

CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



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

**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.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

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>

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SECTION 1

GENERAL INFORMATION

OWRD
1. File Information:

APPLICATION # G-18750	PERMIT # (IF APPLICABLE) G-18393	PERMIT AMENDMENT # (IF APPLICABLE) N/A
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Housing Authority and Community Services Agency of Lane County DBA Homes for Good Housing Agency		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 177 Day Island Road			
CITY Eugene	STATE OR	ZIP 97401	CITY Eugene

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

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

PERMIT HOLDER OF RECORD Same as above		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

3/25/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chris Pace	3/25/2021	Johnson Controls, Inc. Representative

6. County:

Lane

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

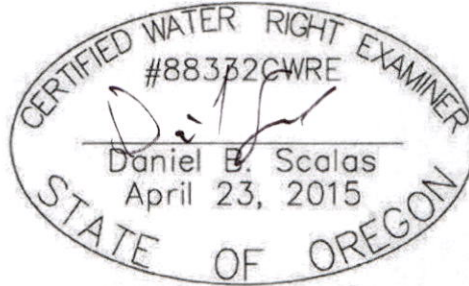
Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



RENEWAL 06/30/22

CWRE NAME Daniel B. Scalas		PHONE No. 541-884-4666	ADDITIONAL CONTACT No.	
ADDRESS 1435 Esplanade Ave.				
CITY Klamath Falls	STATE OR	ZIP 97601	E-MAIL dscalas@adkinsengineering.com	

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
<i>Jacob Fox</i> <small>Jacob Fox (Jun 24, 2021 11:24 PDT)</small>	Jacob Fox	Executive Director	Jun 24, 2021

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SECTION 3
CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	LANE 77323	137634
Well 2	LANE 77335	137637

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Willamette River Basin	N/A
Well 2	Willamette River Basin	N/A

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Primary Irrigation	Landscaping	March 1 – October 31	0.32 CFS
Well 2	Primary Irrigation	Landscaping	March 1 – October 31	0.12 CFS
Total Quantity of Water Used				0.44 CFS

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

Well 1

From Well 1, water is pumped through a flowmeter before passing through 3" PVC pipe. From there, water is diverted to the west and east. Water is diverted through buried 3" PVC pipe for a total of about 13,980' which ties into two 3/4" hose bibs per building. These hose bibs are then hooked up to sprinklers to irrigate lands in Section 26 NW SW, and Section 27 NE SE & NW SE.

Well 2

From Well 2, water is pumped through a flowmeter being passing through 3" PVC pipe. From there, water is diverted to the west and south. Water is diverted through buried 3" PVC pipe for a total of about 3,480' which ties into two 3/4" hose bibs per building. These hose bibs are then hooked up to sprinklers to irrigate lands in Section 27 NE SE.

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).

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5. Variations:

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

NO

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

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.22 CFS	0.32 CFS	N/A	Primary Irrigation	17.2	13.5
Well 2	0.22 CFS	0.12 CFS	0.081 CFS	Primary Irrigation	17.2	3.7

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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

Well 1

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
17S	3W	WM	26	NW SW			Primary Irrigation	3.9	
17S	3W	WM	27	NE SE			Primary Irrigation	5.8	
17S	3W	WM	27	NW SE			Primary Irrigation	3.8	
Total Acres Irrigated								13.5	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

0.75" plug on south side of well 1.67' above ground

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

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.

LANE 77323

C. Groundwater Source Information (Sump)

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

NO

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D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	65L	Unknown	Submersible	6"	3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Goulds	7.5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5	62	9.62'	0.0'	0.32 CFS

5. Provide pump calculations:

See Attachment D for theoretical pump capacity and sprinkler calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	13,980'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8"	50	3.2 GPM	73	73	0.52 CFS

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

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11. Drip Emitter Information:

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

12. Drip Tape Information:

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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Well 2

A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
17S	3W	WM	27	NE SE			Primary Irrigation	3.7	
Total Acres Irrigated								3.7	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

0.75" plug located on top of well head 1.58' above ground

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

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.

LANE 77335

C. Groundwater Source Information (Sump)

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

NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	25GS	Unknown	Submersible	6"	2"

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3. Motor Information:

MANUFACTURER	HORSEPOWER
Goulds	2

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
2	38	18.82'	0.0'	0.12 CFS

5. Provide pump calculations:

See Attachment D for theoretical pump capacity and sprinkler calculations.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
600 gallons	7,900 gallons	4 hours and 1 minute	0.081 CFS

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

7. Is the distribution system piped?

YES

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	3,480'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8"	50	3.2 GPM	18	18	0.13 CFS

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

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

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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
N/A				

E. Storage

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

NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

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

NO

H. Additional notes or comments related to the system:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	4/14/2020		
BEGIN CONSTRUCTION (A)	4/14/2025	4/24/2020	LANE 77323 constructed.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	4/14/2025	10/9/2020	Flowmeters installed for both wells and full beneficial use of water applied.

