

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

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 # G-18478	PERMIT # (IF APPLICABLE) G-17942	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Chris and Terri Gesik		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 2965 N Holly St.			
CITY Canby	STATE OR	ZIP 97013	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 Chris Gesik			
ADDRESS 2965 N Holly St.			
CITY Canby	STATE OR	ZIP 97013	

ADDITIONAL PERMIT HOLDER OF RECORD NA			
ADDRESS			
CITY	STATE	ZIP	

4. Date of Site Inspection:

August 9, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Chris Gesik	August 9, 2022	Owner / operator

6. County

Clackamas

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

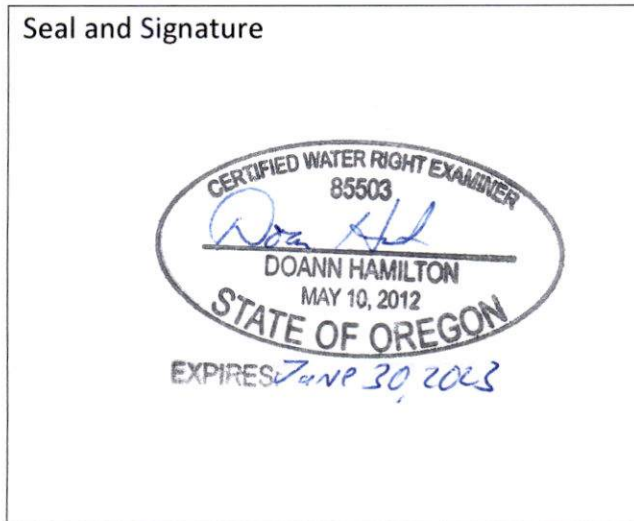
Add additional tables for owners of record as needed

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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.



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



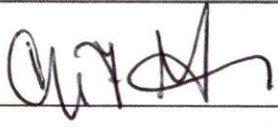
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Permit Holder of Record Signature or Acknowledgement

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
	CHRIS F. GESIK	OWNER	1-18-23

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	CLAC 9705, 58310	L-56266

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	A well in Willamette River	Columbia 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	January 1 through December 31	0.22 cfs
Total Quantity of Water Used				0.22 cfs

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

Water is pumped from the well using a 15 Hp submersible pump to convey water through approximately 11 feet of 3-inch galvanized steel pipe with a back flow preventer and meter before heading below ground and attaching to the 3-inch PVC mainline. The buried 3-inch PVC mainline heads north and south then tees east-west along the length of the property. Laterals consisting of 1 ½-inch buried PVC pipe connected to the mainline support 22 zones of irrigation with 8 sprinkler heads each. One zone of 8 heads can be irrigated 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).

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 1 (CLAC 9705, 58310) is more correctly placed at: 125 feet south and 715 feet east from the NW corner, Section 28.
2. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage of 10.0 acres to 8.8 acres.

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	0.25 cfs	0.22 cfs	Not Measured	Nursery	10.0	8.8

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

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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NO

A. Place of Use

1. Is the right for municipal use?

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
3S	1E	WM	28	NW NW	NA	NA	Nursery	8.8	
Total Acres Irrigated								8.8	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

1/2 inch PVC tube through the vent/access port of the sanitary seal on the north side of the sanitary seal.

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 CLAC 9705, 58310						

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 CLAC 9705, 58310

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
Berkeley	6S2BL8	Unknown	Submersible	Unknown	3 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Berkeley	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	60 psi	146.0 feet (from permit condition pump test)	0 feet	0.35 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times 7.04 \text{ ft}^4/\text{sec Hp}}{(146.0 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.35 \text{ cfs}$$

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)
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.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	11 feet	Galvanize steel	Above ground
3 inch	~ 2,200 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.5 inch	~ 3,000 feet	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Hunter G35 Yellow #12	60 psi	12.5 gpm	36	8	0.22 cfs
Rainbird Falcon - Yellow	60 psi	12.2 gpm	140	8	0.217 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.

