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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18430	**G-17999**	**T-NA**

2a. Property Owner (current owner information): TL 06 3W 24A 1900

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Robert W. Gabriel			
ADDRESS **8474 Hazelgreen Rd NE**			
CITY **Silverton**	STATE **OR**	ZIP **97381**	E-MAIL

2b. Property Owner (current owner information): TL 06 3W 24A 2100 – Divert and convey

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Robert W. Gabriel Trust / Robert W. Gabriel Trustee			
ADDRESS **8474 Hazelgreen Rd NE**			
CITY **Silverton**	STATE **OR**	ZIP **97381**	E-MAIL

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		
Robert Gabriel / Robert W. Gabriel Trust		
ADDRESS **8474 Hazelgreen Rd NE**		
CITY **Silverton**	STATE **OR**	ZIP **97381**

ADDITIONAL PERMIT HOLDER OF RECORD **NA**		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

August 11, 2020
June 1, 2022
July 1, 2022
August 1, 2022
September 6, 2022
October 3, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bob Gabriel	**August 11, 2020, October 3, 2022**	**Owner / operator**
Bruce Gabriel	**August 11, 2020, October 3, 2022**	**Plant manager**

6. County

Marion

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		PHONE NO.	ADDITIONAL CONTACT NO.
Doann Hamilton		**(503) 632-5013**	**(503) 349-6946**
ADDRESS **18487 S. Valley Vista Road**			
CITY **Mulino**	STATE **OR**	ZIP **97042**	E-MAIL **phgdmh@gmail.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
	Robert Gabriel	Trustee	12/20/22

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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 58798**	**L-75483**
Well 2	**MARI 17269**	**L-125719**
Well 3	**MARI 68355**	**L-131128**

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	**Unnamed Stream Basin**	**Willamette River**
Well 2	**Unnamed Stream Basin**	**Willamette River**
Well 3	**Unnamed Stream 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	**Nursery (IR and AG Use)**	**NA**	**January 1 through December 31**	**0.82 cfs**
Well 2				**0.45 cfs**
Well 3				**1.32 cfs**
Total Quantity of Water Used				**2.59 cfs**

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:

Fresh potable water is pumped from Well 2 (MARI 17269) using a 15 Hp submersible pump to convey water north through 5 feet of above-ground 6-inch steel pipe before going underground. The water is conveyed to the west into a pump shed where the water is pressurized through a 1,000 gallon galvanized pressure tank and meter. The water conveyed from the pump shed through a below-ground 4-inch PVC line to the west to supply a rental house on site with a garden and landscaping. This same line can also tee north from the pump house to connect to the 6-inch mainline to supply water to the irrigation system as a backup.

Another buried 4-inch PVC pipe from Well 2's pump shed heads south. One line tees east, and can connect with water from Wells 1 and 3 to supply the greenhouses as needed. The other tee continues south then turns west on the back side of the shipping area. This line tees to several faucets with garden hoses for irrigating staging areas, office, processing plant, maintenance, lunch room/wash area, and truck washing area. This same area and other staging areas to the west can be irrigated from hydrants off the 6-inch mainline at the west end when treated water is needed.

Fresh water is pumped from Well 1 (MARI 58798) using a 30 Hp submersible pump to convey water north through 5 feet of above-ground 6-inch steel pipe equipped with a meter before going underground. The fresh water from Well 1 continues north to the treatment shed by Well 3 (MARI 68355).

Fresh water is pumped from Well 3 (MARI 68355) using a 50 Hp submersible pump to convey water through approximately 25 feet of above-ground steel pipe equipped with a meter to the treatment shed.

Combined treated water from Well 1 and Well 3 is then conveyed through 6-inch buried PVC pipe down the center and tops of rows to be irrigated. From this 6-inch mainline, every 40 feet, a 2-inch buried PVC line extends to the top of each row, then connects to an above-ground 3-inch Sch 80 PVC line which extends the length of the row. Every twenty feet along this 3-inch PVC line, a section of ¾-inch flex tubing (approximately 3 feet long) extends up and connects to a section of ¾-inch Sch 80 PVC riser pipe (approximately 2 feet long) with an impact sprinkler on top. Approximately 144 sprinkler heads can be irrigated at one time.

