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

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

A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-14504	**G-13358**	**T-NA**

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME	PHONE NO.	ADDITIONAL CONTACT NO.
J & K Pohlschneider Inc.		
ADDRESS **17673 French Prairie Rd. NE**		

CITY	STATE	ZIP	E-MAIL
St. Paul	**OR**	**97137**	

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

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

PERMIT HOLDER OF RECORD		
John and Karren Pohlschneider		
ADDRESS **17673 French Prairie Rd. NE**		
CITY **St. Paul**	STATE **OR**	ZIP **97137**

ADDITIONAL PERMIT HOLDER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

July 19, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
John and Karren Pohlschneider	**July 19, 2022**	**Owner / Operator**

6. County

Marion County

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)):

OWNER OF RECORD **NA**		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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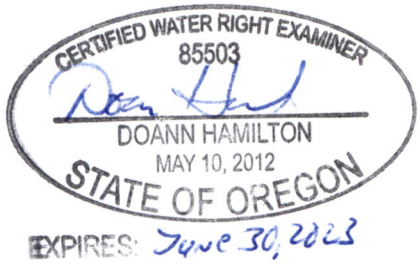
SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



CWRE NAME **Doann Hamilton**		PHONE NO. **(503) 632-5016**	ADDITIONAL CONTACT NO. **(503) 349-6946**
ADDRESS **18487 S. Valley Vista Road**			
CITY **Mulino**	STATE **OR**	ZIP **97042**	CWRE NAME **Doann Hamilton**

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
Karren Pohlschneider	Karren Pohlschneider	Owner	11/18/22
John Pohlschneider	John Pohlschneider	Owner	11/18/22

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	**MARI 53033**	**L-14912**

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 NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	**A well in Champoeg Creek 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	**Irrigation**	**Grass seed, hazelnuts, wheat, row crops**	**March 1 through October 31**	**3.94 cfs**
	IR for NU	**NA**	**March 1 through October 31**	
	AG for NU	**NA**	**Year Round**	
Total Quantity of Water Used				**3.94 cfs total allowed**

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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 (MARI 53033) using two submersible pumps together, one 75 Hp and the other 25 Hp. The water from the 25 Hp pump comes up from the well through 3 feet, 4-inch section of galvanized pipe, then tees west through 3 feet of steel pipe that then elbows down and connects with the 8-inch steel pipe coming out of the well from the 75 Hp pump. The 8-inch steel pipe for the 75 Hp pump continues west about 25 feet before going underground and connecting to 8-inch PVC mainline. There is a 4-inch hydrant right by the well and along the 8-inch mainline. The mainline runs north to the northern edge of the property, and then heads east. There are several hydrants along this mainline for connecting to laterals. Another line from the well heads south, then west before heading south again to the middle of the property. At that location the 8-inch below ground PVC runs east –west with hydrants located every 140 feet along the mainline.

Attached to these hydrants can be portable aluminum 3-inch laterals to lay out across an area. To these 3-inch laterals are attached 2-inch portable aluminum handlines with 3/16" impact sprinklers every 40 feet. At other locations a drip system is set up with using a 2-inch polyethylene pipe running perpendicular to the rows where 5/8 drip tubing can be attached running one line per row with 12-inch drip spacing. Also attached can be the hardhose traveler which can actually be used to cover all the area, even those areas with where impact sprinklers and/or drip have been used. The Pohlschneiders own one hard hose traveler with a booster and another without, but on hotter days they sometimes lease out a second hard hose traveler with a booster.

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 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. **The authorized Well 2 has not been constructed and is, therefore, not included in this Claim of Beneficial Use**

2. **After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage. The place of use was revised to include reference to the DLC and/ or Government Lot and to show the place of use based on field verification:**

Original authorized place of use:

4S	2W	31	SE SE	IR	12.5		
4S	2W	32	SW SW	IR	40.0		
4S	2W	32	SE SW	IR	40.0		
4S	2W	32	SWSE	IR	40.0		
4S	2W	32	SE SE	IR	40.0		
4S	2W	33	SW SW			NU	10.0
4S	2W	33	SW SW	IR	22.0		
5S	2W	4	NW NW	IR	22.0		
5S	2W	5	NE NE	IR	25.0		
5S	2W	5	NW NE	IR	24.5		
5S	2W	5	NE NW	IR	23.0		
5S	2W	5	NW NW	IR	21.5		
5S	2W	6	NE NE	IR	9.5		
				Total: IR	320.0	NU	10.0

Revised place of use:

4S	2W	31	SE SE	DLC 55	IR	12.5		
4S	2W	32	SW SW	DLC 55	IR	40.0		
4S	2W	32	SE SW	DLC 55	IR	40.0		
4S	2W	32	SWSE	DLC 55	IR	40.0		
4S	2W	32	SE SE	DLC 55	IR	40.0		
4S	2W	33	SW SW	DLC 55			NU	4.8
4S	2W	33	SW SW	DLC 55	IR	21.0		
5S	2W	4	NW NW	DLC 66	IR	22.0		
5S	2W	5	NE NE	DLC 66	IR	25.0		
5S	2W	5	NW NE	DLC 66	IR	24.5		
5S	2W	5	NE NW	DLC 66	IR	23.0		
5S	2W	5	NW NW	DLC 66	IR	21.5		
5S	2W	6	NE NE	DLC 66	IR	9.5		
				Total:	IR	319.0	NU	4.8

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	4.0 cfs	3.94 cfs	1.07 cfs not running at full capacity	Irrigation	320.0	319.0
	0.25 cfs			IR for NU	10.0	4.8
	1.5 cfs			AG for NU		
Total allowed:	4.28 cfs					

