin for this well under this permit? Month 8 Year 2009

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Robert Hudson
Signature of measurer: [Signature]
Company: Jones Pump Co.
License number (Circle license type: CWRE, RG, PE, WWC, (Pump Installer): 46662
Daytime phone number: 541-367-2560 Email address: Jones Drilling @ hotmail.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266. Additional forms can be obtained from our web sit at: http://www.wrd.state.or.us

OWRD GW/KCW 2/14/2011

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Table with columns: Date, MP Height, WL BLS, Pump Idle Time, Status, Method, Measured By, Comments. Row 1: 03/02/2010, 5.50, 1 HOUR, STATIC, ETAPE, JAMES FINLEY, Comments. Row 2: 07/23/1999, 13.00, UNKNOWN, REPORTED, DRILLER, LINN 52584, New well, 48 ft TD.

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Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name: Smith Seed Services LL
Address: 26890 Powerline Rd.
City/State/Zip: Halsey OR 97348
Phone/Fax/Cell: 541-369-2830
Email:

Application: G17015
Permit: G16538
Certificate:
Userid: 9181
Transfer:

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.

Complete one form for each well.

Other water rights that list this well:

Application number(s):
Permit number(s):
Certificate number(s):

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID: Linn 52584
Well ID (Well Tag) on Well: L- 19007
Well ID (Well Tag) on Well Log: L- 19007
Start Card # on Well Log: 116706
Date drilled: 7/23/1999
Owner's well name:
Well drilled by: Merle Warren Well Drilling
Total depth: 48' Casing diameter (inches): 6
Owner on well log: Smith Seed Services LLC

Water-Level Measurement

Date of measurement: 3/16/2012
Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 3'
Airline length or transducer depth:
Measuring point height above/below land surface: At
Airline pressure: psi x 2.31=
Depth to water below land surface: 3'
Shut-in pressure: psi x 2.31=
Measurement Status: Static [X] Pumping [] Rising [] Flowing [] Other []
Measurement Method: E-tape [X] Airline [] Other []
Length of time well was idle prior to measurement: 16 hours
Measuring point description: 1/2" access port in well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month 8 Year 2009

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Zeke Lidgren
Signature of measurer: [Signature]
Company: Jones Pump Company
Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): 480CPI
Daytime phone number: 541-367-2560 Email address: jonesdrilling@hotmail.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Additional forms can be obtained from our web sit at: http://www.wrd.state.or.us OWRD GW/KCW 1/13/2009

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
 Permit: G 16924
 Certificate:
 Transfer: T 11361
 POD: 1
 Userid: 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

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OCT 28 2021
OWRD

Well History, if available:			
LogId	Type Work	Date	Depth
LINN 52584	NEW WELL	07/23/1999	48

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID:	LINN 52584	Owner's well name:	
Well ID (Well Tag) on Well: L-	19007	Well name on water right:	WELL 1 (LINN 52584)
Well ID (Well Tag) on Well Log: L-	19007	Well drilled by:	MERLE WARREN WELL DRILLING INC
Start Card # on Well Log:	116706	Total depth:	48 Casing diameter (inches): 6
Date drilled:	07/23/1999	Owner on well log:	SMITH SEED SERVICES
Well location on water right:	In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 20 FEET NORTH AND 180 FEET WEST FROM SE CORNER, SECTION 2		

Water-Level Measurement

Date of measurement: **3-15-13** Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: **3' 10"** Airline length or transducer depth: _____ feet

Measuring point height above / below land surface: **2' 2"** Airline pressure: _____ psi x 2.31 = _____ feet

Depth to water below land surface: **1' 8"** Shut-in pressure: _____ psi x 2.31 = _____ feet

Measurement status: Static Pumping Rising Flowing Other _____

Measurement method: E-tape Airline Other _____

Length of time well was idle prior to measurement: **0**

Measuring point description: **TO TOP OFF WELL CAP S side**

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: _____

When did water use begin for this well under this permit? Month **8** Year **2009**

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): **Glenda Hubbard**

Signature of measurer: _____

Company: **Jones Pump Co**

License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): **42261**

Daytime phone number: **541-451-4182** Email address: _____

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266. Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us> OWRD GW/KCW 2/7/2013

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top) :

Date	MP Height	WL BLS	Pump Idle Time	Status	Method	Measured By	Measuring Point Description
03/03/2011	-1.00	4.00	5 HOURS	STATIC	ETAPE	ROBERT HUDSON	1/2" ACCESS PORT IN WELL SEAL
03/02/2010		5.50	1 HOUR	STATIC	ETAPE	JAMES FINLEY	1/2" ACCESS PORT IN WELL CAP

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

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Application: G 17075
 Permit: G 16924
 Certificate:
 Transfer: T 11361
 POD: 1
 Userid: 9181

KEVIN MCDONALD
 SMITH SEED SERVICES
 PO BOX 288
 HALSEY OR 97348

RECEIVED
 OCT 28 2021
OWRD

Well History, if available:			
Logid	Type Work	Date	Depth
LINN 52584	NEW WELL	07/23/1999	48

