



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

Application for Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

This permit amendment 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.

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

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed 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 Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: G-17644 (Attachment A)
 Please include a separate Part 5 for each permit. (See instructions on page 6)
- Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- N/A Oregon Water Resources Department's Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. 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. (Attachment B)
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. (Attachment C)
- 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 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Part _____ is incomplete
<input type="checkbox"/> Additional signature(s) required	
Other/Explanation _____	
Staff: _____ 503-986-0_____	Date: ____/____/____

Part 2 of 5 – Permit Amendment Map Checklist

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

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

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- N/A If **more than three** permits are involved, separate maps for each permit.
- 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 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 use permit, 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 permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, 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 use 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°).

Part 3 of 5 – Fee Worksheet

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	1	\$1,160
2	Types of change proposed: <input type="checkbox"/> Place of Use <input checked="" type="checkbox"/> Point of Diversion/Appropriation Number of above boxes checked = <u>1 (2a)</u> Subtract 1 from the number in line 2a = <u>0 (2b)</u> <i>If only one change, this will be 0</i> Multiply line 2b by \$930 and enter » » » » » » » » » » » » » » » »	2	\$0
3	Number of permits included in Permit Amendment <u>1 (3a)</u> Subtract 1 from the number in 3a: <u>0 (3b)</u> <i>If only one permit this will be 0</i> Multiply line 3b by \$520 and enter » » » » » » » » » » » » » » » »	3	\$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? <input type="checkbox"/> No: enter 0 » <input checked="" type="checkbox"/> Yes: enter \$410 »	4	\$410
5	Do you propose to change the place of use? <input checked="" type="checkbox"/> No: enter 0 on line 5 » <input type="checkbox"/> Yes: enter the cfs for the portions of the permits to be amended (see example below*): _____ (5a) Subtract 1.0 from the number in 5a above: _____ (5b) If 5b is 0, enter 0 on line 5 » If 5b is greater than 0, round up to the nearest whole number: _____ (5c) and multiply 5c by \$350, then enter on line 5 » » » » » » » » » »	5	\$0
6	Add entries on lines 1 through 5 above » » » » » » » » » » Subtotal:	6	\$1,570
7	Is this permit amendment: <input type="checkbox"/> necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? <input type="checkbox"/> 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 » » » » » » » » » » Permit Amendment Fee:	8	\$1,570

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

- For irrigation calculate cfs for each permit involved as follows:
 - Divide total authorized cfs by total acres in the permit (*for S-12345, 1.25 cfs ÷ 100 ac*); then multiply by the number of acres to be changed to get the application cfs (*x 45 ac = 0.56 cfs*).
 - If the water right permit 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 S-87654, 45.0 ac x 0.0125 cfs/ac = 0.56 cfs*)
- Add cfs for the portions of permits on all the land included in the application; however **do not count cfs for supplemental permits on acreage for which you have already calculated the cfs fee for the primary permit on the same land**. The fee should be assessed only once for each “on the ground” acre included in the application. (*In this example, blank 5a would be only 0.56 cfs, since both permits serve the same 45.0 acres. Blank 5b would be 0 and Line 5 would then also become 0*).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME City of Scappoose		PHONE NO. (503) 543-7146	ADDITIONAL CONTACT NO.
ADDRESS 33568 E Columbia Avenue		FAX NO.	
CITY Scappoose	STATE OR	ZIP 97056	E-MAIL dsykes@cityofscappoose.org
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.			

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

AGENT/BUSINESS NAME GSI Water Solutions, Inc., Attn: Robyn Cook		PHONE NO. (971) 200-8505	ADDITIONAL CONTACT NO.
ADDRESS 55 SW Yamhill Street, Ste. 300		FAX NO.	
CITY Portland	STATE OR	ZIP 97204	E-MAIL rcook@gsiws.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 permit amendment; and why: This permit amendment is being submitted to add additional points of appropriation. These additional proposed POAs are included allow the City to develop the full extent of the water right in the future. The permittee has added several proposed POAs to provide flexibility because this area will be developed over the next several years. Final well locations will be determined based on accessibility as development progresses.

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)

Is the applicant the permit holder of record? Yes No

If NO, include either:

- A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), **OR**
- An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? Yes No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? 10/1/2050

- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

- Prior to Department approval of the permit amendment, 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 permit 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: [The Columbia County Spotlight](#).



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

[Signature]
Applicant Signature

Alexandra Rains, Interim City Manager 11/6/2020
Print Name (and Title if applicable) / Date

Applicant Signature

Print Name (and Title if applicable)

Date

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Check one of the following:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

Check the appropriate box, if applicable:

- Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

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

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME City of Scappoose	ADDRESS 33568 E Columbia Ave.	
CITY Scappoose	STATE OR	ZIP 97056

ENTITY NAME Columbia County	ADDRESS 230 Strand Street	
CITY St. Helens	STATE OR	ZIP 97051

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Part 5 of 5 – Water Use Permit Information

