Application for
Permit Amendment

Part 1 of 5 – Minimum Requirements Checklist

OREGON WATER RESOURCES DEPARTMENT

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

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)

☒ 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: Permit G-17557
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.

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

☐ ☒ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 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):

___ Application fee not enclosed/insufficient ___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete
___ Additional signature(s) required ___ Part _____ is incomplete
Other/Explanation _____
Staff: _____ 503- _____ Date: _____

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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.

☐ ☒ 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°).

FEE WORKSHEET for PERMIT AMENDMENT			
1	Base Fee (includes one type of change to one permit for up to 1 cfs)	*1*	$1,360
2	Types of change proposed: ☐ Place of Use ☒ Point of Diversion/Appropriation Number of above boxes checked = 1 (2a) Subtract 1 from the number in line 2a = 0 (2b) *If only one change, this will be 0* Multiply line 2b by $1090 and enter »	*2*	$0
3	Number of permits included in Permit Amendment 1 (3a) Subtract 1 from the number in 3a: 0 (3b) *If only one permit this will be 0* Multiply line 3b by $610 and enter »	*3*	$0
4	Do you propose to add or change a well, or change from a surface water POD to a well? ☐ No: enter 0 ☒ Yes: enter $480 for the 1st well to be added or changed $480 (4a) Do you propose to add or change additional wells? ☐ No: enter 0 ☒ Yes: multiply the number of additional wells by $410 $410 (4b) Add line 4a to line 4b and enter » » » » » » » » » » » » » » » » » »	*4*	$890
5	Do you propose to change the place of use? ☒ No: enter 0 on line 5 ☐ Yes: enter the cfs for the portions of the permits to be amended (see 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*	$2,250
7	Is this permit amendment: ☐ necessary to complete a project funded by the Oregon Watershed Enhancement Board (OWEB) under ORS 541.932? ☐ endorsed in writing by ODFW as a change that will result in a net benefit to fish and wildlife habitat? If one or more boxes is checked, multiply line 6 by 0.5 and enter on line 7 If no box is applicable, enter 0 on line 7» » » » » » » » » » » » » »	*7*	$0
8	Subtract line 7 from line 6 » » » » » » » » » » » » » » » » **Permit Amendment Fee:**	*8*	**$2,250**

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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:

1. For irrigation calculate cfs for each permit involved as follows:
   a. 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).*
   b. 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)*
2. 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).*

Applicant Information

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

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

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

Explain in your own words what you propose to accomplish with this permit amendment; and why:
We have been re-designing how we will supply water to this area. With issuance of the final order for transfer T-13112, we can proceed with this permit amendment such that the authorized wells for this permit will be consistent with the wells authorized under T-13112.

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)? October 1, 2026

- 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: Wilsonville Spokesman

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

Applicant Signature	Print Name (and Title if applicable)	Date
	Robert Graham	10/28/2021
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	
NA		
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	
NA		
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	ADDRESS	
Clackamas Co. Department of Transportation and Development, Planning Division	**150 Beavercreek Road**	
CITY	STATE	CITY
Oregon City	**Oregon**	**Oregon City**

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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-17557