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

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

NO

3. Initial Water Level Measurements:

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
N/A			

4. Annual Static Water Level Measurements:

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

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

March

c. Were the static water level measurements taken in the month(s) required? **YES**

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- d. If "YES", were those measurements submitted to the Department? **YES**
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

- a. Did the permit require the submittal of a pump test? **YES**

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

For additional information regarding pump tests see:

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

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

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

6. Measurement Conditions:

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

- b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	UP20-1017	Working	3,187,101.4 gallons	10/9/2020
Well 2	McCrometer	UP20-1018	Working	7,900.0 gallons	10/9/2020

7. Recording and reporting conditions:

- a. Is the water user required to report the water use to the Department? **YES**
- b. Have the reports been submitted? **NO**

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

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

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was submittal of a water management and conservation plan required? **NO**

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

YES

WELL ID #	DATE ATTACHED TO WELL
L-137634	4/24/2020
L-137637	5/4/2020

e. Other conditions?

NO

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

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	Copy of Permit G-18393
Attachment B	Claim of Beneficial Use Map (on mylar)
Attachment C	Claim of Beneficial Use Map (paper copy)
Attachment D	Theoretical Pump Capacity and Sprinkler Calculations
Attachment E	Pump Test for LANE 77335
Attachment F	Well Logs LANE 77323 & 77335
Attachment G	Lane County Tax Maps 17-3-26 NW SW, 17-3-27 NE SE, & 17-3-27 NW SE

SECTION 7 CLAIM OF BENEFICIAL USE MAP

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

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

The Claim of Beneficial Use Map was prepared from field measurements NAIP 2021 aerial photography, Lane County tax maps, and Oregon GLO maps.

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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
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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ATTACHMENT A
Copy of Permit G-18393

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STATE OF OREGON

COUNTY OF LANE

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

HOUSING AUTHORITY AND COMMUNITY SERVICES AGENCY OF LANE COUNTY
DBA HOMES FOR GOOD HOUSING AGENCY
177 DAY ISLAND RD
EUGENE OR 97401

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

APPLICATION FILE NUMBER: G-18750

SOURCE OF WATER: NORTH WELL (POA 1) AND SOUTH WELL (POA 2) IN WILLAMETTE RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 17.2 ACRES

MAXIMUM RATE: 0.22 CUBIC FOOT PER SECOND

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: OCTOBER 31, 2018

WELL LOCATION:

POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
NORTH WELL	17 S	3 W	WM	27	NE SE	2122 FEET NORTH AND 403 FEET WEST FROM SE CORNER, SECTION 27
SOUTH WELL	17 S	3 W	WM	27	NE SE	1860 FEET NORTH AND 138 FEET WEST FROM SE CORNER, SECTION 27

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second and 2.5 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres
17 S	3 W	WM	26	NW SW	3.9
17 S	3 W	WM	27	NE SE	9.5
17 S	3 W	WM	27	NW SE	3.8

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1. Water Use Measurement, Recording, and Reporting Condition:

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

2. Static Water Level Condition:

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels for each well on the permit. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor, or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

- A. Associate each measurement with an owner's well name or number and a Department well log ID; and
- B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method of measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

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

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

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

3. Well Identification Tag Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

STANDARD CONDITIONS

- 1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
- 2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
- 3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

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4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.
5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.
10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.
11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued APR 14 2020



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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ATTACHMENT B
Claim of Beneficial Use Map (on mylar)

