State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist

This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
For questions, please call (503) 986-0900, and ask for Transfer Section.

Check all items included with this application. (N/A = Not Applicable)

☒ Part 1 – Completed Minimum Requirements Checklist.

☒ Part 2 – Completed Transfer Application Map Checklist.

☒ Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801.

☒ Part 4 – Completed Applicant Information and Signature.

☒ Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 3 List them here: Certificate 15413, 54224, and 54225**
Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

☒ Completed Transfer Application Map.

☒ Completed Evidence of Use Affidavit and supporting documentation.

☐ ☒ N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)

☐ ☒ N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.

☒ ☐ N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.

☒ ☐ N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

☐ ☐ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500' from the surface water source and more than 1000' upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):
___ Application fee not enclosed/insufficient ___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete
___ Additional signature(s) required ___ Part _____ is incomplete
Other/Explanation _____
Staff: _____503-986-0___ Date: ____/____/____

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Your transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

☒ ☐ N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.

☒ ☐ N/A If **more than three** water rights are involved, separate maps are needed for each water right.

☒ Permanent quality printed with dark ink on good quality paper.

☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.

☒ A north arrow, a legend, and scale.

☒ The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.

☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.

☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.

☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.

☒ Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.

☒ Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.

☒ ☐ N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.

☒ Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.

☒ ☐ N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

	FEE WORKSHEET for PERMANENT TRANSFER		
1	Base Fee (includes one type of change to one water right for up to 1 cfs)	*1*	$1,160
2	Types of change proposed: ☒ Place of Use ☐ Character of Use ☒ Point of Diversion/Appropriation Number of above boxes checked = 2 (2a) Subtract 1 from the number in line 2a = 1 (2b) *If only one change, this will be 0* Multiply line 2b by $930 and enter » » » » » » » » » » » » » »	*2*	$930
3	Number of water rights included in transfer 3 (3a) Subtract 1 from the number in 3a above: 2 (3b) *If only one water right this will be 0* Multiply line 3b by $520 and enter » » » » » » » » » » » » » »	*3*	$1,040
4	Do you propose to add or change a well, or change from a surface water POD to a well? ☐ No: enter 0 » ☒ Yes: enter $410 »	*4*	$410
5	Do you propose to change the place of use or character of use? ☐ No: enter 0 on line 5 » ☒ Yes: enter the cfs for the portions of the rights to be transferred (see example below*): 1.49 (5a) Subtract 1.0 from the number in 5a above: 0.49 (5b) If 5b is 0 or less, enter 0 on line 5 » » » » » » » » » » » » » » » » If 5b is greater than 0, round up to the nearest whole number: 1 (5c) and multiply 5c by $350, then enter on line 5 » » » » » » » » »	*5*	$350
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	*6*	$3,890
7	Is this transfer: ☐ necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? ☐ endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 » If no box is applicable, enter 0 on line 7» » » » » » » » » » » » »	*7*	$0
8	Subtract line 7 from line 6 » » » » » » » » » » » » **Transfer Fee:**	*8*	$3,890

*Example for Line 5a calculation to transfer 45.0 acres of Primary Certificate 12345 (total 1.25 cfs for 100 acres) and 45.0 acres of Supplemental Certificate 87654 (1/80 cfs per acre) on the same land:

1. For irrigation calculate cfs for each water right involved as follows:
   a. Divide total authorized cfs by total acres in the water right *(for C12345, 1.25 cfs ÷100 ac)*; then multiply by the number of acres to be transferred to get the transfer cfs *(x 45 ac= 0.56 cfs)*.
   b. If the water right certificate does not list total cfs, but identifies the allowable use as 1/40 or 1/80 of a cfs per acre; multiply number of acres proposed for change by either 0.025 (1/40) or 0.0125 (1/80). *(For C87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs)*
2. Add cfs for the portions of water rights on all the land included in the transfer; however **do not count cfs for supplemental rights on acreage for which you have already calculated the cfs fee for the primary right on the same land.** The fee should be assessed only once for each "on the ground" acre included in the transfer. *(In this example, blank 5a would be only 0.56 cfs, since both rights serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0).*

