

# Application for Permit Amendment

## Part 1 of 5 – Minimum Requirements Checklist



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.

**RECEIVED**

**DEC 26 2023**

**OWRD**

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](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-18878**  
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: \_\_\_/\_\_\_/\_\_\_

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.

RECEIVED

DEC 26 2023

OWNED

- 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)	RECEIVED	1	\$1,360
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</u> (2a) Subtract 1 from the number in line 2a = <u>0</u> (2b) <i>If only one change, this will be 0</i> Multiply line 2b by \$1090 and enter »	DEC 26 2023 OWEB	2	\$0
3	Number of permits included in Permit Amendment <u>1</u> (3a) Subtract 1 from the number in 3a: <u>0</u> (3b) <i>If only one permit this will be 0</i> 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? <input type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: enter \$480 for the 1 <sup>st</sup> well to be added or changed <u>\$480</u> (4a)  Do you propose to add or change additional wells? <input checked="" type="checkbox"/> No: enter 0 <input checked="" type="checkbox"/> Yes: multiply the number of additional wells by \$410 <u>\$0</u> (4b) Add line 4a to line 4b and enter »		4	\$480
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 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	\$1,840
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 » <b>Permit Amendment Fee:</b>		8	\$1,840

\*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*).

**Applicant Information**

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

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

AGENT/BUSINESS NAME <b>Doann Hamilton / Pacific Hydro-Geology, Inc.</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946 (cell)</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			FAX NO. <b>(503) 632-5983</b>
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>
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:  
**The wells approved under T-13866 were dry and we need to add an additional well where we have been able to find water.**

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:

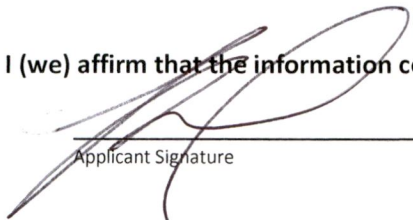
- Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is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

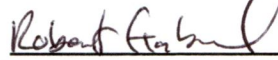
**RECEIVED**  
**DEC 26 2023**  
**OWED**

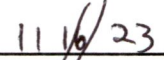




I (we) affirm that the information contained in this application is true and accurate.

  
\_\_\_\_\_  
Applicant Signature  
\_\_\_\_\_  
Applicant Signature

  
\_\_\_\_\_  
Print Name (and Title if applicable)  
\_\_\_\_\_  
Print Name (and Title if applicable)

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date

**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 <b>NA</b>	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 <b>NA</b>	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 <b>Clackamas Co. Department of Transportation and Development, Planning Division</b>	ADDRESS <b>150 Beaver Creek Road</b>	
CITY <b>Oregon City</b>	STATE <b>Oregon</b>	CITY <b>Oregon City</b>

**RECEIVED**  
**DEC 26 2023**  
**OW PD**

## 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.

**PERMIT # G-18878**

**RECEIVED**

**DEC 26 2023**

**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.)

**OWRD**

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 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 20355	3	S	1	E	30	SW	NW	TI 1000	1,560 feet south and 1,400 feet east from the NW corner, Section 30.
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> 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 8	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	1	E	30	NW	SW	TL 1200	3,785 feet south and 220 feet east from the NW corner, Section 30.
Well 9	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 78289	3	S	1	E	30	NW	SW	TL 1200	3,100 feet south and 1,380 feet east from the NW corner, Section 30.

**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: - 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.

**RECEIVED**  
**DEC 26 2023**  
**OW RD**

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-18878**

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			
									APOA	3	S	1	E	30	NE	NE	300	NA	6.81 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	NW	NE	300	NA	2.41 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SW	NE	500	NA	27.3 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SE	NE	500	NA	14.62 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SW	NW	1000, 1200	NA	25.44 IR	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SW	NW	1000, 1200	NA	8.4 IS	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SW	NW	1100	NA	2.13 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	SE	NW	1100	NA	38.21 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
									APOA	3	S	1	E	30	NE	SW	1100	NA	31.12 IR-D	Wells 2,3,4, 5,6, 8, & 9	1-27-2015
TOTAL ACRES									TOTAL PRIMARY TO MAKE UP DEFICIENCY IN RATE (IR-D) ACRES						124.37						
									TOTAL PRIMARY (IR) ACRES						25.44						
									TOTAL SUPPLEMENTAL (IS) ACRES						8.4						

**RECEIVED**  
**DEC 26 2023**  
**OW RD**



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

**RECEIVED**  
**DEC 26 2023**  
**OWRD**

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](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.

