

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #	WRD Reviewer <i>Gay M.</i>
Transfer # <i>8316</i>	
Date Received <i>6/9/2021</i>	
CWRE Name <i>William McGill</i>	

Priority Date: *4/4/1972*
Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES **NO** A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER

CASH CHECK # _____ OTHER (IDENTIFY) _____ TOTAL REC'D: \$ _____

1083 TREASURY 4178 MISC CASH ACCT.

0407 COPIES (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Min Water Right Plan _____ 0245 Cons. Water _____

1083 TREASURY 4279 WRD OPERATING ACCT.

MISCELLANEOUS

0407 COPY & TAPE FEES *4611* \$ _____

0410 RESEARCH FEES \$ _____

0408 MISC REVENUE (IDENTIFY) _____ \$ _____

TC142 DEPOSIT LAB (IDENTIFY) _____ \$ _____

0242 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS EXAM FEE RECORD FEE

0001 SURFACE WATER \$ _____ 0037 \$ _____

0003 GROUND WATER \$ _____ 0034 \$ _____

0005 TRANSFER \$ _____

WELL CONSTRUCTION EXAM FEE RECORD FEE

0218 WELL DRILL CONSTRUCTOR \$ _____ 0219 \$ _____

LANDOWNER'S PERMIT 0220 \$ _____

0200 OTHER (IDENTIFY) *COBU* \$ *200.00*

0407 TREASURY 0487 HYDROLECTRIC LIC NUMBER \$ _____

0230 POWER LICENSE FEE (PWWRD) \$ _____

0231 HYDRO LICENSE FEE (PWWRD) \$ _____

HYDRO APPLICATION \$ _____

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT – LETTER ATTACHED

Groundwater File Review: *MA*

Pump Test Required? YES NO Pump Test Submitted? YES NO*

*If no, include pump test flyer w/acknowledgment letter

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES **NO**

Mark all that apply:

- 1. Change in POA(s) or Additional POA(s)
- 2. Change in Place of Use
- 3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-8316

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME North Santiam School District 29J		PHONE NO. (503) 769-8748	ADDITIONAL CONTACT No.
ADDRESS 1155 North Third Ave.			
CITY Stayton	STATE OR	ZIP 97383	E-MAIL

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

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

TRANSFER HOLDER OF RECORD North Santiam School District 29J		RECEIVED	
ADDRESS 1155 North Third Ave.		JUN 09 2021	
CITY Stayton	STATE OR	ZIP 97383	OWRD

4. Date of Site Inspection:

5/18/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Gary Rychard	5/18/2021	Director of Safety, Security, & Health Services

6. County:

Marion

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

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CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



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

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Andrew Gardner	Superintendent	6/4/2021

SECTION 3
Changes Made

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Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES** **NO**

If "NO", this Section can be deleted.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
POA 2	MARI 57370	L-64044	well

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES** **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
POA 2	0.04 cfs	0.49 cfs	Not operating at time of onsite inspection.

System Description

Are there multiple new or additional Points of Appropriation (POA)? YES NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

POA 2

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
			Submersible		2"

2. Motor Information

MANUFACTURER	HORSEPOWER
Franklin Electric	10

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP <small>*IF A WELL, THE WATER LEVEL DURING PUMPING</small>	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
10	40	0'	42'	0.49

4. Provide pump calculations:

$Q = (10(7.04)) / (101.6+42) = 0.49 \text{ cfs}$

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System was not operating at time of onsite inspection.			

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

6. Additional notes or comments related to the system:

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)? YES NO

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES NO

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
5.0	5.0

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If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	YES NO NA
	YES NO NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES NO

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

The place of use footprint was developed slightly different from what was shown on the transfer map. A discrepancy between the mapped TRSQQ grid and the located Section corner on the ground may have contributed to some variances. The applicant was careful to not exceed the authorized total of 5.0 acres; however, the authorized 2.4 acres in the SWSW and 2.6 acres in the SESE was developed as 1.7 acres in the SWSW and 3.3 acres in the SESE instead. See attached aerial photo for a clear visual of the irrigated 5.0 acres. The submitted COBU map displays the adjusted TRSQQ grid and DLC lines to agree with the monuments located at the time of transfer application.

