

**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](http://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)
<b>G-18714</b>	<b>G-18316</b>	<b>N/A</b>

**2. Property Owner (current owner information):**

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

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

PERMIT HOLDER OF RECORD <b>Same as above</b>		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**3/26/2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Chris Pace</b>	<b>3/26/2021</b>	<b>Johnson Controls, Inc. Representative</b>

**6. County:**

**Lane**

**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

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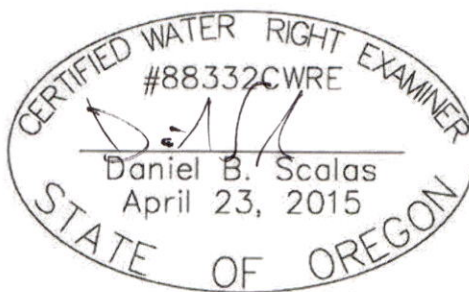
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**SECTION 2  
SIGNATURES**

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 <b>Daniel B. Scalas</b>		PHONE NO. <b>541-884-4666</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1435 Esplanade Ave.</b>			
CITY <b>Klamath Falls</b>	STATE <b>OR</b>	ZIP <b>97601</b>	E-MAIL <b>dscalas@adkinsengineering.com</b>

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 11:26 PDT)</small>	Jacob Fox	Executive Director	Jun 24, 2021

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**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)
<b>Well 1</b>	<b>LANE 77175</b>	<b>134095</b>

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)
<b>Well 1</b>	<b>Primary Irrigation</b>	<b>Landscaping</b>	<b>March 1 – October 31</b>	<b>0.04 CFS</b>
<b>Total Quantity of Water Used</b>				<b>0.04 CFS</b>

**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 appropriated from Well 1, which is then diverted through a flowmeter. From there, water is diverted south through 2" PVC buried pipe. The 2" piping connects to hose bibs for 16 housing units, a maintenance shop, and a community garden. These hose bibs are then hooked up to sprinklers to irrigate the authorized places of use in NE1/4 SE1/4 of Section 27.**

**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**

*(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.")*

**The permit allowed 3.5 acres of irrigation. The water user only developed 3.3 acres.**

**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
<b>Well 1</b>	<b>0.04 CFS</b>	<b>0.10 CFS</b>	<b>0.07 CFS</b>	<b>Irrigation</b>	<b>3.5</b>	<b>3.3</b>

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

**NO**

**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**

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

Removable turtle back well cap for 6" diameter casing 1.69' 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 77175

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

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

**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**

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos	225Q15-220	Unknown	Submersible

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**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)
1.5	34	21.11'	0.0'	0.10 CFS

**4. Provide pump calculations:**

See Attachment D for theoretical pump capacity and sprinkler calculations.

**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)
4,478 gallons	11,476 gallons	4.0 hours	0.07 CFS

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)
1/8"	50	3.2 GPM	21	21	0.15 CFS

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)?

NO

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**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe? 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 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	12/6/2019		
BEGIN CONSTRUCTION (A)	12/6/2024	2/5/2020	LANE 77175 constructed.
COMPLETE CONSTRUCTION (B)	N/A	N/A	N/A
COMPLETE APPLICATION OF WATER (C)	12/6/2024	3/31/2020	Flowmeter installed at Well 1 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? UNKNOWN

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/31/2020	Jonathan Shultz	E-tape	13.7' below land surface

### 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, in which 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

d. If "YES", were those measurements submitted to the Department? UNKNOWN

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/31/2020	Jonathan Shultz	E-tape	13.7' below land surface

**5. Pump Test:**

a. Is a pump test required? 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

**\*\*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

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

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	DLJ Meter	17 045778	Working	11,476 gallons	3/31/2020

**7. Recording and reporting conditions:**

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

**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 a Well Identification Number (Well ID tag) assigned and attached to the well? YES

