DATE: //- 12.2021 RECEIPT #: 136849				
RECEIVED FROM: Ude U Fingi	neeringsland	APPLICATION	6-17070	
Surveyor	401	PERMIT	- 101	
0.7		TRANSFER		
CASH CHECK# / /	OTHER (IDENTIFY)			
CASH CHECK # 44320		TOTAL REC'D	\$ 30.00	
		TOTALTIEGE	Ψ.50.00	
1083 TREASURY 4170	MISC CASH ACCT.			
0407 COPIES			\$	
OTHER: (IDENTIFY)		\$	
0243 Instream Lease 0244	Muni Water Mgmt. Plan	0245 Cd	ons. Water	
1083 TREASURY 4270	WRD OPERATING ACCT.			
MISCELLANEOUS	111 111			
0407 COPY & TAPE FEES	76111		\$	
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	\$	
THER (IDENTIFY)		Bu	\$30-	
0607 TREASURY 0467	HYDROELECTRIC			
		LIC NUMBER	1	
0233 POWER LICENSE FEE (FW/	VRD)	LIOTROMOETI	\$	
0231 HYDRO LICENSE FEE (FW/M	(RD)		\$	
LIVERO APPLICATION				
HYDRO APPLICATION			\$	
SPECIAL INSTRUCTIONS	3:			
ann.	, ,			
COBU	6-169	24		

RETURN TO APPLICANT -- LETTER ATTACHED

DAT	TE:	RECEIPT #:		
RECEIV	/ED FROM:		APPLICATION	
			PERMIT	
			TRANSFER	
CASH	CHECK #	OTHER (IDENTIFY)		
Ш	Ш	Ц	TOTAL REC'D	\$
1083 T	REASURY 4170 N	MISC CASH ACCT.		
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	OTHER: (IDENTIFY)			\$
	OTTIEN. (IDENTIFY)			Þ
0243 lr	nstream Lease 0244 M	Muni Water Mgmt. Plan	0245 Co	ns. Water
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	MISCELLANEOUS			
0407	COPY & TAPE FEES			\$.
0410				\$
0408				\$
The same of the sa	DEPOSIT LIAB. (IDENTIFY)			\$
0240				\$
	WATER BIOLITO			
0001	WATER RIGHTS	EXAM FEE		RECORD FEE
0201		\$		\$
0205	TRANSFER TRANSFER	\$	0204	\$
0203	THANSPEN	Φ		
	WELL CONSTRUCTION	EXAM FEE		RECORD FEE
0218	WELL DRILL CONSTRUCTOR	\$	The state of the s	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			The section of the se
0607 TR	EASURY 0467 H	YDROELECTRIC		
			LICHUMBER	
0233	POWER LICENSE FEE (FW/WI	BD)	LIC NUMBER	\$
	HYDRO LICENSE FEE (FW/WF			\$
				Ψ
	HYDRO APPLICATION			\$

SPECIAL INSTRUCTIONS:

	RETURN T	O APPLICANT	LETTER	ATTACHED
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DATI	E: 10-28-2021	RECEIPT #:	136717	7
	ED FROM: Udell Eng	incering +	APPLICATION PERMIT TRANSFER	G-17079
CASH	CHECK # 4 4301	OTHER (IDENTIFY)	TOTAL REC'D	\$ 200.00
1083 TF	REASURY 4170 M	MISC CASH ACCT.		
0407	COPIES OTHER: (IDENTIFY)			\$
	stream Lease 0244			ons. Water
1083 TF	REASURY 4270	WRD OPERATING ACC	l.	
0407 0410 0408 TC162 0240 0201 0203 0205	MISCELLANEOUS COPY & TAPE FEES RESEARCH FEES MISC REVENUE (IDENTIFY) DEPOSIT LIAB. (IDENTIFY) EXTENSION OF TIME WATER RIGHTS SURFACE WATER GROUND WATER TRANSFER	EXAM FEE \$ \$ \$ \$ \$	0202 0204	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
0218	WELL CONSTRUCTION WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT OTHER (IDENTIFY)	COBL	0219 0220	RÉCORD FEE \$ \$
0607 TR	REASURY 0467	HYDROELECTRIC		
0233 0231	POWER LICENSE FEE (FW/W		LIC NUMBER	\$
	HYDRO APPLICATION			\$

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

DATE: 10-25-7021 RECEIPT #: 136691				
RECEIVED	FROM: Bryen	Jensen	APPLICATION PERMIT TRANSFER	G-19208
CASH CH	ECK #/44/10	OTHER (IDENTIFY) MISC CASH ACCT.	TOTAL REC'D	\$3,410.00
0407 CC	PIES HER: (IDENTIF	Y)		\$
	am Lease 024			ons. Water
1083 TREA	SURY 4270	WRD OPERATING AC	сст.	
0407 CO 0410 RE 0408 MIS TC162 DE 0240 EX WA 0201 SU 0203 GR	PY & TAPE FEES SEARCH FEES SEARCH FEES SC REVENUE (IDENTIFY) POSIT LIAB (IDENTIFY) TENSION OF TIME ATER RIGHTS RFACE WATER OUND WATER ANSFER	EXAM FEE \$ \$ 28 00 \$	0202 0204	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
0218 WE LAN	ELL CONSTRUCTION ELL DRILL CONSTRUCTO NDOWNER'S PERMIT HER (IDENTIFY)	23/2	0219 0220	RECORD FEE
0607 TREAS	SURY 0467	HYDROELECTRIC		
	WER LICENSE FEE (FW/V		LIC NUMBER	\$ \$
	DRO APPLICATION			\$

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

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



O R E G O N 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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OCT 28 2021

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

OWRD

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

2.	Property	Owner	(current	owner	inform	ation)	•
	LIOPCILY	CAALICI	Carrent	CAALIEL	111101111	ativiti	٠.

APPLICANT/BUSINESS NAM Smith Seed Services (a		PHONE NO 541-369-	
Address			-
PO Box 288			
CITY	STATE	ZIP	E-MAIL
Halsey	OR	97348	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. <u>Each</u> 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 RE	CORD		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Same as owner				RECEIVED
ADDRESS				
				OCT 28 2021
CITY		STATE	ZIP	
				OWRD
ADDITIONAL PERMIT H	OLDER OF RECORD			
n/a	OLDER OF RECORD			
Address				
Сіту		STATE	ZIP	

4. Date of Site Inspection:

12/18	/2020		
12/10	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			
Сіту	STATE	ZIP	407
54855420.581	U. Proc. A Charles State (Charles)		

Add additional tables for owners of record as needed

SECTION 2 SIGNATURES

OWRD

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-	No. of the last of	ADDITIONAL CONTACT No.
ADDRESS 63 E Ash Street				
CITY Lebanon	STATE OR	ZIP 97355	E-MAIL kyle@ude	elleng.com

Permit Holder's of Record Signature or Acknowledgement

<u>Each</u> 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.

PRINT OR TYPE NAME	TITLE	DATE
Kevin McDonald	Operations Mag.	10-25-2021

SECTION 3

OCT/28 2021

CLAIM DESCRIPTION

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

OWRD

WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
19007	Linn 52584
107631	Linn 59755
	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE) 19007

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

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

POA Name or Number	Uses	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well #1	Industrial		Year 'round	40 gpm
Well #2	Industrial		Year 'round	40 gpm
Total Quantit	y 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



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?



NO

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

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

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Well #1

OCT 2 8 2021

A. Place of Use

OWRD

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?



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



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 <u>and</u> apply the water from the point of appropriation to the place of use.

RECEIVED

1. Is a pump used?

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

OCT 2 8 2021

CICILAIO



NO

2. Pump Information:

z. rump information.	2. Fully illustration.				
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 hp)/(40'+40x2.31)=0.1595 cfs = 72 gpm

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT
		OBSERVED	(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 N

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

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

OCT/28 2021

F. Gravity Flow Pipe

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

OWRD

1. Does the system involve a gravity flow pipe?

YES



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?

VES



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?



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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DET 2 8 2021

A. Place of Use

Attach Claim of Beneficial Use map.

OWRD

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?



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)

Is the appropriation from a dug well (sump)?

YES



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 <u>and</u> apply the water from the point of appropriation to the place of use.

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1. Is a pump used?

OCT 28 2021



NO

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

2. Pump Information:

OWRD

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

3. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*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'+40x2.31)=0.178 cfs = 80 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

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

YES (



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

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

RECEIVED

OCT 28 2021

F. Gravity Flow Pipe

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

OWRD

1. Does the system involve a gravity flow pipe?

YES



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



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

Attach measurement notes.

 H. Additional notes or comments related to t 		Additional	notes	or	comments	related	to	the	syste	em:
--	--	------------	-------	----	----------	---------	----	-----	-------	-----

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	Tested the system and routed to boiler and kettle
		8/7/2011	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



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



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

b. Were the Progress Reports submitted?

YES



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?



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?



NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	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?



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



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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	MEASUREMENT

5. Pump Test:

a. Is a pump test required?



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.

For additional information regarding pump tests see:

OCT 28 2021

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

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

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

YES



c. Is the pump test attached to this claim?

YES

NC

d. Has the pump test been approved by the Department?

YES



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

YES



^{**}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?

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?



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			7,5,255

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?