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	FEE WORKSHEET for SUBSTITUTION		
1	Base Fee (includes change to one well)	*1*	$840.00
2	Number of wells included in substitution _____ (2a) Subtract 1 from the number in 3a above: _____ (2b) *If only one well this will be 0* Multiply line 2b by $410 and enter » » » » » » » » » » » » »	*2*	
3	Add entries on lines 1 through 2 above » » » » » **Fee for Substitution:**	*3*	NA

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Robert W. Gabriel			**(503) 873-1200**	
ADDRESS				FAX NO.
8474 Hazelgreen Rd NE				
CITY	STATE	ZIP	E-MAIL	
Silverton	**OR**	**97381**		
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
Doann Hamilton/Pacific Hydro-Geology, Inc.			**(503) 632-5016**	**(503) 349-6946 (cell)**
ADDRESS				FAX NO.
18487 S. Valley Vista Road				**(503) 632-5983**
CITY	STATE	ZIP	E-MAIL	
Mulino	**OR**	**97042**	**phgdmh@gmail.com**	
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.				

Explain in your own words what you propose to accomplish with this transfer application, and why:
We wish to move water rights from property on the east side of the Pudding River to get better coverage on property located on the west side of the Pudding River.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

☐ Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Check One Box

☒ By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**

☐ I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**

☐ I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

I understand that prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Wilsonville Spokesman.

I (we) affirm that the information contained in this application is true and accurate.

Applicant Signature	Print Name *and title if applicable*	Date
	Robert A Gabriel	1/15/19
Applicant Signature	Print Name *and title if applicable*	Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? ☒ Yes ☐ No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the water right(s) were conveyed.*

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Check the following boxes that apply:

☒ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.

☐ The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.

☐ Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? ☐ Yes ☒ No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: http://www.oregon.gov/owrd/docs/transfer-propertytransactions.pdf

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

Describe any special ownership circumstances here: **NA**

☐ Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip**: **Complete and attach Supplemental Form D.**)

IRRIGATION DISTRICT NAME **NA**	ADDRESS	
CITY	STATE	ZIP

☐ Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME **NA**	ADDRESS	
CITY	STATE	ZIP

To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME **Clackamas Co. Department of Transportation and Development, Planning Division**	ADDRESS **150 Beavercreek Road**	
CITY **Oregon City**	STATE **Oregon**	ZIP **97045**

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 15413

Description of Water Delivery System

System capacity: **0.11** cubic feet per second (cfs) **OR**

_____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped for POD 2 using a 15 Hp portable Honda pump. A 6-inch portable mainline is attached to the Honda pump and extended east. Three-inch portable aluminum hand lines are attached to the mainline extending north-south with impact sprinklers every 40 feet.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
POD 1	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	SE	TL 1700	Measurements not stated in certificate
POD 2	☒ Authorized ☐ Proposed	NA	3	S	1	E	31	NW	NE	TL 400	Measurements not stated in certificate
POD 3	☐ Authorized ☒ Proposed	NA	3	S	1	E	30	SW	NE	TL 500	2,330 feet south and 1,790 feet west from the NE corner Section 30.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- ☒ Place of Use (POU)
- ☐ Character of Use (USE)
- ☒ Point of Diversion (POD)
- ☐ Additional Point of Diversion (APOD)
- ☐ Surface Water POD to Ground Water POA (SW/GW)
- ☐ Supplemental Use to Primary Use (S to P)
- ☐ Point of Appropriation/Well (POA)
- ☐ Additional Point of Appropriation (APOA)
- ☐ Substitution (SUB)
- ☐ Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

☒ Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

☐ No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.	Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 15413

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES. List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											
Twp		Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp		Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													POU, POD	3	S	1	E	30	SW	NW	1000, 1200	NA	8.4	IR	POD 3	8-15-1939
TOTAL ACRES:																							8.4				

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Additional remarks: **The SWNW and NWSW of section 30 are larger than the standard 40.0-acre quarter-quarter section. The cadastral and tax maps show T.3S R.1E Section 30 SWNW to total 44.26 acres and NWSW to total 44.11 acres.**

There is currently an underlying permit, Permit G-17557, that conflicts with this transfer. Upon approval of this transfer application, along with the issuance of a new groundwater permit being concurrently proposed, we will cancel Permit G-17557.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? ☒ Yes ☐ No

If YES, list the certificate, water use permit, or ground water registration numbers: **Permit G-17557 (on "to" lands – see comment above).**

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # **NA;**
Surface water primary Certificate # **NA.**

