

CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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 any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

SECTION 1 GENERAL INFORMATION

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Type of Authorized Change

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This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

| |
|---------------------------------|
| APPLICATION # T-12558 |
|---------------------------------|

2a. Property Owner (current owner information): **TL 06 3W 24A 1900 – Divert and convey**

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

2b. Property Owner (current owner information): **TL 06 3W 24A 2100**

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

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

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

| | | |
|--|--------------------|---------------------|
| TRANSFER HOLDER OF RECORD Robert Gabriel / Robert W. Gabriel Trust | | |
| ADDRESS 8474 Hazelgreen Rd NE | | |
| CITY Silverton | STATE OR | ZIP 97381 |

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 transfer final order 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

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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




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| | | | |
|--|--------------------|------------------------------------|---|
| CWRE NAME Doann Hamilton | | PHONE NO. (503) 632-5013 | ADDITIONAL CONTACT NO. (503) 349-6946 |
| ADDRESS 18487 S. Valley Vista Road | | | |
| CITY Mulino | STATE OR | ZIP 97042 | E-MAIL phgdmh@gmail.com |

Transfer Holder of Record Signature or Acknowledgement

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

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

| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|--|--------------------|-----------|----------|
|  | Robert Gabriel | Treasurer | 12/20/22 |
| | | | |
| | | | |

**SECTION 3
CLAIM DESCRIPTION**

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Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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) | SOURCE (IF LISTED IN TRANSFER FINAL ORDER) |
|---|--|----------------------------|--|
| Well 2 | MARI 17269 | L-125719 | A well within the Labish Creek Basin |
| Well 3 | MARI 68355 | L-131128 | A well within the Labish Creek Basin |

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

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

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.

3. Claim Summary:

| NEW OR ADDITIONAL POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|---------------------------------|-------------------------|---|---|
| Well 2 | | 0.30 cfs | Not measured |
| Well 3 | | 1.32 cfs | 420 to 450 gpm per dial on meter (0.94 to 1.00 cfs) |
| Total: | 0.15 cfs | | |

**SECTION 4a of 4b
SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)?

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

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

Well 2

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|---------|---------------|--|-------------|----------------|
| Unknown | Unknown | Unknown | Submersible | Unknown | 4 inch |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Unknown | 15 Hp |

3. 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 | 180 feet (likely an overly conservative estimate based on the drill stem depth for the air test recorded on well log) | 0 feet | 0.30 cfs |

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times 7.04 \text{ ft}^4/\text{sec Hp}}{(180 \text{ ft lift} + 172.7 \text{ ft pressure head})} = 0.30 \text{ cfs}$$

5. 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.

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

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

C. Additional notes or comments related to the system:

Pump inside well 2 already existed when the property was purchased; no further information is known about the pump specifications.

This well also supplies Certificate 95621, Permit G-17913, and Permit G-17999

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YES

**SECTION 4b of 4b
SYSTEM DESCRIPTION**

Are there multiple new or additional Points of Appropriation (POA)?

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

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

Well 3

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|---------|---------------|--|-------------|----------------|
| Franklin | 8STS550 | Unknown | Submersible | 8 inch | 6 inch |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Franklin | 50 Hp |

3. 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 |

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(94.75 \text{ ft lift} + 172.72 \text{ ft pressure head})} = 1.32 \text{ cfs}$$

5. 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.

B. Groundwater Source Information (Well and Sump)

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

If "NO", items 4 through 6 relating to this section may be deleted.

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

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C. Additional notes or comments related to the system:

This well also supplies Certificate 95621, Permit G-17913, and Permit G-17999

SECTION 5 CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

| | DATE FROM TRANSFER | DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|------------------------|--|
| ISSUANCE DATE | June 21, 2018 | |
| COMPLETENESS DATE FROM ORDER (C) | October 1, 2023 | May 2022 |

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?
If "NO", you may delete the following table.