RECEIVED

DEC 26 2023

OWRD



**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 2	Yes	MARI 67037	SEE WELL LOG MARI 67037							0.399 CFS TOTAL FOR ALL WELLS  NOT LESS THAN FULL RATE FOR ALL WELLS COMBINED
Well 3	Yes	CLAC 20355	SEE WELL LOG CLAC 20355							
Well 4	Yes	CLAC 20344	SEE WELL LOG CLAC 20344							
Well 5	Yes	CLAC 59086	SEE WELL LOG CLAC 59086							
Well 6	No	NA	180 feet	12 inch	TBD	TBD	TBD	NA	Alluvial	
Well 8	No	NA	180 feet	12 inch	TBD	TBD	TBD	NA	Alluvial	
Well 9	No	CLAC 75289	180 feet	12 inch	TBD	TBD	TBD	NA	Alluvial	

**RECEIVED**

**DEC 26 2023**

**OWRD**

**MARI 67037**  
**Westerberg Drilling, Inc.**  
**36728 S. Kropp Rd.**  
**Medalla, OR 97038**

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

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

(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 Stil Plstc Wld Thrd  
 Casing: \_\_\_\_\_  
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

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

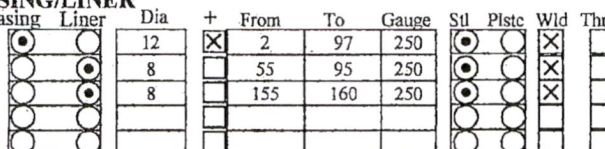
(4) **PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

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

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

How was seal placed: Method  A  B  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 Stil Plstc Wld Thrd  
  
 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/S	Casing/Screen	Scr/slot	Slot	# of	Tele/
Screen	Liner	width	length	slots	pipe size
	8	95	155	.065	8

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

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

RECEIVED BY OWRD  
 OCT 02 2017  
 SALEM, OR

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 3358 Date 09-22-2017  
 Signed *[Signature]*

(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 *[Signature]*  
 Contact Info (optional) \_\_\_\_\_





MARI 67037

RECEIVED

DEC 26 2023

OWRD

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner: Name: Robert Gabriel, Well Location: Township: 3 S Range: 1 E, Address: 8474 Hazelgreen Rd, Section: 30 1/4 SW 1/16 NW 1/64 NE, County: Clackamas, Well depth: 160.0 Date drilled: 9/6/17, City: Silverton State: OR Zip: 97381, Owners well no. (if any):, Original owner (from well log):, POD ID:

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

Pump Test: Test Conducted by: Steve Stadel, 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 1/4 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):

Table with 3 columns: Time, Depth to water below meas. point, Depth to water below land surface. Rows: 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):

Table with 3 columns: Time, Discharge Rate, Discharge Units (e.g. gpm, cfs, etc). Rows: 11:00 am (400.00, gpm), 12:00 pm (400.00, gpm), 1:00 pm (400.00, gpm), 2:00 pm (400.00, gpm), 3:00 pm (400.00, gpm)

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: Steve M. Stadel

RECEIVED BY OWRD

NOV 13 2017

SALEM, OR



RECEIVED

35/1E/30

RECEIVED

JUN 23 1995

Page 1 of 2

DEC 26 2023

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPARTMENT (START CARD) # 79223 SALEM, OREGON

16 CLAC 20355

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

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows include cement/gel, drill gel, and cement.

How was seal placed: Method [ ] A [ ] B [X] 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

(7) PERFORATIONS/SCREENS: [ ] Perforations Method [X] Screens Type slotted Material stainless steel

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem at Time

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'

Table with columns: From, To, Estimated Flow Rate, SWL. Row: 101, 123, 110 gpm, 62'

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows include Topsoil, Soft brown silty clay, Fine-coarse brown sand, etc.

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.

Signed Mel Bigsby WWC Number 1492 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.