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

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PERMIT # G-17644

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

POD/POA Name or Number	Is this POD/POA Authorized by the permit 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)
MR-1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	COLU 51685	3	N	1	W	7	SE	NW	100	380 feet North and 3,700 feet West from the East ¼ corner, Section 7
MR-2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	COLU 52428	3	N	1	W	7	SE	NW	100	370 feet North and 3,490 feet West from the East ¼ corner, Section 7
MR-3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	COLU 52612	3	N	1	W	7	SE	NW	100	2,475 feet South and 1,795 feet East from the NW corner, Section 7
CZ-1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	L102163	3	N	1	W	7	SW	NW	100	1,590 feet South and 680 feet East from the NW corner of Section 7
CZ-2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	N/A	3	N	1	W	7	NW	NW	100	900 feet South and 1,120 feet East from the NW corner of Section 7
CZ-3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	N/A	3	N	1	W	7	SE	NW	103	1,410 feet South and 1,855 feet East from the NW corner of Section 7
MP-1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	N/A	3	N	1	W	7	NE	SE	1200	2,330 feet North and 1,345 feet East from the SW corner of Section 7
Well Option 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	7	NW	NE	103	700 feet South and 2,230 feet West from the NE corner of Section 7
Well Option 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	7	NE	NW	103	820 feet South and 2,725 feet West from the NE corner of Section 7
Well Option 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	7	NW	NE	103	280 feet South and 1,820 feet West from the NE corner of Section 7
Well Option 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	6	NW	SW	503	1,580 feet North and 950 feet East from the SW corner of Section 6
Well Option 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	6	SW	SW	500	870 feet North and 1,100 feet East from the SW corner of Section 6
Well Option 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	6	NW	NE	200	885 feet South and 1,785 feet West from the NE corner of Section 6
Well Option 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	6	NW	SE	505	2,390 feet North and 1,640 feet West from the SE corner of Section 6
Well Option 8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	N/A	3	N	1	W	6	SW	SE	504	1,010 feet North and 1,630 feet West from the SE corner of Section 6

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

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- Yes Complete only the proposed ("to" 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 permit to be changed.

For a change in place of use: Not Applicable

Does the permit holder of record own or control the land TO which the place of use is being moved?

Yes No

If NO, the landowner of the land TO which the place of use is being moved **must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? Yes No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

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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 Use Permit # G-17644

List the change proposed for the acreage in each 1/4 1/4. 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										PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Proposed Changes (see "CODES" from previous page)											
Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng	Sec	1/4	Tax Lot	Gvt Lot or DLC	Acre(s) (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
EXAMPLE																				
2	S	9	E	15	NE	NW	100		POD #1	2	S	9	E	15	NW	NW	100	1	10.0	POD #5
"	"	"	"	"	"	"	"	"	POD #2	"	"	"	"	"	"	"	"	"	"	POD #6
							EXAMPLE													MR-1, MR-2, MR-3, CZ-1, MP-1, Well Option 1, Well Option 2, Well Option 3, Well Option 4, Well Option 5, Well Option 6, Well Option 7, Well Option 8
TOTAL ACRES										TOTAL ACRES										
										APOA										
										Entire Place of Use										

Additional remarks: _____

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Are there other water rights certificates, water use permits or ground water registrations associated with the “from” or “to” lands? Yes No

If YES, list the other certificate, permit, or ground water registration numbers: The City’s other water rights include T-12586, G-17643, GR-926, 5573, 42700. The authorized used is municipal use, so other water rights are not ‘lavered.’



If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

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

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- 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
MR-1	Yes	COLU 51685	190'	6", 5.5"	+2-170'	0-19	170-190'	8' bgs	Sand and gravel	
MR-2	Yes	COLU 52428	197'	16", 12"	0-145', 130-142', 187-197'	0-32'	142-187'	8' 4" bgs	Sand and gravel	
MR-3	Yes	COLU 52612	203'	16", 12", 10"	0-165', 140-160', 194-201'	0-30'	160-194'	7.5' bgs	Sand and gravel	
CZ-1	Yes	L102163	185'	16" 12"	+3-140' 131-185'	0-45'	131-185'	28' bgs	Sand and gravel	

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
CZ-2	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
CZ-3	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
MP-1	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 1	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 2	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 3	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 4	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 5	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 6	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 7	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	
Well Option 8	No		200'	16", 12"	0-140'	0-30'	140-190'	Unk	Sand and gravel	