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

Well 1

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
4S	2W	WM	31	SE SE	NA	55	IR	12.5	NA
4S	2W	WM	32	SW SW	NA	55	IR	40.0	NA
4S	2W	WM	32	SE SW	NA	55	IR	40.0	NA
4S	2W	WM	32	SWSE	NA	55	IR	40.0	NA
4S	2W	WM	32	SE SE	NA	55	IR	40.0	NA
4S	2W	WM	33	SW SW	NA	55	NU	4.8	NA
4S	2W	WM	33	SW SW	NA	55	IR	21.0	NA
5S	2W	WM	4	NW NW	NA	66	IR	22.0	NA
5S	2W	WM	5	NE NE	NA	66	IR	25.0	NA
5S	2W	WM	5	NW NE	NA	66	IR	24.5	NA
5S	2W	WM	5	NE NW	NA	66	IR	23.0	NA
5S	2W	WM	5	NW NW	NA	66	IR	21.5	NA
5S	2W	WM	6	NE NE	NA	66	IR	9.5	NA
Total Acres Irrigated - IR								319.0	
Total Acres Irrigated - NU								4.8	

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:

1 inch galvanized pipe through the vent/access port of the sanitary seal on the north side.

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
See Well Log MARI 53033						

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 MARI 53033

C. Groundwater Source Information (Sump)

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

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.

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 and 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:

Which pump	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
75 Hp pump	**Unknown**	**Unknown**	**Unknown**	**Submersible**	**Unknown**	**8 inch**
25 Hp pump	**Unknown**	**Unknown**	**Unknown**	**Submersible**	**Unknown**	**8 inch**
Booster 1	**Cornell**	**3RB-EM16-4**	**136666 12.88**	**Centrifugal**	**4 inch**	**4 inch**
Booster 2	**Rented can be different each time**			**Centrifugal**	**4 inch**	**4 inch**

3. **Motor Information:**

WHICH PUMP	MANUFACTURER	HORSEPOWER
75 Hp pump	Unknown	75 Hp pump
25 Hp pump	Unknown	25 Hp pump
Booster 1	Cummins	60 Hp
Booster 2	Rented can be different each time	60 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)
75 Hp	84 psi	75.1 feet (from permit condition pump test)	0 feet	1.83 cfs
25 Hp	84 psi		0 feet	0.61 cfs
75 Hp + 25 Hp	84 psi		0 feet	2.43 cfs
Booster pump 1 – 60 Hp	120 psi		0 feet	2.90 cfs
Booster pump 2 – 60 Hp	120 psi		0 feet	3.94cfs

5. **Provide pump calculations:**

Q Pump (75 Hp) = $\frac{(75\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(75.1\ ft\ lift + 269.4\ ft\ pressure\ head)}$ = 1.83 cfs

Q Pump (25 Hp) = $\frac{(25\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(75.1\ ft\ lift + 269.4\ ft\ pressure\ head)}$ = 0.61 cfs

Q Pump (combine) = $\frac{((75\ Hp) \times (7.04\ ft^4/sec\ Hp)) + ((25\ Hp) \times (7.04\ ft^4/sec\ Hp))}{(75.1\ ft\ lift + 213.4\ ft\ pressure\ head)}$ =2.43cfs

Q Pump (combine + Booster 1) =

$\frac{((75\ Hp) \times (7.04\ ft^4/sec\ Hp)) + ((25\ Hp) \times (7.04\ ft^4/sec\ Hp)) + ((60\ Hp) \times 6.61\ ft^4/sec\ Hp))}{(75.1\ ft\ lift + 304.8\ ft\ pressure\ head)}$ = 2.90cfs

Q Pump (combine + Booster 1 + Booster 2) =

$\frac{((75\ Hp) \times (7.04\ ft^4/sec\ Hp)) + ((25\ Hp) \times (7.04\ ft^4/sec\ Hp)) + ((60\ Hp) \times 6.61\ ft^4/sec\ Hp)) + ((60\ Hp) \times 6.61\ ft^4/sec\ Hp))}{(75.1\ ft\ lift + 304.8\ ft\ pressure\ head)}$ = 3.94cfs

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)
33,822,600 gallons	33,827,900 gallons	11 minutes	1.07 cfs or 481.8 gpm which was consistent with the meter reading. Was not running at full capacity

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 13 may be deleted.

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8 inch	~ 25 feet	Steel	Above ground
8 inch	~ 8,650 feet	PVC	Buried
4 inch	~ 3 feet	Galvanized	Above ground
4 inch	~ 3 feet	Steel	Above ground

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
4 inch – Hard hose traveler	1,600 feet	Poly hose	Above ground
3 inch – Hard hose traveler	1,000 feet	Poly hose	Above ground
3 inch	~ 2,000 feet	Aluminum	Above ground
2 inch	~ 4,000 feet	Aluminum	Above ground
2 inch	~ 100 feet	Polyethylene	Above ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
Rainbird impact 3/16th of inch	60 psi	7.8 gpm	~ 100	36	0.62 cfs
1.0 inch	120 psi	320 gpm	1	1	0.71 cfs
1.3 inch	120 psi	545 gpm	1	2	2.43 cfs

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

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
12 inches	3.33 gpm / 100 ft	~3,500 feet	2,400 feet	0.18 cfs	

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)? **NO**

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

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.

G. 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.

H. Additional notes or comments related to the system:

The well was installed before there were 100Hp submersible pumps so two pumps were installed to reach this total, a 75 Hp and 25 Hp.

He has one hard hose traveler with a booster and a smaller one without a booster.

On the hottest days, he rents a second hard hose traveler with a booster and runs all three at the same time. On these hotter days, he can run the three hardhose travelers and the rest of his irrigation system all at the same time equaling 3.94 cfs.

