

**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>

RECEIVED

MAY 25 2022

OWRD

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G- 12806	PERMIT # (IF APPLICABLE) G- 13522	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------	--------------------------------------	--

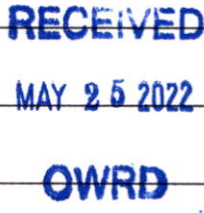
2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME PAUL B. FREEMAN		PHONE NO. 541-207-6750	ADDITIONAL CONTACT NO.
ADDRESS P.O. BOX 424			
CITY HARRISBURG	STATE OREGON	ZIP 97446	E-MAIL pgfreemanllc@gmail.com

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

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

PERMIT HOLDER OF RECORD PAUL B. FREEMAN			
ADDRESS P.O. BOX 424			
CITY HARRISBURG	STATE OREGON	ZIP 97446	

ADDITIONAL PERMIT HOLDER OF RECORD NA			
ADDRESS NA			
CITY NA	STATE NA	ZIP NA	

4. Date of Site Inspection:

8/31/2016

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
PAUL FREEMAN	8/31/2016	OWNER
GEORGE FREEMAN	8/31/2016	SON OF OWNER

6. County:

BENTON

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)):

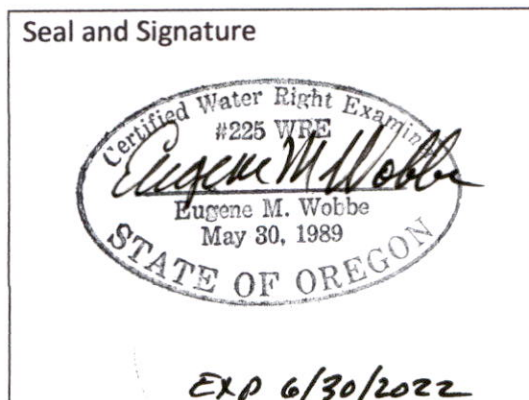
OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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.



RECEIVED

MAY 25 2022

OWRD

CWRE NAME EUGENE M. WOBBE		PHONE NO. 541-887-8411	ADDITIONAL CONTACT NO.
ADDRESS P.O. BOX 3093			
CITY FLORENCE	STATE OR	ZIP 97439	E-MAIL wobbe_assoc@msn.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
	George B Freeman	Personal Rep Paul B Freeman	5/25/2022

RECEIVED

MAY 25 2022

SECTION 3 CLAIM DESCRIPTION

OWRD

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)
POA	BENT 51323 WELL NO. 522	NA

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
POA	DODGE SLOUGH BASIN WITHIN WILLAMETTE BASIN	
	AND WILLAMETTE BASIN PROJECT RESERVOIR	

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)
POA	IRRIGATION	CORN/FESCUE	MARCH 1- OCTOBER 31	0.32 CFS
Total Quantity of Water Used				0.32 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:

A 30 HP ELECTRIC MOTOR CLOSE COUPLED TO A 4" CENTRIFUGAL PUMP DELIVERS WATER TO UP TO 42 SPRINKLERS WITH 3/16" NOZZLES THROUGH 6" DIAMETER ALUMINUM PIPE MAINLINE TO A 5" ALUMINUM PIPE WHEEL LINE. THIS SYSTEM IRRIGATES PERMIT G-13522 AND CERTIFICATE 30045.

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).

5. Variations:

Was the use developed differently from what was authorized by the permit, YES ~~NO~~
permit amendment final order, or extension final order? If yes, describe below.

(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.")

THE PERMIT AUTHORIZED 30.8 ACRES OF IRRIGATION. ONLY 25.6 ACRES IS UNDER IRRIGATION UNDER THIS PERMIT.

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
POA	0.39 CFS	1.01 CFS	0.66 CFS	IRRIGATION	30.8	25.6

MAY 25 2022

SECTION 4

SYSTEM DESCRIPTION

OWRD

~~YES~~ NO**Are there multiple POAs?**

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

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

NA

A. Place of Use**1. Is the right for municipal use?**~~YES~~ NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

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 ~~NO~~

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

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

ACCESS PORT IS 1" PIPE PLUG IN SOUTH SIDE OF WELL CASING.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
6"	29FT	29FT	4/11/1990	NA	PAUL FREEMAN	DONALD LOVING

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.