NO

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

b. Have the reports been submitted?

to the well?

d. Other conditions?

YES



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

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

a. Were there special well construction standards?

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

(YES)

NO

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OCT 2 8 2021

OWRD

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):

SECT	ION A
JEC.I	ILJIN 1

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					
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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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- 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		237*	110	Pumping			
	1145		23'8"		Pumping			
	1200		23'9"		Pumping			
	1215		23'11"		Pumping			
	1230		23'11"	110	Pumping		3	
	1245		23'11"		Pumping			
	1300		23'11"		Pumping			
	1315		24'	110	Pumping			
	1330		24'		Pumping		1 1 1 1	
	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	2.		
	1425		127"		Recovery			
	1430		12'4"		Recovery			
	1445		12'1"		Recovery			

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ATTACHMENT #2



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-10763					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%"	57	Pumping		N_	
	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	n K	00	
	1230		38'11"		Pumping	1 Dr.	2	
	1245		39'6"	60	Pumping	VU		
	1300		39'11"		Pumping			
	1315		40'2"		Pumping			
	1330		40'10"		Pumping		RECE	IVED
	1345		41'4"	60	Pumping			IVILL
	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	3		
	1500		16'8"		Recovery			
	1515		16'1"		Recovery			
	1530		15'10"		Recovery			

(1) OWNER:

LINN 52584 RECEIVED

linn 52584

WATER SUPPLY WELL REPORT (as required by ORS 537.765) Instructions for completing this report are on the last page of this form

Address P. City Ha (2) TYPE OF New Well (3) DRILL M Rotary Air Other (4) PROPOSE Domestic	Despening All STHOD: Rotary Med D USE: Community	Servi 88 State (DR Au		-	Section 11 Tax Lot 300 L Street Address of Well Crook Dr (16) STATIC WATEL	Latitude N or 3 Range NE 1/4 ot Block (or nearest address) mile LEVEL: we land surface.	4 W NW Halse	_ 1/4 Subdivision_	
Special Construct	LE CONSTRU ion approval Y Y Yes No T	CTION:	h of Co	moleted Well	48n	Prom	To	Estimate	d Plow Rate	SWL
Diameter From	To Mate		To	Sacks or you	ads	30'	46'	408	pm	13
10" 0 6" 18 How was seal place				18 1 sa		(12) WELL LOG:	Bevation			
Backfill placed fro	-	n.	Materi	al		Material		T B	-	
Gravel placed from		n.	1000	f gravel		Top soil		Prom	To 3	SWL
(6) CASING/L		100		- Anna Anna Anna Anna Anna Anna Anna Ann		Brown clay	,	3	10	
Diameter	From To	Gauge Steel	Piastic		readed	Brown clay	& gravel	19	36	
Casing:	1.4.501.60					Dirty gray	el	30	37	13
6"	+12"46"	-		X		Brown sand	& gravel	37	46	-
***	09"					Brown clay	& gravel	46	48	
Liner:	 		0000	0000					1 1	
	1 1		님							
Final location of st	100(s) 4610	O# U	П					-		
(7) PERFORAT	IONS/SCREEN	S:			-			-		
Perforations		Acetyle		+		DE	7F1) /F-5	+		
Screens	Туре	THE WALE	Me	rial		KE	CEIVED	-		
From , To	Slot	, Diameter .	Tele/plp		_			-		
			100	Casing		001	2 8 2021			-
8'09 46		6"		_ 🗷	ă			+		
09*	x12"				ŏ		AIDE			
						0	WKD.			
(6) WHEN !			_							$\overline{}$
(8) WELL TEST Pump Yield gal/mia 4 Og pm Temperature of wate Was a water analysis	Bailer Drawdowa 22	Driff stem	at	Plowing Artesian Time 1 hr.	= $ $	Date started 7-20- (umbonded) Water Well Co I certify that the work I pe of this well is in compliance Materials used and informational belief. Signed (bonded) Water Well Const.	nstructor Certification riformed on the constru- with Oregon water sup- on reported above are to rector Certification:	n: sction, alterat ply well cons rue to the bei WWC Numb	struction stan st of my know ber	dards. wiedge
Did any strata contai Salty Muddy Depth of strata:	n water not suitable	Colored C	Other	Too little	r sec	I accept responsibility for performed on this well during performed during this time is construction standards. This Signed	in compliance with Or report is true to the bes	reported aboregon water st t of my know WWC Numb	we. All work apply well riedge and be ser 137 bate 7-2	k slief. B

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 OCT 28 2021

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IIIN 9 7 2011

Do not complete if the well already has a Well I.D Number.	SON A C ZIIII
to the compress of the frest an early has a frest 1.D stamoer.	WATER RESOURCES DEPT
I. OWNER INFORMATION	SALEM, OREGON
Current Owner Name (please print): Smith Sevel Services	- The Control of the
Mailing Address: FO 130x 285	
City: Halsey State: OR	Zip: 97348
Mailing Address (to send Well I.D.): PO Box 288	Zip:
City: HAISey State: OR	- 6720
State.	Zip: 97348
II. WELL INFORMATION (Do not complete this section if the well report is attached.)	
. 12	
Township: 14S (North/South) Range: 4W	(East/West) Section:
Tax Lot: 201 County: Lina NE	1/4 NW 1/4 ty: Halsey
Street Address of Well: 26890 rowerline Rei	ty: Halsey
Owner at time the well was constructed, (if known): Sim, the Seed Selvi	ces
If the property had a different street address in the past:	
III CENERAL WELL TOPOLOGICA	
III. GENERAL WELL INFORMATION (Do not complete this section if the well report	is attached)
Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic	t industrial
Date Well Constructed: 7/23/1999 Total Well Depth: 48'	Casing Diameter: 6"
Other Information:	
SUBMITTED BY (please print): Kevin Mc Donald	2
PHONE: 541-369-2830 FAX: 541-369-7	2723
I THE LUCK ALL DE ISSUE THEN #	7/22/11 **
OK TAG MISSING RE-ISSUE NEW #	1 DOIN ACK
VOID TAG 19007.	
Send application to Oregon Water Resources Department; 725 Summer St NE. Suite A: Sa	lem Oregon 97301-1266; for (502) 096
1902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.	10th, Olegon 77301-1200, lax (303) 980-
: INN 57584	107553
CENTED DE COMPANY DE LE PRINCIPAL DE PRINCIPAL DE PRINCIPAL DE L'ARREST DE L'A	MARY STREET, AND ALL WISH SAN
For Official Use Only by the Oregon Water Resources De Received Date: Well Log Number:	bartment: Well Identification #:
	" en identification #:
Control of the contro	代。日子的 是 第二个中央发生(如中国)
五十二十四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	

LINN 59755

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 107631 START CARD # 1014782

TUA WELL	# 2
(1) LAND OWNER Owner Well I.D. 5195	(9) LOCATION OF WELL (legal description)
First Name Last Name	
Company Smith Seed	
Address P.O. Box 288	Sec 11 NE 1/4 of the NW 1/4 Tax Lot 300
	Tax Map Number Lot
	Lat or DMS or DI
(2) TYPE OF WORK New Well Deepening Conversion	Long " or DMS or DI
Alteration (repair/recondition) Abandonment	Street address of well
- Andrews (repeated on the Andrews Control of	
3) DRILL METHOD	26890 Powerline Rd., Halsey, OR 97348
X Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/Commercial Livestock Dewatering	Completed Well 09-06-2011 15
Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found 19
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well 50 ft.	09-06-2011 19 28 20 SWIAN
BORE HOLE SEAL sacks/	09-06-2011 43 50 45 15
Dia From To Material From To Amt lbs	
12 0 20 Bentonite 0 20 15 S	
8 20 50	
	(11) WELL LOG Ground Elevation
ow was seal placed: Method A B C D E	
Other Poured dry	Material From To
	Brown clay .5 19
	Gravel & sand 19 28 Cemented gravel DECELVED 28 43
xplosives used:Yes Type Amount	Count &
) CASING/LINER	Gravel & sand 43 50
	005 00 000
Company of the compan	OCT: 2 8 2021
● B × 1 49 250 ● X	
	OWRD RECEIVER
	OWRD RECEIVED
	WANTE THE TAKE OF THE PARTY OF
Shoe Inside Outside Other Location of shoe(s)	JONES DRILLING CO., INC. 050 0 1 204
[29400 SANTIAM HWY. SEP 2 1 2011
Temp casing X Yes Dia 12 From 0 To 20	
) PERFORATIONS/SCREENS	
Perforations Method Air perforator	541-367-2560 541-451-2686 SALEM, OREGON
Screens Type Material	1-800-915-8388
SIC Control Communication	
en lines Die	Date Started 09-07-2011 Completed 09-07-2011
c c in the state of the state o	
rf Casing 30 48 .375 1	(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
	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
	abandonment of this well is in compliance with Oregon water supply well
WELL TESTS: Minimum testing time is 1 hour	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.
	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011
Pump Bailer	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically)
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed
Pump Bailer	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date (9-16-2011) Password: (if filing electronically) Signed (boaded) Water Well Constructor Certification I accept responsibility for the construction, deepening alteration or abandonment
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date (9-16-2011) Password: (if filing electronically) Signed (boaded) Water Well Coastructor Certificatios I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All words
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 nperature 54 °F Lab analysis Yes By	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Coastructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen 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
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 mperature 54 °F Lab analysis Yes By ater quality concerns? Yes (describe below)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Coastructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All word
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 nperature 54 °F Lab analysis Yes By	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen 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.
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 Imperature 54 °F Lab analysis Yes By ster quality concerns? Yes (describe below)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. License Number 1684 Date 09-16-2011 Password: (i6 filing electronically)
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 Imperature 54 °F Lab analysis Yes By ster quality concerns? Yes (describe below)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Coastructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. License Number 1684 Date 09-16-2011 Password: (if filing electronically) Signed Date 09-16-2011
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 45 48 1 Imperature 54 °F Lab analysis Yes By ster quality concerns? Yes (describe below)	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1411 Date 69-16-2011 Password: (if filing electronically) Signed (boaded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. License Number 1684 Date 09-16-2011