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	**March 25, 1998**		
BEGIN CONSTRUCTION (A)	**March 25, 1999**	**March 26, 1998**	**Construction of Well 1 (MARI 53033) began March 20, 1998**

COMPLETE CONSTRUCTION (B)	**NA**	**NA**	**NA**
COMPLETE APPLICATION OF WATER (C)	**October 1, 2002 extended to October 1, 2010**	**Summer 2010**	**Construction of Well 1 (MARI 53033) was completed April 24, 1998. All the rest of the permit conditions were met and water was put to full use.**

* 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)? **YES**

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

a. Did the Extension Final Order require the submittal of Progress Reports? **YES**

– Due October 1, 2008

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

b. Were the Progress Reports submitted? **YES**

– Received December 4, 2008

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

3. Initial Water Level Measurements:

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

If "NO", items b through d 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
NA			

4. Annual Static Water Level Measurements: **Initial plus seven**

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

If "NO", items b through e 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
NA			

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? **NO**

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

d. Has the pump test been approved by the Department? **Not Yet**

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

**** 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	**McCrometer**	**99-08555-08**	**Working**	**33,823,300 gallons (July 19, 2022)**	**2000**

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? **YES**

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

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

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? **NO**

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

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?

WELL ID #	DATE ATTACHED TO WELL
L-14912	**April 1998**

e. Other conditions? **YES**

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:
The well shall be cased and sealed continuously to a minimum of 200 feet.

Compliance:
Well 1 (MARI 53033) was cased to 187 feet and sealed to 184 feet.
Per fax sent March 25, 1998 from the driller, Schneider Equipment, Inc. and Drilling Co., Steve Schneider obtained approval from the department to case and seal the well at shallower depths than specified in the permit.

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**
State Water Well Report – MARI 53033	**Well log and driller's notes for MARI 53033 – Well 1**
BLM Cadastral Map	**BLM Cadastral Map T. 4S. R. 2W. showing DLC and Government Lot locations**
BLM Cadastral Map	**BLM Cadastral Map T. 5S. R. 2W. showing DLC and Government Lot locations**
Pump Test Form Cover Sheet and Pump Test Data Sheet	**Pumping Test Results for Well 1 (MARI 53033) conducted November 15, 2022.**
Fax dated March 25, 1998	**Fax from Schneider Equipment, Inc. to OWRD regarding well construction.**

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.

The COBU map was prepared using tax assessor's maps 04 2W 31, 32, 33 and 05 2W 05 and 06, 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.

Map Checklist

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

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

RECEIVED

MAY 21 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Label L14912

MAR 1
53033

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

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

(START CARD) # 102362

(1) OWNER: Well Number

Name J & K Pohlschneider, Inc.

Address 17673 French Prairie Rd.

City Woodburn State OR Zip 97071

(2) TYPE OF WORK

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

(3) DRILL METHOD:

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

[X] Other Reverse Circulation Rotary

(4) PROPOSED USE:

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

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

(5) BORE HOLE CONSTRUCTION: Re: permit seal rqmts from Marc Norton 3/25/98

Special Construction approval [X] Yes [ ] No Depth of Completed Well 266 ft.

Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	232	cement	3	184	258 sks
16	232	294	bentonite	0	3	7 sks

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

[X] Other Bentonite poured from surface

Backfill placed from 285 ft. to 294 ft. Material slough

Filter pack placed from 160 ft. to 285 ft. Size of gravel #Pack cssi6x9&12

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	+1.7	187	.375	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
12" thd & bell		159.4	162	std	[X]	[ ]	[X]	[ ]
Liner:	10	162	266	.250	[X]	[ ]	[X]	[ ]
	except @ screens				[ ]	[ ]	[ ]	[ ]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method

[X] Screens Type V shape wire wrap Material 304ss

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
182	214	.060	cont	10	ps	[ ]	[ ]
228	246	.060	cont	10	ps	[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

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

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

Temperature of water ~55°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:

SET 9809

(9) LOCATION OF WELL by legal description:

County Marion Latitude Longitude

Township 4S N or S Range 2W E or W. WM.

Section 33 SW 1/4 SW 1/4

Tax Lot 800 Lot Block Subdivision

Street Address of Well (or nearest address) Owner

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 4/24/98

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 58

From	To	Estimated Flow Rate	SWL
Most all sands/gravels:			
58	123	300±?	0
187	214	see (8)	see (10)
230	246		"

(12) WELL LOG:

Ground Elevation approx. 160' M.S.L.

Material	From	To	SWL
See Attached Log			

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Date started 3/20/98 Completed 4/24/98