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use?

YES NO

SECTION 4
CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	1/30/2003	
COMPLETENESS DATE FROM ORDER (C)	10/1/2004	August 2003

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES NO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES NO

4. Recording and reporting conditions

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

5. Other conditions required by the transfer final order or extension final order:

a. Were there special well construction standards? YES NO

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

c. Other conditions? YES NO

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

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**SECTION 5
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Aerial Photo	Google Earth aerial photo with irrigated area clearly visible.
MARI 57370	Well log pages 1, 2, & 3
MARI 13522	Well log for well transferred from

**SECTION 6
CLAIM OF BENEFICIAL USE MAP**

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

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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

The basis of the survey is aerial photo and field GPS.

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community.

Source Date: 10/29/2019

Map Checklist

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Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

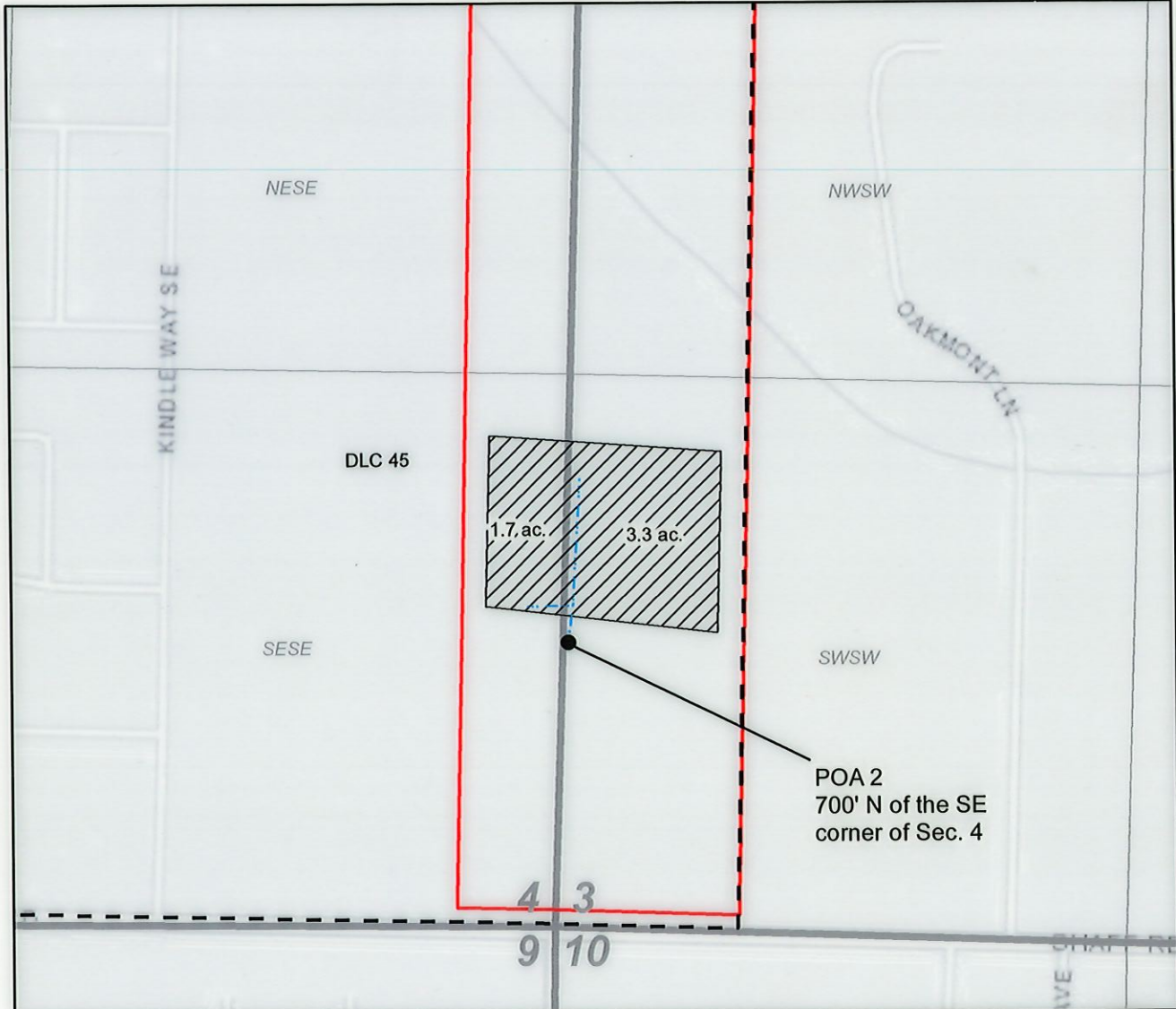
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T-8316, North Santiam School District 29J Claim of Beneficial Use