33

Oregon Water Resources Department

Your water right requires periodic static water-level me certificate to determine when measurements should allowed to make the measurements. Keep a copy of a that have been constructed must be measured regar contact the Department if you are no longer the holder	be made, when reports are due, and all measurement reports for your reco dless of whether they are being us	nd who is ords. All well ed. Please	ls Cer	Permit: rtificate: rransfer: POD: Userid:	G 17075 G 16538
1	OFIVED	Well History,	If available:		
SMITH SEED SERVICES	RECEIVED	Logid	Type Work	Date	Depth
PO BOX 288	2 2 2 2 2 2	LINN 52584	NEW WELL	07/23/199	9 48
HALSEY OR 97348	OCT 2 8 2021				
	OWRD				
Identification of Measured Well (Provide as m	such information se possible Correct	any arrors			
Water Resources Well Log ID: LINN 52584	Owner's well name:	any errors.)			
Well ID (Well Tag) on Well: L-		52504			
	Well name on water right: LINN				
Well ID (Well Tag) on Well Log: L- 19007 Start Card # on Well Log: 116706	Well drilled by: MERI				
Start Card # on Well Log: 116706 Date drilled: 07/23/1999	Total depth: 48 Owner on well log: SMIT	H CEED CET	Casing diameter	(inches):	6
	of the NE quarter of Section 11, Tov				-
Depth to water below measuring point: Measuring point height above / below land surface: Depth to water below land surface:	leasurements should be made to at least the nearest pound, if using a gage. Airline length or to the Airline pressure: Shut-in pressure:	ransducer der		fee fee	et et
	Rising Flowing	Other			
Measurement method: E-tape Airline	Other				
Length of time well was idle prior to measurement:	1 hours				
Measuring point description: 12" weden	port in well late	,			
The measuring point is the reference point from which the measurem	ient iş made. Examples are: 1/2" access port i	n well cap; 1-1/2	" port pipe on N sid	e; pressure ga	ge.
Comments:			1		
		75.50			K moss
When did water use begin for this well under this perm	it? Month Year	2009]		
I hereby certify that the information on this report is accepted making measurement (Print):		level in the	well at the time o	of mesasure	ment.

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 Le	vel Data on File	at OWRD for t	this well (last 2 mea	surements only, m	ost recent date on top):		
Date	MP Height WL BLS	Pump Idle Time	Status	Method	Measured By	Comments	
7/23/1999	13.00		UNKNOWN	REPORTED	DRILLER	LINN 52584. New well, 48 ft TD.	

OCT 28 2021

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.

CAALLD

Application: G 17075 Permit: G 16538

Certificate:

Transfer:

POD:

1

Userid: 9181

SMITH SEED SERVICES PO BOX 288 HALSEY OR 97348

Well History, i Logid	f available: Type Work	Date	Depth
LINN 52584	NEW WELL	07/23/1999	48
			- P.

		•	
Identification of Measured	Well (Provide as a	much information as possibl	e. Correct any errors)
Water Resources Well Log ID:	LINN 52584		
Well ID (Well Tag) on Well: L-		Well name on water righ	
Well ID (Well Tag) on Well Log:	L- 19007	Well drilled b	y: MERLE WARREN WELL DRILLING INC
tart Card # on Well Log:	116706	Total dept	h: 48 Casing diameter (inches)
Vell location on water right:	07/23/1999	Owner on well lo	g: SMITH SEED SERVICES
ven location on water right:	In the NE quarter	of the NE quarter of Section	n 11, Township 14.00S, Range 4.00W,
Winner of the Control	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND 3133 FEET EAST F.	ROM NW CORNER, SECTION 11
Vater-Level Measurement	6		
ate of measurement: 3/3/1	M ne	feasurements should be made to at earest pound, if using a gage.	least the nearest tenth of a foot (10.2'), the nearest inch (10'3")
epth to water below measuring po	oint:	a gago,	moth and an
easuring point height above / belo	ow land surface:	Airline pr	
epth to water below land surface:		Shut-in pr	noonuus.
easurement status: Static 🛇	Pumping	_	Total Teet
easurement method: E-tape	Airline	Other Ploy	wing Other
ength of time well was idle prior to	measurement 5	a ded	
leasuring point description: 1/2 "		· · · · · · · · · · · · · · · · · · ·	
the measuring point is the reference point fr	om which the measurement	ent is made Everyles on 10% as	cess port in well cap; 1-1/2" port pipe on N side; pressure gage.
		and is made. Examples are: 1/2" ac	cess port in well cap; 1-1/2" port pipe on N side; pressure gage.
omments:			
hen did water use begin for this w	ell under this permit	t? Month 8	Year 2009
ereby certify that the information	on this report is acco	urate and represents the stat	ic water level in the well at the time of mesasureme
Person making measurement prin	is Kopert Hu	dea	were at the time of mesasureme
Signature of measurer:	MILL		
Company: Joses P	ump (0,		
	be: CWRE, RG, PE,	WWC, (Pump Installer):	SCPL O
Daytime phone number:		Empil 11	
Saythine phone mulliber: 547-		Email address: Joys	to purall (cf)
you have any questions about this	notice please call th	Manus A P	(Mi mail (CH)
you have any questions about this is 3-986-0843. Return this Form to	notice, please call the	ne Measurement & Reportin	(Mi mail (CH)
you have any questions about this is 3-986-0843. Return this Form to	notice, please call the	ne Measurement & Reportin	g Section of the Department at 503-986-0822 or r St. NE, Suite. A, Salem, OR 97301-1266.
you have any questions about this is 3-986-0843. Return this Form to ditional forms can be obtained from the Level Data on File at OWRD for this	notice, please call the COWRD, Meas & om our web sit at: ht	ne Measurement & Reportin Rept Section, 725 Summer http://www.wrd.state.or.us	g Section of the Department at 503-986-0822 or r St. NE, Suite. A, Salem, OR 97301-1266. OWRD GW/KCW 2/14/2
you have any questions about this is 3-986-0843. Return this Form to iditional forms can be obtained from the Level Data on File at OWRD for this MP Height WLBLS Pump Idle Time	notice, please call the COWRD, Meas & om our web sit at: ht	ne Measurement & Reportin Rept Section, 725 Summer ttp://www.wrd.state.or.us ents only, most recent date on top Measured By	g Section of the Department at 503-986-0822 or r St. NE, Suite. A, Salem, OR 97301-1266. OWRD GW/KCW 2/14/2
dditional forms can be obtained fro	notice, please call the COWRD, Meas & om our web sit at: ht swell (last 2 measurements) Status	ne Measurement & Reportin Rept Section, 725 Summer http://www.wrd.state.or.us ents only, most recent date on to	g Section of the Department at 503-986-0822 or r St. NE, Suite. A, Salem, OR 97301-1266. OWRD GW/KCW 2/14/2