By the Treatment Shed for Well 3 there are several retention ponds collecting runoff from drain tiles. The water is either aerated to evaporate the water off, or when needed, the water is pumped through a 4-inch mainline back to the south toward Well 1 to a hydrant. Four-inch portable aluminum mainlines with hydrants for connection to portable 3-inch aluminum laterals with impact sprinklers can be used to irrigate the hay field to the south. When additional water is needed, fresh water from the wells can supply water to this same 4-inch mainline to irrigate the hay field.

The greenhouses are supplied by 2-inch PVC Sch 80 lines off the 4-inch PVC mainline. The 2-inch PVC lines travel above ground in each greenhouse, then up the side and down the center of the greenhouse at the top. Another 2-in PVC line tees east-west where eight rows of ½-inch black poly tubing are attached to run back north along the length of the greenhouse. Every five feet, a ¼-inch black poly tubing hangs down 3 feet with a spinner at the bottom for irrigating the greenhouses.

Along the eastern edge of the property, a garden hose can be attached to the 3-inch lateral to supply water to drip lines to irrigate the hedges along the property border.

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 location of Well 3 (CLAC 68355) is more correctly placed at: 250 feet south and 1,210 feet east from the N 1/4 corner, Section 24.**
2. **Note: Permit G-17999 was issued to make up a deficiency in rate under Certificate 95621.**

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	**0.46 cfs**	**0.82 cfs**	**200 to 350 gpm per dial on meter (0.445 to 0.78 cfs)**	**Nursery (IR and AG Use)**	**18.5**	**18.5**
Well 2		**0.45 cfs**	**Not measured**			
Well 3		**1.32 cfs**	**420 to 450 gpm per dial on meter (0.94 to 1.00 cfs)**			

SECTION 4a of 4c

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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
6S	**3W**	**WM**	**13**	**SW SE**	**3**	**NA**	**Nursery**	**1.5**	**NA**
6S	**3W**	**WM**	**24**	**NE NE**	**NA**	**NA**	**Nursery**	**0.3**	**NA**
6S	**3W**	**WM**	**24**	**NW NE**	**NA**	**NA**	**Nursery**	**16.7**	**NA**
Total Acres Irrigated								**18.5**	**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:

¾-inch PVC tube through the vent/access port of the sanitary seal on the south 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 58798						

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 58798

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.

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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 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:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Franklin Electric	**2366163700**	**Unknown**	**Submersible**	**6 inch**	**6 inch**

3. Motor Information:

Manufacturer	Horsepower
Franklin Electric	**30 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)
30 Hp	**70 psi**	**79.30 feet (from permit condition pump test)**	**0 feet**	**0.82 cfs**

5. Provide pump calculations:

$$Q\ Pump = \frac{(30\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(79.3\ ft\ lift + 177.8\ ft\ pressure\ head)} = 0.82\ cfs$$

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)
Note: gpm reading on meter recorded October 3, 2022			200 to 350 gpm (0.445 to 0.78 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 13 may be deleted.

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
6 inch	5 feet	Steel	Above ground
6 inch	3,300 feet	PVC	Buried
4 inch	2,200 feet	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
2 inch along N end of rows north field	~ 2,250 feet	PVC schedule 40	Buried
3 inch – north field	~ 15,080 feet	PVC schedule 80	Above ground
¾ inch – north field	~ 1,410 feet	Flex tubing	Above ground
¾ inch – north field	~ 940 feet	PVC schedule 80	Above ground
Garden hose ¾"	~ 2,000 feet	Polyurethane	Above ground
Greenhouses			
2 inch	~ 1,600 feet	PVC Schedule 80	Above ground
½ inch	~ 9,200 feet	Poly tubing	Above ground
¼ inch per spinner	~ 8,400 feet	Poly tubing	Above ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
Rainbird LF 2400 green nozzle 7/64 inch	62 psi	2.7 gpm	470	144	0.87 cfs
Senninger 23 lavender nozzle 1/8 inch	50 psi	3.12 gpm	8	8	0.056 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)
Spinners in greenhouse	**50 psi**	**0.5 gph = 0.0083 gpm**	**2,400**	**960**	**0.018 cfs**

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	**0.4 gpm /100 ft**	**127,135 feet**	**670 feet (along road)**	**0.006 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)? **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 (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Fiberglass	**119 gallons**	**Above**

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:

This well also supplies Certificate 95621, Certificate 92078 (T-12558), and Permit G-17913.