Signed [Signature] WWC Number 1266 Date 6-20-95



RECEIVED

JUN 23 1995

Page 2

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT (START CARD) # 79223

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

(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

Table with columns: HOLE Diameter, SEAL From, To, 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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Ground Elevation

Table with columns: Material, From, To, SWL

RECEIVED
DEC 26 2023
OVED

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

(unbonded) Water Well Constructor Certification:

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

WWC Number 1492
Signed Date 6-20-95

(bonded) Water Well Constructor Certification:

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

WWC Number 1266
Signed Date 6-20-95



RECEIVED

3S/1E/30  
bc

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

16  
CLAC  
20344

JUN 21 1995

(START CARD) # 79230

RECEIVED

DEC 20 2023

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number 2  
Name TOM THOMSEN  
Address 25355 N.E. GLASS RD.  
City AURORA State OR Zip 97002

(9) LOCATION OF WELL by legal description:  
County Clackamas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 3S N or S Range 1E E or W Range \_\_\_\_\_  
Section 30 SW 1/4 NW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision 0120  
Street Address of Well (or nearest address) Tom Thomsen  
25355 N.E. Glass Rd., Aurora, 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 \_\_\_\_\_

(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'

HOLE SEAL

Diameter	From	To	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  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	91	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	83	92	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	98	104	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	116	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(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	

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type slotted Material stainless  
From To Slot size Number Diameter Tele/pipe size Casing Liner  
92 98 .050 \_\_\_\_\_ 8" pipe    
104 116 .030 \_\_\_\_\_ 8" pipe

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem at Time  
130 25' \_\_\_\_\_ 4hr.

(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 6-16-95

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: \_\_\_\_\_

(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 [Signature] Date 6-16-95







STATE OF OREGON  
WATER SUPPLY WELL REPORT

Arrow 03-009-A

WELL ID # L 61589  
START CARD # 153779

(as required by ORS 537.765)

(1) LAND OWNER:

Well Number: \_\_\_\_\_  
Name: Thomas L. Thomsen  
Address: 25355 NE Glass Road  
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 263.2

Explosives Used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

Diameter	HOLE		Material	SEAL		sacks or pounds
	From	To		From	To	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	176.6	180.6	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	183.1	186.1	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	196.6	226.6	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:

8"	247.1	263.2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	Diameter	Tele/pipe size	Casing	Liner
180.6	183.1	60		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
186.1	196.6	50		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
226.6	247.1	50		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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 1/4 NE 1/4  
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	

RECEIVED  
JUL 08 2003  
WATER RESOURCES DEPT  
SALEM, OREGON

RECEIVED  
DEC 26 2023  
0" TD

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.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
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 [Signature] WWC Number 1483  
Date 7/5/03



CLAC 78289

STATE OF OREGON WATER SUPPLY WELL REPORT

WESTERBERG DRILLING INC. PO BOX 1228

WELL I.D. LABEL# I 149583 START CARD # 1071152 ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER Owner Well I.D. #3 MOLALLA, OR 97038

First Name Robert Last Name Gabriel Company Address 8376 Hazelgreen Rd NE City Silverton State OR Zip 97381

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

(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrld 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/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [X] Other test well

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 168 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Rows include Bentonite and Cement.

How was seal placed: Method [ ] A [X] B [ ] C [ ] D [ ] E [X] Other bent prod & probed Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Seal Placement Begin Date 8-30-23 Begin Time 16:00

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes material and shoe location details.

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

Table with columns: Perf/Screen Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Telc/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 56 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount 190 ppr From To Description Amount Units water cased off no flow test

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 E E/W WM Sec 30 NE 1/4 of the SW 1/4 Tax Lot 1200 Tax Map Number Lot Lat Long 25130 Eilers Rd, Aurora, OR

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL (psi), SWL (ft). Completed Well 9-1-23 58.7

WATER BEARING ZONES Depth water was first found 85

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Rows for dates 8-30-23, 8-31-23, 9-1-23, 9-1-23.

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Lists soil, clay brown medium, silt brown, etc.

Construction Begin Date 8-30-23 Begin Time 15:15 End Date 9-1-23

(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.

License Number 1558 Date 10-3-23 Signed [Signature]

(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.

License Number 688 Date 10-3-23 Signed [Signature] Contact Info (optional)