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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:

Pump and irrigation system was already installed when Chris Gesik purchased the property 5 years ago. Pump information provided came from the company that installed the original pump December 5, 1980, shortly after the well was constructed. Mr. Gesik believes the pump has never been replaced since then.

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	January 24, 2018		
BEGIN CONSTRUCTION (A)	January 24, 2023	January 25, 2018	Construction of Well 1 started on 10-14-1980 and was completed on 10-16-80. The well was then altered on 11-2-2002.
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	January 24, 2023	October 2022	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.

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

3. Initial Water Level Measurements:

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

YES

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department?

YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

Seven Consecutive Annual

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.

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b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? **NO**

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

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

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

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

6. Measurement Conditions:

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

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Netafim	19-80029017	working	868,732 gallons (August 9, 2022)	March 2022

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.

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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
L-56266	November 2002

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- 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:

Groundwater production shall occur only from the alluvial groundwater reservoir.

Compliance:

Well 1 (CLAC 9705, 58310) develops water from the alluvial aquifer between the depths of 238 to 270 feet with in siltstone with sand.

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

e2) Condition:

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

Compliance:

Well tag L-56266 is attached to the well casing.

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 (CLAC 9705, 58310) was drilled approximately 3,200 feet south southeast from Willamette 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
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 9705	Well log and driller’s notes for CLAC 9705 – Well 1
State Water Well Report – CLAC 58310	Well log and driller’s notes for CLAC 58310 – Well 1 alteration
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (CLAC 9705, 58310) conducted October 31, 2022.

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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

**The COBU map was prepared using tax assessor’s maps 3 1E 28B and 29, 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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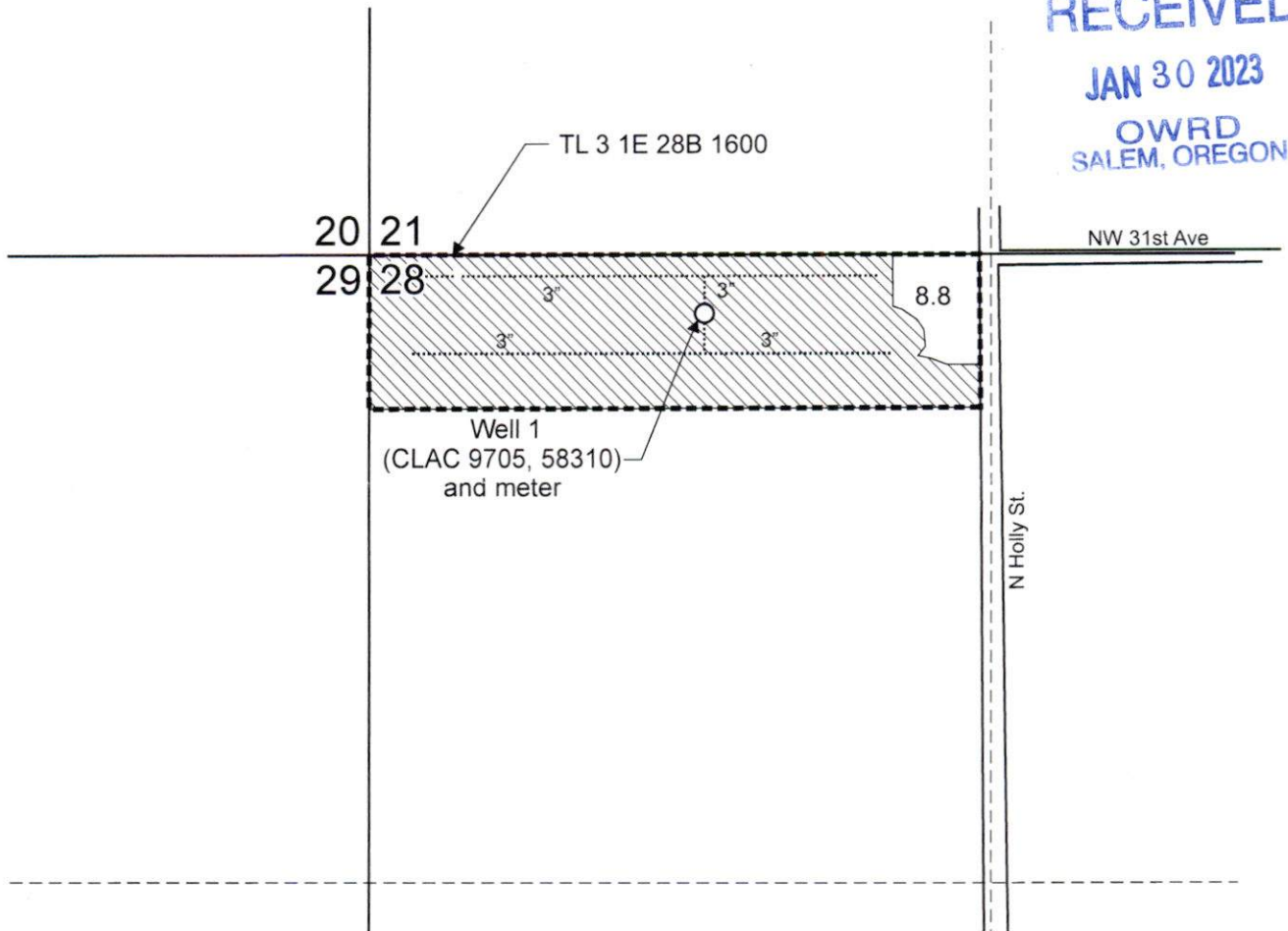
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T.3S. R.1E. Section 28, W.M.