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # **NA**

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation: NA

☐ Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.
Tip: You may search for well logs on the Department's web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

☐ Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specifi rate (cfs or gpm). If less han full rate water right
NA										

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 54224

Description of Water Delivery System

System capacity: **0.69** cubic feet per second (cfs) **OR**

_____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is conveyed from the authorized POD using a centrifugal 30 Hp pump to convey water through a 6-inch portable mainline. Hydrants are attached to this mainline where a hard hose traveler can be attached to irrigate the place of use.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼	¼	Tax Lot, DLC or Gov't. Lot	Measured Distances (from a recognized survey corner)
POD 1	☒ Authorized ☐ Proposed	**NA**	**3**	**S**	**1**	**E**	**30**	**SW**	**SE**	**TL 1500**	**1,000 feet north and 2,080 feet west from SE corner, Section 30.**
POD 3	☐ Authorized ☒ Proposed	**NA**	**3**	**S**	**1**	**E**	**30**	**SW**	**NE**	**TL 500**	**2,330 feet south and 1,790 feet west from the NE corner Section 30.**

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- ☒ Place of Use (POU)
- ☐ Character of Use (USE)
- ☒ Point of Diversion (POD)
- ☐ Additional Point of Diversion (APOD)
- ☐ Surface Water POD to Ground Water POA (SW/GW)
- ☐ Supplemental Use to Primary Use (S to P)
- ☐ Point of Appropriation/Well (POA)
- ☐ Additional Point of Appropriation (APOA)
- ☐ Substitution (SUB)
- ☐ Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

☒ Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

☐ No Complete all of Table 2 to describe the portion of the water right to be changed.

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.	Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 54224

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES. List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											
Twp		Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp		Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
													POU, POD,	3	S	1	E	30	SW	NW	1000, 1200	NA	6.66	IR	POD 3	4-11-1974
													POU, POD,	3	S	1	E	30	NE	SW	1100	NA	6.2	IR	POD 3	4-11-1974
													POU, POD,	3	S	1	E	30	NW	SW	1000, 1200	NA	42.34	IR	POD 3	4-11-1974
TOTAL ACRES:													TOTAL ACRES:										55.2			

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Additional remarks: **The SWNW and NWSW of section 30 are larger than the standard 40.0-acre quarter-quarter section. The cadastral and tax maps show T.3S R.1E Section 30 SWNW to total 44.26 acres and NWSW to total 44.11 acres.**

There is currently an underlying permit, Permit G-17557, that conflicts with this transfer. Upon approval of this transfer application, along with the issuance of a new groundwater permit being concurrently proposed, we will cancel Permit G-17557.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? ☒ Yes ☐ No

If YES, list the certificate, water use permit, or ground water registration numbers: **Certificate 54225 (on "from" lands); and Permit G-17557 (on "to" lands – see comment above).**

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # **NA;**
Surface water primary Certificate # **NA.**

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # **NA**

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation: NA

☐ Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.
Tip: You may search for well logs on the Department's web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

☐ Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specifi rate (cfs or gpm). If less han full rate water right
NA										

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 54225

Description of Water Delivery System

System capacity: **1.09** cubic feet per second (cfs) **OR**

_____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at sometime within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **The authorized well is an excavated well (sump) where a 30 Hp centrifugal pump is used to pump the water through a portable 6-inch mainline running east-west with hydrants to attach hard hose travelers to irrigate the place of use.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	☒ Authorized ☐ Proposed	CLAC 9792	3	S	1	E	30	SE	SE	TL 1500	880 feet north and 350 feet west from SE corner, Section 30.
Well 2	☐ Authorized ☒ Proposed	MARI 67037	3	S	1	E	30	SW	NW	TL 1200	2,470 feet south and 75 feet east from NW corner, Section 30.
Well 3	☐ Authorized ☒ Proposed	CLAC 20355	3	S	1	E	30	SW	NW	TL 1000	1,560 feet south and 1,400 feet east from NW corner, Section 30.
Well 4	☐ Authorized ☒ Proposed	CLAC 20344	3	S	1	E	30	SW	NW	TL 1000	2,170 feet south and 1,400 feet east from NW corner, Section 30.
Well 5	☐ Authorized ☒ Proposed	CLAC 59086	3	S	1	E	30	SW	NE	TL 500	1,645 feet south and 1,605 feet west from NE corner, Section 30.
Well 6	☐ Authorized ☒ Proposed	NA	3	S	1	E	30	SE	NW	TL 1100	1,560 feet south and 1,560 feet east from NW corner, Section 30.
Well 7	☐ Authorized ☒ Proposed	NA	3	S	1	E	29	SW	SW	TL 900	450 feet north and 90 feet east from SW corner, Section 29.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- ☒ Place of Use (POU)
- ☐ Character of Use (USE)
- ☐ Point of Diversion (POD)
- ☐ Supplemental Use to Primary Use (S to P)
- ☒ Point of Appropriation/Well (POA)
- ☐ Additional Point of Appropriation (APOA)