WELL ID #	DATE ATTACHED TO WELL
L-134095	2/5/2020

d. Other conditions? NO

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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-18316
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 77175
Attachment F	Well Log LANE 77175
Attachment G	Lane County Tax Map 18-12-27

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## 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.**

### 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
- 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-18316**

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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-18714

SOURCE OF WATER: WELL 1 IN SIUSLAW RIVER BASIN

PURPOSE OR USE: IRRIGATION OF 3.5 ACRES

MAXIMUM RATE: 0.04 CUBIC FOOT PER SECOND

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: JULY 16, 2018

WELL LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
18 S	12 W	WM	27	NE SE	2490 FEET NORTH AND 882 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
18 S	12 W	WM	27	NE SE	3.50

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 Director may require the permittee to keep and maintain a record of the volume of water diverted, and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water-use information, the periods of water use and 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:**

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

### **Before Use of Water Takes Place**

#### Initial and Annual Measurements

The Department requires the permittee to report an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

### **After Use of Water has Begun**

#### Seven Consecutive Annual Measurements

Following the first year of water use, the user shall report seven consecutive annual static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require the user to obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

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 and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- A. Identify each well with its associated measurement; and
- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method used to obtain each well 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 non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until 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 senior water rights. The water user shall in no instance 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:**

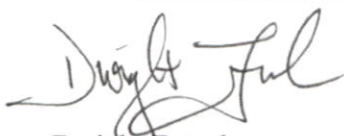
Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including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

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 DEC 06 2019



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

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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: 3/26/2021  
Laurelwood Well 1

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

---

## Data Entry (fill in underlined blanks)

---

HP = 1.5  
Efficiency = 7.04  
Lift = 21.11  
PSI = 34

## Results Calculated

---

(hp)(efficiency) = 10.56  
Head based on psi = 86.4  
Total dynamic head = 107.5  
(head + lift)

**Pump Capacity = 0.10 cubic feet per second**

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## **Sprinkler Capacity Calculator**

Date: 6/16/2021

Laurelwood Well 1

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### **Data Entry (fill in underlined blanks)**

---

Sprinkler group 1      Nozzle size = 1/8 inch  
  Pressure = 50 PSI  
  Number of heads = 21

---

### **Results calculated**

---

Sprinkler group 1 capacity =                      67.2 gpm, or    0.15 cfs

**Total sprinkler capacity =                      67.2 gpm, or    0.15 cfs**

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**ATTACHMENT E**  
**Pump Test for LANE 77175**

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**Owner Information:**

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

**Pump Test Conducted By (If Different From Owner):**

<b>TEST CONDUCTED BY NAME:</b> Daniel B. Scalas	<b>QUALIFICATION:</b> (SELECT) CWRE	<b>LICENSE #:</b> 88332
<b>COMPANY:</b> Adkins Engineering & Surveying, LLP	<b>PHONE NO.:</b> 541-884-4666	<b>ADDITIONAL CONTACT NO.:</b>
<b>ADDRESS:</b> 1435 Esplanade Ave.		
<b>CITY:</b> Klamath Falls	<b>STATE:</b> OR	<b>ZIP:</b> 97601
<b>E-MAIL:</b> 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 77175	L- 134095	Well 1	127'	Same as above	2/5/2020	3/26/2021

(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)
18S	12W	27	NE SE	2490' north & 880' west from the SE corner of Section 27	43.976969	-124.107123

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- 18714	G- 18316	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.

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

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

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

No Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: Hose bib less than 10 feet from the well  
How far from the pumped well was water discharged? 10 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.  
E-Tape: 500 \_\_\_\_\_ feet.

Length of air line (if used): \_\_\_\_\_

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

Pressure transducer (if used):

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

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible

HP: 1.5 Pump set at: Unknown feet.

Pump idle time: 20 hours

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: DJL Meter Serial #: 17 045778

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 1.69 feet.

Description (e.g., top port of 1 inch port pipe, west side) Removable turtle back well cap for 6" diameter casing

Time pump turned on: Date 3/26/2021 Time 8:46AM

Time pump turned off: Date 3/26/2021 Time 12:46PM

Total pumping time: 4 hours 0 minutes.

