

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-12256	WRD Reviewer: Judy
Transfer #:	
Date Received: 11/29/2021	
CWRE Name: Will McGill	
Priority Date (s): 10/09/1990	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION: _____
 PERMIT _____
 TRANSFER _____

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL REC'D \$ _____

098 TREASURY 478 MISC CASH ACCT.

9907 COPIES (IDENTIFY) _____ \$ _____

OTHER (IDENTIFY) _____ \$ _____

6242 Irrigation License 6244 Multi Meter Mgmt. Plan 6245 Class. Water _____

098 TREASURY 479 WRIT OPERATING ACCT.

MISCELLANEOUS

8407 COPY & TAMP FEES 4611 \$ _____

8410 RESEARCH FEES \$ _____

8408 MISC. REVENUE (IDENTIFY) \$ _____

7042 DEPOSIT LNS. (IDENTIFY) \$ _____

8240 EXTENSION OF TIME \$ _____

WATER RIGHTS

6201 SURFACE WATER EXAM FEE \$ _____ RECORD FEE \$ _____

6202 GROUND WATER \$ _____

6205 TRANSFER \$ _____

WELL CONSTRUCTION

6218 WELL DRILL CONSTRUCTION EXAM FEE \$ _____ RECORD FEE \$ _____

LANDOWNERS PERMIT \$ _____

OTHER (IDENTIFY) COBU \$ 222.00

098 TREASURY 647 HYDROELECTRIC

6223 POWER LICENSE FEE (PWWRD) \$ _____

6224 HYDRO LICENSE FEE (PWWRD) \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT - LETTER ATTACHED

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted

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



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. Begin each new claim by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-979-9103.

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>

(See Certificate Resources)

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-12256	G-11218	

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Oakwood Water Systems Inc.		PHONE NO. (541) 926-3156	ADDITIONAL CONTACT No.	
ADDRESS 1245 Linnwood Dr. NE				
CITY Albany	STATE OR	ZIP 97322	E-MAIL cev1@centurylink.net	

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

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

PERMIT HOLDER OF RECORD			RECEIVED NOV 29 2021 OWRD
ADDRESS			
CITY	STATE	ZIP	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

10-15-2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ed Vicory	10-15-2021	DRC Co-chairperson
Mike Peterson	10-15-2021	DRC Co-chairperson

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

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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 William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

Permit Holder's of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Charles E. King</i>	CHARLES E. VICKORY	Co-CHAIR	11-18-21

**SECTION 3
CLAIM DESCRIPTION**

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

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 3	LINN 53032	L-34295
Well 4	LINN 53251	L-35685

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 3	Group Domestic	Lawn & Garden	Year-Round	10 gpm
Well 4	Group Domestic	Lawn & Garden	Year-Round	4.9 gpm
Total Quantity of Water Used				14.9 gpm

3. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Water is delivered to a 24,000-gallon storage tank from wells 3 and 4 by 0.5 HP submersible pumps through buried 2" PVC pipe. Water is pulled from the 24,000-gallon tank by two 1.5 HP centrifugal pumps located in an adjacent pump house where water is treated prior to delivery. Water is delivered to homes through 4" buried PVC pipe. The individual users tap into the 4" PVC pipe for their domestic water supply.

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

4. Variations:

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

YES NO

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

Wells 3 and 4 were developed in place of wells 1 and 2. Following the 1996 earthquake, production from well 1 diminished to the point of being unusable and well 2 was not producing enough alone to support the system.

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 3	0.06 cfs	0.02 cfs	System operates intermittently	Group Domestic	N/A	N/A
Well 4	0.06 cfs	0.01 cfs			N/A	N/A

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well 3

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A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

3/4" threaded hole with cap on South side of well 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
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See well log

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.

LINN 53032

C. Groundwater Source Information (Sump)

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

YES NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Not available			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)
0.5	40	0	87'	0.02 cfs

4. Provide pump calculations:

$Q = (0.5 * 7.04) / (101.6 + 52 + 35) = 0.02 \text{ cfs}$	RECEIVED NOV 29 2021 OWRD

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)
System operates intermittently			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

YES NO

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

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

YES NO
 YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal	24,000	Above Ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

Wells 3 and 4 supply water to one 24,000-gallon tank.

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well 4

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A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

3/4" threaded hole on North side of well 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
-----------------	--------------	-------------	----------------------------------	---------------------------------	------------------------------	-----------------

See well log

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.

LINN 53251

C. Groundwater Source Information (Sump)

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

YES NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Not available			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)
0.5	40	0	306'	0.01

4. Provide pump calculations:

$Q = (0.5 * 7.04) / (101.6 + 278 + 28) = 0.01 \text{ cfs}$

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)
System operates intermittently			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

YES NO

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

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

YES NO
 YES NO

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

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2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal	24,000	Above Ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

Wells 3 and 4 supply water to one 24,000-gallon tank.