☐ Additional Point of Diversion (APOD)
☐ Substitution (SUB)
☐ Surface Water POD to Ground Water POA (SW/GW)
☐ Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

☒ Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.

☐ No Complete all of Table 2 to describe the portion of the water right to be changed.

Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.	Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 54225

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES. List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.											
Twp	Rng	Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date
											POU, POA,	3	S 1	E	30	SW	NW	1000, 1200	NA	6.66	IS	Wells 2,3,4,5,6	4-11-1974
											POU, POA,	3	S 1	E	30	NE	SW	1100	NA	6.2	IS	Wells 2,3,4,5,6	4-11-1974
											POU, POA,	3	S 1	E	30	NW	SW	1000, 1200	NA	42.34	IS	Wells 2,3,4,5,6	4-11-1974
											POA	3	S 1	E	29	SW	SW	900	NA	27.0	IR	Well 7	4-11-1974
											POA	3	S 1	E	29	SE	SW	900	NA	4.6	IR	Well 7	4-11-1974
TOTAL ACRES:												TOTAL IR ACRES:								31.6		
												TOTAL IS ACRES:								55.2		

Additional remarks: **The SWNW and NWSW of section 30 are larger than the standard 40.0-acre quarter-quarter section. The cadastral and tax maps show T.3S R.1E Section 30 SWNW to total 44.26 acres and NWSW to total 44.11 acres.**

There is currently an underlying permit, Permit G-17557, that conflicts with this transfer. Upon approval of this transfer application, along with the issuance of a new groundwater permit being concurrently proposed, we will cancel Permit G-17557.

Note: Well 3 (CLAC 20355) might need to be rehabilitated to produce the desired rate. If at that time the desired rate is not achieved, proposed Well 6 will be drilled as a replacement well within 100 feet of the existing Well 3 (CLAC 20355).

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? ☒ Yes ☐ No

If YES, list the certificate, water use permit, or ground water registration numbers: **Certificate 54224 (on "from" lands); and Permit G-17557 (on "to" lands – see comment above).**

Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # NA;
Surface water primary Certificate # NA.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # NA

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

☒ Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.
Tip: You may search for well logs on the Department's web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

☒ Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less than full rate of water right
Authorized Well 1	**Yes**	**CLAC 9792**	**See Well Log CLAC 9792**							
Proposed Well 2	**Yes**	**MARI 67037**	**See Well Log MARI 67037**							
Proposed Well 3	**Yes**	**CLAC 20355**	**See Well Log CLAC 20355**							

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -specific rate (cfs or gpm). If less han full rate of water right
Proposed Well 4	**Yes**	**CLAC 20344**	**See Well Log CLAC 20344**							
Proposed Well 5	**Yes**	**CLAC 59086**	**See Well Log CLAC 59086**							
Proposed Well 6	**No**	**NA**	**180 feet**	**12 inch**	**TBD**	**TBD**	**TBD**	**NA**	**Alluvial**	**400 gpm**
Proposed Well 7	**No**	**NA**	**60 feet**	**16 inch**	**TBD**	**TBD**	**TBD**	**NA**	**Alluvial**	**400 gpm**

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Application for Water Right
Transfer
Evidence of Use Affidavit

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
) ss
County of CLACKAMAS)

I, ROBERT GABRIEL, in my capacity as OWNER / OPERATOR,

mailing address 8474 HAZELGREEN RD NE, SILVERTON, OR 97381

telephone number (503) 873-1200, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

☒ Personal observation ☐ Professional expertise

2. I attest that:

☒ Water was used during the previous five years on the **entire** place of use for Certificate # 15413, 54224, AND 54225; **OR**

☐ My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

☐ Confirming Certificate # ____ has been issued within the past five years; **OR**

☐ Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: ____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**

☐ The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.