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Water Delivery System

From 2020 Water System Master Plan Update

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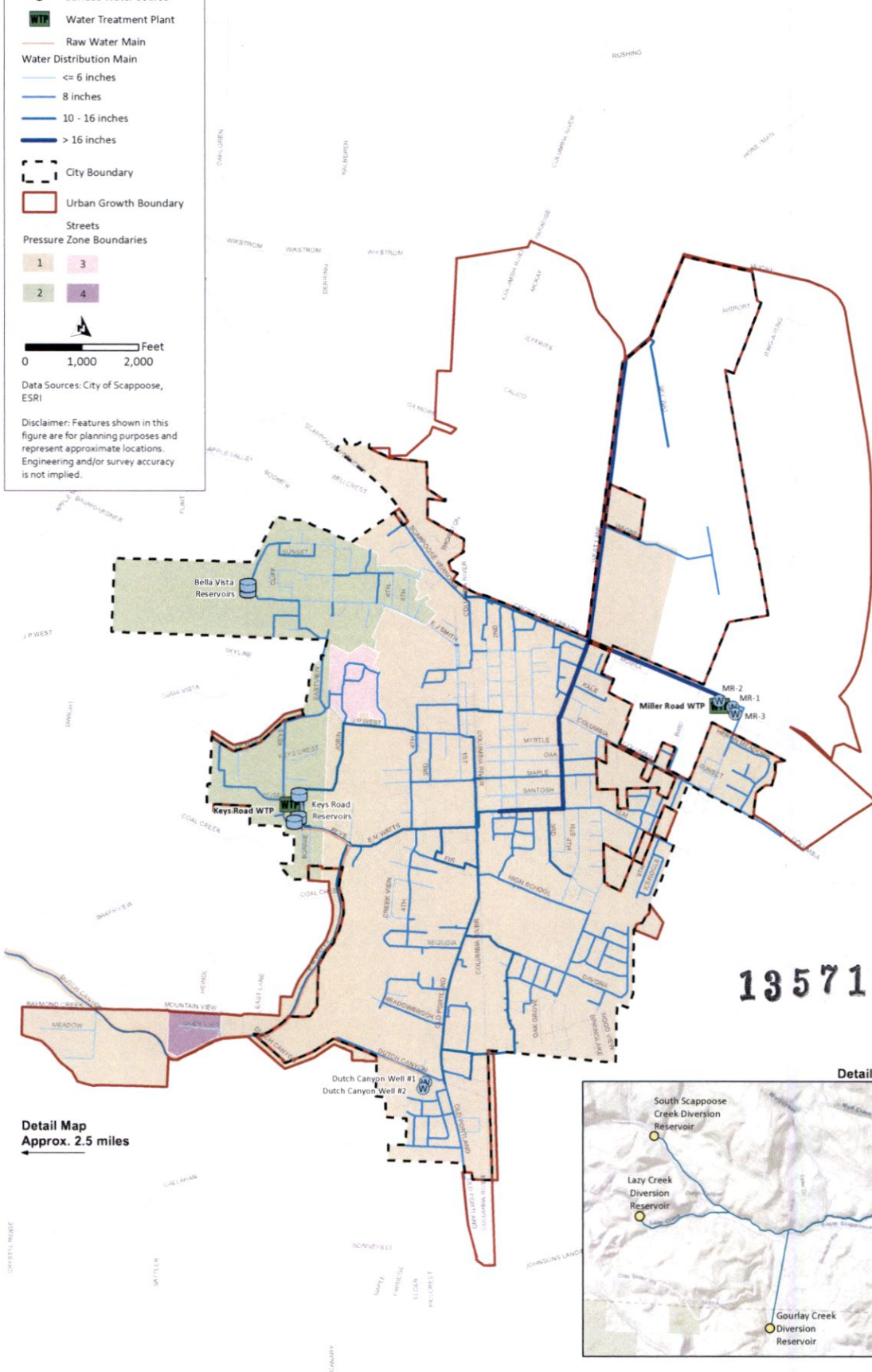
Legend

- Reservoir
- Well
- Surface Water Source
- Water Treatment Plant
- Raw Water Main
- Water Distribution Main**
 - <= 6 inches
 - 8 inches
 - 10 - 16 inches
 - > 16 inches
- City Boundary
- Urban Growth Boundary
- Streets**
- Pressure Zone Boundaries**
 - 1
 - 3
 - 2
 - 4

Feet
0 1,000 2,000

Data Sources: City of Scappoose, ESRI

Disclaimer: Features shown in this figure are for planning purposes and represent approximate locations. Engineering and/or survey accuracy is not implied.



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Detail Map
Approx. 2.5 miles

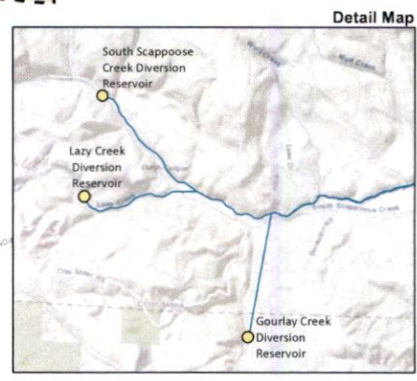


Figure 2.1 City of Scappoose Water System

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Attachment A

Water Right Information

Permit Amendment Application G-17644

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STATE OF OREGON
 COUNTY OF COLUMBIA

DRAFT PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CITY OF SCAPPOOSE
 33568 E COLUMBIA AVE
 SCAPPOOSE, OREGON 97056

This superseding permit is issued to describe an amendment for additional points of appropriation proposed under Permit Amendment Application T-12284 and approved by Special Order Vol. 103, Page 816, entered JAN 25 2017, and to describe an extension of time for complete application of water approved August 29, 2014 and a Water Management and Conservation Plan approved on November 21, 2012. This permit supersedes Permit G-15491.