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SECTION 5 CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	3-25-1991		
BEGIN CONSTRUCTION (A)	3-25-1992	1968	Initial application G-12256 was made on an existing system
COMPLETE CONSTRUCTION (B)	10-1-2020	5-15-2020	Last house hooked up to system
COMPLETE APPLICATION OF WATER (C)	10-1-2020	5-15-2020	Last house hooked up to system

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

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

YES NO

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

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

YES NO

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

b. Were the Progress Reports submitted?

YES NO

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

3. Initial Water Level Measurements:

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

YES NO

4. Annual Static Water Level Measurements:

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

YES NO

5. Pump Test:

a. Is a pump test required?

YES NO

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

For additional information regarding pump tests see:

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

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

- b. Has the pump test been previously submitted to the Department? YES NO
- c. Is the pump test attached to this claim? YES NO
- d. Has the pump test been approved by the Department? YES NO
- e. Has a pump test exemption been approved by the Department? YES NO

****The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? YES NO

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

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL

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- d. Other conditions? YES NO

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
2 Well Logs	LINN 53032 and LINN 53251
Authorization Document	Page 5 from OWSI operation and maintenance manual showing Charles (Ed) Vicory as authorized to sign.
4 Photos	24,000-gal. tank, pump house, and booster pumps

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

Survey method used was GPS and aerial photo provided by GeoTerra Inc.
Source Date: 3-31-2019

Map Checklist

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

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

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LINN 53032

MAR 21 2000

Well 3

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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 134295 START CARD # 125613

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

(1) OWNER: Well Number DR-1453 Name OAK WOOD WATER SYSTEM Address LINWOOD DR. City ALBANY State ORE Zip 97321

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 122 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 10", 0, 50, BENTONITE, 0, 50, 22 SACKS. Row 2: 6", 50, 122.

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6", +1, 77, 1250, [X], [], [X], []. Liner: 4 1/2", -2, 122, [], [X], [], [].

Final location of shoe(s) 117'

(7) PERFORATIONS/SCREENS: [X] Perforations Method SAW [] Screens Type SLOT Material PVC. Table with columns: From, To, Slot size, Number, Diameter, Casing, Liner. Row 1: 82, 117, 1/2x6, 105, 4 1/2, [], [X].

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian. Yield gal/min 40 Drawdown 18' Drill stem at Time 4 hr.

Temperature of water 51° Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County LINN Latitude Longitude Township 10 # or (S) Range 3 # or (W) WM. Section 35 SE 1/4 SE 1/4 Tax Lot 313 Lot Block Subdivision Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL: 52 ft. below land surface. Date 2-9-00 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 97'

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 97, 105, 40 gpm, 52'

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: TOP SOIL (0-2), CLAY-BROWN (2-10), SHALE-BROWN w/CLAY (10-43), SANDSTONE-GRAY (43-95), ROCK-BLACK/BROWN, LOST CIRCULATION (95-117), CLAYSTONE-GRAY-SOFT (117-122).

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Date started 2-4-00 Completed 2-9-00

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

Signed Joe Williams WWC Number 1667 Date 2-18-00

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

Signed Chal D. [Signature] WWC Number 664 Date 2-18-00

OAKWOOD WATER SYSTEM

WELL #4

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

WELL I.D.# L 435685
START CARD# 131077

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

(1) OWNER: Well Number DR-1493
Name MIKE PETERSEN
Address 1245 LYNNWOOD DR. N.E.
City ALBANY State ORE Zip 97321

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 401 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	30	BENTONITE	0	30	26 SACKS
8"	30	86	CEMENT	75	86	2 SACKS *
6"	86	401				

How was seal placed: Method A B C D E
 Other POURCO DRY TREMIE *
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6"</u>	<u>+1</u>	<u>817</u>	<u>250</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2"</u>	<u>-3</u>	<u>401</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 817'

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type SLOT Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>360</u>	<u>390</u>	<u>1/8 x 6</u>	<u>276</u>	<u>4 1/2"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>20</u>		<u>380'</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LINN Latitude _____ Longitude _____
Township 10 N or S 3 Range 3 or W WM.
Section 35 SE 1/4 SE 1/4
Tax Lot 307 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
278 ft. below land surface. Date 7-31-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 360'

From	To	Estimated Flow Rate	SWL
<u>360</u>	<u>372</u>	<u>20 gpm</u>	<u>278'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY-BROWN	2	9	
CLAY-BROWN w/ COSSALS	9	74	
BASALT-BLACK	74	128	
SANDSTONE-GRAY	128	138	
CLAYSTONE-BROWN	138	165	
CLAYSTONE-Mix w/ ROCK	165	246	
CLAYSTONE-LT GRAY	246	287	
SANDSTONE-GRAY	287	401	278"