BENT51323 WELL NO. 522

C. Groundwater Source Information (Sump)

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

~~YES~~ NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

4. Provide sump volume calculations:

NA

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 ~~NO~~

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
CORNELL	4W-2	NA	CENTRIFUGAL	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
GENERAL ELECTRIC	30 HP

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)
30	70	15	3	1.01 CFS

MAY 25 2022

5. Provide pump calculations:

$$\frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$$

$$\frac{30 \times 6.61}{(15+3) + (70 \times 2.54)} = 1.01 \text{ CFS}$$

OWRD

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)
34218 (X1000) gal	34219 (x1000) gal	202 SECONDS	0.66 CFS

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

7. Is the distribution system piped?

YES ~~NO~~

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	900 FT	ALUMINUM IRRIGATION PIPE	ABOVE

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	1680	ALUMINUM IRRIGATION PIPE	ABOVE

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/16"	50	7.2	75	42	0.67 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)
NA					

MAY 25 2022

OWRD

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
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

E. Storage

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

~~YES~~ NO

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

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

~~YES~~ NO~~YES~~ NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
NA		

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
NA		

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

~~YES~~ NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
NA						

3. Provide calculations:

--

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
NA			

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

YES NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
NA								

3. Provide calculations:

NA

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
NA			

Attach measurement notes.

H. Additional notes or comments related to the system:

WELL, PUMP, PIPES AND SPRINKLERS USED FOR THIS WATER RIGHT ARE USED IN CONJUNCTION WITH USE UNDER CERTIFICATE 300545.

RECEIVED

MAY 25 2022

OWRD

SECTION 5 CONDITIONS

RECEIVED

MAY 25 2022

OWRD

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	10/28/1998		
BEGIN CONSTRUCTION (A)	10/28/1999	4/11/1990	WELL DRILLED
COMPLETE CONSTRUCTION (B)		3/31/2003	METER INSTALLED
COMPLETE APPLICATION OF WATER (C)	10/01/2003	5/31/2003	IRRIGATION OF CROPS

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

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

~~YES~~ NO

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

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

~~YES~~ NO

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

b. Were the Progress Reports submitted?

~~YES~~ NO

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

3. Initial Water Level Measurements:

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

~~YES~~ NO

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

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

NA

c. Was the measurement submitted to the Department?

~~YES~~ NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
4/22/2022	EUGENE WOBBE	ELECTRIC TAPE	9.0 BELOW GROUND SURFACE

4. Annual Static Water Level Measurements:

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

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

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

NA

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

~~YES~~ NO

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

~~YES~~ NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

YES ~~NO~~

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

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>
If "NO", items b through e relating to this section may be deleted.

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

~~YES~~ NO

- c. Is the pump test attached to this claim?

YES ~~NO~~

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

~~YES~~ NO

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

~~YES~~ NO**** 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 ~~NO~~*If "NO", items b through f relating to this section may be deleted.*

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

- b. Has a meter been installed?

YES ~~NO~~

- c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
METER	AQUAMASTER 900	50335	WORKING	34219X1000 GAL (8/31/2016)	3/31/2003

If a meter has been installed, items d through f relating to this section may be deleted.

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **YES** ~~NO~~

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
NA		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
NA		

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? ~~YES~~ ~~NO~~

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

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

a. Were there special well construction standards? **YES** ~~NO~~

b. Was submittal of a ground water monitoring plan required? ~~YES~~ **NO**

c. Was submittal of a water management and conservation plan required? ~~YES~~ **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? ~~YES~~ **NO**

WELL ID #	DATE ATTACHED TO WELL
NA	

e. Other conditions? **YES** **NO**

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

PERMIT REQUIRED USABLE ACCESS PORT ON WELL. ACCESS PORT IS INSTALLED.

RECEIVED

MAY 25 2022

OWRD

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
PUMP TEST FORM COVER SHEET	PUMP TEST FORM COVER SHEET
PUMP TEST FORM DATA SHEET	PUMP TEST FORM DATA SHEET

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.

A POST PROCESSED GPS SURVEY USING A TRIMBLE GEO XH 6000 WAS USED TO MAP THE PERIMETER OF THE IRRIGATED AREA AND MAKE A TIE TO THE EAST ONE-QUARTER CORNER OF SECTION 6 T15S, R4W, WM ON 8/31/2016.