OCT 28 2021

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

OWRD

Name	Smith Se	ed Serv	ices LL				Application:	C-17075
Address	26890 Po	werline	Rd.				Permit:	7
City/State/Zip	Halsey			k	OR 97348		Certificate:	G14538
Phone/Fax/Cell	541-369-	-2830			T		Userid:	0.181
Email							Transfer	9181
Your water right re	quires per	riodic sta	itic water-leve	el measurement	s in your wells. Co	onsult your pe	rmit or certifica	te to determine when
measurements sur	outu ne m	auc, wil	en reports ar	re due, and who	o is allowed to me	ke the mesen	comente Voon	C - 11
reports for your rec	Jorus. All	wens in	at nave been	constructed m	nst be measured	regardless of v	whather they are	being used. Please
contact the Departs	nent ii you	ı are no	longer the ho	lder of this right	t or no longer have	e an interest in	it.	
				Complete of	ne form for each v	veli.		
Other water righ	ts that lis	t this we	ell:					
Application number	per(s):							
Permit number(s)		-		-				
Certificate number								
Coranicate name	1(5).							19/21/2019
Identification of	neasured	well (Pr	ovide as muc	h information a	s nossible)			
					s possible.)			
Water Resources			Linn 52584	Ov	vner's well name:		1 To 1	
Well ID (Well Tag	g) on Well	: L-	19007					
Well ID (Well Tag	z) on Well	Log:La	19007		Well drilled by:	Marla Wasses	Wall Daille	
Start Card # on W		8	116706	_	Total depth:	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
Date drilled:			7/23/1999	\dashv	wner on well log:		Casing diameter	er (inches): 6
					wher on well log:	Simul Seed Se	rvices LLC	
Water-Level N	leasure	ment						
Data of	2/16/	2012		Measurements	should be made to at l	east the nearest ter	th of a foot (10.25 th	he nearest inch (10' 3") or th
Date of measureme	ent: [3/10/.	2012		nearest pound,	if using a gage.		or a root (10.2), a	ic iteatest firen (10 3) of th
Depth to water bel				3'	Airline length	or transducer of	lepth:	feet
Measuring point he			land surface:	At	Airline pressu		psi x 2.31=	
Depth to water belo	ow land su	ırface:	8	3'	Shut-in pressu		psi x 2.31=	feet
Measurement Statu	e. Ctat	tic 🔀	D	7 8:: =				Teet
Measurement Meth		pe X	Pumping [Rising	Flowing [Other		
	330	branchi	Airline	Other				
Length of time wel		-				1112		
Measuring point de	scription:	1/2" ac	cess port in w	ell cap				
The measuring point is	the reference	point fro	m which the mea	surement is made. I	Examples are: 1/2" acc	ess port in well car	1-1/2" port pine on	N side: nesseure see
Comments:						- Port ar mar bap	, 1-1/2 port pipe on	N side, pressure gage.
When did water use	begin for	this we	ll under this p	ermit? Mont	h Ø	Year Zo	19	
I hereby certify that	the infon	nation o	n this report i	s accurate and r	epresents the stati	c water level in	the well at the ti	me of measurement.
Person making n	neasureme							
Signature of mea		Zan	200	Tiden				
Company: Jone	s Pump C	mpan	у , _	0				3
Licensed numbe	r (circle li	cense ty	pe: CWRE, R	G. PE. WWC. I	Pump Installer): 48	80CPI		
Daytime phone i					mail address: jone		mail com	
	_				Name and Address of the Owner, where the Owner, which is the Own			
If you have any que 503-986-0843. Ret	arn tois k	orm to:	OWKD, Me	as & Rept Sect	tion, 725 Summer	g Section of the St. NE. Suite	e Department at 5	97301-1266
Additional forms of	an be obta	ined from	m our web sit	at: http://www	.wrd.state.or.us	ou rue, ouite		W/KCW 1/13/2009

GW/KCW

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level mea	surements in your wells. Consult	your permit or	App	olication:	G 1707
certificate to determine when measurements should i	e made, when reports are due, a	nd who is	C-	Permit:	G 1692
allowed to make the measurements. Keep a copy of al that have been constructed must be measured regard	I measurement reports for your rec	ords. All wells		rtificate:	
contact the Department if you are no longer the holder of	f this right or no longer have as inte	ed. Please	1	Transfer:	T 1136
1 John M. Jongor Mc Holder O.	tions right of no longer have an int	erest in it.		POD:	010
				Userid:	918
KEVIN MCDONALD	RECEIVED	Well History, If		_	
SMITH SEED SERVICES	MECLIVED	Linn 52584	Type Work NEW WELL	Date	Dept
PO BOX 288	OCT D C ARRE	LII4I4 32304	INCAA AAETT	07/23/1999	9 4
HALSEY OR 97348	OCT 28 2021				
22222 011 7/340					WILLIAM SEAR
	OWRD				
Identification of Measured Well (Provide as mu	ch information as possible. Correct	t 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: WEL	L 1 (LINN 525)	840		
Well ID (Well Tag) on Well Log; L- 19007					
Start Card # on Well Log: 116706	Well drilled by: MERI				
Date drilled: 07/23/1999	Total depth: 48		sing diameter	(inches):	6
UNZ3/1999	Owner on well log: SMIT				
Well location on water right: In the SE quarter of	the SE quarter of Section 2, Towns	ship 14.00S, Ra	nge 4.00W,		
20 FEET NORTH A	ND 180 FEET WEST FROM SE	CORNER, SEC	TION 2		
Water-Level Measurement					
	surements should be made to at least the ne	arest tenth of a foot	(10.20 the mann	etimal (10121)	
il care	est pound, if using a gage.	most tondi of a foot	(10.2), the heare	st men (10°3°)	or the
Depth to water below measuring point:	Airline length or tr	ansducer denth		feet	
Measuring point height above / below land surface:	Airline pressure:	-	2.31 =	feet	
Depth to water below land surface:	8 [*] Shut-in pressure:	and the same of th	2.31 =	feet	
Measurement status: Static Pumping		7	2.51	Teer	
1 uniping	Rising Flowing	Other	Address of the Control of the Contro		
. —	Other				
Length of time well was idle prior to measurement:					
Measuring point description: TO top OFF Well	Cal 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" po	rt pine on N side	Drecciire gage	
			rt pipe on it side,	pressure gage	
Comments:					
When did water use begin for this well under this permit?	Month Year	2009			
•	1011	1000			
I hereby certify that the information on this report is					
I hereby certify that the information on this report is accur. Person making measurement (print):	ate and represents the static water)	level in the well	at the time of	mesasurem	ent.
Signature of measurer:	of the state of th				
Company: Dones DOMA CO					
License number (Circle license type: CWRE RG PE V	WC Pump Installer): 432 /	-1			
Daytime phone number: 541-451-4182	Email address:	2			
•					
If you have any questions about this notice, please call the	Measurement & Reporting Section	of the Departn	nent at 503-98	6-0822 or	
202-200-00-3. Return this form to: OWKD, Meas & R	ent Section 775 Summor Ct NIC	Suite. A, Sale	n, OR 97301	-1266.	
Additional forms can be obtained from our web sit at: http	://www.wrd.state.or.us	OW	RD GW/K		2013
Water Level Data on File at OWRD for this well (last 2 measurement					
M Status	ts only, most recent date on top) : thod Measured By	Measuring Point Desc	ription		
03/03/2011 -1.00 4.00 5 HOTES STATIC		3)			

03/03/2011 -1.00 03/02/2010

4.00 5 HOURS

1 HOUR

5.50

STATIC

STATIC

ETAPE

ETAPE

ROBERT HUDSON

JAMES FINLEY

Measuring Point Description
1/2" ACCESS PORT IN WELL SEAL

1/2" ACCESS PORT IN WELL CAP

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level me certificate to determine when measurements should allowed to make the measurements. Keep a copy of a that have been constructed much be the	be made, when reports are	due, and who is Permit: G 16924
that have been constructed must be measured regar	dless of whether they are he	ing need Disease Transfer: T 11261
contact the Department if you are no longer the holder of	of this right or no longer have	an interest in it. POD:
		Userid: 9181
San A Company of the Company	DECEIVED	Well History, if available:
KEVIN MCDONALD	RECEIVED	Logid Type Work Date Depth
SMITH SEED SERVICES		LINN 52584 NEW WELL 07/23/1999 48
PO BOX 288	OCT 28 2021	40
HALSEY OR 97348		
	OWRD	
Identification of Mossawed Well (n	man a value of the control of the co	
Identification of Measured Well (Provide as m	ich information as possible. (Correct any errors.)
Water Resources Well Log ID: LINN 52584	Owner's well name:	Well
Well ID (Well Tag) on Well: L-	Well name on water right:	
Well ID (Well Tag) on Well Log: L- 19007		
Start Card # on Well Log: 116706	Well drilled by:	MERLE WARREN WELL DRILLING INC
	Total depth:	48 Casing diameter (inches): 6
0112311999	Owner on well log:	SMITH SEED SERVICES
Well location on water right: In the SE quarter of 20 FEET NORTH A	the SE quarter of Section 2, AND 180 FEET WEST FROI	Township 14.00S, Range 4.00W, M SE CORNER, SECTION 2
Water-Level Measurement		
Date of measurement: 3-16-161	surements should be made to at leas	t the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the
ilea:	est pound, it using a gage.	
Depth to water below measuring point: Measuring point height above / below land surface:		h or transducer depth: feet
	rume press	
Depth to water below land surface:	Shut-in press	sure: psi x 2.31 = feet
Measurement status: Static V Pumping	Rising Flowing	g Other
Measurement method: E-tape Airline	Other State me	
Length of time well was idle prior to measurement:	Odici 177 C Me	7461
Measuring point description: Vent at well	read	
The measuring point is the reference point from which the measuremen	t is made. Examples are: 1/2" access	port in well cap; 1-1/2" port pipe on N side; pressure gage.
Comments:		•
COMMON .		
When did water use begin for this well under this permit?		ear Z009
I hereby certify that the information on this report is accurately making measurement (print).	rate and represents the static	water level in the well at the time of messsurement
reason making measurement (print):	ones	The state of the s
Signature of measurer:		
Company: Jones Dum 61.00		
License number (Circle license type: CWRE, RG, PE,	WWC, Pump Installer):(CB 42261
Daytime phone number: 541-367 - 2566	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 & Femail it as an attachment to reportingmmts@wrd.state	tept Section, 725 Summer S	t. NE, Suite. A, Salem, OR 97301-1266 or
Additional forms can be obtained from our web sit at: htt	c.or.us.	
		OWRD GW/KCW 1/31/2014
Water Level Data on File at OWRD for this well (last 2 measurement	its only, most recent date on top) :	
102/16/2012 2.12 1.66 Pump Idle Time Status	fethod Measured By	Measuring Point Description
02/02/2011 1.00 4.00 (1/2/2012	TAPE GLENDA HUBBARD TAPE ROBERT HUDSON	TO TOP OFF WELL CAP S.SIDE