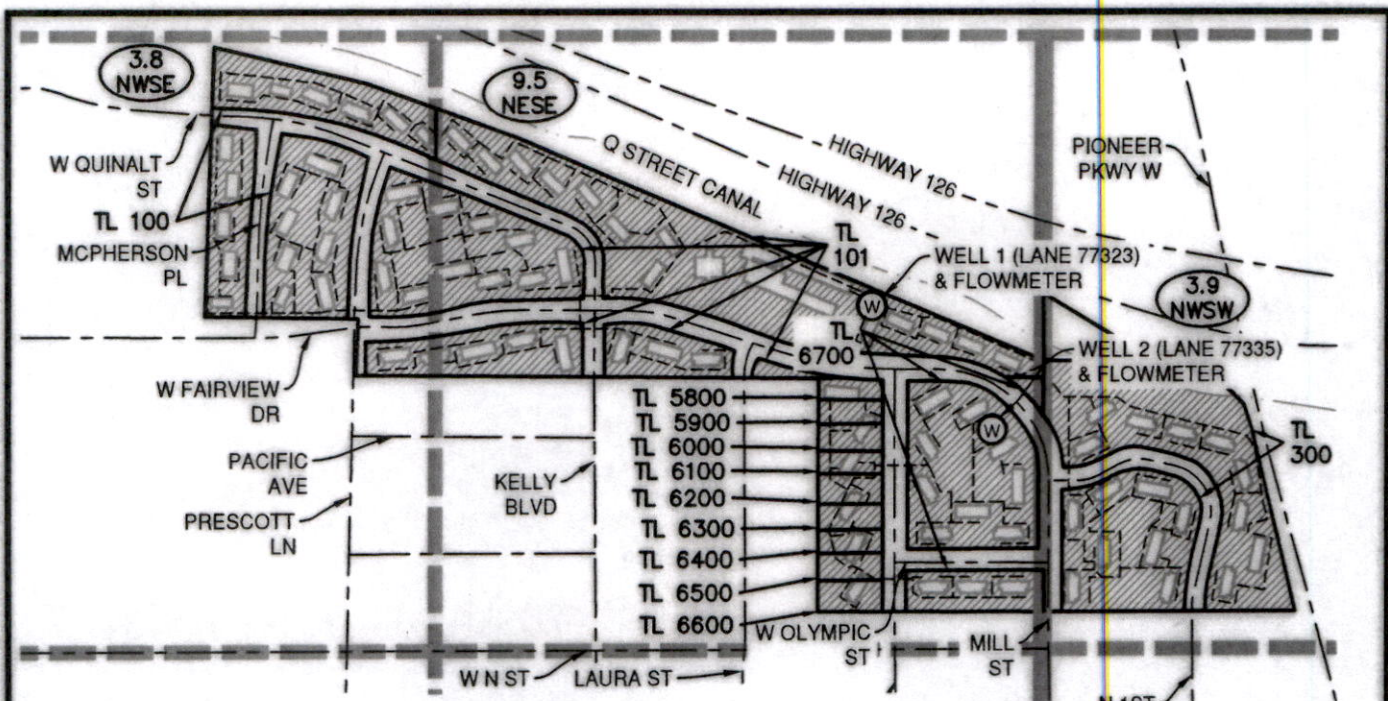
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ATTACHMENT C
Claim of Beneficial Use Map (paper copy)

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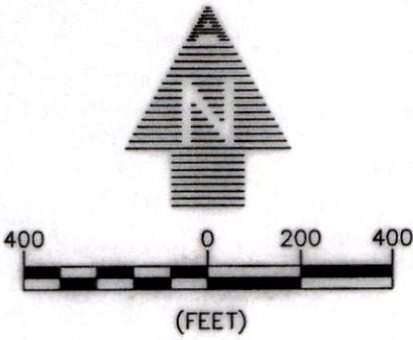
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LEGEND

- SECTION LINE
- 1/4 1/4 LINE
- TAX LOT LINE
- BURIED PVC IRRIGATION PIPE
- € ROAD
- € CANAL
- TL00000** TAX LOT NUMBER
- SECTION CORNER
- POA (WELL)
- IRRIGATED LANDS UNDER PERMIT G-18393
- IRRIGATED ACRES
- 1/4 1/4 SECTION
- BUILDING

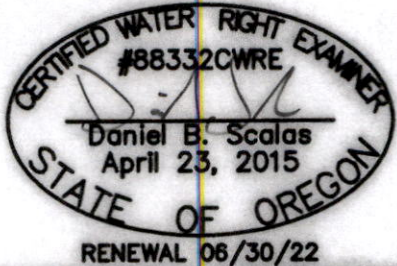


THIS MAP IS FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF THE WATER RIGHT ONLY AND HAS NO INTENT TO PROVIDE DIMENSIONS OR LOCATION OF PROPERTY LINES.

WELL LOCATIONS

WELL 1 (LANE 77323): LOCATED 2122' NORTH & 403' WEST FROM THE SE CORNER OF SECTION 27, T17S, R3W, W.M. IN THE NE1/4 SE1/4, SECTION 27.

WELL 2 (LANE 77335): LOCATED 1860' NORTH & 138' WEST FROM THE SE CORNER OF SECTION 27, T17S, R3W, W.M. IN THE NE1/4 SE1/4, SECTION 27.