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)
Well 1	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	NW	TL 1200	1,080 feet south and 65 feet east from the NW corner of the SWNW of Section 30.
Well 2	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	NW	TL 1200	1,155 feet south and 75 feet east from the NW corner of the SWNW of Section 30.
Well 2 Re-described	☐ Authorized ☒ Proposed	MARI 67037	3	S	1	E	30	SW	NW	TL 1200	2,470 feet south and 75 feet east from the NW corner, Section 30.
Well 3	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	NW	TL 1000	150 feet south and 1,415 feet east from the NW corner of the SWNW of Section 30.
Well 3 Re-described	☐ Authorized ☒ Proposed	CLAC 20355	3	S	1	E	30	SW	NW	Tl 1000	1,560 feet south and 1,400 feet east from the NW corner, Section 30.
Well 4	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	NW	TL 1000	750 feet south and 1,430 feet east from the NW corner of the SWNW of Section 30.
Well 4 Re-described	☐ Authorized ☒ Proposed	CLAC 20344	3	S	1	E	30	SW	NW	TL 1000	2,170 feet south and 1,400 feet east from the NW corner, Section 30.
Well 5	☒ Authorized ☐ Proposed	NA	3	S	1	E	30	SW	NW	TL 1000	340 feet south and 45 feet east from the NW corner of the SWNW of Section 30.
Well 5	☐ Authorized ☒ Proposed	CLAC 59086	3	S	1	E	30	SW	NE	TL 500	1,645 feet south and 1,605 feet west from the NE corner, Section 30.
Well 6	☐ Authorized ☒ Proposed	NA	3	S	1	E	30	SE	NW	TL 1100	1,560 feet south and 1,560 feet east from the NW corner, Section 30.
Well 7	☒ Authorized ☐ Proposed	CLAC 73435	3	S	1	E	30	SW	NW	TL 1000	425 feet south and 105 feet east from the NW corner of the SWNW of Section 30.

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

- ☐ Place of Use (POU)
- ☐ Point of Diversion (POD)
- ☐ Additional Point of Diversion (APOD)
- ☒ Point of Appropriation/Well (POA)
- ☒ Additional Point of Appropriation (APOA)
- ☐ 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: - NA

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

Table 2. Description of Changes to Water Use Permit # G-17557

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

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES. List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.										
Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date				Twp	Rng	Sec	¼ ¼	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date	
											POA, APOA	3 S	1 E	30	NE NE	300	NA	6.81 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	
											POA, APOA	3 S	1 E	30	NW NE	300	NA	2.41 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	
											POA, APOA	3 S	1 E	30	SW NE	500	NA	27.3 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	
											POA, APOA	3 S	1 E	30	SE NE	500	NA	14.62 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	
											POA, APOA	3 S	1 E	30	SW NW	1000, 1200	NA	25.44 IR	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	
											POA, APOA	3 S	1 E	30	SW NW	1000, 1200	NA	8.4 IS	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015	

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												POA, APOA	3	S	1	E	30	SW	NW	1100	NA	2.13 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015
												POA, APOA	3	S	1	E	30	SE	NW	1100	NA	38.21 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015
												POA, APOA	3	S	1	E	30	NE	SW	1100	NA	31.12 IR-D	Re-described Wells 2,3,4 Proposed Wells 5,6	1-27-2015
TOTAL ACRES													TOTAL PRIMARY TO MAKE UP DEFICENCY IN RATE (IR-D) ACRES									124.37				
													TOTAL PRIMARY (IR) ACRES									25.44				
													TOTAL SUPPLEMENTAL (IS) ACRES									8.4				

Additional remarks: **The places of use and well locations were described to correlate with the descriptions in the Final Order for T-13112.**

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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 ☒ NA

If YES, list the other certificate, permit, or ground water registration numbers: **NA**

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:

☒ 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
Well 1	**No**	**NA**	**WILL NOT BE DRILLED**							**0.399 CFS TOTAL FOR ALL WELLS**
Authorized Well 2	**No**	**NA**	**WILL NOT BE DRILLED – LOCTION WAS RE-DESCRIBED**							
Well 2 Re-described	**Yes**	**MARI 67037**	**SEE WELL LOG MARI 67037**							
Authorized Well 3	**No**	**NA**	**WILL NOT BE DRILLED – LOCTION WAS RE-DESCRIBED**							
Well 3 Re-described	**Yes**	**CLAC 20355**	**SEE WELL LOG CLAC 20355**							
Authorized Well 4	**No**	**NA**	**WILL NOT BE DRILLED – LOCTION WAS RE-DESCRIBED**							

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
Well 4 Re-described	**Yes**	**CLAC 20344**	**SEE WELL LOG CLAC 20344**							**NOT LESS THAN FULL RATE FOR ALL WELLS COMBINED**
Authorized Well 5	**No**	**NA**	**WILL NOT BE DRILLED**							
Proposed Well 5	**Yes**	**CLAC 59086**	**SEE WELL LOG CLAC 59086**							
Proposed Well 6	**No**	**NA**	**180 feet**	**12 inch**	**TBD**	**TBD**	**TBD**	**NA**	**Alluvial**	
Authorized Well 7	**No**	**CLAC 73435**	**WELL WAS ABANDONED. SEE WELL LOG CLAC 73435**							

