

**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

1. File Information:

APPLICATION # G-18848	PERMIT # (IF APPLICABLE) G-18364	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME William Tenbusch		PHONE NO. (541) 409-2350	ADDITIONAL CONTACT NO.
ADDRESS 36420 Hwy 228			
CITY Brownsville	STATE OR	ZIP 97327	E-MAIL wtenbusch@hotmail.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 William Tenbusch			
ADDRESS 36420 Hwy 228			
CITY Brownsville	STATE OR	ZIP 97327	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

4. Date of Site Inspection:

6-30-2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
William Tenbusch	6-30-2022	Owner

6. County:

Linn

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	

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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.



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

Permit Holder 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>William Tebusch</i>	William Tebusch	owner	7-25-2022

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SECTION 3

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CLAIM DESCRIPTION

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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 1	LINN 61779	L-120843
POA 2	LINN 63274	L-138955

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 1	Calapooia River	Willamette River
POA 2	Calapooia River	Willamette River

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 1	Irrigation	Hazelnuts, Wheat, Alyssum	Mar. 1 – Oct. 31	70 gpm
POA 2	Irrigation	Hazelnuts, Wheat, Alyssum	Mar. 1 – Oct. 31	20 gpm
Total Quantity of Water Used				90 gpm

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:

Water is pumped from POA 1 by a 5 HP submersible pump and from POA 2 by a 1.5 HP submersible pump. Water is delivered to the fields through an interconnected 4" PVC buried mainline. Water is applied to hazelnut crop by drip lines and to other crops by a small, high-pressure gun.

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, permit amendment final order, or extension final order? If yes, describe below. YES 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.")

The permit allowed 117.7 acres, but 114.5 acres were developed.

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 1	0.20 cfs	96 gpm	20.2 gpm*	Irrigation	117.7	114.5
POA 2	0.20 cfs	28 gpm	9.13 gpm*	Irrigation	117.7	114.5

*Not running at full capacity during onsite inspection.

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

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POA 1

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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
14S	2W	WM	3	SWSW		46	Irrigation	3.0	
14S	2W	WM	4	NESW		62	Irrigation	5.0	
14S	2W	WM	4	SESW		62	Irrigation	10.0	
14S	2W	WM	4	NESE		46	Irrigation	0.3	
14S	2W	WM	4	NWSE		46	Irrigation	4.1	
14S	2W	WM	4	NWSE		62	Irrigation	5.2	
14S	2W	WM	4	SWSE		46	Irrigation	23.1	
14S	2W	WM	4	SWSE		62	Irrigation	14.3	
14S	2W	WM	4	SESE		46	Irrigation	36.0	
14S	2W	WM	9	NENE		46	Irrigation	5.1	
14S	2W	WM	9	NWNE		46	Irrigation	3.3	
14S	2W	WM	9	NWNE		62	Irrigation	2.8	
14S	2W	WM	9	NENW		62	Irrigation	1.7	
14S	2W	WM	10	NWNW		46	Irrigation	0.6	
Total Acres Irrigated								114.5	

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 NO

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

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

3/4" threaded access port on SE side of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See attached well log.

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? YES 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 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
Franklin Electric	60FH5S4	16K1342997 54A	Submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	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)
5	60	8'	5'	0.213

5. Provide pump calculations:

$$Q = 5(7.04) / (152.4+8+5) = 35.2/165.4 = 0.213$$

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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)
The flow meter shows an instantaneous output in gpm. The system was watering only one block of hazelnuts and not operating at full capacity during the onsite inspection.			0.045

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
4"	1180'	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)
N/A					

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)
H5 18mm	45	0.0052	91,355	16,940	0.20

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~~ Gun Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Idrofoglia	151'	45	51 gpm	0.114

E. Storage

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

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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?