AL ADKINS ENGINEERING & SURVEYING
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 1435 ESPLANADE AVENUE, KLAMATH FALLS, OR 97601

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CLAIM OF BENEFICIAL USE AND FINAL PROOF MAP
 FOR
 HOUSING AUTHORITY AND COMMUNITY SERVICES AGENCY OF LANE COUNTY, DBA HOMES FOR GOOD HOUSING AGENCY
 LANE COUNTY, OREGON
 T17S, R3W, SECS. 26 & 27, W.M.
 APPLICATION G-18750
 PERMIT G-18393

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ATTACHMENT D
Theoretical Pump Capacity and Sprinkler
Calculations

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Pump Capacity Calculation Sheet

using Department designed formula:

Date: 3/25/2021

McKenzie Village Well 1

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 7.5
Efficiency = 7.04
Lift = 9.62
PSI = 62

Results Calculated

$(hp)(\text{efficiency}) = 52.8$
Head based on psi = 157.5
Total dynamic head = 167.1
(head + lift)

Pump Capacity = 0.32 cubic feet per second

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Pump Capacity Calculation Sheet

using Department designed formula:

Date: 3/25/2021

McKenzie Village Well 2

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 2
Efficiency = 7.04
Lift = 18.82
PSI = 38

Results Calculated

$(hp)(\text{efficiency}) = 14.08$
Head based on psi = 96.5
Total dynamic head = 115.4
(head + lift)

Pump Capacity = 0.12 cubic feet per second

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Sprinkler Capacity Calculator

Date: 6/16/2021
McKenzie Village Well 1

Data Entry (fill in underlined blanks)

Sprinkler group 1 Nozzle size = 1/8 inch
 Pressure = 50 PSI
 Number of heads = 73

Results calculated

Sprinkler group 1 capacity = 233.6 gpm, or 0.52 cfs

Total sprinkler capacity = 233.6 gpm, or 0.52 cfs

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Sprinkler Capacity Calculator

Date: 6/16/2021

McKenzie Village Well 2

Data Entry (fill in underlined blanks)

Sprinkler group 1 Nozzle size = 1/8 inch
 Pressure = 50 PSI
 Number of heads = 18

Results calculated

Sprinkler group 1 capacity = 57.6 gpm, or 0.13 cfs

Total sprinkler capacity = 57.6 gpm, or 0.13 cfs

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Pump Test for LANE 77335

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Owner Information:

OWNER NAME/BUSINESS NAME: Lane Housing Authority C/O Johnson Controls Inc.		PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS: 177 Day Island Rd.			
CITY: Eugene	STATE: OR	ZIP: 97401	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Daniel B. Scalas	QUALIFICATION: (SELECT) CWRE	LICENSE #: 88332
COMPANY: Adkins Engineering & Surveying, LLP	PHONE NO.: 541-884-4666	ADDITIONAL CONTACT NO.:
ADDRESS: 1435 Esplanade Ave.		
CITY: Klamath Falls	STATE: OR	ZIP: 97601
E-MAIL: dscalas@adkinsengineering.com		

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LANE 77335	L- 137637	South Well	50'	Same as above	5/4/2020	3/25/2021

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
17S	3W	27	NE SE	1770' north & 160' west from the SE corner of Section 27	44.059932	-123.027946

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

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 18750	G- 18393	T-		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

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

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
 If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
 If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
LANE 77323	240' west & 360' north from South Well	3/1/2021	N/A	Approx. 10 GPM

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
 Well elevation is above the surface water body. Approximate distance: _____ ft.
 Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: South Mill Street storm drain
 How far from the pumped well was water discharged? 140 _____ ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

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Water-Level Measurement Method: Electric Tape *Verify here: { Airline: _____ psi _____ feet.
Length of air line (if used): _____ E-Tape: 500 feet.

*Airline measurements must be verified by an E-Tape measurement
Pressure transducer (if used): _____

Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Submersible
HP: 2 Pump set at: Unknown feet.
Pump idle time: 16 hours

Discharge Measurement Method: Flowmeter

Flowmeter (if used):
Manufacturer: McCrometer Serial #: UP20-1018
Date Last Calibrated: Unknown Units: _____

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1.58 feet.

Description (e.g., top port of 1 inch port pipe, west side) 0.75" plug located on top of well head

Time pump turned on: Date 3/25/2021 Time 8:40AM
Time pump turned off: Date 3/25/2021 Time 12:40PM
Total pumping time: 4 hours 1 minutes.

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

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

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

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

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

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: [Signature] DATE: 3/3/21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
LANE 77335	L- 137637	South Well	50'	Lane Housing Authority	5/4/2020	3/25/2021