(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 1367

Signed Date 5/20/98

(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 649

Signed Date 5/20/98

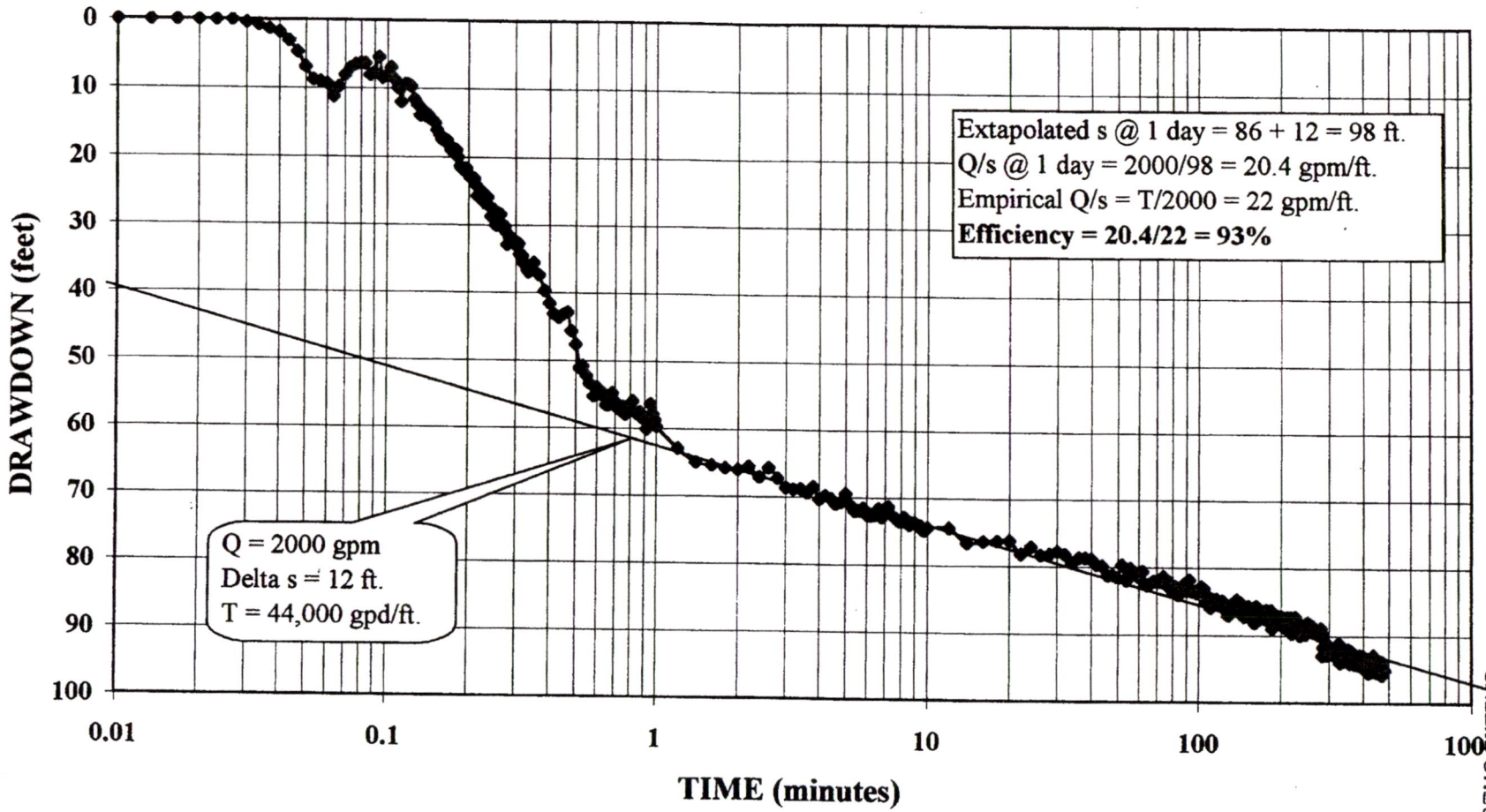
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

J&K Pohlschneider, Inc.

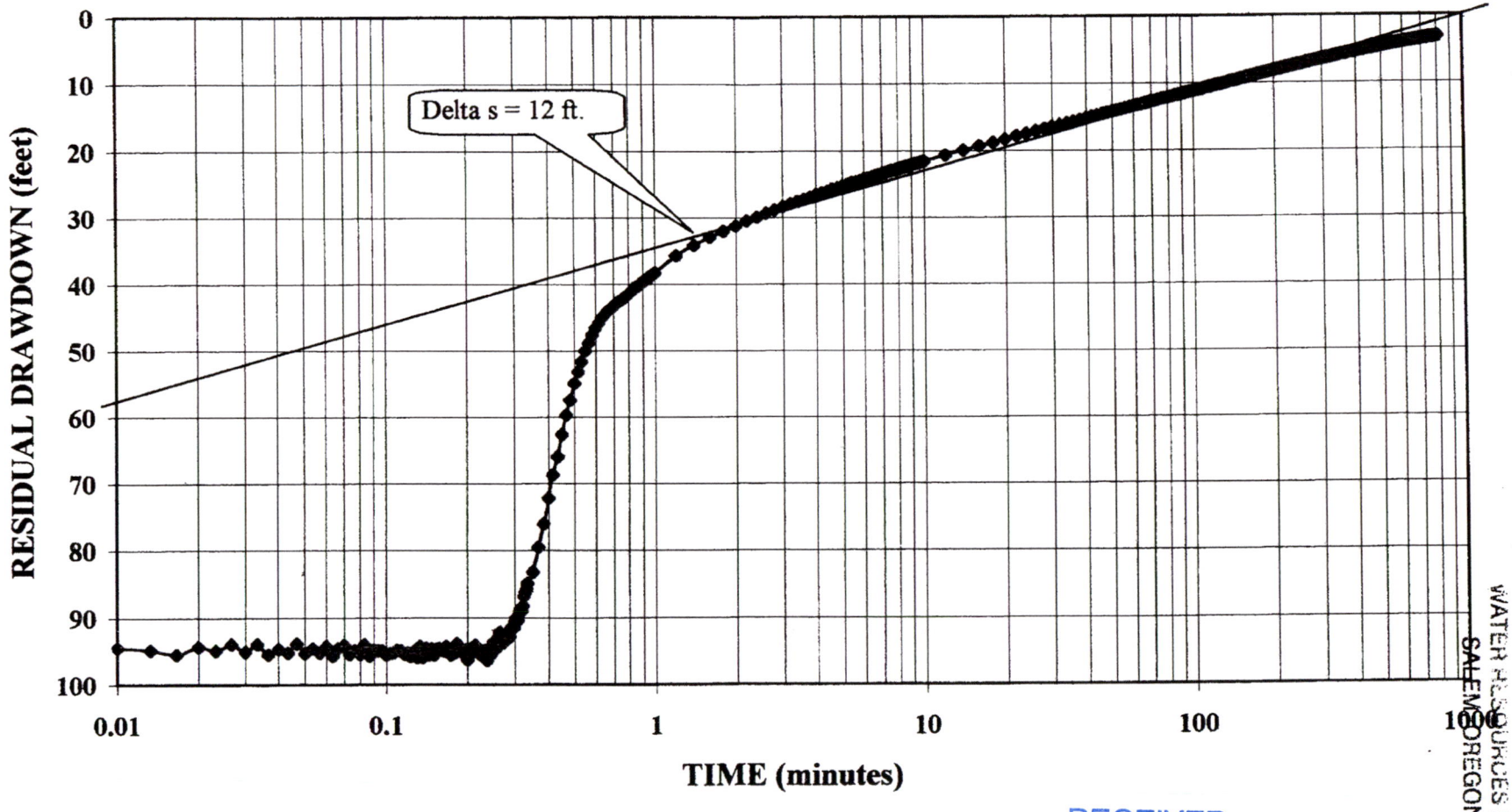
Label #14912 - Start Card No. 102362
by **Schneider Drilling Co.**
1998