SECTION 4b of 4c

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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 2

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
6S	3W	WM	13	SW SE	3	NA	Nursery	1.5	NA
6S	3W	WM	24	NE NE	NA	NA	Nursery	0.3	NA
6S	3W	WM	24	NW NE	NA	NA	Nursery	16.7	NA
Total Acres Irrigated								18.5	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:

½-inch PVC tube through the vent/access port of the sanitary seal on the north-west 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 17269						

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 17269

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:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Unknown	Unknown	Unknown	Submersible	Unknown	4 inch

3. Motor Information:

Manufacturer	Horsepower
Unknown	15 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)
15 Hp	68 psi	64.6 feet (Estimated from pump test results for Well 1, MARI 58798 – see Comments, Section H)	0 feet	0.45 cfs

5. Provide pump calculations:

$$Q\ Pump = \frac{(15\ Hp) \times 7.04\ ft^4/sec\ Hp)}{(64.6\ ft\ lift + 172.7\ ft\ pressure\ head)} = 0.45\ cfs$$

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)
Not running during site visit			

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
6 inch	~ 5 feet	Steel	Above ground
6 inch	~ 3,000 feet	PVC	Buried
4 inch	~ 3,750 feet	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
See Well 1			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
See Well 1					

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)
See Well 1					

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
See Well 1					

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 (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Steel – pressure tank	**1,000 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.

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 lift from source to pump used for the pump calculation for Well 2 was estimated using the pumping test data for Well 1, because the air test drill stem depth reported on the well log for Well 2 is not considered a reliable measurement of the actual pumping level. Wells 1 and 2 are of similar construction and capacity; therefore, the actual pumping drawdown of Well 2 is likely similar to the drawdown in Well 1. The lift was calculated as the drawdown reported in the pumping test for Well 1 (27.55 feet) plus the static water level reported in the well log for Well 2 (37 feet), for an estimated lift of 64.6 feet.

This well also supplies Certificate 95621, Certificate 92078 (T-12558), and Permit G-17913. Well 2 also supplies a rental house lawn and garden.

SECTION 4c of 4c

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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 3

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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
6S	3W	WM	13	SW SE	3	NA	Nursery	1.5	NA
6S	3W	WM	24	NE NE	NA	NA	Nursery	0.3	NA
6S	3W	WM	24	NW NE	NA	NA	Nursery	16.7	NA
Total Acres Irrigated								18.5	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:

1-3/4 inch galvanized vent port through the sanitary seal on the south 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 68355						

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 68355

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:**

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Franklin	8STS550	Unknown	Submersible	8 inch	6 inch

3. **Motor Information:**

Manufacturer	Horsepower
Franklin	50 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)
50 Hp	68 psi	94.75 feet (from pump test recorded on well log)	0 feet	1.32 cfs

5. **Provide pump calculations:**

$$Q\ Pump = \frac{(50\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(94.75\ ft\ lift + 172.7\ ft\ pressure\ head)} = 1.32\ cfs$$

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)
Note: gpm reading on meter recorded August 1, 2022			0.27 to 0.29 cfs (121 to 129.7 gpm)
Note: gpm reading on meter recorded September 6, 2022			0.24 to 0.25 cfs (108.1 to 114 gpm)
Note: gpm reading on meter recorded October 3, 2022			0.94 to 1.00 cfs (420 to 450 gpm)

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
6 inch	~ 25 feet	Steel	Above ground
6 inch	3,300 feet	PVC	Buried
4 inch	2,200 feet	PVC	Buried

9. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
See Well 1			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
See Well 1					

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)
See Well 1					

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
See Well 1					

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:

This well also supplies Certificate 95621, Certificate 92078 (T-12558), and Permit G-17913.