NO

3. Measurement Conditions:

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

YES

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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 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 2 | Netafim | 19-80023969 | Working | 1,509,754 gallons (August 11, 2020) | June 2019 |
| | | | | 7,247,334 gallons (October 3, 2022) | |
| Well 3 | Netafim | 196006078 | Working | 53,044,800 gallons (August 11, 2020) | October 2019 |
| | | | | 89,439,080 gallons (October 3, 2022) | |

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

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

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

5. Other conditions required by the transfer 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. Other conditions? **YES**

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

c1) Condition per Certificate 92078:

The well(s) shall produce water groundwater only from the alluvial groundwater reservoir.

Compliance:

Original Well 1 (MARI 58798) was drilled to a depth of 140 feet, cased from 0 to 140 feet, and perforated from 110 to 140 feet in sand and gravel.

It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

c2) Condition per T-12558:

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

Compliance:

Original Well 1 (MARI 58798) was drilled to a depth of 140 feet, cased from 0 to 140 feet, and perforated from 110 to 140 feet in sand and gravel.

Well 2 (MARI 17269) was drilled to a depth of 180 feet, cased from 0 to 180 feet, perforated from 110 to 141 feet in in sand and gravel.

Well 3 (MARI 68355) was drilled to a depth of 158 feet, cased from 0 to 158 feet, and perforated from 105 to 127 feet and 132 to 148 feet, in sand and gravel.

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

**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 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 |

**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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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

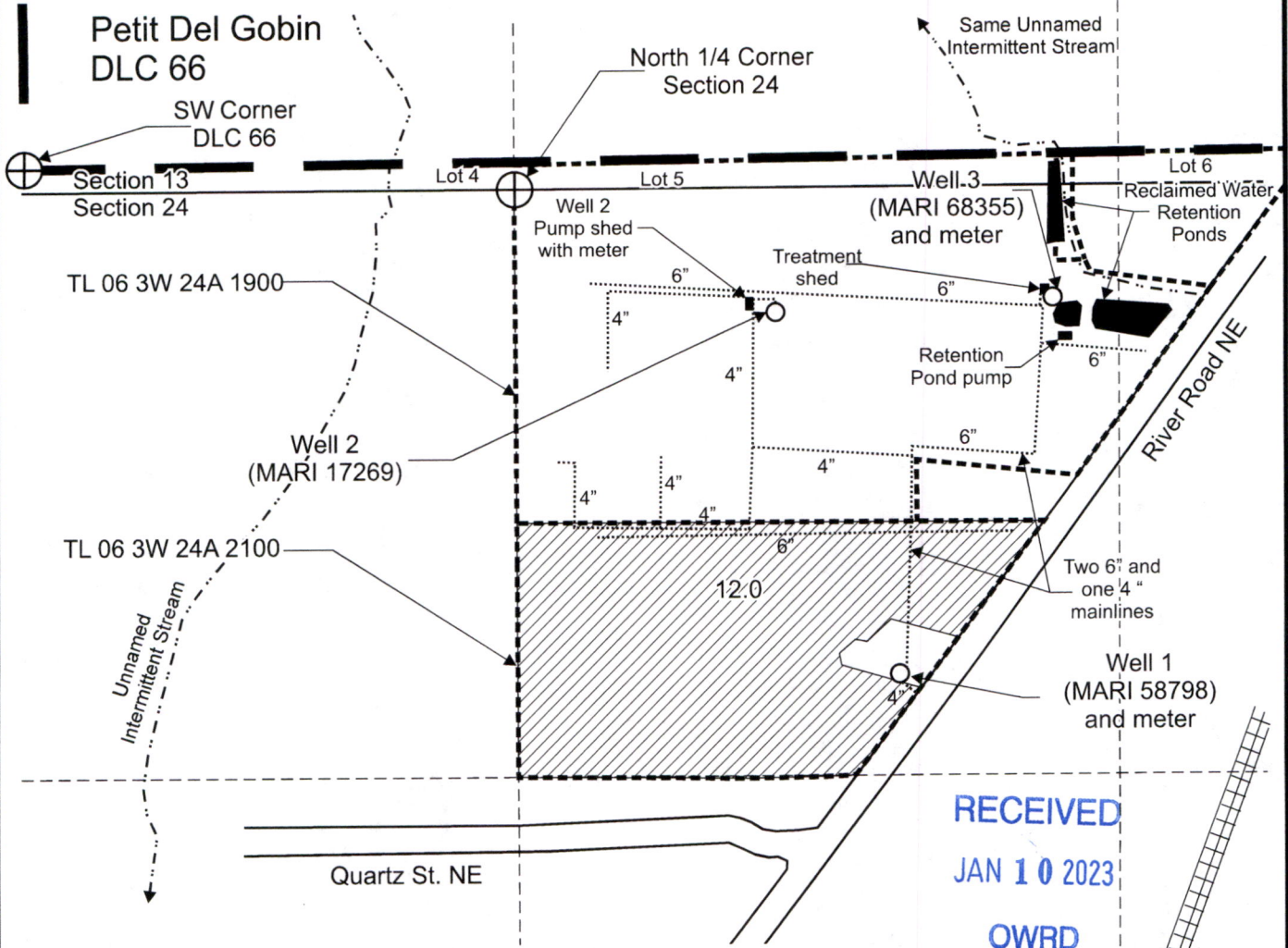
Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- 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.) ***Not required for this type of Claim of Beneficial Use**
- 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