☐ Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # ____(For Historic POD/POA Transfers)

(continues on reverse side)

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3. The water right was used for: (e.g., crops, pasture, etc.): ROW CROPS

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Signature of Affiant

Date 1/15/19

Signed and sworn to (or affirmed) before me this 15th day of January, 2019.

OFFICIAL STAMP
JENNA RAE PERLENFEIN
NOTARY PUBLIC - OREGON
COMMISSION NO. 973580
MY COMMISSION EXPIRES MAY 2, 2022

Notary Public for Oregon

My Commission Expires: May 2, 2022

Supporting Documents	Examples
☐ Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of **confirming** water right certificate that shows issue date
☐ Copies of receipts from sales of irrigated crops or for expenditures related to use of water	• Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
☐ Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	• District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
☒ Aerial photos containing sufficient detail to establish location and date of photograph	Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added. Sources for aerial photos: OSU –www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com
☐ Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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CLAC 009792

WATER WELL REPORT
STATE OF OREGON

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WATER RESOURCES DEPARTMENT

State Well No. 35/1E-30 db

State Permit No. .....

WATER RESOURCES DEPARTMENT GENERATED COPY

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:
Name LeRoy Beals
Address 7488 Mt. Angel Hwy
City Silverton State Or 97381

(2) TYPE OF WORK (check):
New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air ☐ Driven ☐
Rotary Mud ☐ Dug ☒
Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐
Thermal: ☐ Withdrawal ☐ Reinjection ☐

(5) CASING INSTALLED:
Steel CMP ☒ Threaded ☐ Plastic ☐ Welded ☐
48 " Diam. from 0 ft. to 20 ft. Gauge .....
..... " Diam. from ..... ft. to ..... ft. Gauge .....

LINER INSTALLED:
..... " Diam. from ..... ft. to ..... ft. Gauge .....

(6) PERFORATIONS:
Perforated? ☒ Yes ☐ No
Type of perforator used
Size of perforations in. by in.
Knife perforations from 12 ft. to 20 ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☐ No
Manufacturer's Name .....
Type ..... Model No. .....
Diam. ..... Slot Size ..... Set from ..... ft. to ..... ft.
Diam. ..... Slot Size ..... Set from ..... ft. to ..... ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom?
approx 350 gal./min. with 15 ft. drawdown after hrs.
" " " "
Air test gal./min. with drill stem at ft. hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ..... ft.

(9) CONSTRUCTION:
Special standards: Yes ☐ No ☐
Well seal—Material used Owner
Well sealed from land surface to previous ft.
Diameter of well bore to bottom of seal 20 in.
Diameter of well bore below seal 20 in.
Number of sacks of cement used in well seal ..... sacks
How was cement grout placed? by hand
Dug many years
Was pump installed? Cent. Type 30 HP ..... Depth ..... ft.
Was a drive shoe used? ☐ Yes ☐ No Plugs ..... Size: location ..... ft.
Did any strata contain unusable water? ☐ Yes ☐ No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☐ No Size of gravel: .....
Gravel placed from ..... ft. to ..... ft.

(10) LOCATION OF WELL:
County Clackamas Driller's well number
NW ¼ SE ¼ Section 30 T. 3S R. 1E, WM W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.
Depth at which water was first found ft.
Static level 1' in spring ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing .....
Depth drilled ft. Depth of completed well ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Estimate of material			
0 – 12 topsoil	0	12	1'
12 – 20 sand & gravel	12	20	

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LeRoy Beals

Work started 19 Completed 19
Date well drilling machine moved off of well 19

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] ..... Date ....., 19.....
(Drilling Machine Operator)
Drilling Machine Operator's License No. .....

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name .....
(Person, firm or corporation) (Type or print)
Address .....
[Signed] .....
(Water Well Contractor)
Contractor's License No. ..... Date ....., 19.....

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion.

SP*12658-690

12110

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16 CLAC 20344

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

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WATER RESOURCES DEPT.
SALEM, OREGON

3S/1E/30 bc

(START CARD) # 79230

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

(1) OWNER: Well Number 2

Name TOM THOMSEN

Address 25355 N.E. GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[ ] Domestic [ ] Community [ ] Industrial [XX] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [XX] No Depth of Completed Well 120 ft.

Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
14 3/4	0	90	cement	0	30	17 sks.
10"	90	120	drill gel	30	70	-----
			cement	70	90	11 sks.
8"	120	363	see #12			13 sks.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10"	+1	91	250	[X]	[ ]	[X]	[ ]
	8"	83	92	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	8"	98	104	250	[X]	[ ]	[X]	[ ]
	8"	116	120	250	[X]	[ ]	[X]	[ ]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method

[X] Screens Type slotted Material stainless steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
92	98	.050		8"	pipe	[ ]	[X]
104	116	.030		8"	pipe	[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

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

Yield gal/min	Drawdown	Drill stem at	Time
130	25'		4hr.

Temperature of water 53°F Depth Artesian Flow Found

Was a water analysis done? [ ] Yes By whom

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

Township 3S N or S Range 1E E or W. WM.

Section 30 SW 1/4 NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

25355 N.E. Glass Rd., Aurora, 97002

(10) STATIC WATER LEVEL:

50' ft. below land surface. Date 6-14-95

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 92'

From	To	Estimated Flow Rate	SWL
92	98	-----	50'
105	116	130 gpm	50'

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Topsoil	0	1	
Soft brown silty clay	1	16	
Soft brn. sandy clay w/sand seams	16	31	
Fine sand w/occ. pea gravel	31	40	
Brown clay	40	44	
Fine gray-brown sand w/clay streaks	44	64	
Fine gray-blk. &brn. sand	64	85	
Gray-brown silty clay	85	92	
Coarse gravel w/sand	92	98	50'
Sticky blue-gray clay	98	105	
Fine-coarse blk. sand w/pea gravel	105	116	50'
Sticky gray & gray-brn. clay	116	190	
Sticky blue-gray clay	190	194	
Soft gray clay w/occ. sand seams	194	243	
Sticky gray clay w/silty streaks	243	363	

Date started 6-2-95 Completed 6-14-95

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Melvin Bigsby Date 6-16-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed Date 6-16-95

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JUN 21 1995

WATER RESOURCES DEPT.
SALEM, OREGON

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

CLAC 20344

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

(START CARD) # 79230

(1) OWNER: Well Number 2

Name TOM THOMSEN

Address 25355 N.E. GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 120 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

Township 3S N or S Range 1E E or W. WM.

Section 30 SW 1/4 NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora 97002

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Well completed @ 120'			
Hole was abandoned below 120'			
cement	120	135	4 sks
drill gel	135	235	
cement	235	250	4 sks
drill gel	250	345	
cement	345	363	5 sks

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Date started 6-2-95 Completed 6-14-95

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Date 6-16-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed Date 6-16-95

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WATER RESOURCES DEPT
SALEM, OREGON

35/1E/30

Page 1 of 2

16 CLAC 20355

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

(START CARD) # 79223

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

(1) OWNER: Well Number #1

Name TOM THOMSEN

Address 25355 NE GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[ ] Domestic [ ] Community [ ] Industrial [X] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 130 ft.

Explosives used [ ] Yes [XX] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
13½	0	130	cement/gel	0	25'	16 sks.
			drill gel	25	75	-----
			cement	75	85	3 sks.
8"	130	343	see #12			12 sks.

How was seal placed: Method [ ] A [ ] B [XX] C [ ] D [ ] E

[ ] Other

Backfill placed from ____ ft. to ____ ft. Material ____

Gravel placed from 85 ft. to 130 ft. Size of gravel #8 sand

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1	101	.250	[X]	[ ]	[X]	[ ]
	8"	125	130	.250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method ____

[X] Screens Type slotted Material stainless steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
101	125	.040		8"	pipe	[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

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

Yield gal/min	Drawdown	Drill stem at	Time
110		100'	1 hr.

Temperature of water 53 °F Depth Artesian Flow Found ____

Was a water analysis done? [ ] Yes By whom ____

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other ____

Depth of strata: ____

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude ____ Longitude ____

Township 3S N or S Range 1E E or W. WM.