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	**April 18, 2018**		
Begin construction (A)	**April 18, 2023**	**April 11, 1991**	**Construction of Well 2 (MARI 17269) began.**
Complete construction (B)	**NA**	**NA**	**NA**
Complete application of water (C)	**April 18, 2023**	**May 2022**	**Construction of the system was completed, all 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)? **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? **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:

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.

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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? **YES**

Well 1 (MARI 58798) was approved under Certificate 92078

c. Is the pump test attached to this claim? **NO**

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

e. Has a pump test exemption been approved by the Department? **YES: June 29, 2020**

**** 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

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	**McCrometer**	**16-05310-06**	**Working**	**53,044,800 gallons (August 11, 2020)** **71,850,900 gallons (October 3, 2022)**	**Spring 2006**
Well 2	**Netafim**	**19-80023969**	**Working**	**1,509,754 gallons (August 11, 2020)** **7,247,334 gallons (October 3, 2022)**	**June 2019**
Well 3	**Netafim**	**196006078**	**Working**	**53,044,800 gallons (August 11, 2020)** **89,439,080 gallons (October 3, 2022)**	**Spring 2006**

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

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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 to the well? **YES**

	Well ID #	Date Attached To Well
Well 1	**L-75483**	**March 2017**
Well 2	**L-125719**	**March 2005**
Well 3	**L-131128**	**December 2018**

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 wells with pumps shall be equipped with a minimum ¾ inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been

installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of the measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

Compliance:
Well 1 (MARI 17269) pump was installed prior to the issuance of this permit so no measuring tube has been installed. At this time, water levels can be read with an electrical tape.

Well 2 (MARI 58798) pump was installed prior to the issuance of this permit so no measuring tube has been installed. At this time, water levels can be read with an electrical tape.

Well 3 (MARI 68355) was installed with a measuring tube as specified in this condition.

e2) Condition:
Groundwater production shall be only from the alluvial groundwater reservoir.

Compliance:
Well 1 (MARI 17269) develops water from the alluvial aquifer within the depth interval of 110 to 141 feet within sand and gravels.

Well 2 (MARI 58798) develops water from the alluvial aquifer within the depth interval of 110 to 140 feet with-in sand and gravels.

Well 3 (MARI 68355) develops water from the alluvial aquifer within the depth intervals of 105 to 127 and 132 to 148 feet with-in sand and gravels.

It appears these wells obtain water from the alluvial aquifer; therefore, this condition has been met.

e3) 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 1 (MARI 17269) has well tag L-75483 on the well casing.

Well 2 (MARI 58798) has well tag L-125719 on the well casing.

Well 3 (MARI 68355) has well tag L-131128 on the well casing.

e4) Condition:
If the riparian area is disturbed in the process of developing a point of diversion, 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 (MARI 17269) was drilled approximately 1,000 feet southwest from the nearest creek within a graveled area on the property; therefore, no riparian area was disturbed.

Well 2 (MARI 58798) was drilled approximately 600 feet southwest from the nearest creek within a graveled area on the property; therefore, no riparian area was disturbed.

Well 3 (MARI 68355) was drilled approximately 90 feet southwest from the nearest creek within a graveled area on the property; 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**
State Water Well Report – MARI 58798	**Well log and driller's notes for MARI 58798 – Well 1**
State Water Well Report – MARI 17269	**Well log and driller's notes for MARI 17269 – Well 2**
State Water Well Report – MARI 68355	**Well log and driller's notes for MARI 68355 – Well 3**
BLM Cadastral Map	**BLM Cadastral Map T. 6S. R. 3W. 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.

