

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



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://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 # <b>G-18487</b>	PERMIT # (IF APPLICABLE) <b>G-17962</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Marty and Carol Johnson Trust, Marty and Carol Johnson Trustees</b>		PHONE NO. <b>(503) 459-3239</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>1659 95<sup>th</sup> Ave NE</b>				
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97317</b>	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 <b>Marty L. Johnson</b>				
ADDRESS <b>1659 95<sup>th</sup> Ave NE</b>				
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97317</b>		

ADDITIONAL PERMIT HOLDER OF RECORD <b>NA</b>				
ADDRESS				
CITY	STATE	ZIP		

4. Date of Site Inspection:

October 8, 2021  
August 9, 2022  
August 15, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Marty Johnson	October 8, 2021 August 9, 2022 August 15, 2022	Owner / Operator

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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

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.



CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

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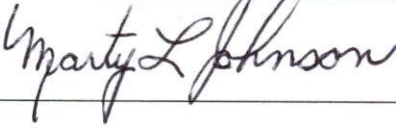
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Permit Holder of Record Signature or Acknowledgement

*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
	Marty L. Johnson	Owner	1/3/23

**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 69564	L-139140

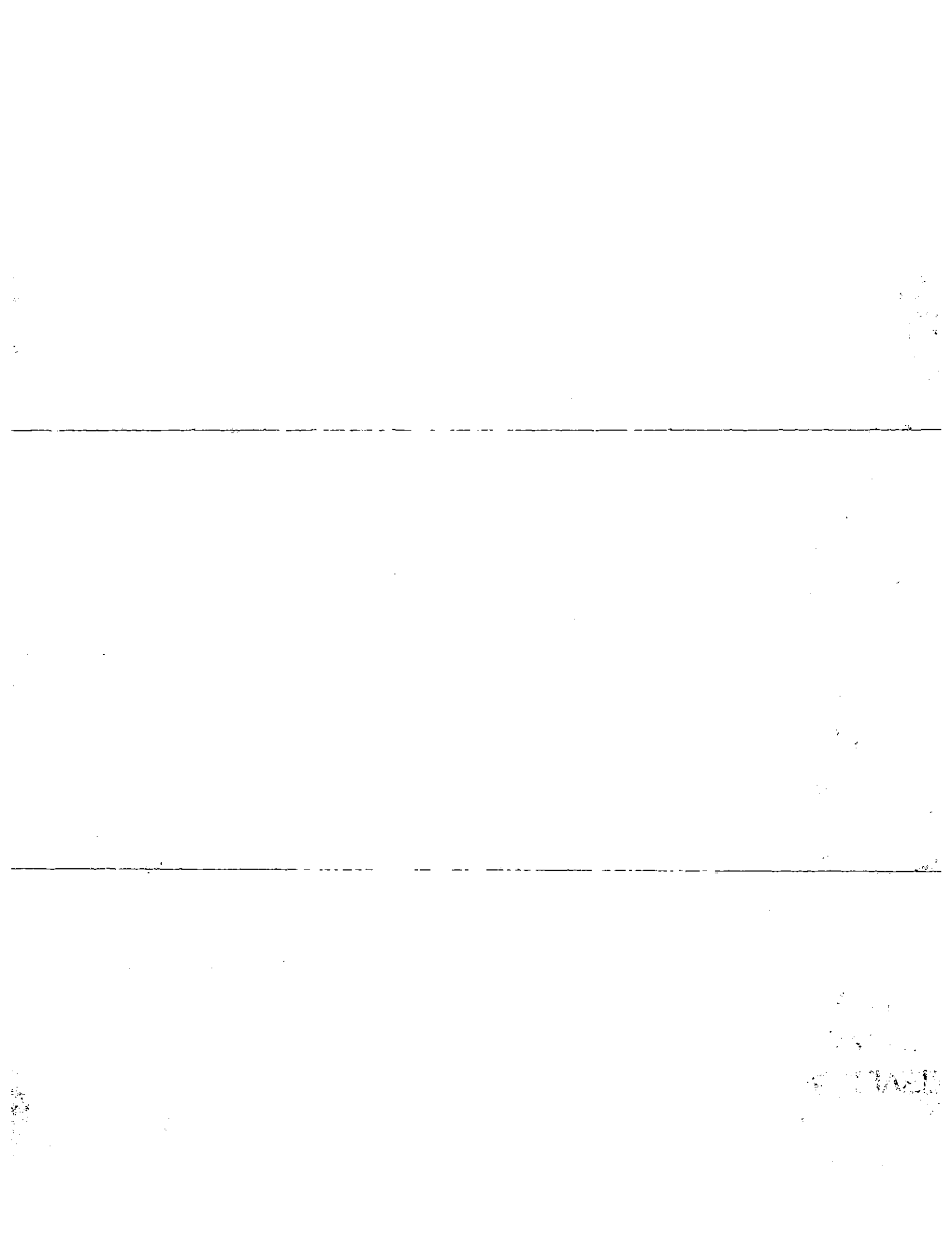
Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Point of appropriation source, if indicated on permit:**