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

APPLICATION FILE NUMBER: G-15792

SOURCE OF WATER: SEVEN WELLS IN JACKSON CREEK BASIN

PURPOSE OR USE: MUNICIPAL USE

MAXIMUM RATE: 2.90 CUBIC FEET PER SECOND

PERIOD OF USE: YEAR ROUND

DATE OF PRIORITY: JULY 5, 2002

WELL LOCATION:

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Twp	Rng	Mer	Sec	Q-Q	Measured Distances
3 N	1 W	WM	7	SE NW	MR-1 - 380 FEET NORTH AND 3700 FEET WEST FROM THE E1/4 CORNER OF SECTION 7
3 N	1 W	WM	7	SE NW	MR-2 - 370 FEET NORTH AND 3490 FEET WEST FROM THE E1/4 CORNER OF SECTION 7
3 N	1 W	WM	7	SE NW	MR-3 - 2475 FEET SOUTH AND 1795 FEET EAST FROM THE NW CORNER OF SECTION 7
3 N	1 W	WM	7	NE SW	MP-1 - 2330 FEET NORTH AND 1345 FEET EAST FROM THE SW CORNER OF SECTION 7
3 N	1 W	WM	7	SW NW	CZ-1 - 1590 FEET SOUTH AND 680 FEET EAST FROM THE NW CORNER OF SECTION 7
3 N	1 W	WM	7	NW NW	CZ-2 - 900 FEET SOUTH AND 1120 FEET EAST FROM THE NW CORNER OF SECTION 7

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
3 N	1 W	WM	7	SE NW	CZ-3 - 1410 FEET SOUTH AND 1855 FEET EAST FROM THE NW CORNER OF SECTION 7

THE PLACE OF USE IS LOCATED AS FOLLOWS:

WITHIN THE SERVICE BOUNDARIES OF THE CITY OF SCAPPOOSE

Permit Amendment T-12284 Conditions

The combined quantity of water diverted at the new points of appropriation, together with that diverted at the old point of appropriation, shall not exceed the quantity of water lawfully available at the original point of appropriation.

Water use measurement conditions:

- a. Before water use may begin under this order, the water user shall install a totalizing flow meter, or, with prior approval of the Director, another suitable measuring device at each point of appropriation (new and existing) or at each new point of appropriation.
- b. The water user shall maintain the meters or measuring devices in good working order.
- c. The water user shall allow the Watermaster access to the meters or measuring devices; provided however, where the meters or measuring devices are located within a private structure, the Watermaster shall request access upon reasonable notice.

Water shall be acquired from the same aquifer as the original points of appropriation.

Extension of Time Conditions

Development Limitations

Appropriation of any water beyond 1.34 cfs, being 0.76 cfs from Miller Road Well 1 (COLU 52428), and 0.58 cfs from Miller Road Well 2 (COLU 51685), under Permit G-15491 shall only be authorized upon issuance of a final order approving a Water Management and Conservation Plan (WMCP) under OAR Chapter 690, Division 86 that authorizes access to a greater rate of appropriation of water under the permit consistent with OAR 690-086-0130(7). The required WMCP shall be submitted to the Department BY August 29, 2017. The amount of water used under Permit G-15491 must be consistent with this and subsequent WMCP's approved under OAR Chapter 690, Division 86 on file with the Department.

The deadline established in the Extension Final Order for submittal of a WMCP shall not relieve a permit holder of any existing or future requirement for submittal of a WMCP at an earlier date as established through other orders of the Department. A WMCP submitted to meet the requirements of the final order may also meet the WMCP submittal requirements of other Department orders.

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Water Management and Conservation Plan

Duration of Plan Approval:

The City of Scappoose Water Management and Conservation Plan is approved and shall remain in effect until **November 21, 2022**, unless this approval is rescinded pursuant to OAR 690-086-0920.

Progress Report Schedule:

The City of Scappoose shall submit a progress report containing the information required under OAR 690-086-0120(4) by **November 21, 2017**.

Other Requirements for Plan Submittal:

The deadline established herein for the submittal of an updated Water Management and Conservation Plan (consistent with OAR Chapter 690, Division 086) shall not relieve the City of Scappoose from any existing or future requirement(s) for submittal of a Water Management and Conservation Plan at an earlier date as established through other final orders of the Department.

Existing Permit Conditions

Measurement, recording and reporting conditions:

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- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
 - B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

The well(s) shall produce groundwater from the Troutdale gravel groundwater reservoir between approximately 160 and 195 below land surface.

The use may be restricted if the quality of the source stream or downstream waters decrease to the point that those waters no longer meet existing state or federal water quality standards due to reduced flows.

STANDARD CONDITIONS

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or

implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

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The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.


The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Complete application of the water to the use was to be made on or before October 1, 2007, when the permit was originally issued on September 15, 2003. By Extension of Time Final Order dated August 29, 2014, the completion of the application of water was extended to on or before October 1, 2050.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued JAN 25 2017, 2017


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

REAL ESTATE TRANSACTIONS: Pursuant to ORS 537.330, in any transaction for the conveyance of real estate that includes any portion of the lands described in this permit, the seller of the real estate shall, upon accepting an offer to purchase that real estate, also inform the purchaser in writing whether any permit, transfer approval order, or certificate evidencing the water right is available and that the seller will deliver any permit, transfer approval order or certificate to the purchaser at closing, if the permit, transfer approval order or certificate is available.