RECEIVED

MAY 25 2022

OWRD

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 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
- ☐ 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

RECEIVED

MAY 25 2022

OWRD

RECEIVED

MAY 31 2022

OWRD

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LINN
PROBATE DEPARTMENT

In the Matter of the Estate of:

Case No.: 21PB04407

PAUL BENJAMIN FREEMAN,

Deceased.

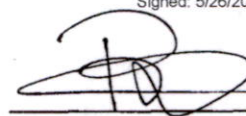
**LIMITED JUDGMENT ADMITTING
WILL TO PROBATE AND
APPOINTING PERSONAL
REPRESENTATIVE**

The Court accepts the Petition of George B. Freeman for the probate of the Will of the above-named decedent and accepts the allegations of the Petition. There is no just reason for delay in entering a limited judgment.

IT IS THEREFORE ORDERED AND ADJUDGED:

1. The Will dated May 31, 1994 and First Codicil dated June 24, 1994 are the Will and First Codicil of the decedent and are hereby admitted to probate;
2. George B. Freeman is hereby appointed as Personal Representative of the estate, to serve without bond; and
3. Letters Testamentary shall be issued forthwith to the Personal Representative in the manner provided by law.

Signed: 5/26/2021 05:01 PM



Circuit Court Judge, Rachel Kittson-MaQatish

RECEIVED

MAY 31 2022

OWRD

Submitted by:

Petitioner:

George B. Freeman
96620 Adams Lane,
Junction City, OR 97448
541-207-6750

Attorney for Proposed Personal Representative:

Joel T. Smith, OSB No. 176122
Schultz & Associates Law Center, PC
969 Willagillespie Road
Eugene, OR 97401
Phone: (541) 485-5515
Fax: (541) 485-5518
Email: joel@schultz-law.com

1 This proposed order or judgment is ready for judicial signature because:

- 2 1. ☐ Each party affected by this order or judgment has stipulated to the order or
3 judgment, as shown by each party's signature on the document being submitted.
- 4 2. ☐ Each party affected by this order or judgment has approved the order or judgment,
5 as shown by each party's signature on the document being submitted or by written
6 confirmation of approval sent to me.
- 7 3. ☐ I have served a copy of this order or judgment on each party entitled to service
8 and:
- 9 a. ☐ No objection has been served on me.
- 10 b. ☐ I received objections that I could not resolve with a party despite
11 reasonable efforts to do so. I have filed a copy of the objections I received and
12 indicated which objections remain unresolved.
- 13 c. ☐ After conferring about objections, [role and name of objecting party]
14 agreed to independently file any remaining objection.
- 15 4. ☒ Service is not required pursuant to subsection (3) of this rule, or by statute, rule, or
16 otherwise.
- 17 5. ☐ This is a proposed judgment that includes an award of punitive damages and notice
18 has been served on the Director of the Crime Victims' Assistance Section as required
19 by subsection (5) of this rule.
- 20 6. ☐ Other: _____.

21 DATED: 24th day of May, 2021

22 
23 Joel E. Smith, OSB No. 176122
24



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Paul Freeman		PHONE No.: 541-207-6750	ADDITIONAL CONTACT No.: George Freeman
ADDRESS: P.O. BOX 424			
CITY: HARRISBURG	STATE: OR	ZIP: 97446	E-MAIL: pgfreemanllc@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Eugene Wobbe	QUALIFICATION: (SELECT) CWRE	LICENSE #: 225
COMPANY: Wobbe & Associates, Inc	PHONE No.: 541-997-8411	ADDITIONAL CONTACT No.:
ADDRESS: P.O. Box 3093 (510 Kingwood Street)		
CITY: Florence	STATE: OR	ZIP: 97439
E-MAIL: wobbe_assoc@msn.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
BENT 51323	L-	522	29	Paul Freeman	4/11/1990	12/03/2014

(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)
15S	04W	6	NW/NW	1966 FT N & 4251 FT W fr E1/4 Sec 6	44.30041572	-123.22554204

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-1134	G-1047	T-	30045	☒ Yes ☐ No (Need MWE Form)
G-12006	G-13522	T-		☒ Yes ☐ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ 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: Adjacent field
How far from the pumped well was water discharged? 300 ft.

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

OWRD20200115



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: Electric Tape

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: 100 _____ 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: Centrifugal

HP: 30 Pump set at: 1 feet.