ETAPE

ROBERT HUDSON

1/2" ACCESS PORT IN WELL SEAL

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FOR E-MAILED MAR 1 9 2015

I ERMIT CORDITIO	M WAIER-LEVEL REP	ORTING FORM		
Your water right requires periodic static water-level mea certificate to determine when measurements should be allowed to make the measurements. Keep a copy of all that have been constructed must be measured regard contact the Department if you are no longer the holder of	e made, when reports are due, a I measurement reports for your rec less of whether they are being u	ond who is cords. All wells	Permit: G Certificate:	G 1707: G 16924
KEVIN MCDONALD SMITH SEED SERVICES PO BOX 288 HALSEY OR 97348	OWRD	Well History, if available: Logid Type Work LINN 52584 NEW WELL	Date	9181 Depth 48
Identification of Measured Well (Provide as mu				
Water Resources Well Log ID: LINN 52584	Owner's well name: WEL	L 1 (L-19007)	4 911	
Well ID (Well Tag) on Well: L 107553	Well name on water right: WEL	L 1 (LINN 52584)		W
Well ID (Well Tag) on Well Log: L- 19007	Well drilled by: MER	LE WARREN WELL DRIL	LING INC	
Start Card # on Well Log: 116706	Total depth: 4		er (inches):	6
Date drilled: 07/23/1999	Owner on well log: SMIT	H SEED SERVICES		
Well location on water right: In the SE quarter of 20 FEET NORTH A Water-Level Measurement	the SE quarter of Section 2, Town AND 180 FEET WEST FROM SE	CORNER, SECTION 2		
Date of measurement: 3-18-15 Depth to water below measuring point: Measuring point height above below land surface: Depth to water below land surface: Measurement status: Static Pumping Measurement method: E-tape Airline Length of time well was idle prior to measurement: Measuring point description: 4 CCSS POOR The measuring point is the reference point from which the measurement Comments: When did water use begin for this well under this permit? I hereby certify that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately that the information on this report is accurately accurately accurately that the information on this report is accurately	Month Year	psi x 2.31 = psi x 2.31 = psi x 2.31 = Other Other	feet feet feet	
Signature of measurer: Company: License number (Circle license type: CWRE, RG, PE, V Daytime phone number: 541-570-0447	WWC, Pump Installer): CC/3	42261 Irlling@Notina	Al-Com	
If you have any questions about this notice, please call the this Form to: OWRD, Meas & Rept Section, 725 Summereportingmmts@wrd.state.or.us. Additional forms can be obtained from our web sit at: htt	ner St. NE, Suite. A, Salem, OR	on of the Department at 503- 97301-1266 or email it as	an attachment	urn to

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 life Time Status Method Measured By

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	GLENDA 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 measur	ements in your well. Please review your water
right to determine when measurements should be made, make the measurements. Keep a copy of all measurement measured regardless of whether it is in use. Please contain of the water right that lists this well or if you wish to cancel	when reports are due, and who is allowed to reports for your records. Your well must be ct the Department if you are no longer the holder
	RECEIVED
	3 I Born H W Bress E

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

OCT 28 2021

OWRD

Water Rig	ht (OWRD Use Only)		
Permit: G	16924 * {174	064}	

Water Resources Well Log Id Well Id- Well Tag on Well: L-		LINN 52584*		Well name or	n water right	WELL 1 (L)	NN 52584)		
						WELL 1 (L-			
	r Use Report Id	65138	W	Water use rpt facility name				-	***************************************
		* Per OWRD records,	if shown						
Logid (Well History) LINN 52584	Type Work	Startcatd Nbr					Owner on Well Log		
LINN 52564	NEW	116706	19007	6	48.00	07/23/1999	SMITH SEED SERVICES		
B. Well Locat	ion Lat (WGS19	84): 44.374409	Long: -1	123.129324	Est loc error (feet): [100	Loc Source (gps): WR APPL MAP	EVICTING	MOI I
Measuring point of the period	thod: E-tape	Pumpi Airl r to measureme	ingint:	Shu Rising Other	Airline g	(flowing wells):	*		fee fee fee
he measuring point i	is the reference point	irline measuremen	easurement is	s made. Example	e referenced to	land surface.	5 1 de eap; 1-1/2" port pipe on N side; pre		
The measuring point Measuring points sho lowing wells should	is the reference point	t from which the m	easurement is	s made. Example	es are: 1/2" acce	land surface.	Sylve e ap; 1-1/2" port pipe on N side; pre is the height of the gage above la		
Measuring points sho	is the reference point	t from which the m	easurement is	s made. Example	es are: 1/2" acce	land surface.	ap; 1-1/2" port pipe on N side; pre	nd surface	
The measuring point of Measuring points show The Measuring points should Comments:	is the reference point uld not be used for a be fully shut off unt	t from which the mairline measurement if the gage pressure	easurement is ts as airlines l is stable to g	s made. Example lengths should b get a "static" me	es are: 1/2" acce e referenced to a asurement. The	land surface. measuring point	ap; 1-1/2" port pipe on N side; pre	nd surface	·.
The measuring point Measuring point Measuring points should Comments: D. Certification Person making	is the reference point uld not be used for a be fully shut off unt be fully shut off unt on I certify that measurement (p	t from which the mairline measurement if the gage pressure	easurement is ts as airlines l is stable to g	s made. Example lengths should b get a "static" me	es are: 1/2" acce e referenced to a asurement. The	land surface. measuring point	ap; 1-1/2" port pipe on N side; pre	nd surface	·.
The measuring point Measuring points should Comments: D. Certification Person making Signature of me	is the reference point uld not be used for a be fully shut off unto the fully shut of the full shut of the full shut of the full shut of the fully shut of the full shut of the	t from which the mairline measurement if the gage pressure it this report is a rint):	easurement is ts as airlines l is stable to g	s made. Example lengths should b get a "static" me	es are: 1/2" acce e referenced to a asurement. The	land surface. measuring point	ap; 1-1/2" port pipe on N side; pre	nd surface	·.
the measuring point feasuring point feasuring points should comments: O. Certification Person making Signature of much company:	on I certify that measurement (peasurer:	t from which the mairline measurement if the gage pressure it this report is a rint):	easurement is to as airlines is stable to g	s made. Example lengths should be get a "static" men	es are: 1/2" acce e referenced to assurement. The	land surface. measuring point	ap; 1-1/2" port pipe on N side; pre	nd surface	·.
he measuring point feasuring points should comments: O. Certification Person making Signature of my Company: License number Daytime phone	on I certify that measurement (peasurer:	this report is a rint):	easurement is as airlines is stable to go courate and selections.	d represents t	es are: 1/2" acce e referenced to asurement. The	ter level in the	ap; 1-1/2" port pipe on N side; presist the height of the gage above later than the sime of the sast	nd surface	·.
he measuring point feasuring points should comments: O. Certification Person making Signature of my Company: License number Daytime phone Questions? Call to	on I certify that measurement (peasurer: 2 mmber: 2 mmber	this report is a rint): type: CWRE, I	easurement is as airlines is stable to ge courate and selection of the	d represents to Pump Incimal address the Department	es are: 1/2" acce e referenced to asurement. The che static was enstaller):	ter level in the	is the height of the gage above last the height of the gage above last the dime of the gags. BY:	nd surface	·.
he measuring point feasuring point feasuring points should comments: O. Certification Person making Signature of my Company: License number Daytime phone Questions? Call the Return this Form	on I certify that measurement (peasurer: 2000 r (Circle license number: 2000 r to: OWRD, N	t from which the mairline measurement if the gage pressure this report is a rint): type: CWRE, I type: CWRE, I type: Reporting Steas & Rept Steas	ccurate and section of the cction, 725	d represents to Pump Incimal address to Departments Summer St	es are: 1/2" acce e referenced to asurement. The che static was enstaller):	ter level in the	is the height of the gage above last the height of the gage above last the dime of the gags. BY:	nd surface	:. }
D. Certification Person making Signature of much company: License numbe Daytime phone Questions? Call the companies of the company company: Company	on I certify that measurement (peasurer: 2000 r (Circle license number: 2000 r to: OWRD, Mattachment to	this report is a rint): type: CWRE, I was a Reporting Steas & Rept Sreporting mutter.	ccurate and ccurat	d represents to Pump In Email address to Department Summer State.or.us	es are: 1/2" acce e referenced to asurement. The che static was enstaller):	ter level in the	is the height of the gage above last the height of the gage above last the dime of the gags. BY:	nd surface	:. }
D. Certification Person making Signature of much company: License numbe Daytime phone Questions? Call tile Return this Form Or email it as an additional forms	on I certify that measurement (peasurer: 24) r (Circle license number: 24) he Measurement to can be obtained	this report is a rint): type: CWRE, I was a Reporting Steas & Rept Steportingment from our webs	ccurate and ccurat	d represents to Department Summer State.or.us.	he static was a st	ter level in the situation of the situat	e well at the time of the sast BY: 18 97301-1266.	nd surface	:. }
Comments: D. Certification Person making Signature of more company: License number Daytime phone Questions? Call the company: Certification Person making Signature of more company: License number Daytime phone Questions? Call the company: Certification Company: License number Daytime phone Questions? Call the company compan	on I certify that measurement (peasurer: 24) r (Circle license number: 24) he Measurement to can be obtained	this report is a rint): type: CWRE, I was a Reporting Steas & Rept S reporting mut from our web stehs well (last 3 n	ccurate and ccurat	d represents to Department Summer State.or.us.	he static was a st	ter level in the situation of the situat	e well at the time of the sast BY: COMP. COMP.	nd surface	
Comments: D. Certification Person making Signature of my Company: License numbe Daytime phone Questions? Call tile Return this Form Or email it as an additional forms Water Level Data or late Arh Len Wig 23/09/2017	on I certify that measurement (peasurer: 2 mumber: 2 mumber: 2 mumber: 2 mumber: 3 mumber: 4 mumber: 4 mumber: 4 mumber: 5 mumber: 6 mum	this report is a rint): type: CWRE, I type: CWRE, I was a Reporting Step our webs this well (last 3 m. Status	ccurate and ccurat	d represents to the Department Summer State.or.us.	he static was a st	ter level in the sitting point	e well at the time of the sast BY: 18 97301-1266.	nd surface	