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID:	LINN 52584	Owner's well name:	well 1
Well ID (Well Tag) on Well: L-	LINN 52584	Well name on water right:	WELL 1 (LINN 52584)
Well ID (Well Tag) on Well Log: L-	19007	Well drilled by:	MERLE WARREN WELL DRILLING INC
Start Card # on Well Log:	116706	Total depth:	48 Casing diameter (inches): 6
Date drilled:	07/23/1999	Owner on well log:	SMITH SEED SERVICES
Well location on water right:	In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 20 FEET NORTH AND 180 FEET WEST FROM SE CORNER, SECTION 2		

Water-Level Measurement

Date of measurement: **3-10-11** Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	3"	Airline length or transducer depth:		feet
Measuring point height above / below land surface:	1"	Airline pressure:		psi x 2.31 =
Depth to water below land surface:	4"	Shut-in pressure:		psi x 2.31 =

Measurement status: Static Pumping Rising Flowing Other

Measurement method: E-tape Airline Other **static meter**

Length of time well was idle prior to measurement:

Measuring point description: **vent at well head**
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month **8** Year **2009**

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): **Kyle Jones**
 Signature of measurer: *[Signature]*
 Company: **Jones Drilling Co**
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): **CWB 42261**
 Daytime phone number: **541-367-2562** Email address:

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us>.

OWRD GW/KCW 1/31/2014

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top) :

Date	MP Height	WL BLS	Pump Idle Time	Status	Method	Measured By	Measuring Point Description
03/15/2013	2.17	1.66	0	PUMPING	ETAPE	GLENDA HUBBARD	TO TOP OFF WELL CAP S.SIDE
03/03/2011	-1.00	4.00	5 HOURS	STATIC	ETAPE	ROBERT HUDSON	1/2" ACCESS PORT IN WELL SEAL

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

E-MAILED MAR 19 2015³⁴

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
 Permit: G 16924
 Certificate:
 Transfer: T 11361
 POD: 1
 Userid: 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

RECEIVED
OCT 28 2021
OWRD

Well History, if available:

Logid	Type Work	Date	Depth
LINN 52584	NEWWELL	07/23/1999	48

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID:	LINN 52584	Owner's well name:	WELL 1 (L-19007)	
Well ID (Well Tag) on Well: L-	107553	Well name on water right:	WELL 1 (LINN 52584)	
Well ID (Well Tag) on Well Log: L-	19007	Well drilled by:	MERLE WARREN WELL DRILLING INC	
Start Card # on Well Log:	116706	Total depth:	48	Casing diameter (inches): 6
Date drilled:	07/23/1999	Owner on well log:	SMITH SEED SERVICES	
Well location on water right:	In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 20 FEET NORTH AND 180 FEET WEST FROM SE CORNER, SECTION 2			

Water-Level Measurement

Date of measurement: **3-18-15** Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: **2' 10"** Airline length or transducer depth: _____ feet

Measuring point height above/below land surface: **2' 3"** Airline pressure: _____ psi x 2.31 = _____ feet

Depth to water below land surface: **1' 7"** Shut-in pressure: _____ psi x 2.31 = _____ feet

Measurement status: Static Pumping Rising Flowing Other _____

Measurement method: E-tape Airline Other _____

Length of time well was idle prior to measurement: _____

Measuring point description: **6" Access point in well seal**

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: _____

When did water use begin for this well under this permit? Month _____ Year _____

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): **Glenda Hubbard**

Signature of measurer: *[Signature]*

Company: **Jones Pump Co**

License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): **CCB 42261**

Daytime phone number: **541-570-0447** Email address: **jonesdrilling@hotmail.com**

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us>. OWRD GW/KCW 1/29/2015

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Date	MP Height	WL BLS	Pump Idle Time	Status	Method	Measured By	Measuring Point Description
03/10/2014	-1.00	4.00		STATIC	OTHER	KYLE JONES	VENT AT WELL HEAD
03/15/2013	2.17	1.66	0	PUMPING	ETAPE	GLENDIA HUBBARD	TO TOP OFF WELL CAP S.SIDE

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17075
 Permit G 16924
 Certificate
 Transfer T 11361
 POD 1
 Userid 9181

KEVIN MCDONALD
 SMITH SEED SERVICES
 PO BOX 288
 HALSEY OR 97348

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OCT 28 2021

OWRD

Water Right (OWRD Use Only):
 Permit: G 16924 * {174064}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id LINN 52584* Well name on water right WELL 1 (LINN 52584)
 Well Id- Well Tag on Well: L- 19007* Owner's well name WELL 1 (L-19007)
 Water Use Report Id 65138 Water use rpt facility name WELL 1 (LINN 52584/L-19007)

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csq (inches)	Max Depth	Complete Date	Owner on Well Log
LINN 52584	NEW	116706	19007	6	48.00	07/23/1999	SMITH SEED SERVICES

B. Well Location Lat (WGS1984): 44.374409 Long: -123.129324 Est loc error (feet): 100 Loc Source (gps...): WR APPL MAP EXISTING WELL
 Location on water right: In the SE qtr of the SE qtr of Section 2, T. 14.00S, R. 4.00W, 20 FT N & 180 FT W FR SE COR, S2

C. Water-Level Measurement

Date of measurement: 3/26/18 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.
 Depth to water below measuring point: 24" Airline length or transducer depth (below land surface): _____ feet
 Measuring point height above (below land surface): 12" Airline gage pressure: _____ psi x 2.31 = _____ feet
 Depth to water below land surface: 36" Shut-in pressure (flowing wells): _____ psi x 2.31 = _____ feet
 Measurement status: Static Pumping Rising Flowing Other _____
 Measurement method: E-tape Airline Other _____
 Length of time well was idle prior to measurement: None
 Measuring point description: 1/2" access port in well cap on N side
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage. Measuring points should not be used for airline measurements as airlines lengths should be referenced to land surface. Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.
 Comments: _____

EMAILED

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Caleb Kellover
 Signature of measurer: _____ BY: _____
 Company: Jones Pump Co.
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 514
 Daytime phone number: 541-367-2960 Email address: Jonesdrilling@hotmail.com

Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.
 Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
 Or email it as an attachment to reportingmmts@wr.state.or.us.
 Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us>.