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
3/25/2021	8:00AM	0	8.02'	0	Pre-test			
3/25/2021	8:20AM	0	8.02'	0	Pre-test			
3/25/2021	8:40AM	0	8.02'	0	Pre-test			Pump turned on
3/25/2021	8:42AM	2	9.01'	6.71 GPM	Pumping			
3/25/2021	8:44AM	4	9.17'		Pumping			
3/25/2021	8:46AM	6	9.32'		Pumping			
3/25/2021	8:48AM	8	9.33'		Pumping			
3/25/2021	8:50AM	10	9.47'		Pumping			
3/25/2021	8:55AM	15	9.64'		Pumping			
3/25/2021	9:00AM	20	9.71'		Pumping			
3/25/2021	9:05AM	25	9.76'		Pumping			
3/25/2021	9:10AM	30	11.35'	16.47 GPM	Pumping			Discharge rate increased
3/25/2021	9:25AM	45	14.92'	30.57 GPM	Pumping			
3/25/2021	9:40AM	60	17.61'	30.44 GPM	Pumping			
3/25/2021	9:55AM	75	17.94'	30.43 GPM	Pumping			
3/25/2021	10:10AM	90	18.33'	30.46 GPM	Pumping			
3/25/2021	10:25AM	105	18.43'	30.44 GPM	Pumping			
3/25/2021	10:40AM	120	18.50'	30.39 GPM	Pumping			
3/25/2021	10:55AM	135	18.57'	30.35 GPM	Pumping			
3/25/2021	11:10AM	150	18.62'	30.42 GPM	Pumping			
3/25/2021	11:25AM	165	18.68'	30.41 GPM	Pumping			
3/25/2021	11:40AM	180	18.85'	30.90 GPM	Pumping			
3/25/2021	11:55AM	195	18.76'	30.35 GPM	Pumping			
3/25/2021	12:10PM	210	18.78'	30.44 GPM	Pumping			
3/25/2021	12:25PM	225	18.80'	30.43 GPM	Pumping			
3/25/2021	12:40PM	240	18.82'	30.43 GPM	Pumping			
3/25/2021	12:41PM	241	--					Pump turned off
3/25/2021	12:43PM	243	12.20'		Recovery			
3/25/2021	12:45PM	245	10.89'		Recovery			
3/25/2021	12:47PM	247	10.42'		Recovery			
3/25/2021	12:49PM	249	10.13'		Recovery			
3/25/2021	12:51PM	251	9.91'		Recovery			
3/25/2021	12:56PM	256	9.54'		Recovery			
3/25/2021	1:01PM	261	9.29'		Recovery			
3/25/2021	1:05PM	266	9.07'		Recovery			Recovery at 90% drawdown

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ATTACHMENT F
Well Logs LANE 77323 & 77335

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

LANE 77323

WELL I.D. LABEL# L 137634 START CARD # 1047024 ORIGINAL LOG #

4/27/2020

(1) LAND OWNER

Owner Well I.D. First Name Last Name Company LANE HOUSING AUTHORITY C/O JOHNSON CONTROLS INC Address 103 WOODMERE RD City FOLSOM State CA Zip 95630

(2) TYPE OF WORK

New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other

(4) PROPOSED USE

Domestic Irrigation Community Industrial/ Commercial Livestock Dewatering Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 68.50 ft. Special Standard (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Includes rows for Cement and Calculated values.

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 8, 6, and 44 inch diameters.

Shoe Inside Outside Other Location of shoe(s) 44

Temp casing Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type factory Material stainless

Table with columns: Perf/ Screen, Casing/ Screen, Dia, From, To, width, length, # of slots, pipe size. Includes row for 6 inch casing with 1000 slots.

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row with values 75, 68, 1.

Temperature 57 F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 195 ppm From To Description Amount Units

Table for water quality concerns with columns for From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County LANE Twp 17.00 S N/S Range 3.00 W E/W WM Sec 27 NE 1/4 of the SE 1/4 Tax Lot 101 Tax Map Number Lot Lat Long DMS or DD

Street address of well Nearest address

300 FAIRVIEW DRIVE SPRINGFIELD

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Includes row for Completed Well on 2/24/2020 with SWL of 10.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 10.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes row for 4/24/2020 with SWL of 10.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes rows for Topsoil, Sand and Gravel, Broken Blue Sandstone, Blue Sandstone.

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Date Started 4/22/2020 Completed 4/24/2020

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1839 Date 4/27/2020

Signed MICHAEL HOLLEY (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1541 Date 4/27/2020

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806

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

LANE 77335

WELL I.D. LABEL# L 137637 START CARD # 1047155 ORIGINAL LOG #

5/5/2020

(1) LAND OWNER Owner Well I.D. First Name Last Name Company LANE HOUSING AUTHORITY C/O JOHNSON CONTROLS INC Address 103 WOODMERE RD City FOLSOM State CA Zip 95630

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing: Seal:

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 50.00 ft. BORE HOLE SEAL sacks/lbs

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [X] Inside [] Outside [] Other Location of shoe(s) 26 Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type wire wrap Material stainless Perf/ Casing/Screen Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 57 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 164 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County LANE Twp 17.00 S N/S Range 3.00 W E/W WM Sec 27 NE 1/4 of the SE 1/4 Tax Lot 6700 Tax Map Number Lot Lat Long [X] Street address of well [] Nearest address 1632 MILL ST SPRINGFIELD

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 5/4/2020 7 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found SWL Date From To Est Flow SWL(psi) + SWL(ft) 5/4/2020 7 45 25 7

