# CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



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

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# A fee of \$230 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

#### **SECTION 1**

#### **GENERAL INFORMATION**

APPLICATION #	PERMIT # (IF AP	IF APPLICABLE) PERMIT AMEN		IDMENT # (IF APPLICABLE)
G-18328	G-17862	G-17862		
2. Property Owner (cur	rent owner informatio	n):		
APPLICANT/BUSINESS NAME		PHONE	No.	ADDITIONAL CONTACT NO.
Morasch's RP PPC				
Address				
1050 NE 158th				
CITY	STATE	ZIP	E-MAIL	
Portland	OR	97230		
filed with the Departmen  3. Permit holder of reco PERMIT HOLDER OF RECORD	t. <u>Each</u> permit holder o	of record mu	st sign this for	m.
filed with the Department  3. Permit holder of record PERMIT HOLDER OF RECORD  Morasch Meats c/o Steve  Address	t. <u>Each</u> permit holder o	of record mu	st sign this for	
filed with the Department  3. Permit holder of record PERMIT HOLDER OF RECORD  Morasch Meats c/o Steve  ADDRESS  4050 NE 158th	t. <u>Each</u> permit holder o	of record mu	st sign this for	m.
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filed with the Department  3. Permit holder of record PERMIT HOLDER OF RECORD  Morasch Meats c/o Steve  ADDRESS  4050 NE 158th  CITY	t. <u>Each</u> permit holder of ord (this may, or may not may)  Morasch  STATE	of record mu	st sign this for urrent propert	m.
filed with the Department  3. Permit holder of record PERMIT HOLDER OF RECORD  Morasch Meats c/o Steve  ADDRESS  4050 NE 158th  CITY	t. <u>Each</u> permit holder of ord (this may, or may not may).  Morasch  STATE  OR	of record mu	st sign this for urrent propert	m.
filed with the Department  3. Permit holder of record PERMIT HOLDER OF RECORD Morasch Meats c/o Steve ADDRESS 4050 NE 158th CITY Portland ADDITIONAL PERMIT HOLDER OF	Morasch  STATE OR	of record mu	st sign this for urrent propert	m.

July 1, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT	
Michael Oase	July 1, 2022	Maintenance Manager	

#### 6. County

•	
Multnomah	

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

111	
STATE	ZIP

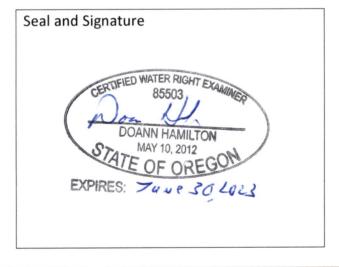
Add additional tables for owners of record as needed

# SECTION 2

#### **SIGNATURES**

### **CWRE Statement, Seal and Signature**

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



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CWRE NAME		PHONE NO.		Additional Contact No.
Doann Hamilton		(503) 632-5	016	(503) 349-6946
Address				
18487 S. Valley Vista Road				
Сіту	STATE	ZIP	E-MAIL	
Mulino	OR	97042	phgdmh@g	mail.com

## Permit Holder of Record Signature or Acknowledgement

**Each** permit 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	
	Morasch Meatste		-/-/	
Ateria Morach	Steven Morasch	Manager	9/30/22	
1 1 2 1 - 11	Morasch Meats, In Steven Morasch	C.	9(30/22 4	
Stern & Morasel	Steven Morasch	Manager	10/21/22	-orly
		9		

#### **SECTION 3**

#### **CLAIM DESCRIPTION**

1. Point of appropriation name or number:

Well 1	MULT 135509	L-137503	
(POA) NAME OR NUMBER (CORRESPOND TO MAP)	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	(IF APPLICABLE)	
POINT OF APPROPRIATION	WELL LOG ID#	WELL TAG#	

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 appropriation source, if indicated on permit:

POA	Source	TRIBUTARY
NAME OR NUMBER	BASIN LOCATED WITHIN	
Well 1	A well in Columbia Slough Basin	Willamette River

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

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)
Well 1	Commercial	NA	Year round	0.25 cfs
<b>Total Quantity of</b>	Water Used	0.25 cfs		

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

Water is pumped from Well 1 (MULT 135509) using a 10 Hp submersible pump to convey water north about 60 feet through 2-inch Pex Polyethylene tubing into the south end of the pump house. The city water line also enters the pump house at the south end.