YES

 NO

G. Gravity Flow Canal or Ditch

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

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

YES

 NO

H. Additional notes or comments related to the system:

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

POA 2

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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
14S	2W	WM	3	SWSW		46	Irrigation	3.0	
14S	2W	WM	4	NESW		62	Irrigation	5.0	
14S	2W	WM	4	SESW		62	Irrigation	10.0	
14S	2W	WM	4	NESE		46	Irrigation	0.3	
14S	2W	WM	4	NWSE		46	Irrigation	4.1	
14S	2W	WM	4	NWSE		62	Irrigation	5.2	
14S	2W	WM	4	SWSE		46	Irrigation	23.1	
14S	2W	WM	4	SWSE		62	Irrigation	14.3	
14S	2W	WM	4	SESE		46	Irrigation	36.0	
14S	2W	WM	9	NENE		46	Irrigation	5.1	
14S	2W	WM	9	NWNE		46	Irrigation	3.3	
14S	2W	WM	9	NWNE		62	Irrigation	2.8	
14S	2W	WM	9	NENW		62	Irrigation	1.7	
14S	2W	WM	10	NWNW		46	Irrigation	0.6	
Total Acres Irrigated								114.5	

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 NO

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

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

3/4" threaded access port on N side of well cap.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
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See attached well log.

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? YES 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 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
Franklin Electric	20FA15S4	20K1405087 95A	Submersible		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	1.5

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)
1.5	60	5'	11'	0.063

5. Provide pump calculations:

$$Q = 1.5(7.04) / (152.4+5+11) = 10.56/168.4 = 0.063$$

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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)
The flow meter shows an instantaneous output in gpm. The system was watering only one block of hazelnuts and not operating at full capacity during the onsite inspection.			0.020

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
4"	1840'	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)
N/A					

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)
H5 18mm	45	0.0052	91,355	16,940	0.20

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~~ Gun Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Idrofoglia	151'	45	51 gpm	0.114

E. Storage

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

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YES 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?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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**SECTION 5
CONDITIONS**

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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	3-10-2020		
BEGIN CONSTRUCTION (A)	3-10-2025	March 2018	Began construction under limited license
COMPLETE CONSTRUCTION (B)	3-10-2025	May 2022	Completed irrigation system
COMPLETE APPLICATION OF WATER (C)	3-10-2025	June 2022	Irrigated all of area being claimed

* 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

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?

March

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. 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:

March

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

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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
POA 1	Seametrics	042017003126	Working	12,683,377	8-22-2016
POA 2	Seametrics	03214089	Working	2,226,007.8	9-23-2020

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

YES NO

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

a. Were there special well construction standards?

YES NO

b. Was submittal of a ground water monitoring plan required?

YES NO

c. Was 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
POA 1: L-120843	8-22-2016
POA 2: L-138955	9-23-2020

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):

d. Well ID tags were attached to the well casings by the well driller.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
2- Well Logs	POA 1 LINN 61779 / POA 2 LINN 63274
14- Pictures	Taken on 6-30-2022 at onsite inspection

SECTION 7 CLAIM OF BENEFICIAL USE MAP

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

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

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 6/28/2021

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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
- 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

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(1) LAND OWNER Owner Well I.D. DR-3214
First Name William Last Name TENBUSCH
Company
Address 110 Fields Court
City Brownsville State ORE Zip 97327

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

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stil Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Dia + From To Gauge Stil Plstc Wld Thrd

(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 Special Standard (Attach copy)
Depth of Completed Well 200 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	
10"	0	19	BENTONITE	0	19	23
6"	19	200				9

How was seal placed: Method A B C D E
 Other Pouco & Probes
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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
 6" + 1 119 250
Shoe Inside Outside Other Location of shoe(s) 119'
Temp casing Yes Dia 10" From 0 To 19'

(7) PERFORATIONS/SCREENS
Perforations Method HOLTE
Screens Type SLIT Material STEEL
Perf/S Casing Screen Scrn/slot Slot # of Tel/
creen Liner Dia From To width length slots pipe size
X 6" 90 112 1/4" 1" 528