CULTURAL RESOURCES PROTECTION LAWS: Permittees involved in ground-disturbing activities should be aware of federal and state cultural resources protection laws. ORS 358.920 prohibits the excavation, injury, destruction or alteration of an archeological site or object, or removal of archeological objects from public and private lands without an archeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking to take into account the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at 503-378-4168, extension 232.



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Attachment B

Land Use Information

Permit Amendment Application G-17644

13571

Land Use Information Form



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

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; **and**
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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Land Use Information Form



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

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Applicant(s): City of Scappoose

Mailing Address: 33568 E. Columbia Ave.

City: Scappoose

State: Oregon Zip Code: 97056

Daytime Phone: 503-543-7146

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>SE-NW</u>	<u>100</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>SE-NW</u>	<u>100</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>SE-NW</u>	<u>100</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>SW-NW</u>	<u>100</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>NE-SE</u>	<u>1200</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>NW-NE</u>	<u>103</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>NE-NW</u>	<u>103</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>7</u>	<u>NW-NE</u>	<u>103</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>6</u>	<u>NW-SW</u>	<u>503</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>6</u>	<u>SW-SW</u>	<u>500</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>6</u>	<u>NW-NE</u>	<u>200</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>3N</u>	<u>1W</u>	<u>6</u>	<u>SW-SE</u>	<u>504</u>	<u>CITY</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	_____
<u>City of Scappoose Service Area</u>						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

City of Scappoose

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond
 Ground Water
 Surface Water (name) _____

Estimated quantity of water needed: 2.9
 cubic feet per second
 gallons per minute
 acre-feet

Intended use of water: Irrigation
 Commercial
 Industrial
 Domestic for _____ household(s)
 Municipal
 Quasi-Municipal
 Instream
 Other _____

Briefly describe:

This permit amendment is being submitted to add additional points of appropriation to facilitate future expansion of the City's groundwater supply.

[Empty rectangular box for signature or stamp]



Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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For Local Government Use Only

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The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): *Section 17-69.040 & Section 17.88.070*

Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: *Laurie Oliver Joseph* Title: *Planning Dept. Supervisor*

Signature: *Laurie Oliver Joseph* Phone: *503-543-7184* Date: *11-4-2020*

Government Entity: *City of Scappoose*

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

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Attachment C

Well Logs

Permit Amendment Application G-17644

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

WELL I.D. # L 44949
 START CARD # 126454

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

(1) OWNER: Well Number 2-01
 Name City of Scappoose
 Address 33568 E. Columbia Av
 City Scappoose State OR Zip _____

(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 Test well

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	19	Cement	0	19	15 B495
8	19	170				
6	170	220				

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:	8	+1	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	+2	170		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 170

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type S.S. Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
190	180	20		5.5	5.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	170	30		5.5	5.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100+		170	1 hr.

Pump Bailor Air Flowing Artesian

Depth Artesian Flow Found 52
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Muddy Odor Colored Other _____
 Depth of strata: _____

WATER RESOURCES DEPT
 SALEM, OREGON
 ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

(9) LOCATION OF WELL by legal description:
 County Col Latitude _____ Longitude _____
 Township 2N N or S Range 1W E or W. WM.
 Section 7 SW 1/4 SW 1/4
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) End of Miller St Scappoose

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 16 March
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
8	190	100+	8

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Clay Brown	0	11	
gravel clay Brown	11	14	
Clay Blue	14	30	
gravel sand Brown	30	58	
gravel sand green	58	80	
gravel sand	80	110	
gravel sand	110	120	
gravel	120	135	
gravel sand	135	140	
gravel lite sand	140	180	
gravel clean	180	195	
Clay Blue gravel	195	210	
Clay Blue	210	20	
Boulders & cobbles	60	70	

Date started 9 March Completed 16 March

(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 _____
 Signed AMcMullen Date _____

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

WELL I.D. # L 37092 START CARD # W 130326

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

(1) OWNER: City of Scappoose Well Number Name City of Scappoose Address P.O. Box P City Scappoose State Or Zip 97056

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 194 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 30", 0, 8, 0. Row 2: 20", 8, 29, cement, 32, 39 sks.

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from 130' 6" ft. to 197' ft. Material Gravel placed from 130' 6" ft. to 197' ft. Size of gravel 6x9 sand

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 142, 187' 1", 60, 12".

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [] Bailer [] Air [] Flowing Artesian. Yield gal/min 400 Drawdown 116' 5 1/2" Drill stem at 25 Hrs. Temperature of water 52.8° Depth Artesian Flow Found

(9) LOCATION OF WELL by legal description: County Columbia Latitude Longitude Township 3N N or S Range 1W E or W. WM. Section 7 SE 1/4 NW 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) Miller Rd Scappoose

(10) STATIC WATER LEVEL: 8' 4" ft. below land surface. Date 9-11-03 Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 140, 187, 400, 8' 4". Includes RECEIVED APR 02 2004 WATER RESOURCES DEPT SALEM, OREGON stamp.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: Top soil (0-1), Brown sand, silt, clay (1-3), Brown cobbles, gravel, sand, silt (3-15), Brown & grey clay (15-29), Brown gravel, sand, silt (29-35), Brown & grey gravel, sand, cemented (35-52), Brown grey, gravel, sand, silt (52-62), Grey brown gravel, silt, sand (62-110), Grey gravel, clay & silt (110-130), Grey gravel, sand & silt (130-140), Grey gravel, sand & water (140-158) 8'3, Grey gravel, sand cemented, water (158-159) 8'4, Grey gravel, sand, loose, water (159-164) 8'5

Date started 6-23-03 Completed 9-11-03

(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.