Inside the pump house, the water from the well is pumped through 2-inch Pex tubing to an 85 gallon pressure tank, then through 2 feet of galvanized pipe to the meter before continuing through 2-inch Pex tubing into two filers with softener added. The water is then conveyed back to the south end of the pump house. There are valves to direct water from either the well or from city water to be used in the facility.

The well is mainly used as a back up to supply water to the facility to process food products for pet and human consumption.

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.

(e.g. "The permit allowed three points of appropriation. 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.")

- 1. Tax lot TL 1N 2E 24 501 was sold to GBI Holding Co and is not included in this claim.
- 2. The location of Well 1 (MULT 135509) is more correctly placed at: 1,320 feet north and 1,000 feet west from the SW corner, Section 24.

#### 6. Claim Summary:

Well 1	1.56 cfs	0.25 cfs	Not measured	Commercial	NA	NA
		BASED ON SYSTEM	MEASURED			
NAME OR #	AUTHORIZED	THEORETICAL RATE	WATER	3. 以存储的现在分词	ALLOWED	DEVELOPED
POA	MAXIMUM RATE	CALCULATED	AMOUNT OF	USE	# OF ACRES	# OF ACRES

#### **SECTION 4**

#### SYSTEM DESCRIPTION

Are there multiple POAs?

NO

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If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

#### 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
1N	2E	WM	24	NE SE	NA	DLC 46	Commercial	NA	NA
1N	2E	WM	24	SE SE	NA	DLC 46	Commercial	NA	NA
Total	Acres	Irrigate	ed					NA	NA

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. Groundwater Source Information (Well)** 

1. Is the appropriation from a well?

YES

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

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

Top of casing beneath pitless adaptor cap.

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

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF ORIGINAL WELL	DATES OF ALTERATIONS	WAS DRILLED FOR	
See Well Log N	<b>MULT 13550</b> 9	9				

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.

See Well Log MULT 135509

#### C. Groundwater Source Information (Sump)

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1. Is the appropriation from a dug well (sump)?

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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#### D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport <u>and</u> apply the water from the point of 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:

Grundfos	85S100-9	00245841	Submersible	4 inch	2 inch
IVIANOTACTORER			SUBMERSIBLE)		SIZE
MANUFACTURER	Model	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE

#### 3. Motor Information:

Manufacturer	Horsepower
Hitachi	10 Hp

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP  *IF A WELL, THE WATER LEVEL	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT
10 Hp	84 psi	62.75 feet (from permit condition pump test)	0 feet	(IN CFS) 0.25 cfs

#### 5. Provide pump calculations:

Q Pump =  $\frac{(10 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(62.75 \text{ ft lift} + 213.4 \text{ ft pressure head})}$  = 0.25 cfs

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME	TOTAL PUMP OUTPUT	
		OBSERVED	(IN CFS)	EIVEI
Not running during site	visit		NLO	I V I I

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

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#### 7. Is the distribution system piped?

If "NO" items 8 through item 13 may be deleted.

YES



#### 8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
2 inch	60 feet	Pex – Polyethylene tubing	Below ground

#### 9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
2 inch within pump house	2	Galvanized	Above ground
2 inch within pump house	~ 50 feet	Pex	Above ground
All different within building for commercial use	Various	Pex	Above ground
to process human and dog food products			

#### 10. Sprinkler Information:

SIZE	OPERATING	SPRINKLER	TOTAL NUMBER	MAXIMUM	TOTAL SPRINKLER OUTPUT
	PSI	Оитрит	OF SPRINKLERS	Number Used	(CFS)
	Employee and the second	(GPM)	Alternative and the second second		Company of the Company
NA					

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

11. Drip Emitter Information:

SIZE	OPERATING	EMITTER	TOTAL NUMBER	MAXIMUM	TOTAL EMITTER OUTPUT
	PSI	Оитрит	OF EMITTERS	Number Used	(CFS)
NA		(GPM)		e of the granular and the second of the second	to applicable to the second of

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	Additional Information
NA					

#### 13. Pivot Information:

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

#### E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

YES

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

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

MATERIAL	CAPACITY	ABOVE GROUND OR BURIED
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	
Metal	85 Gallon	Above ground

#### F. 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.

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#### G. Gravity Flow Canal or Ditch

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

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1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

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NO

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

#### H. Additional notes or comments related to the system:

The well is used mostly as a back up to the city water system.