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
60 110' 2 HRS
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 258
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 14 N/S Range 2 E/W/V/M
Sec 4 NE 1/4 of the SW 1/4 Tax Lot 1400
Tax Map Number Lot
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

36420 Hwy 228 Brownsville, ORE.

(10) STATIC WATER LEVEL
Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
Completed Well 8-22-16 = 20
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 95'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-19-16	95	107	60 GPM		-20'

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
CLAY - DK BROWN	1	5
CLAY - DK BROWN w/ GRAVEL	5	15
SAND & GRAVEL w/ CLAY - HARD	15	34
CLAY - GRAY w/ GRAVEL	34	36
CLAY - GRAY - HARD	36	41
CLAY - BLUE/GRAY	41	50
CONCRETE - CLAY	50	88
CLAY - GRAY - SANDY	88	91
GRAVEL w/ CLAY - GRAY	91	95
SAND & GRAVEL - BLACK	95	107
CLAY - BROWN/GRAY	107	112
CLAY - GRAY	112	121
CLAY - BROWN/GRAY	121	127
CLAY - GRAY w/ GRIT	127	136
CLAY - BROWN w/ GRIT	136	157
CLAY - GRAY w/ GRIT	157	202
CONCRETE CLAY	202	205
HOLE CAVED BACK 200'		

Date Started 8-18-16 Completed 8-22-16

(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 1974 Date 8-22-16
Signed C.J. Nubert

(bonded) Water Well Constructor Certification JUL 26 2022
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 1064 Date 9-22-16
Signed Chal D. Lupton
Contact Info (optional) _____

POA 2

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

LINN 63274
9/24/2020

WELL I.D. LABEL# L 138955
START CARD # 1049107
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. DR-3488
First Name WILLIAM Last Name TENBUSCH
Company TENBUSCH FARMS LLC
Address 36420 HIGHWAY 228
City BROWNSVILLE State OR Zip 97327

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

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

(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

Special Standard (Attach copy)
Depth of Completed Well 122.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	19	Bentonite	0	19	17	S
6	19	122				Calculated	8.67
						Calculated	

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

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/> 1.6	110	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 110

Temp casing Yes Dia 10 From + 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perforator

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrm/slot width	Slot length	# of slots	Telc/ pipe size
Perf	Casing	6	90	108	.25	1	432	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		105	1

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 258 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 2.00 W E/W WM
Sec 9 NW 1/4 of the NE 1/4 Tax Lot 1400
Tax Map Number _____ Lot _____
Lat _____ " or 44.37360600 DMS or DD
Long _____ " or -122.93541100 DMS or DD
 Street address of well Nearest address

36420 HIGHWAY 228
BROWNSVILLE OR. 97327

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/23/2020		18

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 94.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/23/2020	94	99	25		18

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay Dark Brown	0	4
Clay Brown Sticky	4	12
Clay Brown w/ Gravels	12	18
Gravels Blue w/ Clay	18	24
Gravels w/ Clay Gray	24	34
Clay Gray/Green w/ Gravels Silty	34	46
Clay Green w/ Pea Gravels	46	57
Gravels Blue w/ Clay Gray Sandy	57	64
Clay Gray Sticky w/ Gravels	64	71
Gravels Blue w/ Clay Sticky	71	74
Clay Brown w/ Sand Silty	74	85
Clay Gray	85	87
Gravels Blue w/ Clay Gray	87	94
Gravels Blue w/ Sand Silty	94	99
Clay Blue Packed	99	101
Clay Gray w/ Grit	101	122

Date Started 9/22/2020 Completed 9/23/2020

(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 1974 Date 9/23/2020

Signed CJ NUGENT (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 664 Date 9/24/2020

Signed CHARLES NUGENT (E-filed)

Contact Info (optional) Nugent Drilling Co. Lebanon Oregon