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WATER RESOURCES DEPT.
SALEM, OREGON

OWRD

Date started 7-26-00 Completed 7-31-00
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed LARRY GRAY WWC Number 1581 Date 7-31-00

(bonded) Water Well Constructor Certification:

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

Signed Chal D. Hunt WWC Number 664 Date 7-31-00

OMBD

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Operation and Maintenance Manual

Purpose:

The purpose of this operation and maintenance manual is to allow expeditious understanding, operating, and repair of a water system in its entirety. This document will outline how Oakwood Water System Inc., is operated on a day-to-day basis to ensure public health, safety, and compliance with all applicable regulations. In addition to be an important guide for any new staff, this manual is a critical tool in assuring that the consumers continue to receive safe, adequate drinking water (short term) in cases where existing staff is suddenly unable to operate the water system.

Scope:

Outlined by specific sections, this manual follows the flowing path of water from the source, treatment if necessary, storage, distribution, water quality, as well as regulatory requirements, routine operational tasks and emergency response procedures.

1.0 OWSI Water System Personnel:

Name	Title	Cert Level	Cert #	Phone Number
Ed Vicory	DRC Co-Chair	SWSO	#3755	707-834-9411
Mike Peterson	DRC Co-Chair	SWSO	#3577	541-971-7477
Rich Palmer	Co-Chair	None		541-990-3785
Justin Gordon	Board member	None		541-974-1566
Larry Graham	Board member	None		541-405-0041
Summer Bowman	Board member	None		541-231-1513

List each person (in order of responsibility) who is involved in the operation or management of the water system (including treatment and distribution).



10/15/21 COBU onsite

Oakwood W.S.I.

Storage Tank - 24,000 gal. - steel

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Water Pressure / treatment facilities, "pump house"

Dakwood W. S. I.

10/15/21 COBU onsite

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BERKELEY

Motor# C48L2EC11C3



CSA 108

PENTEK

HP 1 1/2 KW 115/230 V

3450RPM 1PH 60 Hz KVA J

MaxLoad Amps 19.9/9.95 S.F. 1.1

THERMALLY PROTECTED TYPE T

Insulation Class Ambient Temp Time Rating
B 50 °C CONT.

Model No.
S39522

UL778 LR47013
CSA108



C - US

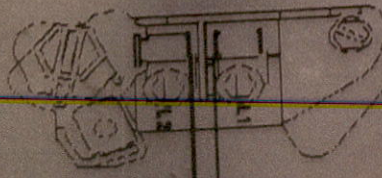
CSA ENC 2
INDOOR USE

0010

MFG# 7387899

Please pump model number prior to motor replacement.
Prenez le numéro de modèle de la pompe avant de remplacer le moteur.
Antes el número del modelo de la bomba antes de cambiar el motor.

Motor prewired 230 Volt
Le moteur est câblé pour le 230 Volt
Este motor está precableado para 230 Volt



GRD GREEN (GROUND)

HIGH VOLTAGE SI DOWN. ROTATE DIAL
CCW TO 115 FOR LOW VOLTAGE.

USE COPPER CONDUCTIONS ONLY.
INSTALL MOTOR WITH VENTS DOWN.

ACCEPTABLE FOR FIELD WIRING

827113-006

10/15/21 COBU onsite , Oakwood W. S.I.
pressure pump 1 tag

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BERKELEY

Motor# C48L2EC11C3



Original Model No
S39522

Model Code
021F19D 0013

UL778 LR47013
CSA108
 US
C
CSA ENC 2
INDOOR USE

HP 1 1/2
3450RPM
1PH 60 Hz
KW
115/230 V
KVA J

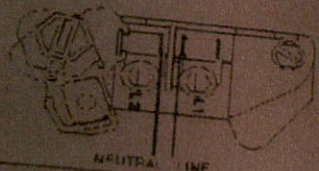
Max Load Amps 19.9/9.95
THERMALLY PROTECTED
S.F. 1.1

Insulation Class B
Ambient Temp 50 °C
Time Rating CONT
TYPE T

MFG# 7387899

Record pump model number prior to motor replacement.
Recevez le numéro de modèle de la pompe avant de remplacer le moteur.
Anote el número del modelo de la bomba antes de cambiar el motor.