From	To	Description
0	2	Top soil
2	8	Clay, brown, soft
8	35	Clay, gray, silty, sandy, soft
35	41	Clay, gray, soft
41	55	Clay, gray, medium
55	58	Clay, gray & brown, soft
58	64	Sand, med-fine
64	75	Clay, gray, medium
75	101	Sand & gravel, medium, cemented
101	105	Sand, med, & gravel, 3/4"-, cemented
105	113	Clay, brown & gray, med-soft
113	115	Clay, gray, med, sandy
115	123	Sand, med, cemented
123	129	Clay, gray, med
129	136	Clay, gray, med-soft, silty
136	157	Clay, blue, med
157	187	Clay, gray & brown, soft
187	214	Gravel, 1.5"-, & sand, coarse, some wood
214	230	Clay, gray & brown, soft
230	244	Sand, med, black
244	246	Gravel, 3"- & sand, med, black
246	255	Clay, gray, med
255	265	Clay, blue-green, soft
265	278	Clay, gray, med
278	294	Clay, blue, med

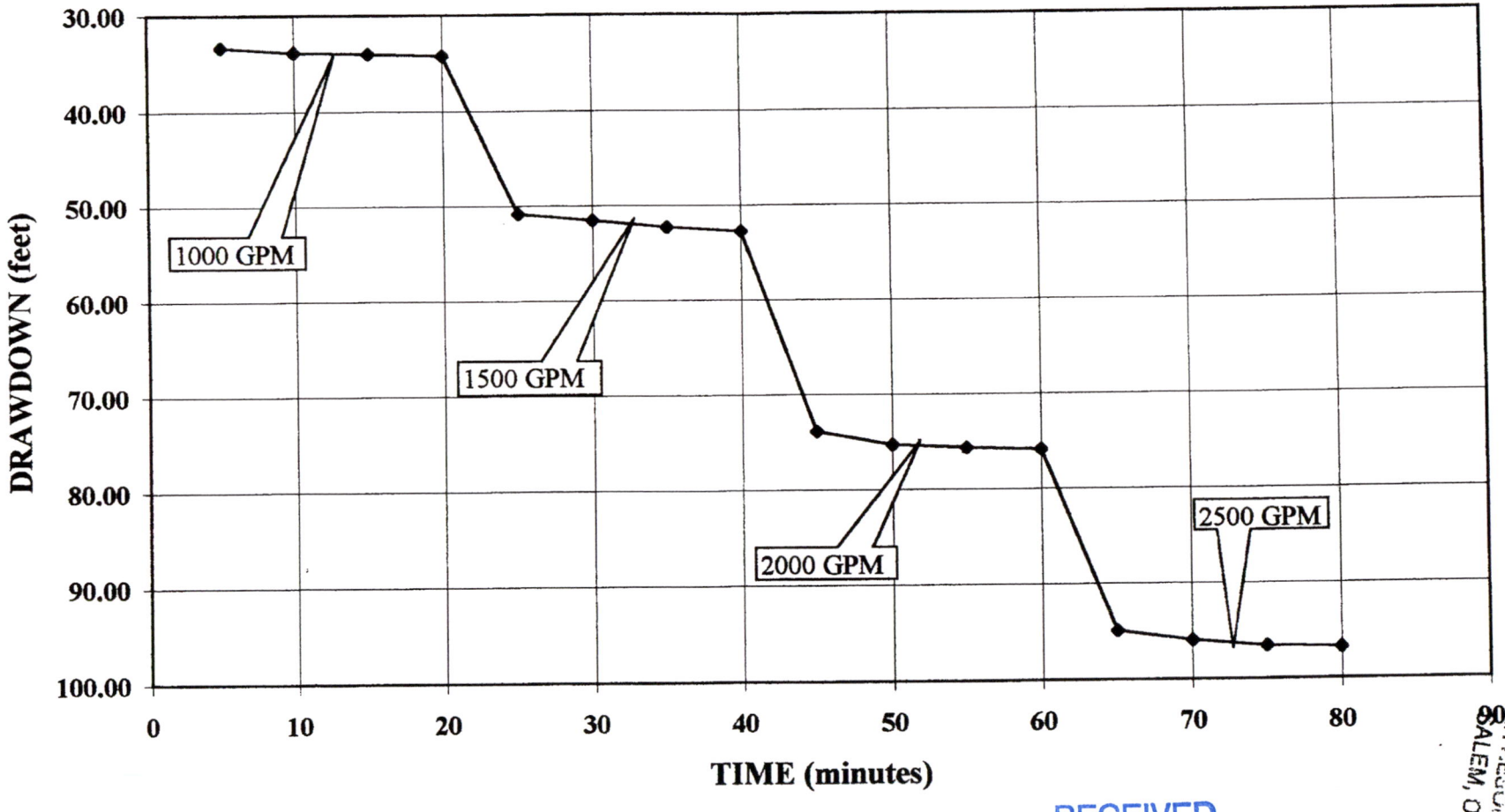
J&K POHLSCHNEIDER, INC.
Well Test - 4/21/98 @ 2000 gpm