Signed Terry Johnson WWC Number 1321 Date 9-23-03

(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.

Signed WWC Number 1445 Date 9-23-03

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

WELL I.D. # L 37092
START CARD # W 130326

NOV 23 2020

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

(1) LAND OWNER
Name City of Scappoose Well Number _____
Address P.O. Box P
City Scappoose State Or Zip 97056

(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 197 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
30"	0	8		0		
20"	8	29	cement		32	39 sks.
16"	29	197				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 130'6 ft. to 197 ft. Size of gravel 6x9 sand

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	145		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	130	142		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tail 10"	187'11	197		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 191'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
142	187'11	60		10		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400	116'5 1/2"		24 Hrs

Temperature of water 52.8° 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 Columbia Latitude _____ Longitude _____
Township 3 N N or S Range 1 W E or W. WM.
Section 7 SE 1/4 NW 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Miller Rd
Scappoose

(10) STATIC WATER LEVEL:
8'4" ft. below land surface. Date 9-11-03
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
140	187	400	8'4

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(12) WELL LOG:
WATER RESOURCES DEPT SALEM, OREGON

Material	From	To	SWL
Top soil	0	1	
Brown sand, silt, clay	1	3	
Brown cobbles, gravel sand, silt	3	15	
Brown & grey clay	15	29	
Brown gravel, sand, silt	29	35	
Brown & grey gravel, sand, cemented	35	52	
Brown grey, gravel, sand, silt	52	62	
Grey brown gravel, silt, sand	62	110	
Grey gravel, clay & silt	110	130	
Grey gravel, sand & silt	130	140	

Date started 6-23-03 Completed 9-11-03

(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.
Signed Derry Johnson WWC Number 1321 Date 9-23-03

(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.
Signed Tom O'Quinn WWC Number 1445 Date 9-23-03

13571

Hansen Drilling Co., Inc.

6711 N.E. 58th Avenue
 Vancouver, Washington 98661

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OWRD

City of Scappoose
 P.O. Box p
 Scappoose, Or 97056

Site: Miller Rd. Scappoose

Material	From	to	SWL
Grey gravel, sand & water	140	- 158	8'3
Grey gravel, sand, cemented, water	158	- 159	8'4"
Grey gravel, sand, loose, water	159	- 164	8'5
Grey gravel, sand, cemented water	164	- 165	8'5
Grey gravel, sand, loose water	165	- 181	8'4
Grey cemented gravel, sand water	181	- 182	8'3
Grey less cemented gravel & sand water	182	- 188	8'4"
Grey cemented gravel, sand, hard, water	188	- 191	
Green - blue, clay, gravel water	191	- 193	
Green - blue clay	193	- 197	

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 SALEM, OREGON

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

WELL I.D. # L 41159
START CARD # W 160988

NOV 23 2020

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

(1) OWNER: City of Scappoose Well Number _____
Name City of Scappoose
Address PO Box P
City Scappoose State Or Zip 97056

(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 201.5
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
26	0	8		0		
20	8	30	cement		30	56 sks.
16	30	203				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 140.2 ft. to 201.5 ft. Size of gravel 8 x 12 sand

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	0	164.8	37.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
cut	16	197	203	shoe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	139.8	144.8	37.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	144.8	159.8	36.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	10	194.2	201.5	36.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
159.8	194.2	40		10"	pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
560	111.4		24 Xhr.

Temperature of water 52.7° 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 Columbia Latitude _____ Longitude _____
Township 3 N N or S Range 1 W E or W. WM. **OWRD**
Section 7 SE 1/4 NW 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) E Columbia Ave.
to Miller Rd to end on left

(10) STATIC WATER LEVEL:
7' 6 1/2" ft. below land surface. Date 11-12-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 147'

From	To	Estimated Flow Rate	SWL
147	195	560	7.6

(12) WELL LOG: 14 ft.
Ground Elevation _____

Material	From	To	SWL
SEE ATTACHED SHEET			

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SALEM, OREGON

Date started 9-1-04 Completed 11-12-04

(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.
Signed Terry Johnson WWC Number WWC 1321 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.
Signed Ron Aggas WWC Number WWC 1445 Date 11-17-04

Hansen Drilling Co., Inc.