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Date	Arln Len	WL BMP MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03/09/2017	3.00	1.08	1.92	UNKNOWN	UNKNOWN	GELNDA HUBBARD	1/2" PORT IN WELL CAP
03/08/2016	4.83	1.92	2.91	STATIC	ETAPE	GELNDA HUBBARD	
03/18/2015	3.83	2.25	1.58	STATIC	ETAPE	GELNDA HUBBARD	1/2" ACCESS POINT IN WELL SEAL

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17075
 Permit G 16924
 Certificate
 Transfer T 11361
 POD 1
 Userid 9181

KEVIN MCDONALD
 SMITH SEED SERVICES
 PO BOX 288
 HALSEY OR 97348

Water Right (OWRD Use Only):
 Permit: G 16924 * {174064}

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A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

OWRD

Water Resources Well Log Id	LINN 52584*	Well name on water right	WELL 1 (LINN 52584)
Well Id- Well Tag on Well: L-	19007*	Owner's well name	WELL 1 (L-19007)
Water Use Report Id	65138	Water use rpt facility name	WELL 1 (LINN 52584/L-19007)

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
LINN 52584	NEW	116706	19007	6	48.00	07/23/1999	SMITH SEED SERVICES

B. Well Location Lat (WGS 1984): 44.374409 Long: -123.129324 Est loc error (feet): 100 Loc Source (gps...): WR APPL MAP EXISTING WELL
 Location on water right: In the SE qtr of the SE qtr of Section 2, T. 14.00S, R. 4.00W, 20 FT N & 180 FT W FR SE COR, S2

C. Water-Level Measurement

Date of measurement: 3-1-19 Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 2' Airline length or transducer depth (below land surface): feet
 Measuring point height above / below land surface: 1' below Airline gage pressure: psi x 2.31 = feet
 Depth to water below land surface: 3' Shut-in pressure (flowing wells): psi x 2.31 = feet

Measurement status: Static Pumping Rising Flowing Other
 Measurement method: E-tape Airline Other

Length of time well was idle prior to measurement:

Measuring point description: 1/2" access port on well cap
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
 Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
 Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface

Comments:

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Aaron Osborn
 Signature of measurer: *[Signature]*
 Company: Jones Drilling Co.
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB # 42261
 Daytime phone number: 541-461-2686 Email address: jonesdrilling@hotmail.com

EMAILED

Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.

Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Or email it as an attachment to reportingmmts@wrdd.state.or.us

Additional forms can be obtained from our web site at: http://www.wrd.state.or.us.

BY: *[Signature]*
 OWRD GW/KCW 2/4/2019

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Date	Arln Len	WL BMP	MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03/26/2018		2.00	-1.00	3.00	FLOWING	ETAPE	Caleb Peletier	1/2" access port in well cap on N side
03/09/2017		3.00	1.08	1.92	UNKNOWN	UNKNOWN	GELNDA HUBBARD	1 2" PORT IN WELL CAP
03/08/2016		4.83	1.92	2.91	STATIC	ETAPE	GELNDA HUBBARD	

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OCT 28 2021

Emg. 18
3-11-20

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

OWRD

Well owner:

Name: Kevin McDonald
Address: SMITH SEED SERVICES
26890 Powerline RD P.O. BOX 288
City/State/Zip: HALSEY OR 97348
Phone/Fax/Cell: 541-369-2830 541-369-2723 541-990-3283
Email: kevin@smithseed.com

Application: 6-17075
Permit: 6-16924
Certificate:
Userid: 9181
Transfer: T11361

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):
Permit number(s):
Certificate number(s):

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID: LINY 52584
Well ID (Well Tag) on Well: L- 107553
Well ID (Well Tag) on Well Log: L-
Start Card # on Well Log:
Date drilled:
Owner's well name: SMITH SEED SERVICES
Well drilled by:
Total depth: Casing diameter (inches):
Owner on well log:

Water-Level Measurement

Date of measurement: 3-6-20
Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 3' 8"
Measuring point height above/below land surface: 13"
Depth to water below land surface: 4' 9"
Airline length or transducer depth:
Airline pressure: psi x 2.31 =
Shut-in pressure: psi x 2.31 =

Measurement Status: Static Pumping Rising Flowing Other
Measurement Method: E-tape Airline Other

Length of time well was idle prior to measurement:
Measuring point description: 1/2 port well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
Comments:

When did water use begin for this well under this permit? Month: JULY Year: 1999

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Glenda Hubbard
Signature of measurer: [Signature]
Company: Jones Pump Co.
Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer):
Daytime phone number: 541-367-4121
Email address: jones@jonesdrilling@hotmail.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email as an attachment to reportingmmts@wrdd.state.or.us. Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