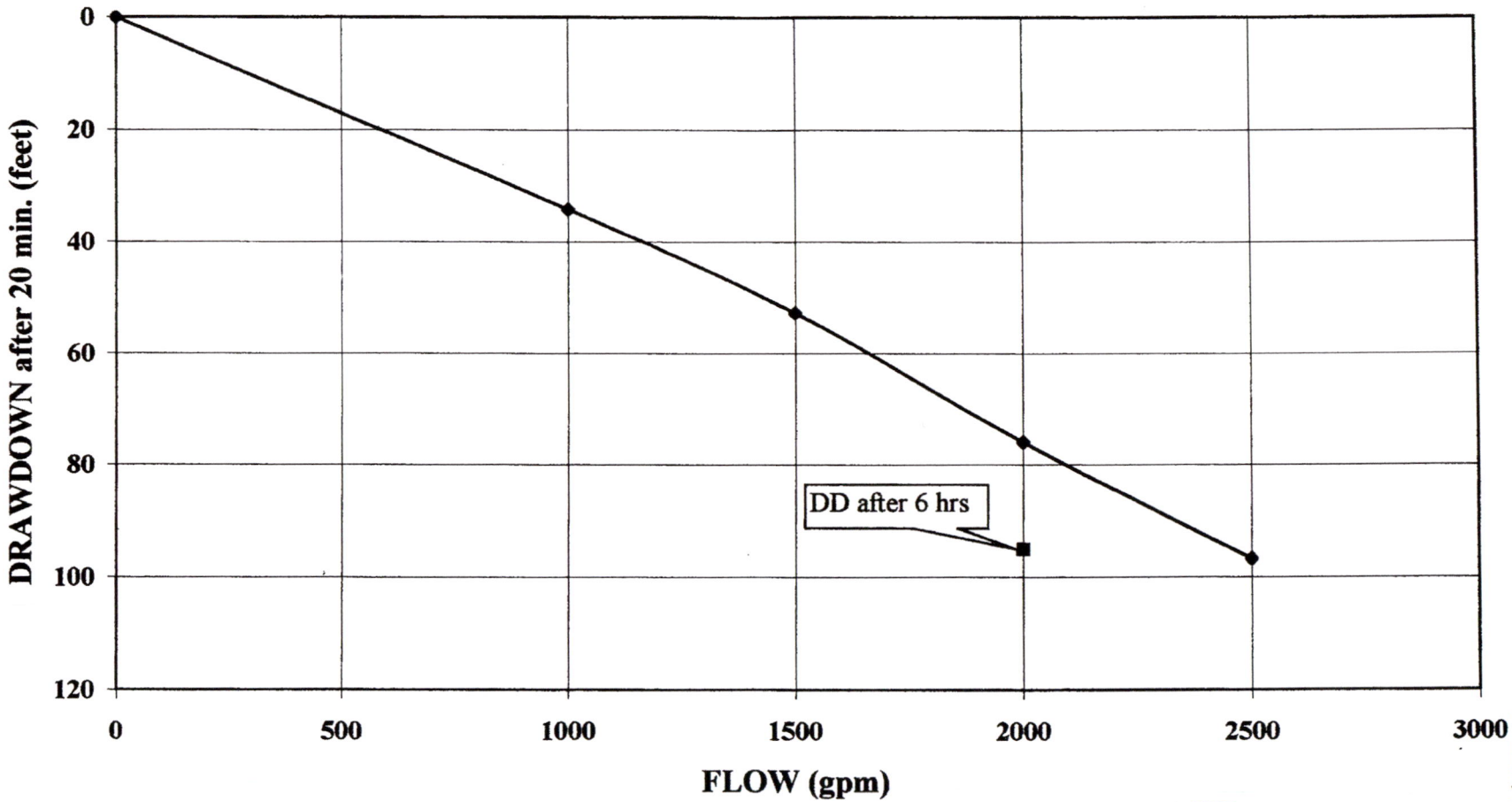
J&K POHLSCHNEIDER, INC.
Recovery - 4/21-22/98