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9181

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

KEVIN MCDONALD SMITH SEED SERVICES PO BOX 288 HALSEY OR 97348

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

RECEIVED

OCT 28 2021

A. Identification of Measur Water Resources Well Log Id			ame on water right	-		OA	ALL
Well Id- Well Tag on Well: L-		A THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TO	Owner's well name				a a a
Water Use Report Id		Water use rpt facility name WELL 1 (L			The same of the sa		
Logid (Well History) Type Work			nches) Max Depth	Complete Date	Owner on Well Log		
LINN 52584 NEW	116706		6 48.00		SMITH SEED SERVICES		
B. Well Location Lat (WGS198 Location on water right: In th		Long: -123.1293 of Section 2, T. 1			Loc Source (gps): WR APPL N	MAP EXISTING	WELL
C. Water-Level Measurem	ent						
Date of measurement: 3-1-1	9	nearest pound, i		st the nearest ten	th of a foot (10.2'), the neares	t inch (10' 3") or the
Depth to water below measuring p		۵′		h or transduce	er depth (below land surface	2):	fee
Measuring point height above / be		The second secon	Airline g	age pressure:	psi x 2.31	=	fee
Depth to water below land surface	:	3'	Shut-in pressure	(flowing wells):	psi x 2.31	=	fee
Measurement status: Static Measurement method: E-tape	Y Pumping Airline	Ris	ing Flowi	ng	Other		
Length of time well was idle prior	to measurement:			7	7		
Measuring point description: 1); The measuring point is the reference point Measuring points should not be used for air Flowing wells should be fully shut off until Comments:	rline measurements as	rement is made. I	ould be referenced to lar	nd surface.			
Company To des Orilla	int) Cellure	0510011			***		
License number (Circle license to Daytime phone number: 541-	ype: CWRE, RG, 461 - 2686	PE, WWC, P —— Email a	ump Installer):	calling Phot	malionEMA	ILE	CD
C	a reporting beet	ion of the Dep	ar uncin at 505-700	-U022.	MAIN.	0 6 2019	
Return this Form to: OWRD, M	eas & Rept Secti	on, 725 Sumr	ner St. NE, Suite.	A, Salem, O	R 97301-1266.		
Or email it as an attachment to r	eportingmmts@	wrd.state.or.	us		pv.		The state of the s
Additional forms can be obtained f					OWRD	GW/KCW	2/4/2019
Water Level Data on File at OWRD for t Date Arin Len WL BMP MP Height WL BLS	his well (last 3 meass	urements only, n	nost recent date on top Measured By		suring Point Description		
03.26.2018 2 00 -1 00 3 00 03'09.2017 3 00 1 08 1 92 03'08.2016 4 83 1 92 2 91	FLOWING UNKNOWN STATIC	ETAPE UNKNOWN	Caleb Peletier GELNDA HUBBARD	1/2"	access port in well cap on N side PORT IN WELL CAP		

OCT 28 2021

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

	KeVin	McDane	del			100		
Name	Smith	55ED 55	Ruiles		Annli	cation:	1- 1707	_
Address	26890 1	awerline K	D P.O.	BOX 298	Permi		6 1692	4
City/State/Zip	14613EY		OR 197	348	Certif	The state of the s	1918	
Phone/Fax/Cell	541-369-283		723 541-99	0-3283	. Userio	i:	9191	
Email	Kellin (25.	mith seed, C	om		Trans	fer	T 11361	
Your water right re	equires periodic s	tatic water-level n	neasurements in v	our wells	Consult von	navmit a	certificate to dete	
THE PERSON NAMED IN THE	DAVAGE TAN TURBLISHED AND	MARCAN A SCHOOL AND SOUTH AN	HP. SINK WINK 10 0	HOWARD TO 1	manifes the men		- 77 - 0 1	
arrent errorre robot	m ior Jone Iccold	JS. All Wells that I	Bave heen consti	meted mu	of he meesure	Iberanam ha	and affectly and the	are being
used. Please contac	a me Department	t if you are no long	ger the holder of	this right o	r no longer ha	ve an inter	est in it.	
			Complete one for	m for each	well			
Other water right	s that list this we	ell:	, , , , , , , , , , , , , , , , , , , ,	101 00011	WOII.			
Application number	-(-). [
	n(s):			_				
Permit number(s): Certificate number	()							
Jeruncate number	(s):							6,810
ldentification of m	easured well (P	rovide as much in	formation as noss	ible)				7.00
		1						
Water Resources	The state of the s	LINIY 525	Owner's w	ell name:	SMITH	SEID	SERVICES	
Well ID (Well Ta		101573	2					
Well ID (Well Tag		-	Well drille	d by:				
Start Card # on W	ell Log:		Total depti	h		Casing di	ameter (inches):	
Date drilled:			Owner on	well log:				
Water-Level M	easurement							
	2 1	20	Measurements	thould be more	do to at least the		F- F- (1000 4	
Date of measureme	nt: 2 - 6	-20	the nearest pour	nd, if using a	gage.	icarest tenth (of a foot (10.2'), the neare	st mch (10° 3°) o
Depth to water belo	w measuring poi	int:	3, 311	Airline I	ength or trans	duam dant		
Measuring point he			13"	Airline p	and the same of th	ducer depu		fe
Depth to water belo			111 01	-	pressure:		psi x 2.31=	fe
	~		7	onut-m l	nessure.		psi x 2.31=	fe
Measurement Statu		Pumping [Flowing [Other			
Measurement Meth	1 4	Airline	Other					
ength of time well	was idle prior to	measurement:						
Measuring point de	The same of the sa	2 port b	sell Car					
he measuring point is t	he reference point fro	m which the measurer	nent is made. Example	les are: 1/2" a	ccess port in wel	cap; 1-1/2" p	ort pipe on N side; press	ure gage.
Comments:								
When did water use	begin for this w	ell under this nem	nit? Month	711	/// V.	- [//	000	
			State of the state	JUI			199	
				sents the st	atic water lev	el in the w	ell at the time of me	asurement.
Person making mea Signature of measur			hobard					
	ones Dune	then						
Licensed number (c	circle license type	: CWRE, RG, PE	, WWC, Pump In	staller):				
Daytime phone nun	nber: 541-36	1614.5						
Email address:	not separa	esdn'lling(and mai	1. Con	~			
f vou have any que						fab- D-		

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

WELL #2

ATTACHMENT #6

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Address	26890 Power	Services LLC					Application:	4 17075
City/State/Zip	Halsey	nie Ru.		lon	107240		Permit:	G 16538
Phone/Fax/Cell	541-369-283	0 1		OR	97348		Certificate:	
Email	211 307 203	1			L		Userid:	9181
							Transfer	
MANUEL PRINCIPLES STREET	ts that list thi	s that have be	en constructed holder of this rig	must be	llowed to make e measured rec	the meas ardless of interest in	whether they are	te to determine when copy of all measurement being used. Please RECE
entification of n		(Provide as m	uch information	as poss	sible.)			OVVE
ater Resources V		Linn 597	**		-			
ell ID (Well Tag		107631	0	Jwner's	well name:			
							and on Ten	
ell ID (Well Tag					ll drilled by: Jos		g Co., Inc.	
art Card # on We	en Log:	1014782 9/07/201			Total depth: 50		Casing diameter	er (inches): 8
		19/07/201	1 1	_	*** 10			
ater-Level M	ent: 3/09/2012	nt .		its should	on well log: Sm be made to at least g a gage.		enth of a foot (10.2°), th	ne nearest inch (10° 3") or the
ater-Level Mate of measurements of the water beloeasuring point he	ent: 3/09/2012 ow measuring eight above/be	point:	Measuremen nearest pour	ats should d, if using A A	be made to at least g a gage. irline length or irline pressure:	the nearest t	depth: psi x 2.31=	feet
Vater-Level Mate of measurement of measurement of the water below to water below.	ow measuring eight above/be ow land surface	point: low land surface:	Measuremen nearest poun 8	ats should d, if using A A	be made to at least g a gage. irline length or irline pressure: hut-in pressure	the nearest t	depth:	feet
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Vater-Level Mate of measurement point he easuring point he expth to water belowater below assurement Status assurement Method	ow measuring sight above/be ow land surfaces: Static 5 od: E-tape 5	point: low land surface: Pumping Airline	Measuremen nearest poun 8 Ce: 7 Rising Other	ats should d, if using A A	be made to at least g a gage. irline length or irline pressure: hut-in pressure	the nearest t	depth: psi x 2.31=	feet
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OCT 28 2021