ATTACHMENT #6

WELL #2

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name	Smith Seed Services LLC		
Address	26890 Powerline Rd.		
City/State/Zip	Halsey	OR	97348
Phone/Fax/Cell	541-369-2830		
Email			

Application:	417075
Permit:	G16538
Certificate:	
Userid:	9181
Transfer	

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

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OCT 28 2021

Other water rights that list this well:

Application number(s):					
Permit number(s):					
Certificate number(s):					

OWRD

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:	Linn 59755	Owner's well name:	
Well ID (Well Tag) on Well: L-	107631		
Well ID (Well Tag) on Well Log: L-		Well drilled by:	Jones Drilling Co., Inc.
Start Card # on Well Log:	1014782	Total depth:	50
Date drilled:	9/07/2011	Casing diameter (inches):	8
		Owner on well log:	Smith Seed

Water-Level Measurement

Date of measurement: 3/09/2012

Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 8 feet

Measuring point height above/below land surface: _____ feet

Depth to water below land surface: 7 feet

Airline length or transducer depth: _____ feet

Airline pressure: _____ psi x 2.31 = _____ feet

Shut-in pressure: _____ psi x 2.31 = _____ feet

Measurement Status: Static Pumping Rising Flowing Other _____

Measurement Method: E-tape Airline Other _____

Length of time well was idle prior to measurement: 16 hours

Measuring point description: 1/2 access port in well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: _____

When did water use begin for this well under this permit? Month 9 Year 2011

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Zeke Lidgren

Signature of measurer: Zeke Lidgren

Company: Jones Pump Company

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): 480 CPI

Daytime phone number: 541-367-2560 Email address: jonesdrilling@hotmail.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us>

OWRD GW/KCW 1/13/2009

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM OWRD

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
Permit: G 16924
Certificate:
Transfer: T 11361
POD: 2
Userid: 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Well History, if available:
Table with columns: Logid, Type Work, Date, Depth. Row 1: LINN 59755, NEWWELL, 09/07/2011, 50

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID: LINN 59755
Well ID (Well Tag) on Well: L- 107631
Well ID (Well Tag) on Well Log: L- 107631
Start Card # on Well Log: 1014782
Date drilled: 9/7/2011
Owner's well name:
Well name on water right: WELL 2 (LINN 59755)
Well drilled by: JONES WELL DRILLING CO INC
Total depth:
Casing diameter (inches):
Owner on well log: SMITH SEED
Well location on water right: In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 180 FEET NORTH AND 490 FEET WEST FROM SE CORNER, SECTION 2

Water-Level Measurement

Date of measurement: 3-15-13
Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 14 FT
Measuring point height above / below land surface: 10"
Depth to water below land surface: 13' 2"
Airline length or transducer depth:
Airline pressure: psi x 2.31 =
Shut-in pressure: psi x 2.31 =
Measurement status: Static [X] Pumping [] Rising [] Flowing [] Other []
Measurement method: E-tape [X] Airline [] Other []
Length of time well was idle prior to measurement: 0
Measuring point description: Top of well cap N. side
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month 9 Year 2011

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Glenda Hubbard
Signature of measurer: [Signature]
Company: Jones Pump Co
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 42261
Daytime phone number: 541-451-4182 Email address:

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266. Additional forms can be obtained from our web sit at: http://www.wrd.state.or.us

OWRD GW/KCW 2/7/2013

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Table with columns: Date, MP Height, WL BLS, Pump Idle Time, Status, Method, Measured By, Measuring Point Description

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

OWRD

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
Permit: G 16924
Certificate:
Transfer: T 11361
POD: 2
Userid: 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Well History, if available:
Table with columns: Logid, Type Work, Date, Depth. Row 1: LINN 59755, NEW WELL, 09/07/2011, 50

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID: LINN 59755
Well ID (Well Tag) on Well: L- 107631
Well ID (Well Tag) on Well Log: L- 107631
Start Card # on Well Log: 1014782
Date drilled: 9/7/2011
Owner's well name: Well 2
Well name on water right: WELL 2 (LINN 59755)
Well drilled by: JONES WELL DRILLING CO INC
Total depth:
Casing diameter (inches):
Owner on well log: SMITH SEED
Well location on water right: In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 180 FEET NORTH AND 490 FEET WEST FROM SE CORNER, SECTION 2

Water-Level Measurement

Date of measurement: 3-10-14
Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 8
Measuring point height above/below land surface: 1 ft
Depth to water below land surface: 7 ft
Airline length or transducer depth:
Airline pressure: psi x 2.31 =
Shut-in pressure: psi x 2.31 =
Measurement status: Static [checked] Pumping [checked] Rising [] Flowing [] Other []
Measurement method: E-tape [] Airline [] Other: Static Meter
Length of time well was idle prior to measurement:
Measuring point description: well vent
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month 9 Year 2011

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Kyle Jones
Signature of measurer: [Signature]
Company: Jones Pump Co
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CB 42361
Daytime phone number: 541-367-2530 Email address:

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email it as an attachment to reportingmmts@wrd.state.or.us.

Additional forms can be obtained from our web sit at: http://www.wrd.state.or.us.