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

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

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

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

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

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-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](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: [Signature] DATE: 3/31/21

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 77175	L- 134095	Well 1	127'	Lane Housing Authority	2/5/2020	3/26/2021

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
3/26/2021	8:04AM	0	12.49'	0	Pre-test			
3/26/2021	8:24AM	0	12.49'	0	Pre-test			
3/26/2021	8:46AM	0	12.49'	0	Pre-test			Pump turned on
3/26/2021	8:48AM	2	19.73'	29 GPM	Pumping			
3/26/2021	8:50AM	4	20.01'		Pumping			
3/26/2021	8:52AM	6	20.18'		Pumping			
3/26/2021	8:54AM	8	20.31'		Pumping			
3/26/2021	8:56AM	10	20.38'		Pumping			
3/26/2021	9:01AM	15	20.54'		Pumping			
3/26/2021	9:06AM	20	20.59'	29 GPM	Pumping			
3/26/2021	9:11AM	25	20.66'		Pumping			
3/26/2021	9:16AM	30	20.73'		Pumping			
3/26/2021	9:31AM	45	20.81'		Pumping			
3/26/2021	9:46AM	60	20.89'	29 GPM	Pumping			
3/26/2021	10:01AM	75	20.93'		Pumping			
3/26/2021	10:16AM	90	20.95'		Pumping			
3/26/2021	10:31AM	105	21.00'		Pumping			
3/26/2021	10:46AM	120	21.02'	29 GPM	Pumping			
3/26/2021	11:01AM	135	21.04'		Pumping			
3/26/2021	11:16AM	150	21.06'		Pumping			
3/26/2021	11:31AM	165	21.07'		Pumping			
3/26/2021	11:46AM	180	21.09'	29 GPM	Pumping			
3/26/2021	12:01PM	195	21.10'		Pumping			
3/26/2021	12:16PM	210	21.11'		Pumping			
3/26/2021	12:31PM	225	21.11'		Pumping			
3/26/2021	12:46PM	240	21.11'	29 GPM	Pumping			Pump turned off
3/26/2021	12:48PM	242	14.02'		Recovery			
3/26/2021	12:50PM	244	13.61'		Recovery			
3/26/2021	12:52PM	246	13.40'		Recovery			
3/26/2021	12:54PM	248	13.30'		Recovery			Recovery at 90% drawdown

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**ATTACHMENT F**  
**Well Log LANE 77175**

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

LANE 77175

WELL I.D. LABEL# L 134095
START CARD # 1046255
ORIGINAL LOG #

2/12/2020

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company LANE HOUSING AUTHORITY C/O JOHNSON CONTROLS INC.
Address 103 WOODMERE RD SUITE 110
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

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

Depth of Completed Well 127.00 ft. Special Standard [ ] (Attach copy)

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

How was seal placed: Method [ ] A [ ] B [X] 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 a diagram of casing types.

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

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 a row for Screen Casing 5 107 127 .01 1000 6.

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, , 127, 1.

Temperature 59 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 140 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County LANE Twp 18.00 S N/S Range 12.00 W E/W WM
Sec 27 NE 1/4 of the SE 1/4 Tax Lot 800
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[ ] Street address of well [ ] Nearest address

1137 MAPLE ST FLORENCE

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 2/5/2020, , 14.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 14.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 2/5/2020, 14, 127, 100, 14.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes rows for Topsoil, Sand, Sand with Wood, Sand with Shells, Sand, Blue Clay. Includes 'RECEIVED APR 14 2022 OWRD' stamp.

Date Started 2/3/2020 Completed 2/5/2020

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1839 Date 2/12/2020

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. 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 1541 Date 2/12/2020

Signed CASEY JONES JR (E-filed)

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

**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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**ATTACHMENT G**  
**Lane County Tax Map 18-12-27**

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