Oregon Water Resources Department

PERMIT CONDITION WATER-LEVEL REP	ORTING FO	RM OW	RD	
Your water right requires periodic static water-level measurements in your wells. Consult certificate to determine when measurements should be made, when reports are due, allowed to make the measurements. Keep a copy of all measurement reports for your rethet have been constructed and the state of the s	and who is		olication: Permit: ertificate:	G 1707
that have been constructed must be measured regardless of whether they are being u contact the Department if you are no longer the holder of this right or no longer have an in	nod Dianes	1	Fransfer: POD:	T 1136
KEVIN MCDONALD	Well History, if a	available: Type Work	Userid:	918
SMITH SEED SERVICES PO BOX 288 HALSEY OR 97348	LINN 59755	NEW WELL	Date 09/07/2011	Dept 1 5
Identification of Measured Well (Provide as much information as possible. Correct	et any errors.)			
Water Resources Well Log ID: LINN 59755 Owner's well name:				
Well ID (Well Tag) on Well: L- Well name on water right: WEL	L 2 (LINN 5975	55)		
Well ID (Well Tag) on Well Log: L- 107631 Well drilled by: JONE			;	
Total depth:	Cas	sing diameter		
Well location on water right: 9/7/2011 Owner on well log: SMIT				
180 FEET NORTH AND 490 FEET WEST FROM ST Water-Level Measurement				
Date of measurement: 3-15-13 Measurements should be made to at least the nonearest pound, if using a gage. Depth to water below measuring point: Measuring point height above / below land surface: Depth to water below land surface: Measurements should be made to at least the nonearest pound, if using a gage. Airline length or to a light for the light for the light for the length or to a light for the ligh	ransducer depth:	2.31 =	feet feet feet 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: Top of bull 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" por	t pipe on N side;	pressure gage.	
Comments:				
When did water use begin for this well under this permit? Month Year	2011			
I hereby certify that the information on this report is accurate and represents the static water Person making measurement (print): Signature of measurer: Company: License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): Daytime phone number: SI-USI-USI-USI Email address:		at the time of	mesasureme	ent.
If you have any questions about this notice please call the Macourement & Dentill Continue to the Macouremen				

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

OCT 28 2021

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 Application: G 17075 certificate to determine when measurements should be made, when reports are due, and who is Permit: G 16924 allowed to make the measurements. Keep a copy of all measurement reports for your records. All wells Certificate: that have been constructed must be measured regardless of whether they are being used. Please Transfer: T 11361 contact the Department if you are no longer the holder of this right or no longer have an interest in it. POD: 2 Userid: 9181 Well History, if available: KEVIN MCDONALD Type Work Logid Date Depth SMITH SEED SERVICES LINN 59755 **NEW WELL** 09/07/2011 50 PO BOX 288 HALSEY OR 97348 Identification of Measured Well (Provide as much information as possible. Correct any errors.) Water Resources Well Log ID: LINN 59755 Owner's well name: 12 1 2 Well ID (Well Tag) on Well: L-L10763 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 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10'3") or the Date of measurement: 3-10-14 nearest pound, if using a gage. Depth to water below measuring point: Airline length or transducer depth: feet Measuring point height, abovey below land surface: Airline pressure: $psi \times 2.31 =$ feet Depth to water below land surface: 7 61 Shut-in pressure: psi x 2.31 = feet Measurement status: Static Pumping Rising Flowing Other Measurement method: E-tape Airline Other MELEY Length of time well was idle prior to measurement: Measuring point description: well 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 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 mesasurement. Person making measurement (print): Kyle Jones Signature of measurer: Company: Jones Prima License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): 663 42361 Daytime phone number: 541-367-75% 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 La	evel Data	on File a	at OWRD for thi	is well (last 2 mea	surements only, p	most recent date on top) :		
	-	MEBES	Pump Idle Time	Status	Method	Measured By		
03/15/2013	0.83	13,17	0	STATIC	ETAPE		Measuring Point Description	
-	-			DIALIC	BIAPE	GLENDA HUBBARD	TOP OF WELL CAP N.SIDE	

Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM -MAILED MAR 19 205

Your water right requires periodic static water-level me certificate to determine when measurements should allowed to make the measurements. Keep a copy of that have been constructed must be measured regar contact the Department if you are no longer the holder	be made, when all measurement dless of whethe	reports are due, a reports for your rec r they are being us	ords. All wells	Application: G 1707 Permit: G 1692 Certificate: Transfer: T 1136 POD: Userid: 918
KEVIN MCDONALD SMITH SEED SERVICES PO BOX 288 HALSEY OR 97348		ECEIVED CT 2 8 2021		
		OWRD		
Identification of Measured Well (Provide as m	uch information	as possible. Correc	t any errors.)	
Water Resources Well Log ID: LINN 59755		s well name: WEL		
Well ID (Well Tag) on Well: L- (0763)	Well name or	water right: WEL	1 2 (L-10/031)	·
	•			
Well ID (Well Tag) on Well Log: L- 107631 Start Card # on Well Log: 1014782			S WELL DRILLING	
		Total depth:	Casing d	liameter (inches):
7/1/2011	* 1	on well log: SMIT		
Well location on water right: In the SE quarter of	of the SE quarter	of Section 2, Town	ship 14.00S, Range 4.	.00W,
180 FEET NORTH	AND 490 FEE	I WEST FROM SI	E CORNER, SECTIO	N 2
Water-Level Measurement				
	easurements should	be made to at least the ne	earest tenth of a foot (10.2')	, the nearest inch (10' 3") or the
Depth to water below measuring point: Measuring point height above below land surface: Depth to water below land surface:	arest pound, if using	Airline length or the Airline pressure: Shut-in pressure:		feet feet
Measurement status: Static Pumping Measurement method: E-tape Airline	Rising Other	Flowing	Other	
Length of time well was idle prior to measurement:				
Measuring point description: 5 M/N The measuring point is the reference point from which the measurement	ent is made. Example	s are: 1/2" access port in	n well cap; 1-1/2" port pipe	on N side; pressure gage.
Comments:				
When did water use begin for this well under this permit		Year		
I hereby certify that the information on this report is acceptation making measurement (print): Signature of measurer: Company: License number (Circle license type: CWRE, RG, PE, Daytime phone number: 541-570-0447	Hubbaco	istaller): CCB +	level in the well at the	
If you have any questions about this notice places call the	o Monaman	P. Domentine Commi	64 . 5	
If you have any questions about this notice, please call the this Form to: OWRD, Meas & Rept Section, 725 Sum	mer St ME S-	& Reporting Section	n of the Department a	t 503-986-0822. Return
reportingmmts@wrd.state.or.us.	mer St. NE, Su	ite. A, Salem, OK	9/301-1206 or email	it as an attachment to
Additional forms can be obtained from our web sit at: h	ttp://www.wrd.st	ate.or.us.	WRD GW/KCW	1/29/2015
Water Level Data on File at OWRD for this well (last 2 measurem			Girinew	112/12013
Date Mr Height WL BLS Pump Idle Time Status	Method Mea	sured_By	Measuring Point Description	
03/10/2014 1.00 7.00 STATIC 03/15/2013 0.83 13.17 0 STATIC	The state of the s	E JONES NDA HUBBARD	WELL VENT TOP OF WELL CAP N.SIDE	
AND THE RESIDENCE OF THE PARTY	The second second second second	The same of the sa	The second secon	