OWRD GW/KCW 1/31/2014

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Table with columns: Date, MP Height, WL BLS, Pump Idle Time, Status, Method, Measured By, Measuring Point Description. Row 1: 03/15/2013, 0.83, 13.17, 0, STATIC, ETAPE, GLENDA HUBBARD, TOP OF WELL CAP N.SIDE

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

E-MAILED MAR 19 2015 ³⁵

Your water right requires periodic static water-level measurements in your wells. Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells that have been constructed must be measured regardless of whether they are being used. Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Application: G 17075
 Permit: G 16924
 Certificate:
 Transfer: T 11361
 POD: 2
 Userid: 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

RECEIVED

OCT 28 2021

OWRD

Well History, if available:

Logid	Type Work	Date	Depth
LINN 59755	NEW WELL	09/07/2011	50

Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log ID:	LINN 59755	Owner's well name:	WELL 2 (L-107631)
Well ID (Well Tag) on Well: L-	107631	Well name on water right:	WELL 2 (LINN 59755)
Well ID (Well Tag) on Well Log: L-	107631	Well drilled by:	JONES WELL DRILLING CO INC
Start Card # on Well Log:	1014782	Total depth:	Casing diameter (inches):
Date drilled:	9/7/2011	Owner on well log:	SMITH SEED
Well location on water right:	In the SE quarter of the SE quarter of Section 2, Township 14.00S, Range 4.00W, 180 FEET NORTH AND 490 FEET WEST FROM SE CORNER, SECTION 2		

Water-Level Measurement

Date of measurement: **3-18-15** Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: **8' 4"** Airline length or transducer depth: _____ feet

Measuring point height above/below land surface: **9' 4"** Airline pressure: _____ psi x 2.31 = _____ feet

Depth to water below land surface: **7' 7"** Shut-in pressure: _____ psi x 2.31 = _____ feet

Measurement status: Static Pumping Rising Flowing Other _____

Measurement method: E-tape Airline Other _____

Length of time well was idle prior to measurement: _____

Measuring point description: **5 min**

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: _____

When did water use begin for this well under this permit? Month _____ Year _____

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): **Glenda Hubbard**
 Signature of measurer: *[Signature]*
 Company: **Jones Pump Co**
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): **CCB # 4226**
 Daytime phone number: **541-570-0447** Email address: **jonesdrilling@hotmail.com**

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web sit at: <http://www.wrd.state.or.us>. OWRD GW/KCW 1/29/2015

Water Level Data on File at OWRD for this well (last 2 measurements only, most recent date on top):

Date	MP Height	WL BLS	Pump Idle Time	Status	Method	Measured By	Measuring Point Description
03/10/2014	1.00	7.00		STATIC	OTHER	KYLE JONES	WELL VENT
03/15/2013	0.83	13.17	0	STATIC	ETAPE	GLENDA HUBBARD	TOP OF WELL CAP N.SIDE

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

OWRD

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17075
Permit G 16924
Certificate
Transfer T 11361
POD 2
Userid 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Water Right (OWRD Use Only):
Permit: G 16924 * {174064}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id LINN 59755* Well name on water right WELL 2 (LINN 59755)
Well Id- Well Tag on Well: L-107631* Owner's well name WELL 2 (L-107631)
Water Use Report Id 63834 Water use rpt facility name WELL 2 (LINN 59755/L-107631)

Table with columns: Logid (Well History), Type Work, Startcatd Nbr, Well Tag, Csg (inches), Max Depth, Complete Date, Owner on Well Log. Row 1: LINN 59755, NEW, 1014782, 107631, 5, 10.09, 09/07/2011, SMITH SEED

B. Well Location Lat (WGS1984): 44.374858 Long: -123.130331 Est loc error (feet): 100 Loc Source (gps...): WR APPL MAP EXISTING WELL
Location on water right: In the SE qtr of the SE qtr of Section 2, T. 14.00S, R. 4.00W, 180 FT N & 490 FT W FR SE COR, S2

C. Water-Level Measurement

Date of measurement: 3/26/18 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 168" Airline length or transducer depth (below land surface): feet
Measuring point height above / below land surface: 10" Airline gage pressure: psi x 2.31 = feet
Depth to water below land surface: 158" Shut-in pressure (flowing wells): psi x 2.31 = feet
Measurement status: Static [] Pumping [] Rising [] Flowing [X] Other []
Measurement method: E-tape [X] Airline [] Other []
Length of time well was idle prior to measurement: None
Measuring point description: 1/2" access port on E side
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
Measuring points should not be used for airline measurements as airlines lengths should be referenced to land surface.
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.
Comments:

EMAILED

APR 18 2018

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Caleb Pelletier
Signature of measurer: [Signature]
Company: Jones Pump Co
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 514
Daytime phone number: 541-367-2560 Email address: Jonesville@hotmail.com

BY: [Signature]

Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.

Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web sit at: http://www.wrd.state.or.us.

