CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers

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

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A fee of $200 must accompany this form for permits with priority dates of July 9, 1987, or later.

A fee of $200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.
Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

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Claims received without the correct fee of $200 will be returned.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
http://www.oregon.gov/owrd/pages/wr/cwre_info.aspx

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

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

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

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

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

SECTION 1
GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S OR T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17006	G-16605	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Brantan Walker		**(971) 983-7244**	
ADDRESS **30519 S. Meridian Rd.**			
CITY **Hubbard**	STATE **OR**	ZIP **97032**	E-MAIL **brant@supertrees.com**

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

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

PERMIT OR TRANSFER HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **July 7, 2022**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Brantan Walker	**July 7, 2022**	**Owner**

6. County: **Clackamas**

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2
SIGNATURES

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CWRE Statement, Seal and Signature

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

CERTIFIED WATER RIGHT EXAMINER
176
Russell A. Lawrence
RUSSELL A. LAWRENCE
MAY 17, 1988
STATE OF OREGON

Aug 3 2022

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Russell Lawrence		**(503) 781-4885**	
ADDRESS **19478 S. Starview Ln.**			
CITY **Oregon City**	STATE **OR**	ZIP **97045**	E-MAIL **russ@streamfix.com**

Permit or Transfer Holder's of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Brant Walker	Brant Walker	owner	8/9/2022

SECTION 3
CLAIM DESCRIPTION

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POA-1	**Clack 2027**	**L-146947**

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

2. Point of diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY

3. Developed use(s), period of use, and rate for each use:

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POA-1	**irrigation**	**nursery**	**April - October**	**40 gpm (maximum)**
Total Quantity of Water Used				**40 gpm**

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion or appropriation to the place of use:

Water is taken by submersible pump, through pressure tanks maintaining 25 psi, to meter thence to underground distribution system supporting 50 individually controlled irrigation zones, all of which are drip systems. Flows range from 28.33 gpm to 40 gpm in the zones. 14 zones use drip tape with 0.17 gph emitters every foot (10,000 emitters per zone) for a flow rate of 28.33 gpm for each zone. This array of zones uses a pressure reducer to bring pressure to 10 psi; 26 zones with 250 – 0.12 gpm emitters per zone for a flow rate of 30 gpm for each zone; and 10 zones have 500 - 0.08 gpm emitters per zone for a maximum flow rate of 40 gpm for each zone. Only 1 of the 50 zones is irrigated at a time. There is no DLC associated with this claim area.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES**

(e.g. *"The permit allowed three points of diversion. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

No storage was constructed into this irrigation system.

6. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA-1	**0.09 cfs**	**0.0891 cfs**	**0.0891 cfs**	**Nursery irrigation**	**20.75**	**18.87**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple PODs or POAs? **NO**

If *"YES"* you will need to copy and complete Sections 4B through 4G for each POD/POA.

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

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A. Place of Use

1. Is the right for municipal use? **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5S	**1W**	**Willamette**	**1**	**SW/NE**	**NA**	**NA**	**NURSERY**	**8.03**	
5S	**1W**	**Willamette**	**1**	**SE/NW**	**NA**	**NA**	**NURSERY**	**5.16**	
5S	**1W**	**Willamette**	**1**	**NE/SW**	**NA**	**NA**	**NURSERY**	**3.21**	
5S	**1W**	**Willamette**	**1**	**NW/SE**	**NA**	**NA**	**NURSERY**	**2.47**	
Total Acres Irrigated								**18.87**	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used? **YES**

If "NO" items 2 through item 6 may be deleted.

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	50FA5S6-PE		**submersible**	**5.4 in.**	**1 in**

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3. Motor Information

MANUFACTURER	HORSEPOWER
Franklin 2366008120	**5 hp**

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
5	**25**	**-103.5**	**2 feet**	**0.21**

5. Provide pump calculations:

Qpump = hp x efficiency/head = cfs
Hp=5, eff factor = 7.04, psi= 25 (63.5' head), water surface at operation -103.5 ft.
Qpump = (5 x 7.04)/ (63.5 + 105.5) = 0.21cfs (94 gpm)

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
029062520 cf	**029062560 cf**	**1 minute**	**0.0891 cfs**

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

7. Is the distribution system piped? **YES**

If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	**600 feet**	**PVC**	**Buried**

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	**500 feet**	**PVC**	**Buried**

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Drip tape	**10**	**0.0028 gpm**	**10,000 per zone**	**140,000**	**0.0631 cfs**
Spitter (lt grn)	**25**	**0.12 gpm**	**250 per zone**	**6,500**	**0.0668 cfs**
Spitter (orange)	**25**	**0.08 gpm**	**500 per zone**	**5,000**	**0.0891 cfs**

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

12. Additional notes or comments related to the system:

Manufacturer product tables used to determine flow rates, confirmed by meter observation of maximum flow

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **YES**

If "NO", items 2 through 8 relating to this section may be deleted.