Township 9S, Range 1W, W.M.







This map is not intended to provide legal dimensions or locations of property ownership lines.

1 inch = 400 feet



Legend

-  Developed POU
-  Buried Mainline
-  Taxlot 100
-  DLC



EXPIRES: 12-31-2022

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

MARI 57370

"TO" Well (POA 2)

(WELL I.D.)# L 64044 (Page one of three)

(START CARD) # 144226

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

(1) OWNER: Well Number **64044**
 Name **North Santiam School District**
 Address **1155 N Third Ave**
 City **Stayton** State **OR** Zip **97383**

(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 **372** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
11.25+	0	31	Bentonite	0	34	32 sacks
9.5	31	54	Cement	34	224	35 sacks w/ Bent.
8	54	224				
6	224	372				

How was seal placed: Method A B C D E
 Other **Bentonite poured & probed**

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: 6	+1.5	224	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **224.5**

(7) PERFORATIONS/SCREENS:

From	To	Material	Tele/pipe size	Casing	Liner
				<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
100+		370	1 hr.

Temperature of water **55** Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom **Mack Drilling**
 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 **Marion** Latitude _____ Longitude _____
 Township **9** S Range **1** W WM.
 Section **3** SW 1/4 SW 1/4
 Tax Lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **1021 Shaff Rd, Stayton, OR 97383**

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date **06-20-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **25**

From	To	Estimated Flow Rate	SWL
17	25	30	17
268	300	5	42
326	344	15	42
344	362	55	42
362	372	25+	42

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Gravel & clay sandy br	0	4	
Boulders gravel & sand br	4	10	
Cobbles boulders & gravel sandy br	10	16	
Gravel & sand br some clay br LC	16	30	17
Gravel large 4" w/clay stone br	30	35	
Gravel w/clay stone br	35	39	
Clay stone br soft	39	45	
Clay stone br w/gravel	45	51	
Clay stone br & gray sandy soft	51	64	
Clay & clay stone br soft	64	98	
Clay stone reddish br w/frx & gravel	98	126	
Clay stone red & brown soft w/clay stone	126	157	
Clay stone greenish br	157	168	
Clay stone by w/clay multi br & gray sticky	166	178	
Clay gray w/gravel	178	187	
Clay to clay stone gray	187	195	
Clay stone blue	195	201	
Basalt blk	201	204	
Clay stone multi blue & green to gray	204	210	

*****continued on page two*****
 Date started **06-17-03** Completed **06-20-03**

(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 *[Signature]* WWC Number **1394** Date **06-27-03**

(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.
MACK DRILLING COMPANY, INC. WWC Number **1394**
 Signed *[Signature]* Date **06-27-03**

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

MARI 57370

(WELL I.D.)# L 64044 (Page two of three)
 (START CARD) # 144226

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

(1) OWNER: Well Number 64044
 Name North Santiam School District
 Address 1155 N. Third Ave
 City Stayton, State OR Zip 97383