#### **SECTION 5**

#### **CONDITIONS**

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

#### 1. Time Limits:

Permits and 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 or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	October 10, 2017		
Begin construction (A)	October 10, 2022	November 5, 2020	Construction of the Well 1 (MULT 135509) started August 18, 2020
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 10, 2022	March 2022	Construction of the Well 1 (MULT 135509) was completed November 5, 2020. All the permit conditions were met and water was put to full use. Full beneficial use of water has been made.

<sup>\*</sup> MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

NO

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

#### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **NO** If "NO", items b through d relating to this section may be deleted.

#### 4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

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

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#### 5. Pump Test:

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

YES

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department?

c. Is the pump test attached to this claim?

d. Has the pump test been approved by the Department?

Unknown

e. Has a pump test exemption been approved by the Department?

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

#### 6. Measurement Conditions:

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

YES

If "NO", items b through f 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
Well 1	Badger	210602509	Working	29,958.4 gallons	December 2021

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

#### 7. Recording and reporting conditions:

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

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

b. Have the reports been submitted?

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

#### 8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards?

b. Was submittal of a ground water monitoring plan required?

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

d. Was a Well Identification Number (Well ID tag) assigned and attached YES

to the well?

147	
WELL ID#	DATE ATTACHED TO WELL
	A CONTRACTOR OF THE PARTY OF TH

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November 5, 2020 L-137503

YES e. Other conditions?

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

#### e1) Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

#### Compliance:

Well tag L-137503 is attached to the well casing.

#### e2) Condition:

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

#### Compliance:

Well 1 (MULT 135509) was drilled approximately 1,400 feet south southwest from nearest unnamed creek to the Columbia Slough; therefore, no riparian area was disturbed.

#### SECTION 6

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION				
Claim of Beneficial Use Map	Claim of Beneficial Use Map Well log and driller's notes for MULT 135509 – Well 1				
State Water Well Report – MULT 135509					
BLM Cadastral Map	BLM Cadastral Map T. 1N. R. 2E. showing DLC and				
	Government Lot locations				

#### **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.

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

The COBU map was prepared using tax assessor's maps 1N2E 24 and 24DD, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:

http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

Application and permit number or transfer number

#### **Map Checklist**

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

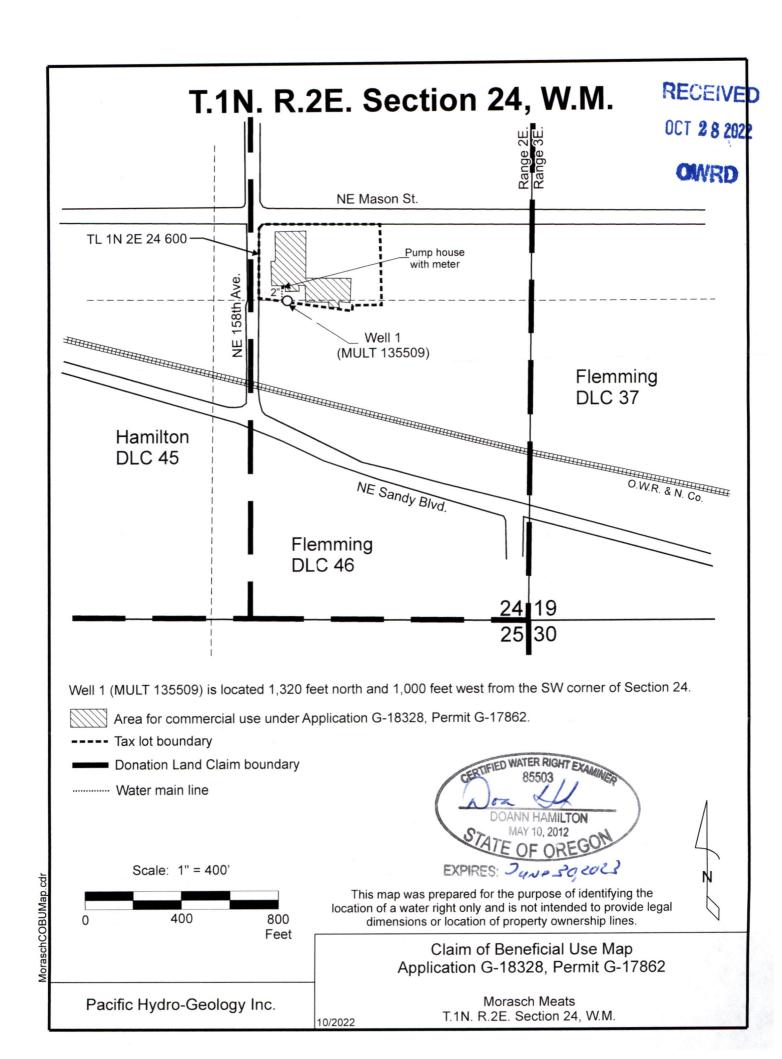
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North arrow