(11) WELL LOG Ground Elevation Material From To Top Soil 0 4 Brown Clay 4 7 Sand and Gravel 7 45 Blue Sandstone 45 50

Date Started 4/30/2020 Completed 5/4/2020

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number 1839 Date 5/5/2020 Signed MICHAEL HOLLEY (E-filed)

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number 1541 Date 5/5/2020 Signed CASEY JONES JR (E-filed) Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806

ATTACHMENT G
Lane County Tax Maps 17-3-26 NW SW,
17-3-27 NE SE, & 17-3-27 NW SE

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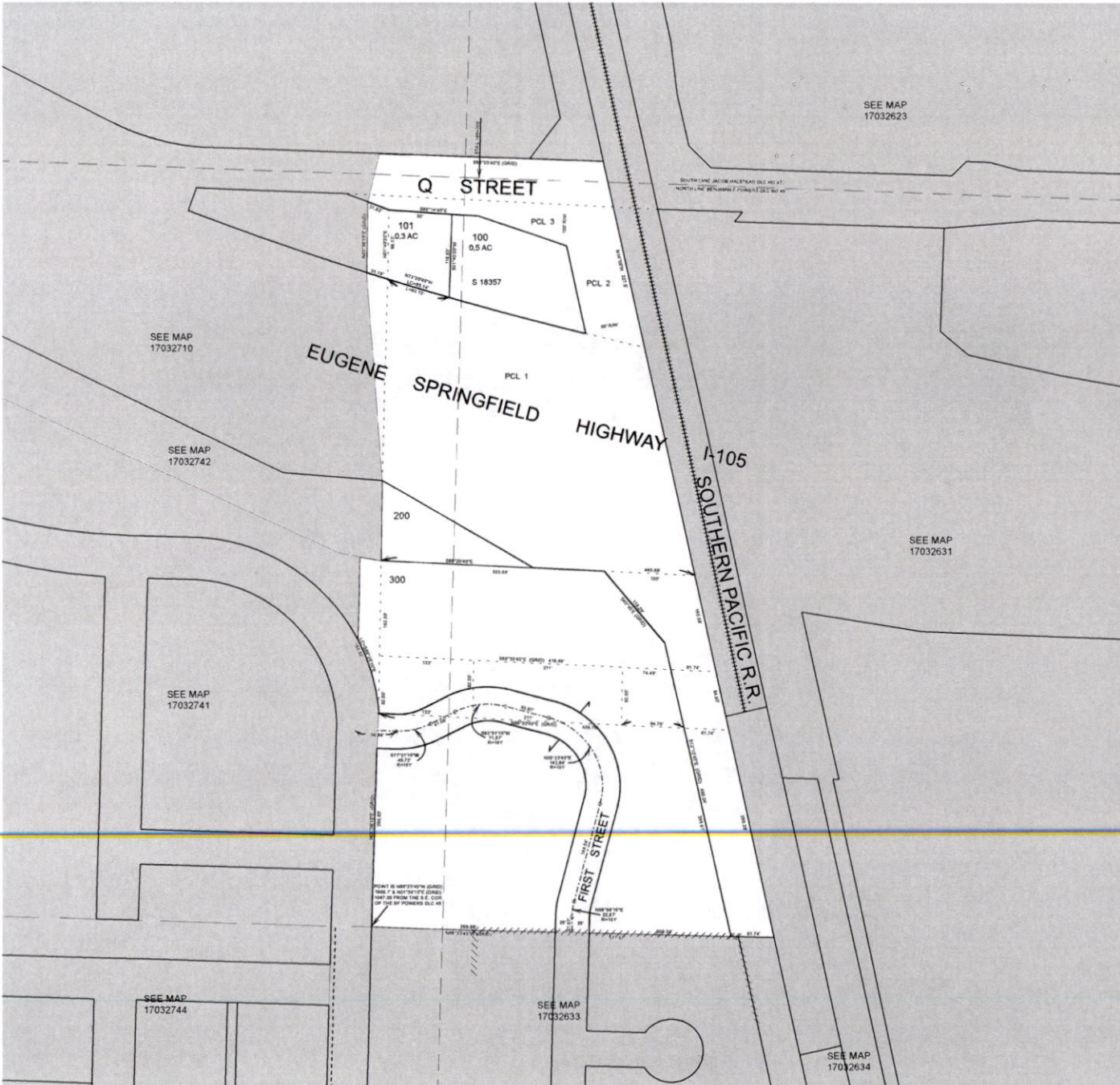
FOR ASSESSMENT AND TAXATION ONLY

N.W.1/4 S.W.1/4 SEC.26 T.17S. R.3W. W.M.
Lane County
1" = 100'