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Pudding River 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	NA	Year round	0.99 cfs
<b>Total Quantity of Water Used</b>				<b>0.99 cfs</b>



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 69564) using a 50 Hp submersible pump to convey water through an 8-inch casing tapered up to a 10-inch well seal with a 5-inch steel discharge line. The discharge line tapers to 4-inch steel pipe with meter, then tapers back out to a 6-inch steel pipe connected to a 6-inch aluminum pipe with connections for portable 6-inch aluminum mainlines.

In the main field by the well, a portable above-ground mainline is laid out to the west about 550 feet, then tees north and south. Portable 3-inch laterals with impact sprinklers are attached off hydrants on the mainline extending east-west. A maximum of 67 impact sprinklers are laid out and used at one time, then rotated to the next location.

On the northern portion, the portable above-ground mainline is extended north from the tee intersection with an additional 480 feet where four sets of 3-inch laterals are attached with a maximum of 64 impact sprinklers to cover this area at one time.

On the western portion, the east-west portable above ground mainline is extended west approximately 1,400 feet from the well. The portable mainline can elbow to the southwest approximately 250 feet then turn west for an additional 150 feet to cover the west area. A maximum of 63 impact sprinkler are attached to cover this area at one time.

The portion to the north of this western portion can be covered by turning the elbow north approximately 350 feet and attaching approximately 30 impact sprinklers at one time.

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).

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**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 revised from the originally authorized place of use.

**Original authorized place of use:**

7S	2W	24	NE NE	DLC 67	1.40
7S	2W	24	NW NE	DLC 67	0.50
7S	2W	24	SW NE	DLC 64	18.42
7S	2W	24	SE NE	DLC 64	15.20
7S	2W	24	NE SE	DLC 64	1.50
7S	2W	24	NW SE	DLC 64	<u>3.40</u>
<b>Total:</b>					<b>40.42</b>

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**Revised place of use, with revised DLC information:**

7S	2W	24	NE NE	DLC 67	1.4
7S	2W	24	NW NE	DLC 67	0.5
7S	2W	24	SW NE	DLC 67	0.1
7S	2W	24	SW NE	DLC 64	19.1
7S	2W	24	SE NE	DLC 67	0.2
7S	2W	24	SE NE	DLC 64	14.7
7S	2W	24	NE SE	DLC 64	1.4
7S	2W	24	NW SE	DLC 64	<u>3.0</u>
<b>Total:</b>					<b>40.4</b>

**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
<b>Well 1</b>	<b>1.01 cfs</b>	<b>0.99 cfs</b>	<b>0.88 cfs</b>	<b>Nursery</b>	<b>40.42</b>	<b>40.4</b>

**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

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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
7S	2W	WM	24	NE NE	NA	67	Nursery	1.4	NA
7S	2W	WM	24	NW NE	NA	67	Nursery	0.5	NA
7S	2W	WM	24	SW NE	NA	67	Nursery	0.1	NA
7S	2W	WM	24	SW NE	NA	64	Nursery	19.1	NA
7S	2W	WM	24	SE NE	NA	67	Nursery	0.2	NA
7S	2W	WM	24	SE NE	NA	64	Nursery	14.7	NA
7S	2W	WM	24	NE SE	NA	64	Nursery	1.4	NA
7S	2W	WM	24	NW SE	NA	64	Nursery	3.0	NA
<b>Total Acres Irrigated</b>								<b>40.4</b>	

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:

The well has a 1-inch PVC dedicated measuring tube installed in the well seal on the south side of the well.