Section 30 ____ 1/4 ____ 1/4

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora, OR 97002

(10) STATIC WATER LEVEL:

62 ft. below land surface. Date 6-17-95

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 101'

From	To	Estimated Flow Rate	SWL
101	123	110 gpm	62'

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(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Topsoil	0	1	
Soft brown silty clay	1	24	
Fine-coarse brown sand	24	84	
Soft gray silty clay	84	88	
Fine-coarse sand	88	99	
Coarse gravel w/sand	99	106	62'
Fine-coarse sand w/pea grave	1106	117	"
Wood & gravel	117	123	62'
Sticky gray silty clay	123	134	
Sticky blue-gray & brown clay	134	146	
Sticky brn. & gray brn. clay	146	197	
Fine-coarse black sand	197	203	
Sticky gray &blue-gray clay	203		
w/soft streaks		343	
Well completed @ 130'			
Hole was abandon below 130'			
cement	343	330	3 sks.
gel	330	250	
cement	250	235	4 sks.

Date started 5-25-95 Completed 6-17-95

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Mel Bigsby Date 6-20-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed ____ Date 6-20-95

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WATER RESOURCES DEPT
SALEM, OREGON

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

(START CARD) # 79223

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

(1) OWNER: Well Number #1

Name TOM THOMSEN

Address 25355 NE GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[ ] Domestic [ ] Community [ ] Industrial [X] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 130 ft.

Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[ ] Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method

[ ] Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water Depth Artesian Flow Found

Was a water analysis done? [ ] Yes By whom

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

Township 3S N or S Range 1E E or W. WM.

Section 30 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora, OR 97002

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
gel	235	150	
cement	150	130	5 sks.

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Date started 5-25-95 Completed 6-17-95

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Date 6-20-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed Date 6-20-95

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13112

CLAC 59086

STATE OF OREGON Arrow 03-009-A
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL ID # L 61589
START CARD # 153779

(1) LAND OWNER:
Well Number: _____
Name: Thomas L. Thomsen
Address: 25355 NE Glass Road
City: Aurora State: OR Zip: 97002

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐Yes ☒No
Depth of Completed Well 263.2
Explosives Used ☐Yes ☒No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	sacks or pounds
16"	0	150	bent chps	0	1	2 bags
			cement	1	150	120 bags
12"	150	280				

How was seal placed: Method ☐A ☐B ☒C ☐D ☐E
☒ Other bent chips poured-probed
Backfill placed from _____ to _____ Material _____
Gravel placed from 177 to 280 Size of gravel 8-12 sand

(6) CASING/LINER:
CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12"	+18"	185	.375	☒	☐	☒	☐
8"	176.6	180.6	.250	☒	☐	☒	☐
8"	183.1	186.1	.250	☒	☐	☒	☐
8"	196.6	226.6	.250	☒	☐	☒	☐

LINER:

8"	247.1	263.2	.250	☒	☐	☒	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of Shoe(s): 280' cut off

(7) PERFORATIONS/SCREENS:
☐Perforations Method: _____
☒Screen Type: v-wire Material: stainless 304

From	To	Slot Size	No.	Tele/pipe Diameter	size	Casing	Liner
180.6	183.1	60		8"	pipe	☐	☒
186.1	196.6	50		8"	pipe	☐	☒
226.6	247.1	50		8"	pipe	☐	☒
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒Pump ☐Bailer ☐Air ☐Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
226	52'		1 hr.
216	67'		4 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? _____ By whom: _____
Did any strata contain water not suitable for intended use? (explain)
_____
Depth of Strata:_____

ARROW DRILLING 503-538-4422

(9) LOCATION OF WELL by legal description:
County: clack Latitude: _____ Longitude: _____
Township: 3S Range: 1E
Section: 30 SW ¼ NE ¼
Tax Lot: 500 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) intersection of Browndale and Glass Roads

(10) STATIC WATER LEVEL:
110 Ft. below land surface Date 4/19/03
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90'

From	To	Est. Flow Rate	SWL
90	112	10 to 15 gpm	dnm
187	194	100 to 150 gpm	110
238	246	50 to 100 gpm	110

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
top soil	0	1	
brown silty sand	1	112	
green/blue clay	112	118	
tan clay w/tan sandstone	118	133	
tan sandstone w/a lot of wood	133	187	
course sand black w/small gravel	187	194	
blue gray clay sticky	194	221	
gray clay w/sand and small gravel	221	238	
sand gray	238	246	
clay gray stiff	246	280	

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Date Started: 3/13/03 Completed: 4/19/03

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1483
Signed _____ Date 7/5/03

ORIGINAL - Water Resources Department FIRST COPY - Constructor SECOND COPY - Customer