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
T.6S. R.3W. Section 24, W.M.



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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 (12.0 Acres) irrigated under T-12558 (formerly Certificate 92078) priority date: March 11, 2005.

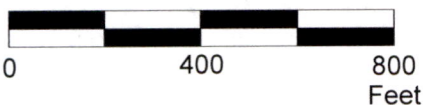
-  Tax lot boundary
-  Donation Land Claim boundary
-  Irrigation mainline



EXPIRES: *Jan 30, 2023*

24

Scale: 1" = 400'



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
 T-12558

Robert W. Gabriel Trust
 T.6S. R.3W. Section 24, W.M.

Pacific Hydro-Geology Inc.

12/2022

#16

MARI 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: [X] New Well [] Deepen [] Recondition [] Abandon

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

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

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

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Row 1: 14 0 19 Dry Bentonite 0 19 1350 pounds. Row 2: 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 8 From +1 To 180 Gauge .250 Steel [X] Plastic [] Welded [X] Threaded [] Liner: Final location of shoe(s) 180'

(7) PERFORATIONS/SCREENS: [X] Perforations Method Mills Knife 5/16" X 2 3/4" [] Screens Type Material Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Artesian Yield gal/min 500+ Drawdown Drill stem at 180 Time 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 Nor S, Range 3W E or W, WM. Section 24 NW 1/4 NE 1/4 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 Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation Table with columns: Material, From, To, SWL. Includes RECEIVED and RECEIVED MAY 17 1991 stamps.

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. Signed Mark D. Beia 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. Signed Mark D. Beia WWC Number 753 Date 4/12/91

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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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

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Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)

MAR 13 2017

Name & Address:

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) 873-1200

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:

3-13-17

Well Log Number:

MARI 17269

Well Identification #:

L-125719

MARI 68355

WESTERBERG DRILLING INC.

PO BOX 1228

MOLALLA, OR 97038

WELL I.D. LABEL# 1 131128
START CARD # 215696
ORIGINAL LOG #

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

(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
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
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 154 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
16 0 56 Bentonite 0 17 18 S
12 56 158 Calculated 15.9
Cement 17 56 64 S
Calculated 23

How was seal placed: Method A B C D E
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 20" 158 .250
Shoe Inside Outside Other Location of shoe(s) 158
Temp casing Yes Dia 16 From + 1 To 56

(7) PERFORATIONS/SCREENS
Perforations Method Mills Knife
Screens Type Material
Perf/S Casing/ Screen Scm/slot Slot # of Tele/
creen Liner Dia From To width length slots 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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OWRD

(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
Contact Info (optional)