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
<b>See Well Log MARI 69564</b>						

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 69564

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

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

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If "NO", items 2 through 4 relating to this section may be deleted.  
 Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

**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
Wolf	6HH7V7	PP806232	Submersible	6 inch	5 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	60 psi	203.3 feet (from permit condition pump test)	0 feet	0.99 cfs

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(203.3 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.99 \text{ cfs}$$



**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)
2,215,935 gallons	2,219,880 gallons	10 minutes	0.88 cfs (October 8, 2021)
4,458,570 gallons	4,467,997 gallons	23 minutes	0.91 cfs (August 9, 2022) (irrigating north section which is downhill and uses less psi)
4,495,482 gallons	4,508,978 gallons	36 minutes	0.83 cfs (August 15, 2022)

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

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

YES

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

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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	1.5 feet	Steel	Above
4 inch	5 feet	Steel	Above
6 inch	~ 3,500 feet	Aluminum	Above

**9. Lateral or Handline Information:**

LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
~5,770 feet	Aluminum	Above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/64	60 psi	6.6 gpm	138	67	0.99 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
NA					

**13. Pivot Information:**

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

## E. Storage

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

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:

None

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## 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	<b>February 2, 2018</b>		
BEGIN CONSTRUCTION (A)	<b>February 2, 2023</b>	<b>December 18, 2020</b>	<b>Well (MARI 69564) was completed</b>
COMPLETE CONSTRUCTION (B)	<b>NA</b>	<b>NA</b>	<b>NA</b>
COMPLETE APPLICATION OF WATER (C)	<b>February 2, 2023</b>	<b>November 2022</b>	<b>Reported water use and completed all the permit conditions and water was put to full use.</b>

\* 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?

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:

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? **NO**

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**

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**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
<b>Well 1</b>	<b>Netafim - ARAD</b>	<b>210210410</b>	<b>Working</b>	<b>2,207,309 gallons (October 8, 2021)</b> <b>4,466,636 gallons (August 9, 2022)</b> <b>4,508,978 gallons (August 15, 2022)</b>	<b>July 2021</b>  

*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 to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
<b>L-139140</b>	<b>December 2020</b>

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:**  
**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 attached to the well.**

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Well tag L-139140 is attached to the well casing.

**e2) Condition:**

The PFO issued for Application G-18787 listed Well Construction conditions that appeared to have been left off the FO Permit G-17962. Contacting the case worker Kim French, she replied the permit holder needed to comply with the PFO. (see attached email communications).

**These conditions consisted of:**

- a) Each basalt well shall be continuously cased and continuously sealed to a depth of at least 240 feet below land surface.
- b) Each basalt well shall be open to a single aquifer of the Columbia River Basalt Group and shall meet the applicable well construction standards (OAR 690-200 and OAR 690-210)
- c) An open interval in each well shall be no greater than 100 feet
- d) A dedicated water-level measuring tube shall be installed in each well.
- e) The applicant shall coordinate with the driller to ensure that drill cuttings are collected at 10-ft intervals and at changes in formation in each well. A split of each sampled interval shall be provided to the Department.

**Compliance:**

- a) Well 1 (MARI 69564) was cased and sealed to a depth of 246 feet. (approved by OWRD see email dated February 3, 2021)
- b) Well 1 (MARI 69564) was open from 246 to 290 feet in gray basalt over light gray clay. (approved by OWRD see email dated February 3, 2021)
- c) Well 1 (MARI 69564) was drilled to a depth of 290 feet leaving an open interval of 44 feet
- d) Well 1 (MARI 69564) has a 1-inch dedicated water-level measuring tube installed
- e) Split drill cuttings were collected for Well 1 (MARI 69564) and submitted/received by OWRD (see OWRD see email dated February 3, 2021)

**e3) Condition:**

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

**Compliance:**

Well 1 (MARI 69564) was drilled approximately 525 feet southwest from the nearest river, Pudding River; therefore, no riparian area was disturbed.