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 map 06 3W 13 and 06 3W 24A, 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

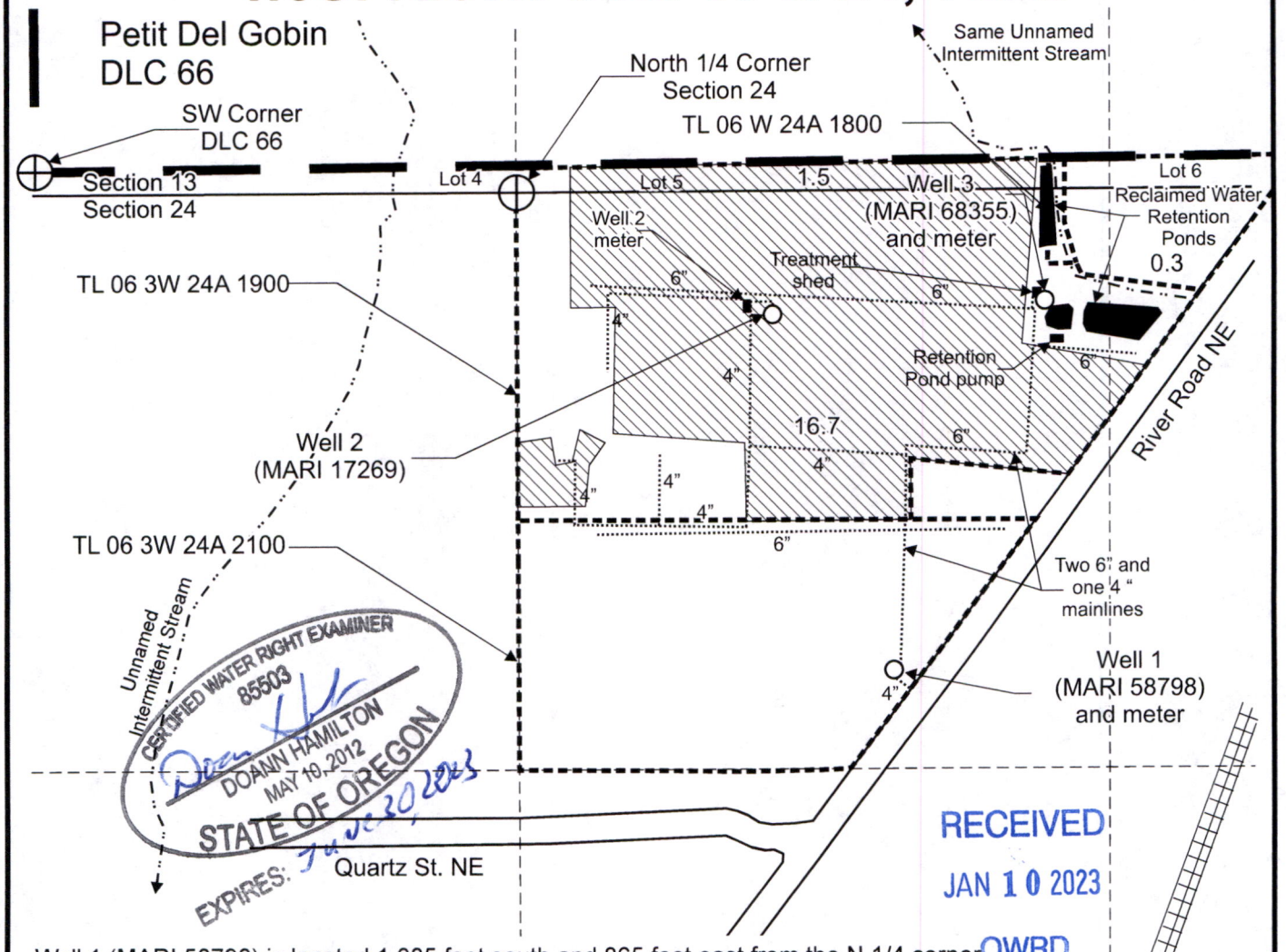
Map Checklist

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

T.6S. R.3W. Sec. 13 & 24, W.M.



CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: 7-1-30-2023

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Well 1 (MARI 58798) is located 1,085 feet south and 865 feet east from the N 1/4 corner, Section 24.

Well 2 (MARI 17269) is located 330 feet south and 1,690 feet east from the SW corner, DLC 66.

Well 3 (MARI 68355) is located 250 feet south and 1,210 feet east from the N 1/4 corner, Section 24.