OWRD GW/KCW 2/15/2018

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Table with columns: Date, Arin Len, WL BMP MP Height, WL BLS, Status, Method, Measured By, Measuring Point Description. Rows: 03/09/2017, 03/08/2016, 03/18/2015

**Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM**

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application G 17075
Permit G 16924
Certificate
Transfer T 11361
POD 2
Userid 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Water Right (OWRD Use Only):
Permit: G 16924 * {174064}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	LINN 59755*	Well name on water right	WELL 2 (LINN 59755)
Well Id- Well Tag on Well: L-	107631*	Owner's well name	WELL 2 (L-107631)
Water Use Report Id	63834	Water use rpt facility name	WELL 2 (LINN 59755/L-107631)

* Per OWRD records, if shown

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
LINN 59755	NEW	1014782	107631			09/07/2011	SMITH SEED

B. Well Location Lat (WGS1984): 44.374858 Long: -123.130331 Est loc error (feet): 100 Loc Source (gps.): WR APPL MAP EXISTING WELL
Location on water right: In the SE qtr of the SE qtr of Section 2. T. 14.00S. R. 4.00W. 180 FT N & 490 FT W FR SE COR. S2

C. Water-Level Measurement

Date of measurement: 3-1-19 Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 11' 3" Airline length or transducer depth (below land surface): feet
 Measuring point height above / below land surface: 10' above Airline gage pressure: psi x 2.31 = feet
 Depth to water below land surface: 10' 5" Shut-in pressure (flowing wells): psi x 2.31 = feet

Measurement status: Static Pumping Rising Flowing Other
 Measurement method: E-tape Airline Other

Length of time well was idle prior to measurement:

Measuring point description: 1/2" access port in well cap
 The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
 Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
 Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.

Comments: _____

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Margy Osborn
 Signature of measurer: [Signature]
 Company: Jones Drilling Co.
 License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB# 42261
 Daytime phone number: (541) 951-2686 Email address: jonesdrilling@hotmail.com

EMAILED

Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.
 Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
 Or email it as an attachment to reportingmmts@wr.state.or.us
 Additional forms can be obtained from our web site at: http://www.wrd.state.or.us.

MAR 06 2019
 BY: _____
 OWRD GW/KCW 2/4/2019

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Date	Arln Len	WL BMP MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03-26-2018		14.00	0.83	13.17	FLOWING	ETAPE	Calcb Pelletier
03-09-2017		10.92	0.83	10.09	STATIC	ETAPE	GLENDIA HUBBARD
03-08-2016		18.17	0.75	17.42	STATIC	ETAPE	GLENDIA HUBBARD

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

OWRD

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Application G 17075
Permit G 16924
Certificate
Transfer T 11361
POD 2
Userid 9181

KEVIN MCDONALD
SMITH SEED SERVICES
PO BOX 288
HALSEY OR 97348

Emailed 3-1-20

Water Right (OWRD Use Only):
Permit: G 16924 * {174064}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id LINN 59755*
Well name on water right WELL 2 (LINN 59755)
Well Id- Well Tag on Well: L-107631*
Owner's well name WELL 2 (L-107631)
Water Use Report Id 63834
Water use rpt facility name WELL 2 (LINN 59755/L-107631)

Table with columns: Logid (Well History), Type Work, Startcatd Nbr, Well Tag, Csg (Inches), Max Depth, Complete Date, Owner on Well Log. Row 1: LINN 59755, NEW, 1014782, 107631, , , 09/07/2011, SMITH SEED

B. Well Location Lat (WGS1984): 44.374858 Long: -123.130331 Est loc error (feet): 100 Loc Source (gps...): WR APPL MAP EXISTING WELL
Location on water right: In the SE qtr of the SE qtr of Section 2, T. 14 00S, R. 4.00W, 180 FT N & 490 FT W FR SE COR, S2

C. Water-Level Measurement

Date of measurement: 3-6-20
Measurements should be made to at least the nearest tenth of a foot (10.2), the nearest inch (10' 3") or the nearest pound, if using a gage.
Depth to water below measuring point: 11'
Airline length or transducer depth (below land surface): feet
Measuring point height above/below land surface: 10"
Airline gage pressure: psi x 2.31 = feet
Depth to water below land surface: 11' 10"
Shut-in pressure (flowing wells): psi x 2.31 = feet
Measurement status: Static [] Pumping [] Rising [] Flowing [] Other []
Measurement method: E-tape [] Airline [] Other []
Length of time well was idle prior to measurement: []

Measuring point description: 1/2 port in well seal
The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap, 1-1/2" port pipe on N side, pressure gage.
Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.
Comments:

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Glenda Hubbard
Signature of measurer: [Signature]
Company: Jones Pump Co
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer):
Daytime phone number: 541-367-4121 Email address: jonesdrilling@hotmail.com

Questions? Call the Measurement & Reporting Section of the Department at 503-986-0822.
Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
Or email it as an attachment to reportingmmts@wrdd.state.or.us

Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD OWRD GW/BPS 1/30/2020

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Table with columns: Date, Arln Len, WL BMP MP Height, WL BLS, Status, Method, Measured By, Measuring Point Description. Rows: 03-01-2019 (PUMPING), 03-26-2018 (FLOWING), 03-09-2017 (STATIC)

Udell Engineering & Land Surveying, LLC

63 East Ash Street, Lebanon, OR 97355
Ph: 541-451-5125 • Fax: 541-451-1366

10/25/2021

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

RECEIVED

OCT 28 2021

RE: application G-17075, permit G-16924

OWRD

I am including a brief summary of this Claim of beneficial use (CoBU) and some challenges onsite, to supplement the form attached CoBU form.

The applicant, Smith Seed Services, operates a seed processing facility on tax lot 201 of Linn County map 14s.04w.11. The industrial use of the water, from the two wells that are the subject of this CoBU, is used in a seed coating process involving the supply of water to two kettles and two boilers. Point of appropriation (PoA) #2 (well #2) is the primary source of water in this process. PoA #1 is used as a supplemental source, as needed. There are three meters, as noted in the CoBU, which measure the volume used at the following points of use: one for kettle #1, boiler #1 and kettle #2/boiler #2.