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

	Userid	9181
Water Rig	ht (OWRD Use Only):	
Permit: G	16924 * {174064}	

A. Identificati	ion of Measu	red Well (P	rovide as n	nuch informa	tion as possi	ble. Correct a	ny errors.)			
	es Well Log Id			Well name o	n water right	WELL 2 (L	INN 59755)			
Well Id- Well Ta	_			Owner's well name WEL			/ELL 2 (L-107631)			
Water	Use Report Id	63834	W				INN 59755/L-1076	31)		
Logid (Well History)	Type Work	*Per OWRD records, Startcatd Nbr	Well Tag							
LINN 59755	NEW	1014782	107631	1 8	I Wax Deptil	Complete Date Owner on Well Log 09/07/2011 SMITH SEED				
		-		1						
		1		-	-					
B. Well Locati			Long:	123.130331	Est loc error (feet): 100	Loc Source (gps): WR	APPL MAP EXISTIN	IG WELL	
Location	on water right: In the	he SE qtr of the SI	eqtr of Section	on 2, T. 14.00S,	R. 4.00W, 180	FT N & 490 FT	W FR SE COR, S2	MILIMI LABOTII	O WELL	
C. Water-Leve	el Measurem	ent								
Date of measurem	ent: 3/20	118	Measur nearest	rements should be pound, if using	ne made to at lea a gage.	ast the nearest ter	oth of a foot (10.2'), the	nearest inch (10'	3") or the	
Depth to water be				18"	Airline lengt	h or transduc	er depth (below land	surface):	feet	
Measuring point h	eight above / be	low land surfa	ce:	10"		gage pressure		2.31 =	feet	
Depth to water be	low land surface	: :	15	58" Shu	t-in pressure	(flowing wells)		2.31 =	feet	
Measurement statu	us: Static	Pump	ing	Rising	Flow	ing 🔀	Other			
Measurement met		X Airl		Other	Flow	mg A	Omer			
Length of time we				bre						
		1. 11				1.				
Measuring points shou	the reference point	from which the m	ts as airlines	s made. Example	e referenced to	ess port in well co	ap; 1-1/2" port pipe on N			
<u> </u>							RMA	ILED)	
		this report is a	ccurate and	d represents t	he static wa	ter level in the	e well at the time p	fmesasureme	nt.	
Signature of me	asurer:	- Jen	_				BY:			
Company: To	ces somp c	0	/			514				
License number Daytime phone	number: 541	367-251	RG, PE, W	WC Pump In Email address			hotmail. Co	m		
Questions? Call th	e Measurement	& Reporting S	ection of th	ne Departmen	nt at 503-986	5-0822.				
Return this Form	to: OWRD, M	eas & Rept S	ection, 725	Summer St	. NE, Suite.	A, Salem, O	R 97301-1266.			
Or email it as an Additional forms o	attachment to	reportingmmt	s@wrd.sta	ate.or.us			OWRI	D GW/KCW	2/15/2018	
Water Level Data on	File at OWRD for	this well (last 3 m	easurements	only, most rec	ent date on top):	O WA	0	213/2010	
03/09/2017 10	92 0.83 10.09	STATIC	Met	thod Mer	SURED BY ENDA HUBBARD	Meas	suring Point Description ACCESS PORT IN WELL CA	Þ		
03/08/2016 18 03/18/2015 8.	.17 0.75 17.42 33 0.77 7.56	STATIC STATIC	ET	APE GL	ENDA HUBBARD ENDA HUBBARD	1/2	ACCESS PORT IN WELL CAP LL VENT			
			CONTRACTOR OF THE PARTY OF THE		-					

OWRD

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 Measu	red Well (Pr	ovide as much in	nformation as possible.	Correct any error	rs.)	
Water Resources Well Log Id			ame on water right WI			
Well Id- Well Tag on Well: L-	107631*	A STATE OF THE PARTY OF THE PAR	Owner's well name WI	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NA	The state of the s	11.7
Water Use Report Id	63834 * Per OWRD records, il	Water u	se rpt facility name WI			
Logid (Well History) Type Work	Startcatd Nbr	2.2.2.2.2.2.2.2	inches) Max Depth Com	plete Date Owner	on Well Log	
LINN 59755 NEW	1014782	107631		07/2011 SMITH		
B. Well Location Lat (WGS19 Location on water right: In t		Long: -123.130. qtr of Section 2. T.	Est loc error (feet): 14.00S, R. 4.00W, 180 FT N	Loc Source & 490 FT W FR SE	ce (gps): WR APPL MAP EXISTIN	G WELL
C. Water-Level Measuren						
Date of measurement: 3-1-1		Measurements	should be made to at least the	nearest tenth of a fo	ot (10.2'), the nearest inch (10')	3") or the
		nearest pound,	7			
Depth to water below measuring		11'3"			(below land surface):	fee
Measuring point height above / b			Airline gage	-	psi x 2.31 =	fee
Depth to water below land surfac	e:	10'5	Shut-in pressure (flow	ving wells):	psi x 2.31 =	fee
Measurement status: Static	Pumpii	ng 🗡 Ris	ing Flowing	Other		
Measurement method: E-tape	X Airli	ne Ot	her		***************************************	
Length of time well was idle prio	r to measuremen	nt:				
Measuring point description: 1/2 The measuring point is the reference poin Measuring points should not be used for a Flowing wells should be fully shut off unt Comments:	irline measurement:	asurement is made	ould be referenced to land su	rface		
D. Certification I certify that Person making measurement (p Signature of measurer:	this report is according? Hara	ccurate and repre	sents the static water l	evel in the well a	t the time of mesasureme	nt.
Commence Joses Diill	my 10.	PG PE WWC P	hump Installer). (4)	# 42261	ATT	ED
License number (Circle license Daytime phone number: 51)	451-2686	Email a	ddress: Jones drilli	nga holmalo.	EMIZZ	
Questions? Call the Measurement	& Reporting Se	ection of the Der	partment at 503-986-08	22.	MAR 0 6 20	19
Return this Form to: OWRD, N Or email it as an attachment to	renortingments	wrd state or	mer St. NE, Suite. A, S	salem, OR 9730	11-1266.	1
Additional forms can be obtained	from our web s	ite at: http://ww	w.wrd.state.or.us.		BY: GW/KCW	2/4/2019
Water Level Data on File at OWRD for Date Arin Len WL BMP MP Height WL BI	this well (last 3 me	casurements only, n	nost recent date on top) :			4/4/2019
03/26/2018 14/00 0/83 13/17	FLOWING	Method ETAPE	Measured By Calcb Pelletier	Measuring Point		
03 09 2017 10 92 0 83 10 09 03 08 2016 18 17 0 75 17 42		ETAPE ETAPE	GLENDA HUBBARD GLENDA HUBBARD	1-2" ACCESS P	ORT IN WELL CAP PRT IN WELL CAP	The state of the state of

OCT 28 2021

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 EmailED 3-11-20

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

A. Identificat	ion of M	easure	d Well (Pr	ovide as r	nuch infor	nation as possible.	Correct at	ny errors.)			
Water Resource					Well name on water right WELL 2 (LINN 59755)						
Well Id- Well Tag on Well: L- Water Use Report Id 63834					Owner's well name WELL 2 (L-107631) Water use rpt facility name WELL 2 (LINN 59755/L-107631)						
LINN 59755	Type W NEW		1014782	Well Tag 107631	Csg (inche	es) Max Depth Com					
	110.77		1014702	10/03/	1	1 09	/0//2011	SMITH SEE)		
B. Well Locat	tion Lat (W	(GS1984):	44.374858	Long:	123.130331	Est loc error (feet)	100	oc Source (or	S): WR APPL M	AD EVISTING	WELL
						S. R. 4.00W, 180 FT N	& 490 FT W	FR SE COR	S2	AF EXISTING	WELL
C. Water-Lev											
Date of measurer		2.10.	20	Measu	rements shoul	d be made to at least th	e nearest tent	th of a foot (10).2'). the nearest	inch (10' 3")) or the
			(No	nearest	pound, if usin	ng a gage.					
Depth to water below measuring point: Measuring point height above/ below land surface:					Airline length or transducer depth				ow land surface)	:	feet
			v land surfac	:e: \(()" (2)' (1)	Airline gage		Married what the decidence was to	psi x 2.31 =	=	feet
Depth to water be	low land st	irface:		41	ID" SI	hut-in pressure (110	wing wells):		psi x 2.31	=	feet
Measurement stat	tus: Sta	atic	Pumpir	ng	Rising	Flowing		Other			
Measurement me	thod: E-ta	ape	Airli		Other			Julei		-	
Length of time w			measuremer	nt:	0				-	- Inchie	
	Q 123 12 13					C = 0					
Measuring point of The measuring point in			Port	ÍΝ	Well Example	ples are. 1/2" access po		1.1/0#			
Measuring points shot	uid not be tised	for airline	measurements	as airline l	ength should b	be referenced to land su	irface				
Flowing wells should	be fully shut o	off until the	gage pressure	is stable to	get a "static" r	measurement. The measurement	suring point i	s the height of	the gage above	land surface	2 .
Comments:											~~~
D. Certification	n Lordifi	that this	ranout is as								
Person making	measureme	nt (maint	. Ot	to 11	1-1	s the static water I	level in the	well at the	time of meas	surement.	
Signature of me	asurer.	λO	o Glene	NEDK	bhaic	<u>,</u>					
Company:	Sones	By	no Co	500							
License number		ense type	CWRE. R	G. PE. W	WC. Pumr	Installer					
Daytime phone	number: 5	541-36	27-4121		Email addre		dolli	ngal	Matrix	11/10	200
Questions? Call th	ne Measure	ment & F	Reporting Se			nent at 503-986-08		200	THE TANK	41474	1.1
Return this Forn	to: OWR	D. Meas	& Rept Se	ction, 72	Summer	St. NE, Suite. A,	Salam OF	2 07301.13	66		
Or email it as an	attachmen	it to repo	ortingmmts	@wrd.st	ate.or.us			× 7/301-12	.00.		
Additional forms	can be obta	ined from	n our web si	te at: htt	ps://www.o	regon.gov/OWRD)		OWRD (GW/BPS	1/30/2020
Water Level Data	a on File at	OWRD				ents only, most re		on ton):			5012020
Date Ann Len WL	BMP MP Height	WL BLS	Status PUMPING	Me	thod)	Measured_By	Measu	iring Point Descrip	Manager Street, Superior States and Street, St		
03/26/2018	100 083 092 0.83	13 17	FLOWING STATIC	ET	APE	Aaron Osborn Caleb Pelletier		Access port in well access port on E sic			



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

RE: application G-17075, permit G-16924

RECEIVED

OCT 28 2021

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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