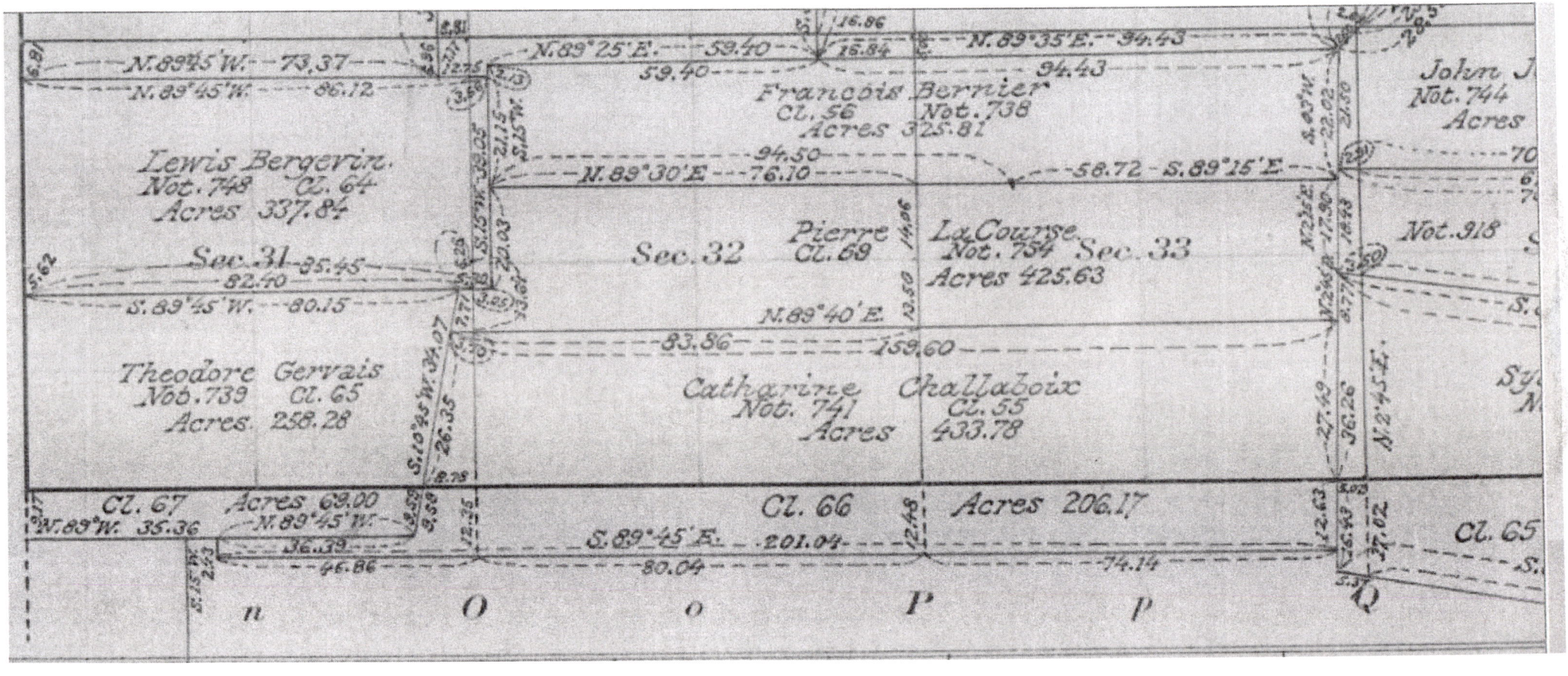


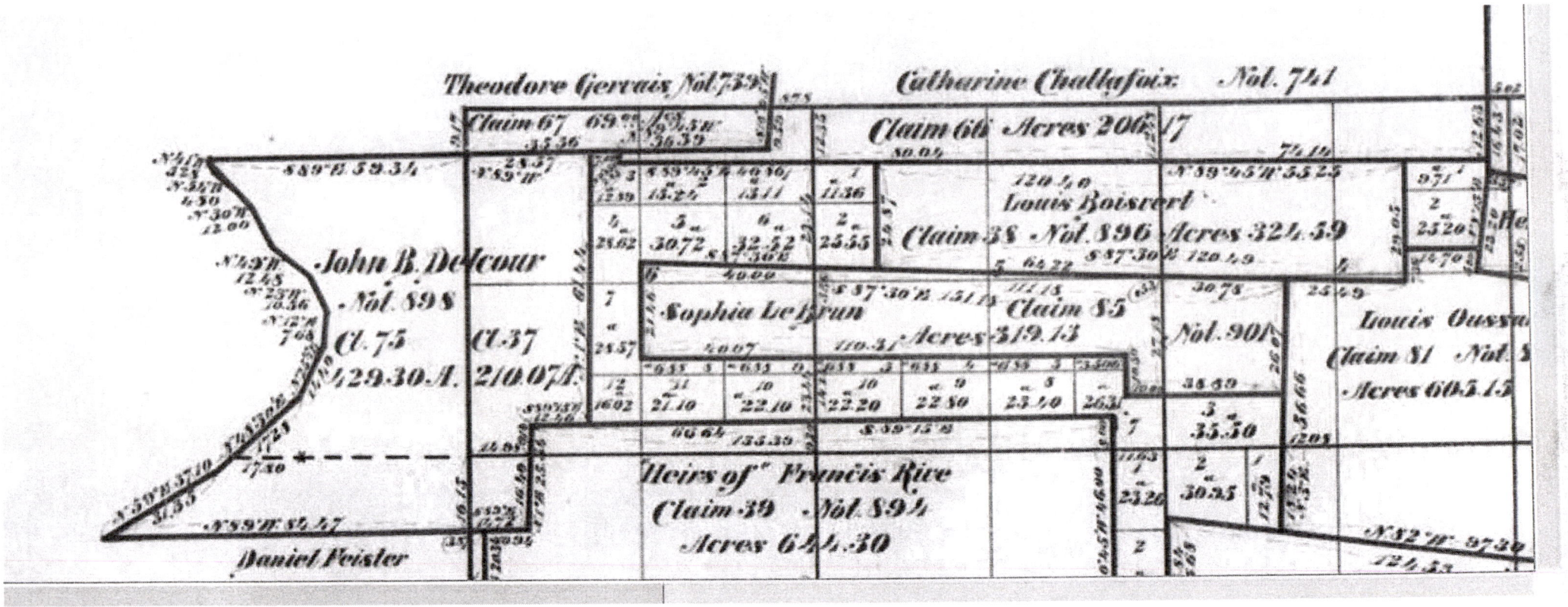
J&K POHLSCHNEIDER, INC.
Step Test - 4/16/98



J&K POHLSCHNEIDER, INC.
Flow vs Drawdown







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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
J & K POHLSCHNEIDER, INC.		503-633-8445	
Address: 17673 FRENCH PRAIRIE RD NE			
City: WOODBURN	State: OR	Zip: 97071	E-Mail: KARREN@FPGARDENS.COM

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
KRISS SCHNEIDER		(SELECT) Pump Installer	43CPI
Company: SCHNEIDER WATER SERVICES		Phone No.: 503-633-2666	Additional Contact No.:
Address: 21881 RIVER RD NE			
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: KRISS@SCHNEIDERWATER.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
MARI 53033	L- 14912		266	SAME	4/24/1998	11/15/2022

(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)
4S	2W	33	SW/SW		45.175112	-122.947749

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- 14504	G- 13358	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.