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Claim of Beneficial Use Map</b>	<b>Claim of Beneficial Use Map</b>
<b>State Water Well Report – MARI 69564</b>	<b>Well log and driller’s notes for MARI 69564 – Well 1</b>
<b>BLM Cadastral Map</b>	<b>BLM Cadastral Map T. 7S. R. 2W. showing DLC and Government Lot locations</b>
<b>Pump Test Form Cover Sheet and Pump Test Data Sheet</b>	<b>Pumping Test Results for Well 1 (MARI 69564) conducted October 1, 2021</b>
<b>Email from OWRD dated June 4, 2020</b>	<b>Email form Kim French, OWRD stating the permit conditions were erroneously omitted on the final permit.</b>
<b>Email from OWRD dated February 3, 2021</b>	<b>Email form Travis Brown, OWRD stating drill cuttings collection condition has been satisfied along with 1<sup>st</sup> and 2<sup>nd</sup> paragraphs of the Well construction Conditions in the PFO for Well 1</b>

**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 07 2W 24 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

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# T.7S. R.2W. Section 24, W.M.

13 | 18  
24 | 19


Range 2W  
Range 1W

Well 1 (MARI 69534) is located 715 feet south and 260 feet west from the NE corner, DLC 64.

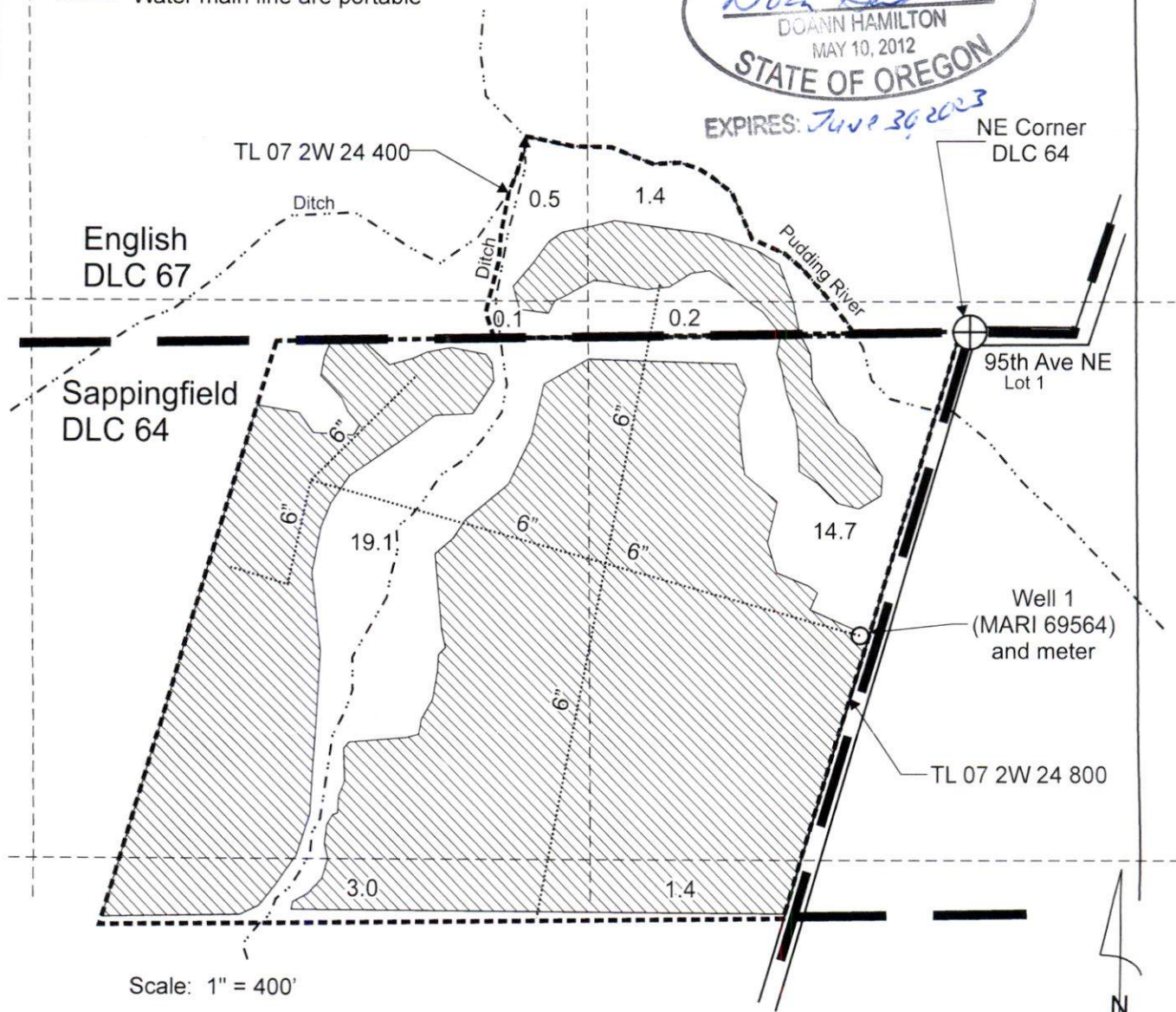
 Area (40.4 Acres) irrigated under Application G-18487, Permit G-17962.