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2. Describe the access port (type and location) or other means to measure the water level in the well:

One inch capped vertical pipe in the well head, approximately 6 inches tall. Well head at ground surface.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

Well log Clack 2027

5. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 6 through 8 relating to this section may be deleted.

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D. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir) **NO**

If "NO", item 2 and 3 relating to this section may be deleted.

E. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe? **NO**

If "NO", items 2 through 4 relating to this section may be deleted.

F. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

If "NO", items 2 through 4 relating to this section may be deleted.

G. Reservoir

1. Does the claim involve a reservoir modified through a transfer? **NO**

Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.

*If "**NO**", items 2 through 9 relating to this section may be deleted.*

SECTION 5

CONDITIONS

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

1. Time Limits:

Permits, transfer final orders, and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	**Oct. 27, 2009**		
BEGIN CONSTRUCTION (A)		**April 2010**	
COMPLETE CONSTRUCTION (B)		**July 2014**	
COMPLETE APPLICATION OF WATER (C)		**May 2010**	

* MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? **YES**

If "NO", you may delete item 3 in this section.

3. If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
N/A		

4. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

If "NO", items 4b through 4d relating to this section may be deleted.

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

If "NO", items 5b through 5e relating to this section may be deleted.

b. Provide the month, or months, the static water level measurement(s) were to be made:
March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

6. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? **YES**

If "NO", items 6b through 6e relating to this section may be deleted.

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b. Has the pump test been previously submitted to the Department? RECEIVED AUG 1 2 2022 **NO**

c. Is the pump test attached to this claim? **YES**

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d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? OWRD **NO**

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device? **YES**

If "NO", items 7b through 7f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA-1	**Netafim**	**WR-2-07-45360**	**Working**	**029062560**	**November 2009**

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

8. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **YES**

If "NO", item 8b relating to this section may be deleted.

b. Have the reports been submitted? **YES**

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID
Electronic	**64030**

If the reports have not been submitted, attach a copy of the reports if available.

9. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

If "NO", items 9b through 9e relating to this section may be deleted.

10. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

If "NO", items 10b and 10c relating to this section may be deleted.

11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:

a. Were there special well construction standards? **NO**

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

c. Was the water user required to restore the riparian area if it was disturbed? **NO**

d. Was a fishway required? **NO**

e. Was submittal of a letter from an engineer required prior to storage of water? **NO**

f. Was submittal of a water management and conservation plan required? **NO**

g. Other conditions? **NO**

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

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
MAP	**COBU Map**
Well Log	**Well log Clack 2027**
Pump Test	**Pump test following OWRD protocols**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

GPS was used to located the well head and monumentation on Sconce Rd. Northing and Easting from SW corner of section 1 calculated based on GPS UTM coordinates, and Clackamas survey records SN1266 (P-1) & SN2018-148. Google earth (June 2021 imagery) was used to determine irrigated areas.

Map Checklist

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

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

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
Super Trees		971-983-7244	
ADDRESS: 3089 S Meridian Rd			
CITY: Hubbard	STATE: OR	ZIP: 97032	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME:		QUALIFICATION:	LICENSE #:
Nestor Lara		(SELECT) Pump Tech	
COMPANY: Fisher's Supply Inc		PHONE NO.: 503-263-8557	ADDITIONAL CONTACT NO.: 503-519-8581
ADDRESS: 659 SW 1st AVe			
CITY: Canby	STATE: OR	ZIP: 97013	E-MAIL: Nestor@fisherssupply.com

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Clac 02027	L- 146947		132'	Eddie Owings	9/10/1961	7/28/2022

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[No] Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

[No] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

[Yes] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Watering
How far from the pumped well was water discharged? 60' ft.

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

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PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape
Length of air line (if used): _____
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____

**Verify here:* *Airline:* _____ psi _____ feet.
E-Tape: 500' feet.

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: Netafim *Serial #:* WR-2-07-45360
Date Last Calibrated: N/A *Units:* GPM

Pump Type: Submersible
HP: 5 Pump set at: N/A feet.
Pump idle time: None

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance [above] land surface 0 feet.
Description (e.g., top port of 1 inch port pipe, west side) 1/2" air vent - East side

Time pump turned on: Date 7/28/22 Time 9:00 am
Time pump turned off: Date 7/28/22 Time 1:00 pm
Total pumping time: 4 hours 0 minutes.