Kyle W. Latimer
PLS, PE, CWRE #80442

CLAIM OF BENEFICIAL USE MAP
 LOCATED IN SE 1/4 SE 1/4 SEC. 2 &
 NE 1/4 NE 1/4 SEC. 11, T. 14 S., R. 4 W., W.M.
 LINN COUNTY, OREGON
 12/18/2020

APPLICATION NO. G-17075
 AMMENDMENT NO. T-11361
 PERMIT NO. G-16924 (SUPERSEDES G-16538)

PERMITTEE: SMITH SEED SERVICES
 OWNER: SMITH SEED SERVICES, LLC
 SITE ADDRESS: 26878 POWERLINE ROAD
 HALSEY, OREGON 97348
 MAIL ADDRESS: PO BOX 288
 HALSEY, OR 97348
 TAX LOT: 201
 TAX MAP: 14S04W11

UDELL ENGINEERING
 AND
 LAND SURVEYING, LLC
 63 EAST ASH ST.
 LEBANON, OREGON, 97355
 541-451-5125

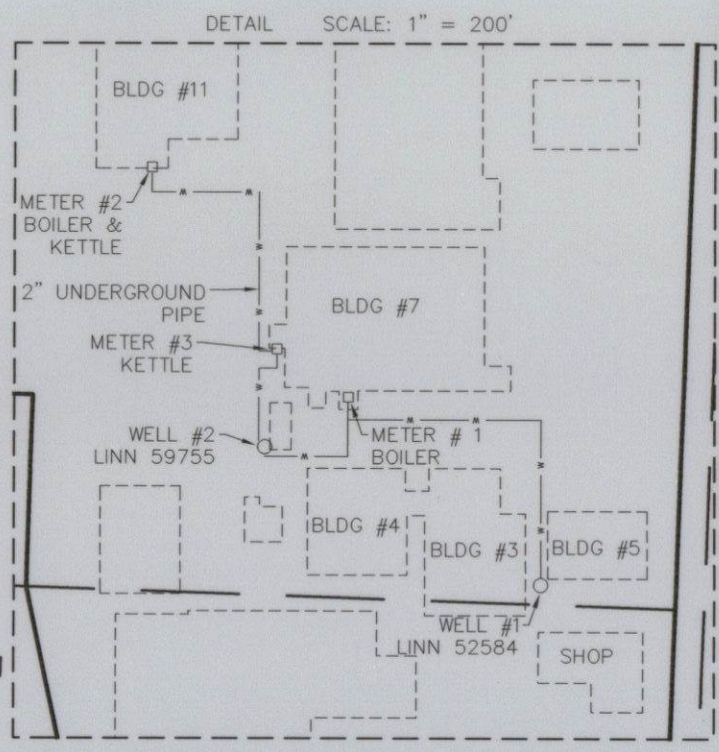
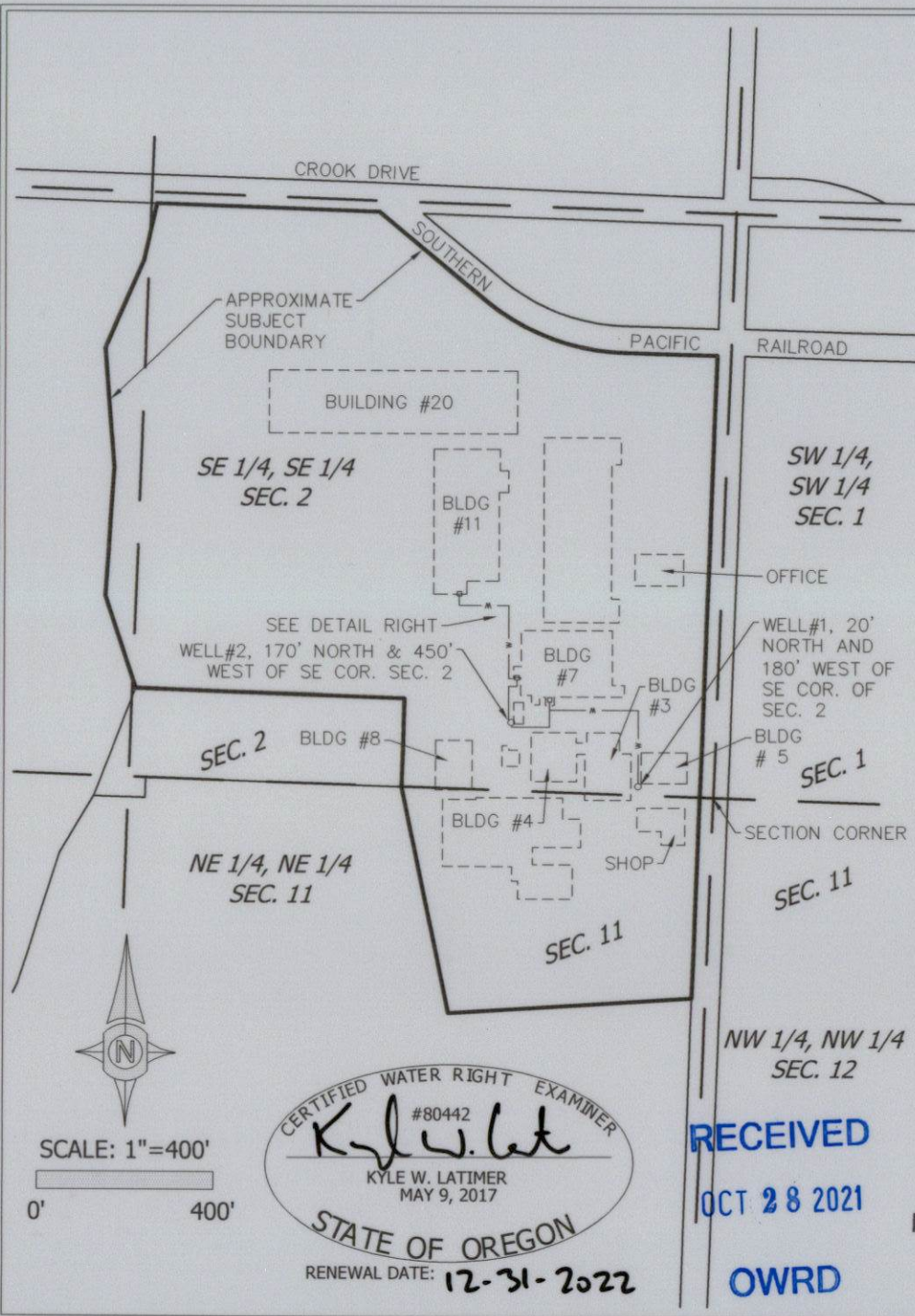
CLAIM OF BENEFICIAL USE MAP
 SMITH SEED SERVICES
 26890 POWERLINE RD
 HALSEY, OR 97348