 Tax lot boundary

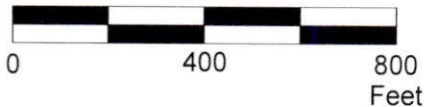
 Donation Land Claim boundary

 Water main line are portable

CERTIFIED WATER RIGHT EXAMINER  
85503  
*Doann Hamilton*  
DOANN HAMILTON  
MAY 10, 2012  
STATE OF OREGON  
EXPIRES: *June 30 2023*



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  
Application G-18487, Permit G-17962

Marty Johnson  
T.7S. R.2W. Section 24, W.M.

Pacific Hydro-Geology Inc.

11/2022

JohnsonMG-18487COBUMap.cdr



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

MARI 69564

WELL I.D. LABEL# L 139140
START CARD # 1050050
ORIGINAL LOG #

12/22/2020

(1) LAND OWNER

Owner Well I.D.
First Name MARTY Last Name JOHNSON
Company
Address 1659 95TH AVENUE N.E.
City SALEM State OR Zip 97317

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 290.00 ft. Special Standard [ ] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Rows include Bentonite and Cement with 4% Bently.

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes material and shoe information.

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

Temp casing [X] Yes Dia 12 From + 0 To 64.75

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Values: 350, 288, 1.

Temperature 52 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 100 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County MARION Twp 7.00 S N/S Range 2.00 W E/W WM
Sec 24 SE 1/4 of the NE 1/4 Tax Lot 800
Tax Map Number Lot

Lat " or 44.94919000 DMS or DD
Long " or -122.86920000 DMS or DD

[X] Street address of well [ ] Nearest address

1659 95TH AVENUE N.E., SALEM, OR 97317

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft). Rows for Existing Well / Pre-Alteration and Completed Well.

WATER BEARING ZONES

Depth water was first found 22.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Rows for various dates and depths.

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(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes soil types like Top soil, Sticky brown clay, etc.

Date Started 11/20/2020 Completed 12/18/2020

(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.

License Number 1903 Date 12/22/2020

Signed RYAN PILLSBURY (E-filed)