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Remember, your pump test may not be approved unless it meets the following criteria*:

- [x] The discharge rate was held constant for the entire pumping phase.
- [x] The pump was on during the entire pumping phase (≥ 4 hours).
- [x] The discharge was measured at the start of pumping and at least once every hour during the test.
- [x] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [x] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [x] Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- [x] Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- [x] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [x] The pump test cover sheet was completely filled out and signed.
- [x] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [ ] The well was idle for at least 16 hours prior to the test.
- [x] The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: _____ DATE: 8/1/22

OWNER SIGNATURE: _____ DATE: 8/2/22

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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PUMP TEST FORM DATA SHEET

Well Log # (ex: MARI 99999)	Well Tag # (ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
Clac 02027	L- 146947		132'	Eddie Owings	9/10/161	7/28/2022

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
07/28/22	8:00 am		92'3"	0	Pre-test			Pump was running
	8:30		92' 4"	0	Pre-test			because it runs
	9:00		92' 5"	0	Pre-test			home
	9:02	2	103' 2"		Pumping	60	40	15.5 amps
	9:04	4	104' 2"		Pumping	60	40	15.5 amps
	9:06	6	104' 2"		Pumping	60	40	15.5 amps
	9:08	8	104' 3"		Pumping	60	40	15.4 amps
	9:10	10	103' 4"		Pumping	60	40	15.4 amps
	9:15	15	103' 6"		Pumping	60	40	15.4 amps
	9:20	20	103' 6"		Pumping	60	40	15.4 amps
	9:25	25	103' 6"		Pumping	60	40	15.5 amps
	9:30	30	103' 6"		Pumping	60	40	15.5 amps
	9:45	45	103' 6"		Pumping	60	40	15.6 amsp
	10:00	60	103' 6"		Pumping	60	40	15.5 amps
	10:15	75	103' 4"		Pumping	60	40	15.0 amps
	10:30	90	103' 4"		Pumping	60	40	14.9 amps
	10:45	105	103' 4"		Pumping	60	40	15.1 amps
	11:00	120	103' 6"		Pumping	60	40	15.2 amps
	11:15	135	103' 6"		Pumping	60	40	15.1 amps
	11:30	150	103' 6"		Pumping	60	40	15.0 amps
	11:45	165	103' 6"		Pumping	60	40	15.1 amps
	12:00	180	103' 6"		Pumping	60	40	15.2 amps
	12:15	195	103' 6"		Pumping	60	40	15.1 amps
	12:30	210	103' 6"		Pumping	60	40	15.0 amps
	12:45	225	103' 6"		Pumping	60	40	14.8 amps
	1:00 pm	240	103' 6"		Pumping	60	40	15.1 amps

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Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

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PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Clac 02027	L- 146947		132'	Eddie Owings	9/10/1961	7/28/2022

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
7/28/2022	1:00 pm	0	103' 6"		Recovery			
	1:02	2	89' 6"		Recovery			
	1:04	4	89' 6"		Recovery			
	1:06	6	89' 6"		Recovery			
	1:08	8	89' 6"		Recovery			
	1:10	10	89' 6"					

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CLAC 2027

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON

State Well No. 5/1W-1

State Permit No.

CLAC 02027

(1) OWNER:
Name Eddie Owings
Address Rte 1
Hubbard, Oregon

(2) LOCATION OF WELL:
County Clackamas Owner's number, if any—
¼ ¼ Section 1 T. 5S R. 1W W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 11.

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

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:
Threaded ☐ Welded ☑
6 " Diam. from 0 ft. to 132 ft. Gage
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(7) PERFORATIONS:
Perforated? ☐ Yes ☒ No
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(8) SCREENS:
Well screen installed ☐ Yes ☒ No
Manufacturer's Name
Type Model No.
Slot size Set from ft. to ft.
Slot size Set from ft. to ft.

(9) CONSTRUCTION:
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.
Was a surface seal provided? ☒ Yes ☐ No To what depth? 22 ft.
Material used in seal— Bentinite Mud
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level 61 ft. below land surface Date 10/6/61
Artesian pressure lbs. per square inch Date

Log Accepted by:
[Signed] Eddie Owings (Owner) Date September 10, 19 61

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? driller
Yield: 100 gal./min. with 115 ft. drawdown after 3 hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? ☐ Yes ☑ No

(12) WELL LOG:
Diameter of well 6 inches.
Depth drilled 132 ft. Depth of completed well 132 ft.

Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
Surface	0	4
Brown sandy clay	4	31
Blue clay	31	46
Brown sandy clay	46	65
Sand	65	70
Broken sand and gravel	70	73
Sandy brown broken gravel	73	75
Gravel	75	79
Brown sand clay	79	92
Brown clay	92	101
Gray sandy clay	101	118
Black sand	118	126
Gravel	126	132

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Work started September 4, 19 61 Completed September 10, 19 61

(13) PUMP:
Manufacturer's Name
Type: H.P.

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME John Truman Miller
(Person, firm, or corporation) (Type or print)
Address P O Box 42 Hubbard, Oregon
Driller's well number
[Signed] John Truman Miller (Well Driller)
License No. 277 Date September 10, 19 61

(USE ADDITIONAL SHEETS IF NECESSARY)