MARI 67037

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

Well 2 p1/3

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

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

MARI 67037

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

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

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

(4) PROPOSED USE Domestic [✓ Irrigation] Community Industrial/ Commericial Livestock Dewatering Thermal Injection Other

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

BORE HOLE

Dia	From	To
16	0	46
12	46	163
6	163	236

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	32	468	S
		Calculated	22	
Cement	32	46	105	S
		Calculated	7	

How was seal placed: Method A B [✓ C] D E
[✓ Other] bent. placed dry
Backfill placed from 175 ft. to 236. ft. Material cement
Filter pack from 97 ft. to 175 ft. Material css Size 6/9
Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		12	✓	2	97	250	●		✓	
	●	8		55	95	250	●		✓	
	●	8		155	160	250	●		✓	

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

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

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

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

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

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 1000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
[✓ Street address of well] Nearest address

25130 Eilers Rd., Aurora

(10) STATIC WATER LEVEL

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

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 43

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

(11) WELL LOG Ground Elevation

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

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

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

License Number 1358 Date 09-22-2017
Signed [illegible]

(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 1688 Date 09-22-2017
Signed [illegible]
Contact Info (optional)

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

13866

MARI 67037

well 2 p2/3

WATER SUPPLY WELL REPORT - continuation page

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

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

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

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

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(7) PERFORATIONS/SCREENS

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

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

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

Comments/Remarks

13866

MARI 67037

Well 2 3/3

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:
Name: Robert Gabriel
Address: 8474 Hazelgreen Rd
County: Clackamas
City: Silverton State: OR Zip: 97381
Original owner (from well log):

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

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

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

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

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

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

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

Well elevation is surface water body.

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

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

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

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

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

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

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

Required Signature: Steven N. Stadeli

13866

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WATER RESOURCES DEPT
SALEM, OREGON

Well 3 35/1E/30

Page 1 of 2

16 CLAC 20355

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

(START CARD) # 79223

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

(1) OWNER: Well Number #1

Name TOM THOMSEN

Address 25355 NE GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

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

(3) DRILL METHOD:

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

[ ] Other

(4) PROPOSED USE:

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

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

(5) BORE HOLE CONSTRUCTION:

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

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

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

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

[ ] Other

Backfill placed from _____ ft. to _____ ft. Material _____

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

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method _____

[X] Screens Type slotted Material stainless steel

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

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

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

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

Temperature of water 53°F Depth Artesian Flow Found _____

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

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

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

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____

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

Section 30 _____ 1/4 _____ 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora, OR 97002

(10) STATIC WATER LEVEL:

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

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 101'

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

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(12) WELL LOG:

Ground Elevation _____

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

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

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Mel Bigsby Date 6-20-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed _____ Date 6-20-95

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WATER RESOURCES DEPT
SALEM, OREGON

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

(START CARD) # 79223

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

(1) OWNER: Well Number #1

Name TOM THOMSEN

Address 25355 NE GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

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

(3) DRILL METHOD:

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

[ ] Other

(4) PROPOSED USE:

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

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

(5) BORE HOLE CONSTRUCTION:

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

Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

[ ] Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method

[ ] Screens Type Material

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

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

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

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

Temperature of water Depth Artesian Flow Found

Was a water analysis done? [ ] Yes By whom

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

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

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

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

Section 30 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora, OR 97002

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

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

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

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Date 6-20-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed 13866 Date 6-20-95

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16 CLAC 20344

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SALEM, OREGON

Well 4 Page 1 of 2 3S/1E/30 bc

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

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

(START CARD) # 79230

(1) OWNER: Well Number 2

Name TOM THOMSEN

Address 25355 N.E. GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

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

(3) DRILL METHOD:

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

[ ] Other

(4) PROPOSED USE:

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

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

(5) BORE HOLE CONSTRUCTION:

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

Explosives used [ ] Yes [X] No Type Amount

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

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

[ ] Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method

[X] Screens Type slotted Material stainless steel

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

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

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

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

Temperature of water 53°F Depth Artesian Flow Found

Was a water analysis done? [ ] Yes By whom

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

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

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

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

Section 30 SW 1/4 NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

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

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(10) STATIC WATER LEVEL:

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

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 92'

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

(12) WELL LOG:

Ground Elevation

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

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

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Mike Bigsby Date 6-16-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed Date 6-16-95

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13 5 65

RECEIVED well 4 Page 2 3S/1E/30 bc

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WATER RESOURCES DEPT.
SALEM, OREGON

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

CLAC 20344

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

(START CARD) # 79230

(1) OWNER: Well Number 2

Name TOM THOMSEN

Address 25355 N.E. GLASS RD.

City AURORA State OR Zip 97002

(2) TYPE OF WORK

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

(3) DRILL METHOD:

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

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

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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

☐ Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

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

Temperature of water Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

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

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude Longitude

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

Section 30 SW 1/4 NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) Tom Thomsen

25355 NE Glass Rd., Aurora 97002

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

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

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

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492

Signed Date 6-16-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed Date 6-16-95

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CLAC 59086 WRCS

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

WELL ID # L 61589
START CARD # 153779

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

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

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

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

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

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

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

(6) CASING/LINER:
CASING:

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

LINER:

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

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

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

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

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

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

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

ARROW DRILLING 503-538-4422

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

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

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

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

(12) WELL LOG: Ground Elevation: _____

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

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WATER RESOURCES DEPT
SALEM, OREGON

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

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

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

ORIGINAL - Water Resources Department FIRST COPY - Constructor 13866 SECOND COPY - Customer

CLAC 73435

well 7

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

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

WELL I.D. LABEL# L: abandon
START CARD #: 214195
ORIGINAL LOG #:

CLAC 73435

(1) LAND OWNER
Owner Well I.D. #2
First Name Robert Last Name Gabriel
Company
Address 8474 Hazelgreen Rd
City Silverton State OR Zip 97381

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

(2a) PRE-ALTERATION
	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

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

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [X] Other test hole

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 0 ft.

BORE HOLE

Dia	From	To
6	0	216

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	2	1	S
		Calculated	1	
Cement	2	216	77	S
		Calculated	54	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other bent. placed dry
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
				none						

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [X] Yes Dia 6 From + [X] 3 To 160

(7) PERFORATIONS/SCREENS
Perforations Method none
Screens Type Material

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
none			

Temperature °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 123

From	To	Description	Amount	Units

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

(10) STATIC WATER LEVEL

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

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-06-2017	95	140				dnm

(11) WELL LOG
Ground Elevation

Material	From	To
soil & silt	0	3
silt brown	3	20
silt with sand & fine gravel	20	40
sand brown	40	58
silt brown	58	65
sand brown	65	85
sand brown with gravel	85	98
silt with clay	98	104
sand brown with some gravel & wood	104	120
sand	120	130
clay green	130	133
packed sand & silt grey	133	135
sand grey	135	140
clay grey & green sticky	140	165
clay grey with brown sticky	165	170
clay grey softer	170	180
clay grey sticky	180	210

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Date Started 06-13-2017 Completed 09-06-2017

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1358 Date 09-22-2017
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 688 Date 09-22-2017
Signed Steven N. Stodd
Contact Info (optional)

RECEIVED BY OWRD
OCT 21 2017
SALEM, OR

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

12866

CLAC 73435

Well 7

WATER SUPPLY WELL REPORT - continuation page

Westerberg Drilling, Inc.
36720 S. Kropf Rd.
Molalla, OR 97038

WELL I.D. LABEL# L abandon
START CARD # 214195
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To

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(7) PERFORATIONS/SCREENS

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

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

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

Comments/Remarks

Drilled test hole & abandoned.

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