17032632
SPRINGFIELD

GIS DATA
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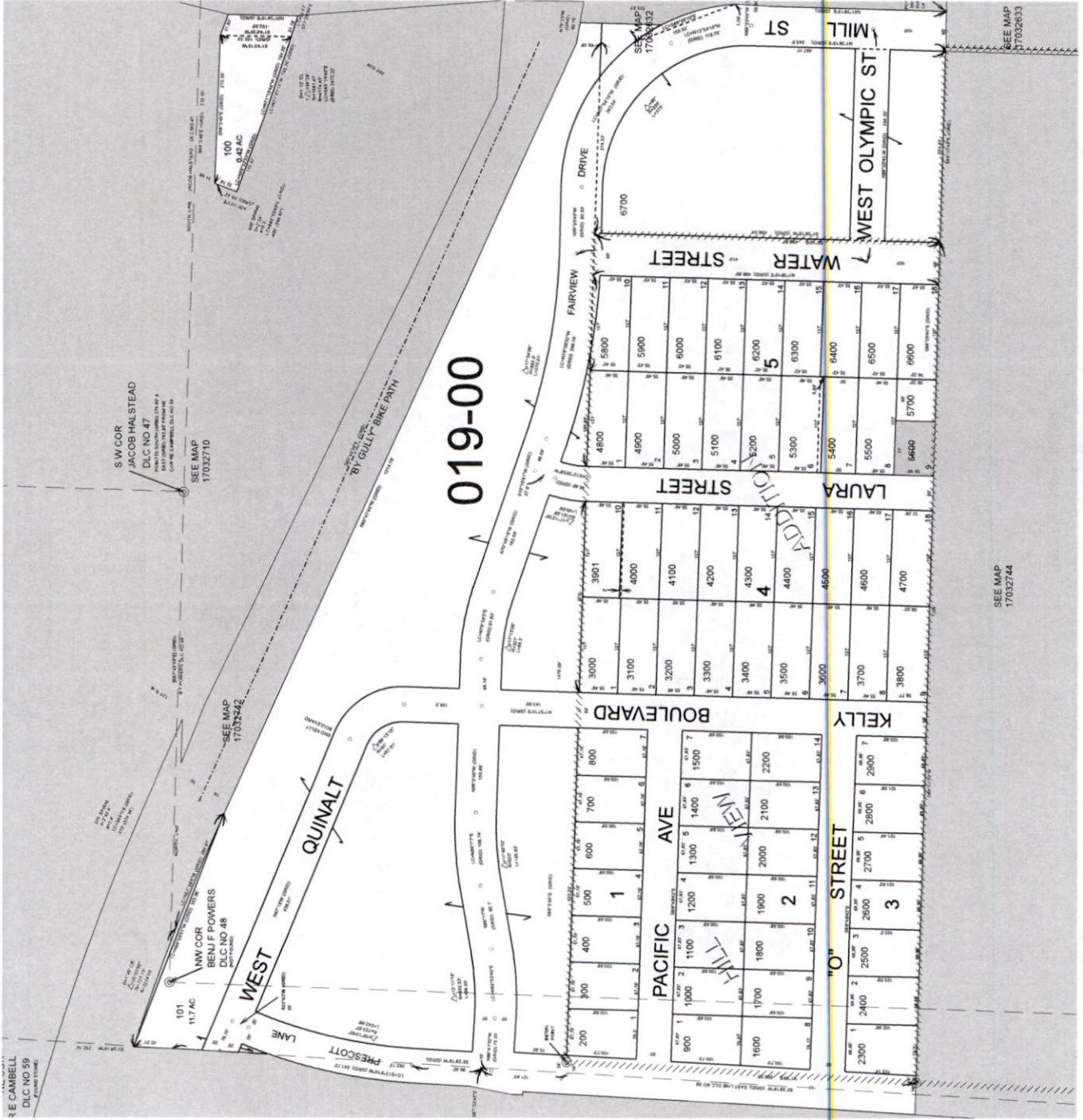
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N.E. 1/4 S.E. 1/4 SEC. 27 T.17S. R.3W. W.M.
Lane County

1" = 100'

FOR ASSESSMENT AND
TAXATION ONLY

CANCELLED



SEE MAP
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FOR ASSESSMENT AND TAXATION ONLY