CWRE stamp and signature

Legend



#### STATE OF OREGON WATER SUPPLY WELL REPORT

#### MULT 135509

	rage 10
VELL I.D. LABEL# L	137503
START CARD #	1048555
ORIGINAL LOG #	

11/19/2020

(as required by ORS 537.765 & OAR 690-205-0210)	11/19/.	2020	ORIGI	NAL LUG	#		
(1) LAND OWNER Owner Well I.D. 01							
First Name MICHAEL Last Name MORASCH	_ '	(9) LOCATIO	ON OF W	ELL (lega	l descri	ption)	
Company MORASCH MEATS	- 1	County MULTNON	MAH Twp 1	.00 N	N/S R	Range 2.00 E	E/W WM
Address 4050 NE 158TH AVE	- 1	Sec 24 NE	E 1/4 o	f the SE	1/4	Tax Lot 600	
City PORTLAND State OR Zip 97230	=	Tax Map Number				Lot	
(2) TYPE OF WORK New Well Deepening Conversion	on .	Tax Map Number Lat°	1 1	or 45.55186	900		DMS or DD
Alteration (complete 2a & 10) Abandonment(complete	ete 5a)	Long	, ,	or -122.499	64800		DMS or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd		Street	et address of	well C	Nearest a	ddress	
Casing:		4050 NE 158TH	AVE, PORT	LAND, ORE	GON 972	30	
Material From To Amt sacks/lbs							
Seal:	[	(10) STATIC	WATED	LEVEL			
(3) DRILL METHOD		(10) STATIC	WAILK		ate S	WL(psi) +	SWL(ft)
Rotary Air Rotary Mud Cable Auger Cable Mud	1	Existing Well	l / Pre-Altera	ition			
Reverse Rotary Other		Completed W					19
(4) PROPOSED USE Domestic Irrigation Community			Flowin	g Artesian?	Dr	ry Hole?	
X Industrial ∕ Commericial Livestock Dewatering	ŀ	WATER BEARIN	G ZONES	Depth	water wa	as first found 2	0.00
Thermal Injection Other	- 1	SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach	ch copy)	9/26/2020	20	72	100		19
Depth of Completed Well 276.00 ft.	cii copy)	10/1/2020	104	72 135	75	+	19
The state of the s	sacks/	10/1/2020	177	194	100	1	19
Dia From To Material From To Amt	lbs	10/26/2020	201	204	20		19
15.0	S	10/30/2020	245	254	15		19
8 25 276 Calculated 22	-						
Cement with 5% Bento 20 25 10 Calculated 3	S	(11) WELL L	OG	Ground Eleva	ation 25	00	
How was seal placed: Method A B C D E	-	1	Material	Orouna Lieve		From	То
Xother POURED BENTONITE		Cobbles mixed w		sandy		0	5
Other POURED BENTONITE  Backfill placed from ft. to ft. Material		Boulders, large				5	12
Filter pack from ft. toft. MaterialSize		Clay, brown				12	20
Explosives used: Yes Type Amount		Gravel, large to n				20	36
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		Gravel, large to n				36 42	72
Proposed Amount Actual Amount		mutlicolored w/s		u (w,times		42	72
		Gravel, multicolo		d hard		72	84
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld	d Thrd	Conglomerate, m				84	104
● 8 × 2 256 .250 ● ×		Gravel, medium o	cemented w/	boulders		104	135
	ΠІ	Clay, gray Sandstone, gray v	ulaama arau	al		135 161	161
		Clay, bluish-gray		<u> </u>		175	177
		Sand, gray fine to		es of		177	194
		claystone, gray				177	194
Shoe Inside Outside Other Location of shoe(s) 256.5		Clay, gray				194	201
Temp casing Yes Dia 12 From + 1 To 25		Sand, lightly cem		od		201	204
(7) PERFORATIONS/SCREENS	_	Clay, gray & blue Clay, brown	2			204	211
Perforations Method	.						213
Screens Type Material	Tala/	Date Started 8/	18/2020	C	omplete	d 11/5/2020	
Perf/ Casing/ Screen Scrn/slot Screen Liner Dia From To width length slots pipe	Tele/ ipe size	(unbonded) Wa	ter Well Co	nstructor Ce	rtification	n	
		I certify that the				, ,	0,
OCT 2 8 2022	2	abandonment of					
		construction stan			i informa	tion reported a	bove are true to
000000		License Number	_		Date	11/10/2020	
OWRD	=-	License Number	1715		Date _	11/19/2020	
(8) WELL TESTS: Minimum testing time is 1 hour		Signed RUSS	ELL KENN	ER (E-filed)			
Pump Bailer Air Flowing Artesia	lan	(bonded) Water	Wall Const	unatar Cartif	leation		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 200 275 0.3	¬	I accept responsi				ing alteration	or abandonment
30 60 0.7	<u> </u>	work performed					
		performed during					
Temperature 57 °F Lab analysis X Yes By SDI, Iron 0.5 ppm		construction stand	-			-	
Water quality concerns? X Yes (describe below) TDS amount 104 pp	ppm	License Number	2006		Date 11	/19/2020	
From To Description Amount Unit	nıts			D (F C' 1)			
20 254 High Iron	$\dashv$	Contact Info (opt	TEN BLAN		DILLING	3 503 656 3693	
	$\neg \mid \mid$	Contact Info (opt	ional) SKY	LES WELL L	MILLING	303-030-2083	7