Area (18.5 acres) of nursery operations under Application G-18430, Permit G-17999.

Tax lot boundary

Donation Land Claim boundary

Irrigation mainline

24

Scale: 1" = 400'

0 400 800 Feet

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Claim of Beneficial Use Map
Application G-18430, Permit G-17999

Robert W. Gabriel Trust
T.6S. R.3W. Sec. 13 & 24, W.M.

Pacific Hydro-Geology Inc.

12/2022

GabrielNurseryG-18430COBUMap.cdr

MARI 58798

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

WELL I.D. # L 75483
START CARD # 172076

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

(1) LAND OWNER Well Number 81
Name John P.W. Zielinski
Address 11383 River Rd NE
City Gervais State OR Zip 970316

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 140 ft.
Explosives used: ☐ Yes ☒ No Type ____ Amount ____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
12"	0	60'	3/8 Bent	0	50'	32 sacks
8"	60'	140'	Casing	+1	140'	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured and Probed
Backfill placed from 50 ft. to 60 ft. Material 3/8 Bentonite
Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1	140'	0.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 140'

(7) PERFORATIONS/SCREENS
☒ Perforations Method Mills knife
☐ Screens Type ____ Material ____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
110'	140'	3/16 x 3	240	—	—	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
500+		140'	

Temperature of water 53° Depth Artesian Flow Found ____
Was a water analysis done? NO ☐ Yes By whom ____
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ____
Depth of strata: ____

(9) LOCATION OF WELL (legal description)
County Marion
Tax Lot 2100 Lot ____
Township 6 S N or ☒ S Range 3 E or ☒ W WM
Section 24 NW 1/4 NE 1/4
Lat ____ ° ____ ' ____ " or ____ (degrees or decimal)
Long ____ ° ____ ' ____ " or ____ (degrees or decimal)
Street Address of Well (or nearest address) 8295 River Rd NE Salem, OR

(10) STATIC WATER LEVEL
41 ft. below land surface. Date 3-15-05
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch Date ____

(11) WATER BEARING ZONES
Depth at which water was first found 62

From	To	Estimated Flow Rate	SWL
62	140'	500+	41'

(12) WELL LOG Ground Elevation ____

Material	From	To	SWL
Top Soil	1'	3'	
Hard Brown Sticky Clay	3'	62'	41'
Silty Brown Cemented Sand + Gravel	62'	84'	41'
Sandy Brown Sand + Small Gravel	84'	101'	41'
Brown Sand + Gravel	101'	140'	41'

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MAR 18 2005
WATER RESOURCES DEPT
SALEM, OREGON

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Date Started 03-09-2005 Completed 03-14-2005

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

WWC Number 1733 Date 03-15-2005
Signed Troy L. Beier

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

WWC Number 5161 Date 03-15-2005
Signed Dallas L. Day

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

#16

MAR 17269

MAR 17269

6S/3W/24ab

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

(START CARD) # 25197

(1) OWNER: Well Number: 2918
Name BOLTMAN"S NURSERY INC.
Address P.O. Box 9098
City Brooks, Oregon State 97305 Zip

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes ☐ No ☒ Depth of Completed Well 180' ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
14	0	19	Dry Bentonite	0	19	1350 pounds
8	0	180				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other As Per 690-210-340
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+1	180	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 180'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Mills Knife 5/16" X 2 3/4"
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	141		376			☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
500+		180	1 hr.

Temperature of water 53° Depth Artesian Flow Found
Was a water analysis done? ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Marion Latitude ' " Longitude ' "
Township 6S N or S, Range 3W E or W, WM.
Section 24 NW ¼ NE ¼
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address)
8375 River Rd. N.E.