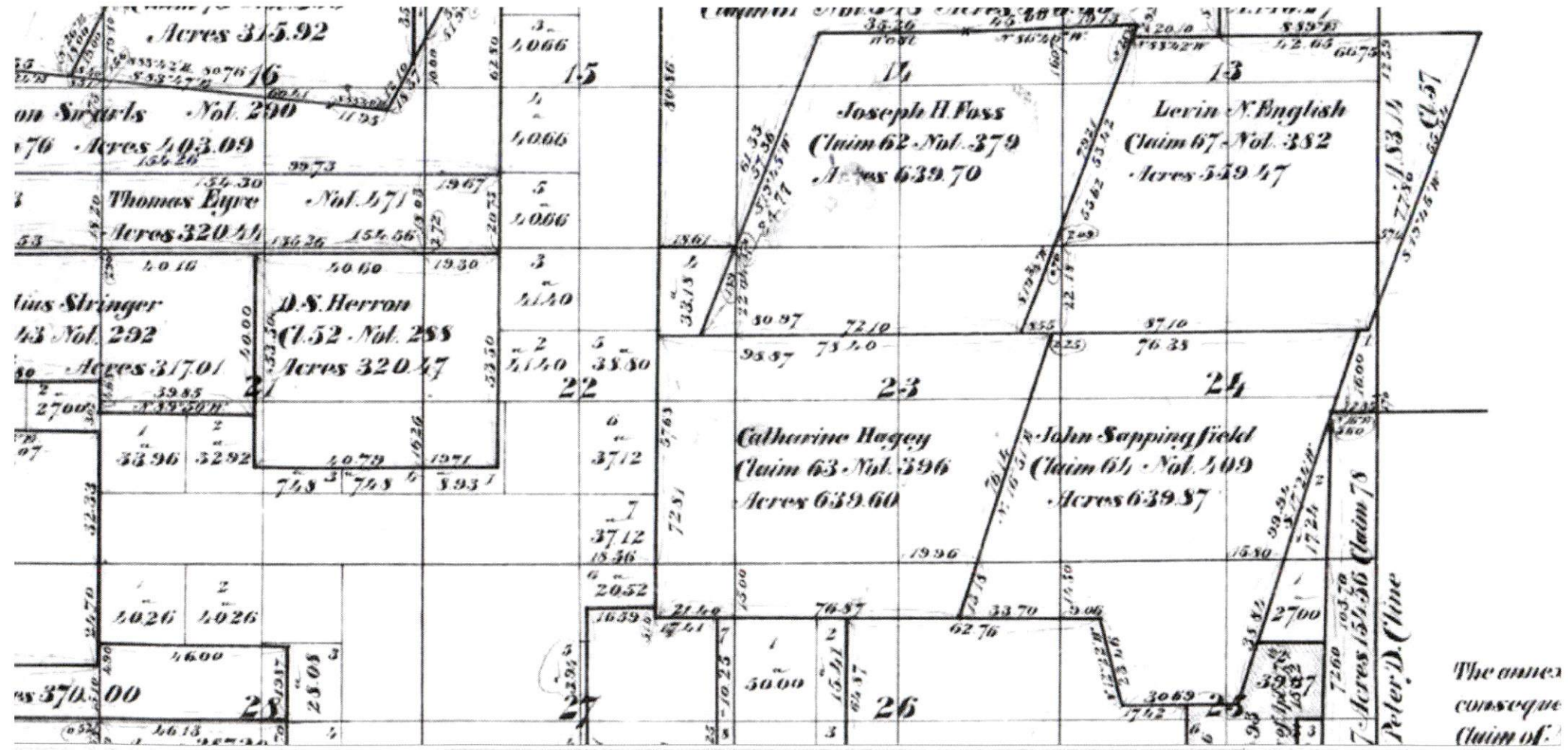
(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1273 Date 12/22/2020

Signed FLOYD SIPPEL (E-filed)

Contact Info (optional)



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PUMP TEST FORM  
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: MARTY JOHNSON		PHONE NO.: (503) 459-3239	ADDITIONAL CONTACT No.:
ADDRESS: 1659 95TH AVE NE			
CITY: SALEM	STATE: OR	ZIP: 97317	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: RICHARD GERIG	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: CPI 151
COMPANY: GERIG WATER SERVICES	PHONE No.: (971) 777-1180	ADDITIONAL CONTACT No.:
ADDRESS: 8835 SUNNYVIEW RD NE		
CITY: SALEM	STATE: OR	ZIP: 97305
E-MAIL: richard.gerig@gmail.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
69564	L- 139140		285	MARTY JOHNSON	12/18/2020	10/1/2021

(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)
7S	2W	24	SE1/4 NE1/4		44.94919000	-122.86920000

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.

*Handwritten note:* All wells

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G- 18487	G- 17962	T- NA	NA	<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

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

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)

Is there a lake, stream or other surface water body within 1/4 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: 500FT ft.  
Approximate elevation difference: 30 ft.

Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: IN FIELD  
How far from the pumped well was water discharged? 400FT ft.

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



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PUMP TEST FORM  
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Water-Level Measurement Method: \_\_\_\_\_ \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_ { E-Tape: 500 \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: SUBMERSIBLE WOLF 6HH7V-7

HP: 50HP \_\_\_\_\_ Pump set at: 231 \_\_\_\_\_ feet.