MULT 135509

WELL I.D. LABEL# L 137503

START CARD #	

	age	-	O1
			_

continuation page	11/1	9/2020		GINAL LO		8555		
(2a) PRE-ALTERATION		Water Qualit	v Concern	s				
Dia + From To Gauge Stl Plstc Wld Thrd		From To		Descrip	tion	Amou	nt Units	
							T	٦
								]
Material From To Amt sacks/lbs								-
		l					_	1
(5) BORE HOLE CONSTRUCTION		(10) STATIC						
BORE HOLE SEAL	1 /	SWL Date	From	То		SWL(psi)	+ SWL(f	t)
	sacks/ t lbs	11/5/2020	265	276	200		19	$\dashv$
					<del> </del>	-	H	$\dashv$
Calculated	+							$\neg$
Culculated								
Calculated							<u> </u>	$\dashv$
Calculated	+				-	_	H	$\dashv$
Calculated	+				1			$\dashv$
Calculated								
FILTER PACK From To Material Size		(11) WELL I	LOG					_
Prom 10 Material 5.55			Material			From	To	
		Claystone, gray				213	217	
		Clay, gray				217	221	
CASTICAL INTER		Clay, bluish-gra	iycc			221	235	
(6) CASING/LINER		Clay, dark gray Claystone, gray	broken miye	ed w/		235	245 254	
Casing Liner Dia + From To Gauge Stl Plstc Wld	Thrd	sandstone, blace		d W/		245	254	_
		Clay, gray w/wo				254	265	
		Lava, black por	ous & fractu	red		265	276	
	H					+		-
	l H					+		$\neg$
	H							
						-		-
								$\dashv$
(7) PERFORATIONS/SCREENS						-		- 31 4
	m 1 1						RECE	IV
Perf/ Casing/Screen Scrn/slot Slot # of	Tele/ pipe size					<del> </del>		$\neg$
Screen Liner Dia From To width length slots	pipe size						OCT 2	8 20
								1
							O1 8 2	7
	+					-	- UW	KU
	+							
	1							
		Comments/I	Remarks					
(8) WELL TESTS: Minimum testing time is 1 hour								
Yield gal/min Drawdown Drill stem/Pump depth Duration	(hr)							

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MULT 135509

11/19/2020

RECEIVED

OCT 28 2022

Map of Hole

OWRD

# STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

#### Oregon Water Resources Department

725 Summer St NE, Salem OR 97301 (503)986-0900



LOCATION OF WELL Well Label: 137503

Printed: November 6, 2020

Latitude: 45.55186900 Datum: WGS84

Longitude: -122.49964800

Township/Range/Section/Quarter-Quarter Section:

WM1.00N2.00E24NESE

Address of Well:

4050 NE 158TH AVE, PORTLAND, OREGON 97230

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