6711 N.E. 58th Avenue
 Vancouver, Washington 98661

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OWRD

City of Scappoose
 E. Columbia Ave. to Miller Rd site

Material in formation

		SWL
Top soil	0 - 2	
Brown sand & clay	2 - 5	
Brown gravel & clay	5 - 13	
Light grey brown clay	13 - 30	
Brown gravel, silt	30 - 38	
Brown & grey gravel, sand & clay	38 - 71	
Brown & grey cobbles, boulders, gravel, sand, clay	71 - 82	
rey gravel, clay & sand	82 - 129	
Grey gravel, sand & silt	129 - 147	
Grey gravel, silt, sand	147 - 163	7.6 $\frac{1}{2}$
Grey gravel, sand, silt, (water loose)	163 - 195	
Green & grey clay	195 - 205	
Blue clay	205 - 229	
Grey, brown silty clay	229 - 237	
Blue clay	237 - 273	
Grey silty clay	273 - 293	
Grey silty sandy clay	293 - 295	
Grey silty sandy clay (little water)	295 - 296	
rey silty sandy & clay	296 - 300	

Temporary 8" casing installed test hole drilled to 300 ft.
 no water found pulled 8" casing while pressure grouting
 with neat cement grout 203'6" to 300 ft.

30 sks Portland cement

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 SALEM, OREGON

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OWRD

NO	DATE	BY	DESCRIPTION
1	11/20/04	LEE	ISSUED FOR PERMIT
2	11/20/04	LEE	ISSUED FOR PERMIT

CITY OF SCAPPOOSE
MILLER ROAD WELL NO. 3

SITE PIPING AND DRAINAGE PLAN

LEE ENGINEERING, INC.
CONSULTING ENGINEERS
OREGON CITY, OREGON

32992

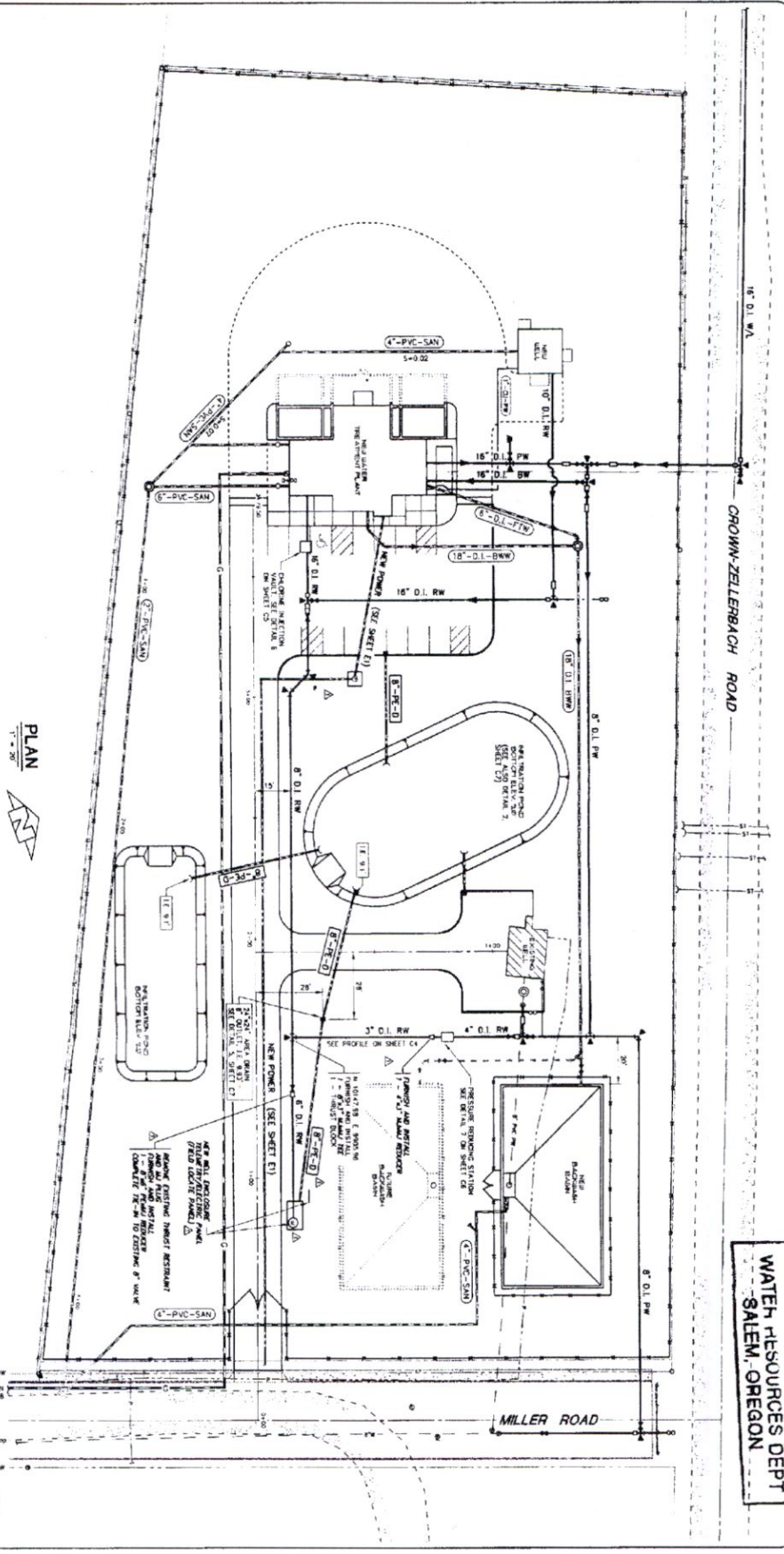
P1
2

DATE PLOTTED: 11/20/04 10:58 AM

NOTE: THIS SITE PLAN WAS CREATED FOR THE SOLE PURPOSE OF SHOWING THE NEW WELL (NO. 3) PIPING AND DRAINAGE. THIS INFORMATION WILL BE INCORPORATED INTO THE DRAWINGS OF RECORD FOR THE MILLER ROAD WATER TREATMENT PLANT UPON COMPLETION OF THAT PROJECT.