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/plpe size	Casing	Liner
						<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
			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 _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
*****continued from page one*****			
Clay stone & clay gray	210	215	
Basalt blk w/clay stone green	215	222	
Basalt frx blk green	222	224	
Basalt blk w/gravels multi colored	224	228	
Basalt blk soft	228	238	
Basalt gray hard	238	257	
Basalt gray hard	257	260	
Clay stone green	260	264	
Clay stone blue green w/basalt	264	268	
Basalt blk w/frxs	268	270	42
Basalt blk w/clay stone green	270	273	
Basalt blk hard	273	282	
Basalt blk w/frx blue some vesicular	282	285	
Basalt blk hard	285	313	
Basalt gray & blk seamy hard	313	319	
Basalt gray blk green seamy hard	319	326	
Basalt gray & green frx diced	326	332	
Basalt grey w/frx blk	332	344	42
*****continued on page three*****			

Date started 06-17-03 Completed 06-20-03

(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: Eugene J. Mack WWC Number 1394
 Date 06-27-03

(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.
MACK DRILLING COMPANY, INC. WWC Number 1394
 Signed: Eugene J. Mack Date 06-27-03

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

MARI 57370

(WELL I.D.)# L 64044 (Page three of three)

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 Name **North Santiam School District**
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(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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
			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 _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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
*****continued from page two*****			
Basalt gray m-hard	344	348	42
Basalt blk w/clay stone blue weathered & vesicular	348	352	42
Basalt gray & br	352	354	42
Basalt blk frx br	354	362	42
Basalt gray hard w/frx black	362	372	42

RECEIVED
 JUL 15 2003
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started **06-17-03** Completed **06-20-03**

(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 _____ WWC Number **1394**
 Date **06-27-03**

(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.
MACK DRILLING COMPANY, INC.
 Signed _____ WWC Number **1394**
 Date **06-27-03**

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

RECEIVED "FROM" well
WATER WELL REPORT
SEP 16 1971

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion.

STATE OF OREGON
STATE ENGINEER (Please type or print)
SALEM, OREGON (Do not write above this line)

MAR 21, 1971
13522

State Well No. 9/1W-34dd
State Permit No.

(1) OWNER:

Name STAYTON School Dist 77 CT.
Address 1021 SHARP Rd. STAYTON Oreg.
971383

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Cable Dug
Driven Jetted Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
8" Diam. from 71 ft. to 53 ft. Gage .250
6" Diam. from 41 ft. to 218 ft. Gage .10
" Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Type of perforator used mills & Torch Perforated? Yes No.
Size of perforations 3/8 x 2 1/2 in. by 1/4 x 6 in.
8" 52 perforations from 42 ft. to 48 ft.
1.3 perforations from 38 ft. to 58 ft.
6" 23 perforations from 128 ft. to 192 ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____ Model No. _____
Type _____ 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?

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

Baller test 18 gal./min. with 219 ft. drawdown after 1 3/4 hrs.

Artesian flow _____ g.p.m.

Temperature of water 58 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 12 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal _____ sacks

Number of sacks of bentonite used in well seal 1 sacks

Brand name of bentonite National

Number of pounds of bentonite per 100 gallons

of water 30 lbs./100 gals.

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: _____ ft.

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County WATSON Driller's well number _____
1/4 1/4 Section 3 T. 9S R. 1W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 40 ft.
Static level 11 ft. below land surface. Date _____
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 8" to 118 6" 118 to 250
Depth drilled 250 ft. Depth of completed well 250 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
Brown Clay & Gravel	0	34	
Broken & Recrystallized Basalt.	34	48	
Brown Claystone	48	90	
Red Claystone	90	177	
Grey Claystone	177	185	
Union & Brown Clay	185	193	
with wood & small sh.			
Light Brown Claystone	193	209	
Basalt	209	227	
Green Sandstone	227	237	
Broken Basalt	237	242	
Basalt.	242	250	

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JUN 09 2021

OWRD

Work started 8-20 1971 Completed 9-10 1971

Date well drilling machine moved off of well 9-13 1971

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] W. H. Terrell Date 9-13, 1971
(Drilling Machine Operator)

Drilling Machine Operator's License No. 455

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 Robinson & Co. Drilling
(Person, firm or corporation) (Type or print)

Address 4510 Dallas Rd New Salem

[Signed] George H. Robinson
(Water Well Contractor)

Contractor's License No. 13 Date 9-13, 1971