Pump idle time: 60 days

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: Aquamaster Serial #: 50335

Date Last Calibrated: unknown Units: 1000 gal

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 feet.

Description (e.g., top port of 1 inch port pipe, west side) trap door of 4" monitoring well 9 feet SW of subject well (Subject well case is directly connected to the pump. If port is opened, pump will lose prime. Water resources authorized use of the monitoring well for test in 2014)

Time pump turned on: Date 12/03/2014

Time 12:33:00 PM

Time pump turned off: Date 12/13/2014

Time 4:33:00 PM

Total pumping time: 4 hours :00 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

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: Erica M. Noble WRE DATE: 5/18/2022

OWNER SIGNATURE: George B. Linn DATE: 5/25/2022

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

OWRD 20200115



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: Electric Tape

Length of air line (if used): _____

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: 100 _____ feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: Aquamaster Serial #: 50335

Date Last Calibrated: unknown Units: 1000 gal

Pump Type: Centrifugal

HP: 30 Pump set at: 1 feet.

Pump idle time: 60 days

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 feet.

Description (e.g., top port of 1 inch port pipe, west side) trap door of 4" monitoring well 9 feet SW of subject well (Subject well case is directly connected to the pump. If port is opened, pump will lose prime. Water resources authorized use of the monitoring well for test in 2014)

Time pump turned on: Date 12/03/2014

Time 12:33:00 PM

Time pump turned off: Date 12/13/2014

Time 4:33:00 PM

Total pumping time: 4 hours :00 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=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfll-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: Eugene M. Wobbe WRE DATE: 5/18/2022

OWNER SIGNATURE: George Turner Jr. PBE DATE: 5/24/2022

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

OWRD 20200115



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Paul Freeman		PHONE No.: 541-207-6750	ADDITIONAL CONTACT No.: George Freeman
ADDRESS: P.O. BOX 424			
CITY: HARRISBURG	STATE: OR	ZIP: 97446	E-MAIL: pgfreemanllc@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Eugene Wobbe	QUALIFICATION: (SELECT) CWRE	LICENSE #: 225
COMPANY: Wobbe & Associates, Inc	PHONE No.: 541-997-8411	ADDITIONAL CONTACT No.:
ADDRESS: P.O. Box 3093 (510 Kingwood Street)		
CITY: Florence	STATE: OR	ZIP: 97439
E-MAIL: wobbe_assoc@msn.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
BENT 51323	L-	522	29	Paul Freeman	4/11/1990	12/03/2014

(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)
15S	04W	6	NW/NW	1966 FT N & 4251 FT W fr E1/4 Sec 6	44.30041572	-123.22554204

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-1134	G-1047	T-	30045	☒ Yes ☐ No (Need MWE Form)
G-12006	G-13522	T-		☒ Yes ☐ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ 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: Adjacent field
How far from the pumped well was water discharged? 300 _____ ft.

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

OWRD20200115



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
DATA SHEET
Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
BENT5123	L- NA	522	29	Paul Freeman	4/11/1990	12/03/2014