ALL DIMENSIONS SHALL BE OBTAINED FROM DIMENSIONS SHOWN ON DRAWING, NOT FROM SCALE, UNLESS OTHERWISE NOTED.



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SALEM, OREGON

13571

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1/4

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102163

START CARD # 1042373

ORIGINAL LOG #

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

(1) LANDOWNER

Owner Well I.D.
First Name CID Last Name FREEMAN
Company ALPARK Development LLC
Address PO Box 1751
City LAKE OSWEGO State OR Zip 97035

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

(2a) PRE-ALTERATION: Well Depth 185 ft.
Seal Material
Casing Type: Steel Plastic Other
Casing Gauge Casing Diameter

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 185 ft. Special Standard: Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Row 1: 16, 0, 130/140, 8" Round Concrete, 0, 45, 81, 94. Row 2: 12, 130/140, 185.

How was seal placed: Method A B C D E
Other
Backfill placed from ft. to ft. Material
Filter pack from 130/140 ft. to 185 ft. Material Silica sand Size 8/16

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: sacks/lbs
Actual Amount Used: sacks/lbs

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd. Row 1: 16, 16, 3, 130, 375, X, X.

Shoe Inside Outside Other Location of shoe(s)
Temporary casing Yes Diameter From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Johnson Alloy machine Material STAINLESS

Table with columns: Perf, Scm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 1, 12, 131, 185, 50sw, .50, 12.

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 190, 89ft, 170, 24.
Temperature 55 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS ppm
Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Columbia Twp 3 N or S Range 1 E or W W.M.
Sec 7 NW 1/4 of the NW 1/4 Tax Lot 104
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

Street Address of Well (or nearest address)
NE Crown Zellerbach Logging Road

(10) STATIC WATER LEVEL

Table with columns: Date, SWL (psi), SWL (ft). Row 1: 8/15/19, 28.

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft).

(11) WELL LOG

Table with columns: Material, From, To. Row 1: dark brown silty sandy gravel, 0 bgs, 10 ft. Row 2: dark brown gravelly sandy silt with clay, 10, 30, 40. Row 3: dark grey silty sandy gravel, 30, 45. Row 4: dark greenish grey silt/sand-gravel gravel with fine, 45, 55. Row 5: to medium sand & cobbles, see next page. Date Started 4/24/19 Completed 8/15/19.

(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 1669 Date
Signed Jody Carpenter

(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 1669 Date 8-22-2019
Signed Jody Carpenter
Contact Info. (optional)

13571

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

WELL LABEL # L 1021103 2/4
START CARD # 1042373
ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County _____ Twp _____ N or S Range _____ E or W W.M.
Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG Ground Elevation _____

Material	From	To
Gravels, fine and medium sand and well rounded cobbles	55	65
dark grey loam sandy gravel with cobbles sand fine to medium	65	75
grey gravelly sand with silt well rounded cobbles	75	85
dark grey gravelly sand with cobbles	85	95
dark grey gravelly sand with silt and small cobbles	95	105
See next page		

Date Started _____ Completed _____

(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 _____ Date NOV 23 2020
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 11669 Date 8-27-19
Signed Judy Royal
Contact Info. (optional) _____

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

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WELL LABEL # L 1021163
START CARD # 1042373
ORIGINAL LOG #

3/4

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

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

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

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

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

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County _____ Twp _____ N or S Range _____ E or W W.M.
Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG Ground Elevation _____

Material	From	To
gray gravelly sand with silty sands range from fine to very coarse	105	115
dark grey sand with gravel from fine to coarse	115	125
gray sandy gravel	125	130
loose moist dark grey sand 80% medium to fine	130	138
dark grey gravelly sand trace of cobbles	138	143
gray gravelly sand	143	158
ridge to fm	158	

See next page

Date Started _____ Completed _____

(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 _____ Date _____
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 1669 Date 8-27-19
Signed Jody Papen
Contact Info. (optional) 13571

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # 1. 102163 414
START CARD # 1042373
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County _____ Twp _____ N or S Range _____ E or W W.M.
Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG Ground Elevation _____

Material	From	To
grey gravelly sand silt larger to fine	143	148
grey gravelly silty sand range from fine to very coarse	148	153
dark grey silty gravel gravel is coarse	153	158
grey gravelly sand with silt increase	158	163
grey sand 80% fine	163	168
dark sand gravel	168	173
1/2 grey gravel	173	178
grey gravelly sand 80% fine	178	183
fine grey sandy gravel	183	188

Date Started _____ Completed _____
(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 _____ Date _____
Signed _____ NOV 23 2020

(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 1669 Date 8-27-19
Signed Judy [Signature]
Contact Info. (optional) _____