[No] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: INTO MAINLINE
How far from the pumped well was water discharged? ~1/4 MILE ft.

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: *Airline:* _____ psi _____ feet. *E-Tape:* 500 feet.

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:* _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: MC CROMETER *Serial #:* 99-03555

Date Last Calibrated: UNKNOWN *Units:* GPM

Pump Type: Submersible

HP: 75 Pump set at: 150 feet.

Pump idle time: 24 HOURS+

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 1.875 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2 INCH PORT AT TOP OF CASING

Time pump turned on: Date 11/15/2022 Time 8:50 AM

Time pump turned off: Date 11/15/2022 Time 13:00 PM

Total pumping time: 4 hours 10 minutes.

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.
- [ ] 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.
- [x] 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

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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: [signature] DATE: 11-15-22

OWNER SIGNATURE: _____ DATE: _____

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

OWRD 20200115

OREGON WATER RESOURCES DEPARTMENT

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
MARI 53033	L- 14912		266 FT	J&K POHLSCHNEIDER	4/24/1998	11/15/2022

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
11/15/2022	7:50		36.5'	0	Pre-test			
	8:10		36.5'	0	Pre-test			
	8:30		36.5'	0	Pre-test		41031220	
	8:51	1	57.8'		Pumping			
	8:52	2	64.9'		Pumping	80		
	8:53	3	66.4'		Pumping			
	8:54	4	67.2'		Pumping			
	8:55	5	67.6'		Pumping			
	8:56	6	67.9'		Pumping	80		
	8:57	7	68.3'		Pumping			
	8:58	8	68.5'		Pumping			
	8:59	9	68.8'		Pumping	80		
	9:00	10	68.8'		Pumping			
	9:05	15	69.5'	890	Pumping		41045480	
	9:10	20	70.9'	914	Pumping	80	41050050	
	9:15	25	71.5'	930	Pumping	80	41054720	
	9:20	30	72.0'	930	Pumping	80	41059370	
	9:35	45	72.9'	925	Pumping	80	41073250	
	9:50	60	73.5'	925	Pumping	80	41087130	
	10:05	75	74.0'	923	Pumping	80	41100980	
	10:20	90	74.3'	930	Pumping	80	41114980	
	10:35	105	74.8'	918	Pumping	80	41128750	
	10:50	120	75.1'	924	Pumping	80	41142620	
	11:05	135	75.4'	924	Pumping	80	41156480	
	11:20	150	75.7'	924	Pumping	80	41170340	
	11:35	165	75.9'	923	Pumping	80	41184190	
	11:50	180	76.1'	920	Pumping	80	41197990	
	12:05	195	76.5'	924	Pumping	80	41211850	
	12:20	210	76.6'	922	Pumping	80	41225690	
	12:35	225	76.8'	921	Pumping	80	41239510	
	12:50	240	77.0'	922	Pumping	80	41253340	
	13:00	250	77.0'	921	Pumping	80	41281630	SHUTOFF

OREGON WATER RESOURCES DEPARTMENT

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
MARI 53033	L- 14912		266 FT	J&K POHLSCHNEIDER	4/24/1998	11/15/2022

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
11/15/2022		RECOVERY						
	13:01	251	60.6'		Recovery			
	13:02	252	46.2'		Recovery			
	13:03	253	47.2'		Recovery			
	13:04	254	46.5'		Recovery			
	13:05	255	45.9'		Recovery			
	13:06	256	45.5'		Recovery			
	13:07	257	45.2'		Recovery			
	13:08	258	44.9'		Recovery			
	13:09	259	44.8'		Recovery			
	13:10	260	44.4'		Recovery			
	13:15	265	43.6'		Recovery			
	13:20	270	43.0'		Recovery			
	13:25	275	42.6'		Recovery			
	13:30	280	42.2'		Recovery			
	13:45	295	41.5'		Recovery			
	14:00	310	41.0'		Recovery			
	14:15	325	40.6'		Recovery			
	14:30	340	40.2'		Recovery			
	14:45	355	39.9'		Recovery			
	15:00	370	39.8'		Recovery			
	15:15	385	39.6'		Recovery			
	15:30	400	39.4'		Recovery			
	15:45	415	39.2'		Recovery			
	16:00	430	39.0'		Recovery			

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Fax

March 25, 1998

To: OR Water Resources Dept.
Marc Norton
Phone: 800-624-3199
Fax: 503-378-8130

From: Schneider Equipment, Inc. & Drilling Co.
Steve Schneider
Phone: 503-633-2666
Fax: 503-633-2668

Pages: 2

Subject: Pohlschneider - Water Right Ap G-14504

Marc:
Pursuant to our telcon earlier today regarding the above application, attached is the formation log to date. I know the Final Order and draft permit has been sent and the Owner said he sent in the permit recording fees; so the issuance of final permit is forthcoming. The draft permit requires casing and sealing continuously to a minimum of 200 feet, but as you can see that puts us in the middle of a primary aquifer that is overlain by a 64 foot clay layer. Pursuant to our telcon earlier, it is our understanding that it will be acceptable to utilize the 187-214 foot aquifer along with any deeper alluvial aquifer of similar head as long as we case and seal continuously to immediately above the 187-214 foot aquifer (we will be attempting an approximate 185' bottom of seal placement). Accordingly you will be making a memo to the applicants file authorizing this for formal inclusion in the final permit or certificate. Note that this is the first of potentially two wells under this application. The second well will be on 10-20 foot higher ground and may not need the exception to the 200 foot requirement. If any of this is not in accordance with your understanding, please call me promptly as we will be beginning temporary backfill, casing and sealing tomorrow.
Thanks for your prompt response to our request, it certainly makes our job easier when we have an uncased borehole standing by.
Regards,
Steve