Motor prewired 230 Volt
Le moteur est câblé pour le courant 230 volts
El motor está precalibrado para 230 voltios



GRD GREEN (GROUND)
HIGH VOLTAGE SLOWLY ROTATE DIAL
LOW VOLTAGE FOR LOW VOLTAGE.
USE COPPER CONDUCTING ONLY
INSTALL MOTOR WITH VENTILATION
ACCEPTABLE FOR FIELD WIRING
02118-00

Maximum continuous water temperature 140°F (60°C)

*Temperature maximum continue de l'eau ne 140°F (60°C)

*Temperatura constante máxima del agua, 140°F (60°C)

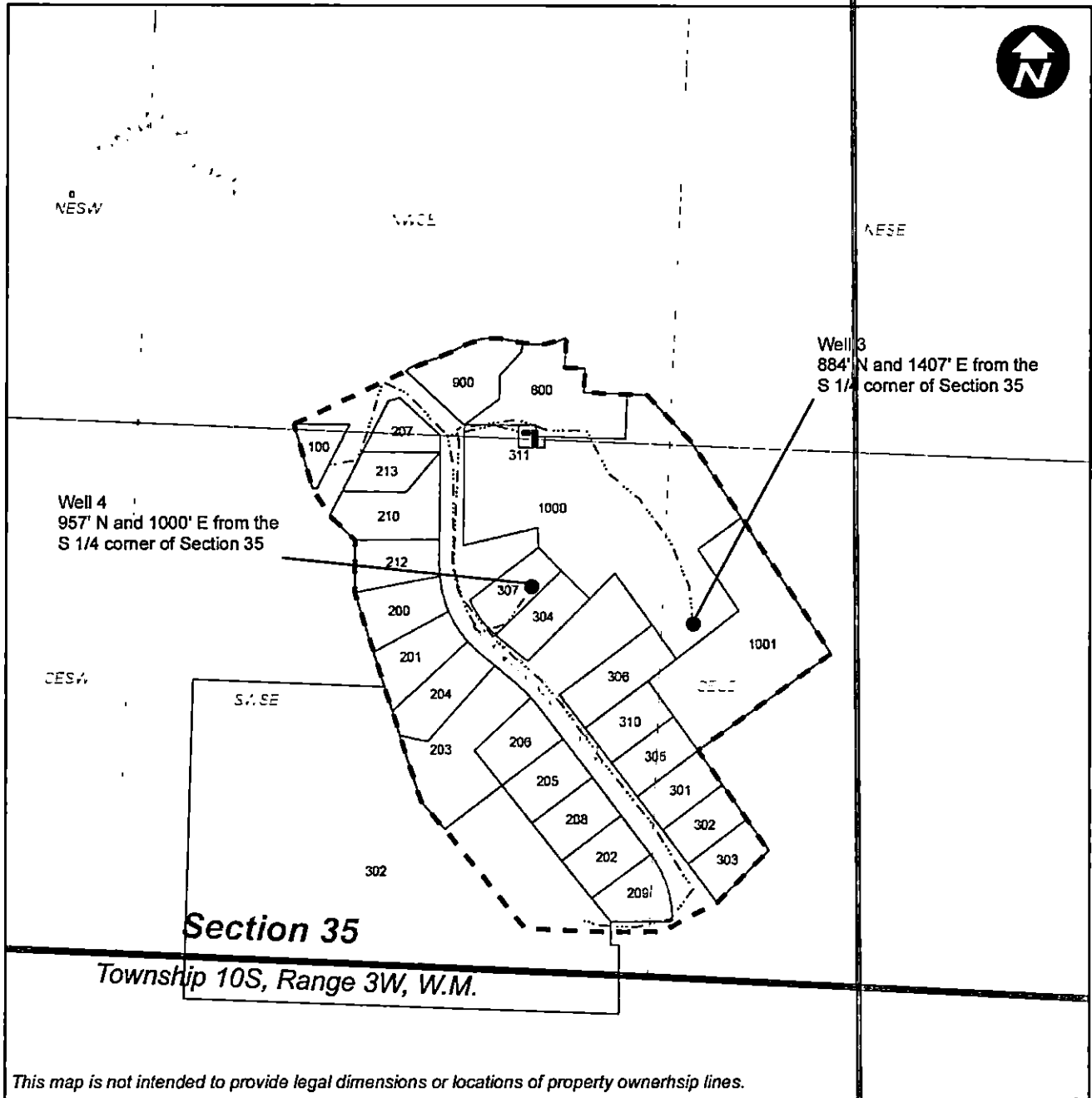
Oakwood W.S.I.
10/15/21 COBU onsite
pressure pump 2 tag

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OWRD

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Claim of Beneficial Use - Oakwood Water Systems Inc. Application G-12256, Permit G-11218



0 200 400 800 Feet

Legend

- Pipeline
- Service Boundary (POU)
- Pump House
- Tax Lots
- Storage Tank



EXPIRES: 12-31-2022