(10) STATIC WATER LEVEL:
37 ft. below land surface. Date 4/12/91
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 76

From	To	Estimated Flow Rate	SWL
76	~~15~~ 141	1000+	37
157	180	1000+	37

(12) WELL LOG: Ground elevation

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	76	
~~Black Sand~~	~~76~~	~~79~~	
Muddy Black Sand and Gravel	79	94	
Cemented Brown Sand and Gravel	94	106	
Loose Brown Sand and Gravel	106	135	
Reddish Brown Sand and Gravel	135	145	
Blue Clay	145	157	
Black Sand	157	175	
Black Sand and Gravel	175	180	

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MAY 17 1991
WATER RESOURCES DEPT.
SALEM, OREGON

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JAN 10 2023
OWRD

Date started 4/11/91 Completed 4/12/91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed Mark D Bein WWC Number 753 Date 4/12/91

(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 well construction standards. This report is true to the best of my knowledge and belief. WILLAMETTE DRILLING CO. INC. WWC Number 753
Signed Mark D Bein Date 4/12/91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 5/88

MARI 17269

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

Application for Well ID Number

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OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: Robert W. Gabriel Trust, Robert Gabriel Trustee ---------See Well Log MARI 17269

Mailing Address: 8474 Hazelgreen Rd NE

City, State, Zip: Silverton, OR 97381 RECEIVED BY OWRD

Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: MAR 13 2017

City, State, Zip: SALEM, OR

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 6S (North / South) Range: 3W (East / West) Section: 24 NW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): TL 06 2W 24A 1900 County Marion

GPS Coordinates:

Street Address of Well, City: 8375 River Rd NE, Salem, OR 97303

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Log, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): April 12, 1991 Total Well Depth: 180 feet Casing Diameter: 8 inch

Owner at time the well was constructed (if known): Boltman's Nursery Inc. Well Log # (if known): MARI 17269

Other Information:

SUBMITTED BY *(please print)*: Robert Gabriel

PHONE: (503) 873-1300 **EMAIL &/or FAX:** (503) 873-1300

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification #:
3-13-17	MARI 17269	L-125719

MARI 68355

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

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

WELL I.D. LABEL# L 131128
START CARD # 215696
ORIGINAL LOG #

MARI - 68355

(1) LAND OWNER
Owner Well I.D.
First Name Robert Last Name Gabriel
Company
Address 8376 Hazelgreen Rd NE
City Silverton State OR Zip 97381

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

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

	Material	From	To	Amt	sacks/lbs
Seal:					

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 154 ft.

BORE HOLE

Dia	From	To
16	0	56
12	56	158

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	17	18	S
		Calculated	15.9	
Cement	17	56	64	S
		Calculated	23	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Bentonite poured & probed
Backfill placed from 154 ft. to 158 ft. Material Cement
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		12	X	20"	158	.250	●		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 158
Temp casing [X] Yes Dia 16 From + [X] 1 To 56

(7) PERFORATIONS/SCREENS
Perforations Method Mills Knife
Screens Type Material

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	12	105	127	3/8"	3.5	396	12
		12	132	148	3/8"	3.5	288	12

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700	60	125	6

Temperature 54 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 301 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 6 S N/S Range 3 W E/W WM
Sec 24 NW 1/4 of the NE 1/4 Tax Lot 1900
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
● Street address of well ○ Nearest address
8375 River Rd N, Keizer, OR 97303

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	12-13-2018			34' 9"

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
12-13-2018	97	127	350			34' 9"
12-13-2019	132	148	350			34' 9"

(11) WELL LOG
Ground Elevation

Material	From	To
Soil	0	2
Silt Brown	2	38
Clay Brown w/ Occasional Gravel	38	42
Clay Blue	42	55
Silt w/ Sand Grey	55	70
Sand & Gravel	70	90
Clay Brown w/ Gravel	90	97
Sand & Gravel Brown	97	116
Gravel Cemented Brown	116	127
Blue Clay w/ Gravel	127	132
Gravel	132	148
Clay Grey w/ Gravel	148	157
Sand Grey	157	158

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Date Started 11-09-2019 Completed 12-13-2018

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1358 Date 12-14-2019
Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 588 Date 01-04-2019
Signed Steven N. Stadeli
Contact Info (optional)

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

MARI 68355

WATER SUPPLY WELL REPORT - continuation page

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

WELL I.D. LABEL# L 131128
START CARD # 215696
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

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OWRD

Comments/Remarks

Cable tool rig used for perforating, development, & test pumping