13112

MARI 67037

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

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

WELL I.D. LABEL# L 127210
START CARD # 214193
ORIGINAL LOG #

MARI 67037

(1) LAND OWNER Owner Well I.D. #1
First Name Robert Last Name Gabriel
Company
Address 8474 Hazelgreen Rd
City Silverton State OR Zip 97381

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	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/Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 160 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
16	0	46	Bentonite	0	32	468	S
12	46	163			Calculated	22	
6	163	236	Cement	32	46	105	S
					Calculated	7	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other bent. placed dry
Backfill placed from 175 ft. to 236 ft. Material cement
Filter pack from 97 ft. to 175 ft. Material css Size 6/9
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	Stl	Plstc	Wld	Thrd
●	○	12	X	2	97	250	●	○	X	
○	●	8		55	95	250	●	○	X	
○	●	8		155	160	250	●	○	X	
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 16
Temp casing [X] Yes Dia 16 From + [X] 1 To 46

(7) PERFORATIONS/SCREENS
Perforations Method v wire
Screens Type Material stainless

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen		8	95	155	.065			8

(8) WELL TESTS: Minimum testing time is 1 hour
(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400	43		6

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 117 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description) MARI 67037
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 1000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
25130 Eilers Rd., Aurora

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	09-06-2017			43

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 43

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
			400			43
all water bearing zones below SWL						

(11) WELL LOG Ground Elevation

Material	From	To
soil brown	0	1
silt brown	1	20
sand brown with some gravel	20	24
silt brown	24	35
sand brown	35	38
silt brown	38	48
silt & sand brown	48	63
sand brown fine	63	84
sand brown with gravel	84	89
sand black with gravel	89	112
packed silt grey hard	112	116
clay green	116	118
sand grey blue	118	128
sand grey & green	128	141
packed silt grey	141	145
sand grey	145	154
clay grey with sand	154	156
clay green & grey sticky	156	174
clay brown & grey	174	200

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Date Started 06-07-2017 Completed 09-06-2017

(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 1358 Date 09-22-2017
Signed

(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 688 Date 09-22-2017 RECEIVED BY OW
Signed
Contact Info (optional) NOV 13 2017

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK. Form Version: 0.95

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MARI 67037

WATER SUPPLY WELL REPORT - continuation page

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

WELL I.D. LABEL# L 127210
START CARD # 214193
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To
clay green & brown sticky	200	205
clay grey	205	230
silt green & grey	230	236

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Comments/Remarks

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MARI 67037

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:
Name: Robert Gabriel
Address: 8474 Hazelgreen Rd
County: Clackamas
City: Silverton State: OR Zip: 97381

Well Location:
Township: 3 S Range: 1 E
Section: 30 ¼: SW 1/16 NW 1/64: NE
Well depth: 160.0 Date drilled: 9/6/17
Owners well no. (if any):
Original owner (from well log): POD ID:

Water Right Information:
Application: Permit: Certificate:
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: Permit: Certificate:
Application: Permit: Certificate:

Pump Test:
Test Conducted by: Steve Stadell Well Owner? ☐ Yes
Company: Westerberg Drilling Inc
Address: 36728 S. Kropf Rd Date of Test: 08/17/2017
City: Molalla State: OR Zip: 97038
Daytime phone: 503-829-2526

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used):

Pump type (pick one or enter other method used): Submersible 30 hp
Was the pump test conducted during normal use of the well? ☐ Yes Note: new well test

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: no
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test:

Is there a lake, stream or other surface water body within ¼ mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: ft Approx. elevation difference: ft

Well elevation is surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side)
3/4" pvc pipe @ well head
Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
10:20 am	45.20	42.50
10:40 am	45.30	42.30
11:00 am	45.20	42.20

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
11:00 am	400.00	gpm (gallons per minute)
12:00 pm	400.00	gpm (gallons per minute)
1:00 pm	400.00	gpm (gallons per minute)
2:00 pm	400.00	gpm (gallons per minute)
3:00 pm	400.00	gpm (gallons per minute)

Time pump turned on: Date 08/17/2017 Time 11:00 am
Time pump turned off: Date 08/17/2017 Time 5:00 pm
Total pumping time: 6 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.
Additional forms can be obtained from our web site at: http://www.wrd.state.or.us OWRD 2/9/2000

Required Signature: Steven M. Stadell

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