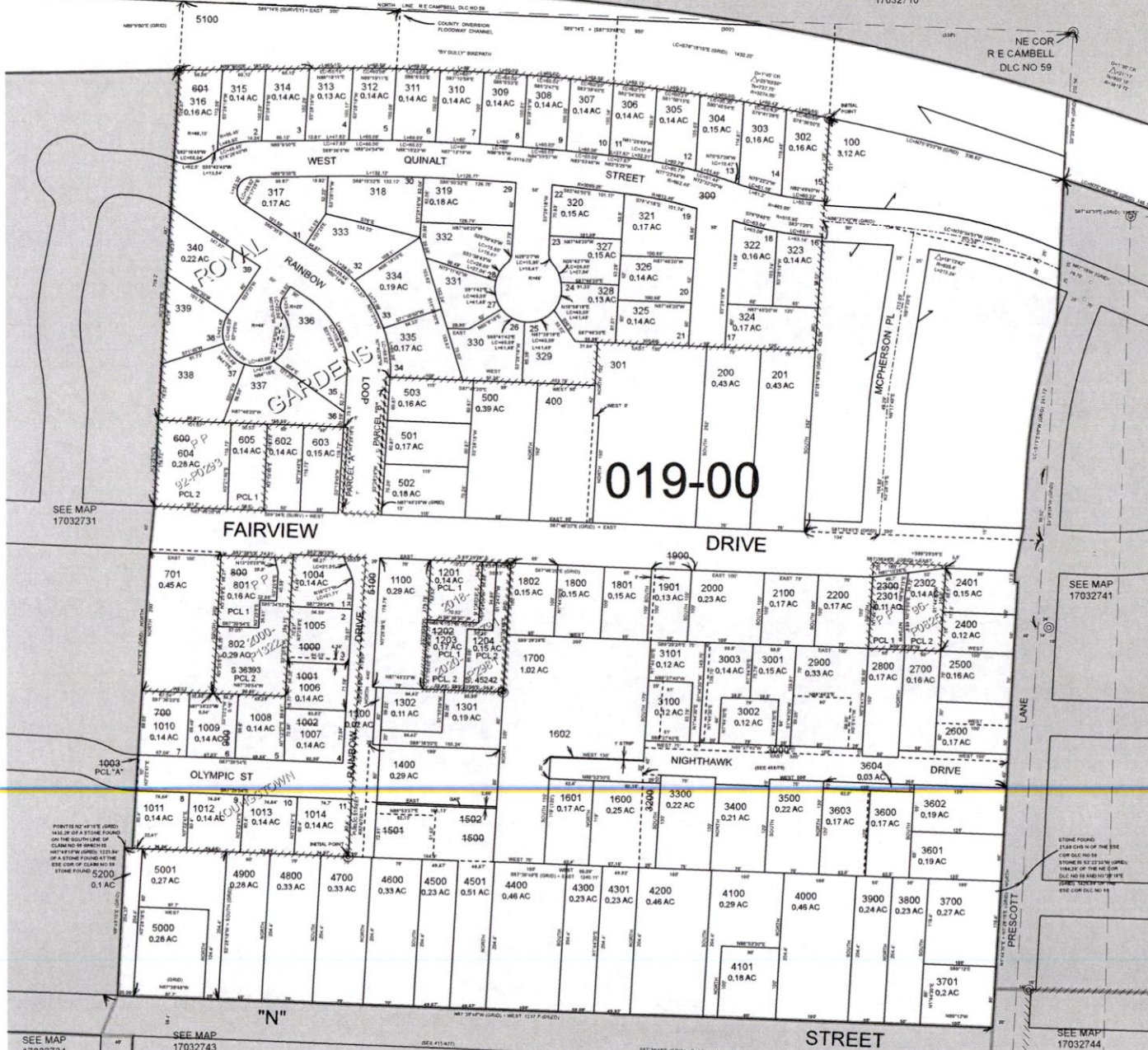
N.W.1/4 S.E.1/4 SEC. 27 T.17S. R.3W. W.M.
Lane County
1" = 100'

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SEE MAP
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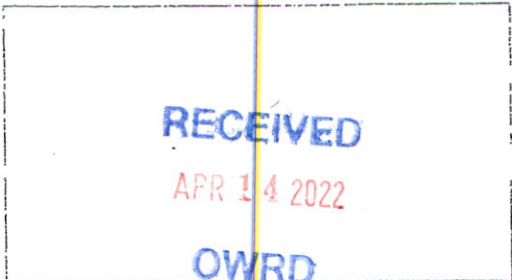
SEE MAP
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SPRINGFIELD
17032742

REVISIONS
08/04/2011 - LGAT 174 - CONVERT MAP TO GIS
04/22/2018 - LGAT 185 - CANC TL 1202 INTO 2020-P2781
04/23/2021 - LGAT 148 - CANC TL 1202 INTO 2020-P2781



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Housing Authority + Community Services Agency
of Lane County DBA Homes for Good Housing Agency 177 Day Island Rd
Engene OR
97401

Transaction Type: COBK

Fees Received: \$ 230.00

Cash Check: Check No. 21524

Name(s) on Check: Adkins Engineering & Surveying

Address on Check: 1435 Esplanade Ave
Klamath Falls OR 97601

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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: Judy Ferrell
(Name of OWRD staff)

Instructions for OWRD staff:

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