Date 12/22/2020
 Project 20-300
 Drawn by KWL



SHEET 1
 of 1

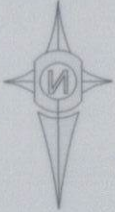
SCALE: AS NOTED



CERTIFIED WATER RIGHT EXAMINER
 #80442
Kyle W. Latimer
 KYLE W. LATIMER
 MAY 9, 2017
 STATE OF OREGON
 RENEWAL DATE: 12-31-2022

RECEIVED
 OCT 28 2021
 OWRD

0. 400.
SCALE: 1"=400'



RENEWAL DATE: 12-31-2025



OMBD
OCT 28 2021
RECEIVED

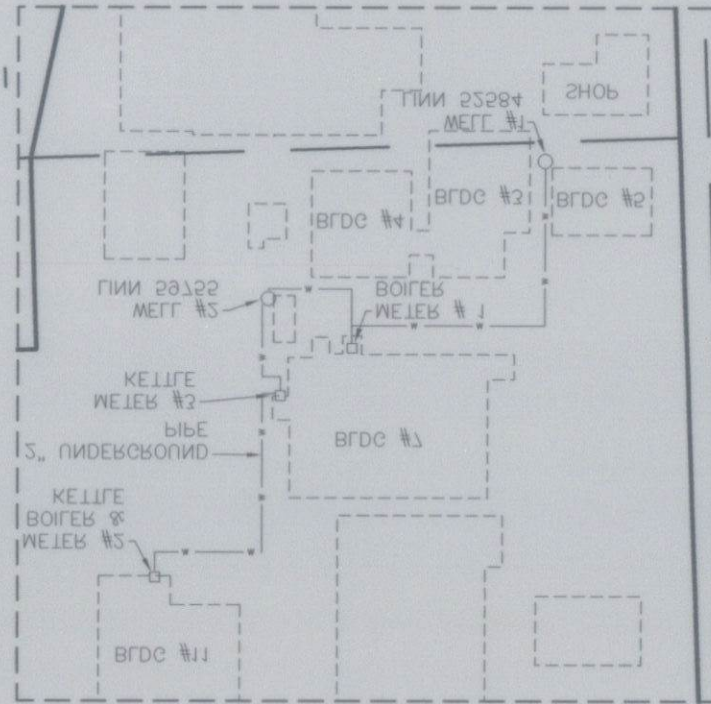
SEC 15
W 1/4, W 1/4

SEC 11

SEC 1

SEC 5
SE COR' OF
180, WEST OF
NORTH AND
MELG #1, 20,

SEC 1
SW 1/4
SW 1/4



DETAIL SCALE: 1" = 500'

TAX MAP: 14204P1
TAX LOT: 201
MAIL ADDRESS: 84278 OR 97348
MAIL ADDRESS: 84278 OREGON 97348
SITE ADDRESS: 28818 BOWERLINE ROAD
OWNER: SMITH SEED SERVICES, LLC
PERMITTEE: SMITH SEED SERVICES

PERMIT NO. E-10254 (SUPERSEDES E-10238)
AMMENDMENT NO. T-11301
APPLICATION NO. E-10252

12/18/2020
GILL COUNTY, OREGON
W 1/4 NE 1/4 SEC 11, T. 14 S., R. 4 W., W.M.
LOCATED IN SE 1/4 SE 1/4 SEC 5 &
CLAIM OF BENEFICIAL USE MAP

SCALE: AS NOTED

of 1
SHEET 1



KAT
Diana D
Licence 30-300
Date 12/31/2020

HATSEY, OR 97348
28818 BOWERLINE RD
SMITH SEED SERVICES
CLAIM OF BENEFICIAL USE MAP

241-421-2122
TERMINO, OREGON 97322
83 EAST 25th ST.
LAND SURVEYING, LLC
AND
DELT ENGINEERING