Pump idle time: NEW INSTALL OFF 48HR

Discharge Measurement Method: FLOW METER

Flowmeter (if used):

Manufacturer: WST DIGITAL 4" Serial #: \_\_\_\_\_

Date Last Calibrated: NEW METER Units: GPM

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 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) 3/4 SOUNDER TUBE

Time pump turned on: Date 10/1/2021 Time 9:00 AM

Time pump turned off: Date 10/1/2021 Time 1:00

Total pumping time: 4 hours \_\_\_\_\_ minutes.

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

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- 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)
- 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.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- 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=1BdwLynsYAPNSQW330ZISFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQW330ZISFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186)

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

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: [Signature] DATE: 11-14-21

OWNER SIGNATURE: [Signature] DATE: 11/14/21

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

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PUMP TEST FORM  
DATA SHEET  
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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE		
MARI69564	L- 139140	JOHNSON	265	MARTY JOHNSON	12/18/2020	10/1/21		
Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/1/21	8:00AM		35FT	0	Pre-test			
10/1/21	8:20 AM		35FT	0	Pre-test			
10/1/21	8:40 AM		35FT	0	Pre-test			
10/1/21	9:00 AM		35FT					ZFT CORRECTION FACTOR 23PSI
10/1/21	9:02	2	187FT 6IN	447				
10/1/21	9:04	4	188FT 8IN	447				
10/1/21	9:06	6	189FT 3IN	447				
10/1/21	9:08	8	190FT	447				
10/1/21	9:10	10	190FT 2IN	444				
10/1/21	9:15	15	191FT 9IN	444				
10/1/21	9:20	20	192FT 7IN	442				
10/1/21	9:25	25	193FT 6IN	442				
10/1/21	9:30	30	194FT 2IN	442				
10/1/21	9:45	45	196FT 4IN	441				
10/1/21	10:00	60	197FT 7IN	440				
10/1/21	10:15	75	198FT 10IN	440				
10/1/21	10:30	90	199FT 8IN	440				
10/1/21	10:45	105	200FT 3IN	439				
10/1/21	11:00	120	201FT 8IN	438				
10/1/21	11:15	135	201FT 11IN	438				
10/1/21	11:30	150	202FT 8IN	436				
10/1/21	11:45	165	203FT 3IN	436				
10/1/21	12:00	180	203FT 9IN	436				
10/1/21	12:15	195	204FT 7IN	436				
10/1/21	12:30	210	204FT 10IN	436				
10/1/21	12:45	225	205FT	436				
10/1/21	1:00	240	205FT 4IN	436				
10/1/21	RECOVERY							
10/1/21	1:02	2MIN	58FT					
10/1/21	1:04	4MIN	55FT 7IN					
10/1/21	1:06	6MIN	53FT 10IN					
10/1/21	1:08	8MIN	52FT 2IN					
10/1/21	1:10	10MIN	51FT 7IN					
10/1/21	1:15	15MIN	50FT 3IN					
10/1/21	1:20	20MIN	48FT 8IN					
10/1/21	1:25	25	47FT 3IN					
		END OF TEST						



Doann Hamilton <phgdmh@gmail.com>

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**RE: Application G-18487, Permit G-17962**

4 messages

---

**Greg Kupillas** <phggek@bctonline.com>  
To: FRENCH Kim R \* WRD <Kim.R.French@oregon.gov>  
Cc: Doann Hamilton <phgdmh@gmail.com>

Thu, Jun 4, 2020 at 9:52 AM

Kim,

Thanks for your response. I wanted to be sure whether or not the omission was intentional.

Regards,

Greg

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**From:** FRENCH Kim R \* WRD [mailto:Kim.R.French@oregon.gov]  
**Sent:** Thursday, June 04, 2020 8:14 AM  
**To:** Greg Kupillas  
**Subject:** RE: Application G-18487, Permit G-17962

Hi Greg,

I see what you are referring to and it appears that we erroneously omitted the well construction conditions from the final permit. Because it's been more than 60 days since the permit was issued, we cannot reconsider the permit, however I would suggest that the permittee still comply with the conditions in the draft permit that was sent with the PFO when the well is drilled, to protect the groundwater resource, and for any future requests for water use.