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, 0.67 CFS)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
12/03/2014	11:30	0	6.4	0	Pre-test			
12/03/2014	11:50	0	6.4	0	Pre-test			
12/03/2014	12:10	0	6.4	0	Pre-test			
12/03/2014	12:33	0	6.4	0	Pre-test			
12/03/2014	12:34	1	6.9	0.67 CFS	Pumping			
12/03/2014	12:35	2	7.05	0.67 CFS	Pumping			
12/03/2014	12:37	4	7.05	0.67 CFS	Pumping			
12/03/2014	12:39	6	7.05	0.67 CFS	Pumping			
12/03/2014	12:41	8	7.08	0.67 CFS	Pumping			
12/03/2014	12:43	10	7.0	0.67 CFS	Pumping			
12/03/2014	12:48	15	7.12	0.67 CFS	Pumping			
12/03/2014	12:53	20	7.12	0.67 CFS	Pumping			
12/03/2014	12:58	25	7.12	0.67 CFS	Pumping			
12/03/2014	1:03	30	7.12	0.67 CFS	Pumping			
12/03/2014	1:18	45	7.12	0.67 CFS	Pumping			
12/03/2014	1:33	60	7.10	0.67 CFS	Pumping			
12/03/2014	1:48	75	7.10	0.67 CFS	Pumping			
12/03/2014	2:03	90	7.10	0.67 CFS	Pumping			
12/03/2014	2:18	105	7.10	0.67 CFS	Pumping			
12/03/2014	2:33	120	7.07	0.67 CFS	Pumping			
12/03/2014	2:48	135	7.06	0.67 CFS	Pumping			
12/03/2014	3:03	150	7.04	0.67 CFS	Pumping			
12/03/2014	3:18	165	7.04	0.67 CFS	Pumping			
12/03/2014	3:33	180	7.04	0.67 CFS	Pumping			
12/03/2014	3:48	195	7.04	0.67 CFS	Pumping			
12/03/2014	4:03	210	7.04	0.67 CFS	Pumping			
12/03/2014	4:18	225	7.04	0.67 CFS	Pumping			
12/03/2014	4:33	240	7.04	0.67 CFS	Pumping			
12/03/2014	4:35	242	6.5	0	Recovery			
12/03/2014	4:37	244	6.4	0	Recovery			
12/03/2014	4:39	246	6.4	0	Recovery			
12/03/2014	4:41	248	6.4	0	Recovery			
12/03/2014	4:43	250	6.4	0	Recovery			
12/03/2014	4:48	255	6.4	0	Recovery			



OREGON
WATER
RESOURCES
DEPARTMENT

RECEIVED

MAY 25 2022

OWRD

PUMP TEST FORM
DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
BENT5123	L- NA	522	29	Paul Freeman	4/11/1990	12/03/2014

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, 0.67 CFS)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
12/03/2014	11:30	0	6.4	0	Pre-test			
12/03/2014	11:50	0	6.4	0	Pre-test			
12/03/2014	12:10	0	6.4	0	Pre-test			
12/03/2014	12:33	0	6.4	0	Pre-test ☐			
12/03/2014	12:34	1	6.9	0.67 CFS	Pumping ☐			
12/03/2014	12:35	2	7.05	0.67 CFS	Pumping ☐			
12/03/2014	12:37	4	7.05	0.67 CFS	Pumping ☐			
12/03/2014	12:39	6	7.05	0.67 CFS	Pumping ☐			
12/03/2014	12:41	8	7.08	0.67 CFS	Pumping ☐			
12/03/2014	12:43	10	7.0	0.67 CFS	Pumping ☐			
12/03/2014	12:48	15	7.12	0.67 CFS	Pumping ☐			
12/03/2014	12:53	20	7.12	0.67 CFS	Pumping ☐			
12/03/2014	12:58	25	7.12	0.67 CFS	Pumping ☐			
12/03/2014	1:03	30	7.12	0.67 CFS	Pumping ☐			
12/03/2014	1:18	45	7.12	0.67 CFS	Pumping ☐			
12/03/2014	1:33	60	7.10	0.67 CFS	Pumping ☐			
12/03/2014	1:48	75	7.10	0.67 CFS	Pumping ☐			
12/03/2014	2:03	90	7.10	0.67 CFS	Pumping ☐			
12/03/2014	2:18	105	7.10	0.67 CFS	Pumping ☐			
12/03/2014	2:33	120	7.07	0.67 CFS	Pumping ☐			
12/03/2014	2:48	135	7.06	0.67 CFS	Pumping ☐			
12/03/2014	3:03	150	7.04	0.67 CFS	Pumping ☐			
12/03/2014	3:18	165	7.04	0.67 CFS	Pumping ☐			
12/03/2014	3:33	180	7.04	0.67 CFS	Pumping ☐			
12/03/2014	3:48	195	7.04	0.67 CFS	Pumping ☐			
12/03/2014	4:03	210	7.04	0.67 CFS	Pumping ☐			
12/03/2014	4:18	225	7.04	0.67 CFS	Pumping ☐			
12/03/2014	4:33	240	7.04	0.67 CFS	Pumping ☐			
12/03/2014	4:35	242	6.5	0	Recovery ☐			
12/03/2014	4:37	244	6.4	0	Recovery ☐			
12/03/2014	4:39	246	6.4	0	Recovery ☐			
12/03/2014	4:41	248	6.4	0	Recovery ☐			
12/03/2014	4:43	250	6.4	0	Recovery ☐			
12/03/2014	4:48	255	6.4	0	Recovery ☐			