Thanks,

**Kim French** | Water Rights Application Specialist

---

**Water Resources Department** | 725 Summer St. NE, Suite A | Salem, Oregon 97301

Ph: 503 986-0816 | Email: [kim.r.french@oregon.gov](mailto:kim.r.french@oregon.gov)

Integrity | Service | Technical Excellence | Teamwork | Forward-Looking

*Life is too short to spend one minute unhappy! Be Happy!*

**From:** Greg Kupillas <phggek@bctonline.com>  
**Sent:** Wednesday, June 03, 2020 5:30 PM  
**To:** FRENCH Kim R \* WRD <Kim.R.French@oregon.gov>  
**Subject:** Application G-18487, Permit G-17962

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Kim,

You were the case worker for Application G-18487, which was approved with issuance of Permit G-17962 on February 2, 2018. The permit holder, Marty Johnson, is getting ready to drill the authorized well, and needs clarification regarding any applicable well construction conditions. The groundwater review, Initial Review letter (September 22, 2017), and the draft permit provided with the PFO, all included a whole list of well construction conditions. However, none of these well construction conditions are included in the permit itself. The permit holder doesn't want there to be any doubt or gray area concerning well construction requirements, so he has asked me to inquire with the Department to find out whether the omission of those well construction conditions from the permit was intentional, or made in error. Further, if the well construction conditions were omitted from the permit by mistake, can or will the Department take any action to revise or amend the permit?

I look forward to your response.

Regards,

Greg Kupillas  
Pacific Hydro-Geology Inc.  
503.939.3167

---

**Doann Hamilton** <phgdmh@gmail.com>  
To: Mike Mccord <Mike.I.McCord@state.or.us>, Greg Kupillas <phggek@bctonline.com>

Wed, Feb 3, 2021 at 12:28 PM

Hi Mike

Here is the email where Kim French asked us to comply with the PFO  
So i would appreciate if we get a letter stating these conditions were met by the PFO of this application

Thank you  
Doann

[Quoted text hidden]

--  
Pacific Hydro-Geology, Inc.  
18487 S. Valley Vista Rd.  
Mulino, OR 97042  
(503) 349-6946  
Fax: (503) 632-5983  
email: phgdmh@gmail.com

**BROWN Travis C \* WRD** <Travis.C.Brown@oregon.gov>

Wed, Feb 3, 2021 at 3:30 PM

To: Doann Hamilton <phgdmh@gmail.com>

Cc: FRENCH Kim R \* WRD <Kim.R.French@oregon.gov>, MCCORD Mike L \* WRD <Mike.L.Mccord@oregon.gov>

Hello Doann,

We have received the cuttings for water well MARI 69564, which is sufficient to satisfy the 4<sup>th</sup> paragraph of the Well Construction Conditions in the Proposed Final Order (PFO) for Application G-18487/Permit G-17962 for Point of Appropriation (POA) "Well 1".

I have also reviewed the well log and construction information for MARI 65564, which appear sufficient to satisfy the 1<sup>st</sup> and 2<sup>nd</sup> paragraphs of the Well Construction Conditions in the PFO for POA "Well 1".

A copy of this email will be added to the Application/Permit file. Please let me know if you have any questions or concerns.

Thank you,

Travis



*Travis Brown, RG* | Hydrogeologist – Groundwater Section

Pronouns: He/him/his

Email: Travis.C.Brown@oregon.gov | Phone: 971-301-3088 | Fax: 503-986-0902



725 Summer St. NE, Suite A | Salem, OR 97301

**\*\*\*Teleworking. Apologies for any inconvenience.\*\*\***

[Quoted text hidden]

**Doann Hamilton** <phgdmh@gmail.com>

Fri, Feb 5, 2021 at 9:57 AM

To: BROWN Travis C \* WRD <Travis.C.Brown@oregon.gov>

Cc: FRENCH Kim R \* WRD <Kim.R.French@oregon.gov>, MCCORD Mike L \* WRD <Mike.L.Mccord@oregon.gov>

Thank you

Doann

[Quoted text hidden]