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Well 1 (CLAC 9705, 58310) is located 125 feet south and 715 feet east from the NW corner, Section 28.

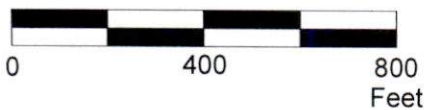
 Area (8.8 Acres) covered under nursery operations, Application G-18478, Permit G-17942.

----- Tax lot boundary

..... Water main line

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-18478, Permit G-17942

Pacific Hydro-Geology Inc.

Chris Gesik
T.3S. R.1E. Section 28, W.M.

01/2023

GesikG-18478COBUMap.cdr

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

(Do not write above this line)

CLAC
009705

State Well No. 35/E-28
State Permit No. _____

(1) OWNER:

Name Joe Sisul
Address 2965 N. Holly
Canby, Oregon 97013

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
 Jetted
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

8" Diam. from 0 ft. to 243 ft. Gage 250
2" Diam. from 233 ft. to 255 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated Yes No.

Type of perforator used torch
Size of perforations 8 in. by 3/16 in.
100 perforations from 233 ft. to 255 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

a pump test made? Yes No If yes, by whom?

Yield: 150 gal./min. with total drawdown after 1 hrs.
" " " " " " "
" air rotary " " " " "
" " " " " " "
" er test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 14 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 16 sacks
How was cement grout placed? pressure grouted
Was a drive shoe used Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Clackamas Driller's well number D336-80
1/4 Section 28 T. 3S R. 1E W.M.
Bearing and distance from section or subdivision corner
drilled at mailing address

(11) WATER LEVEL: Completed well.

Depth at which water was first found 123 ft.
Static level 105 ft. below land surface. Date 10/16/80
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 8 in.
Depth drilled 260 ft. Depth of completed well 255 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
topsoil	0	2	
clay brown sandy	2	47	
clay blue sticky	47	123	
sand black wter/bear	123	130	
clay blue sticky	130	145	
sand black water/bear	145	153	
clay blue sandy	153	204	
clay blue sand water bear	204	243	
sandstone & claystone	243	260	
water bearing			105

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Work started 10/14/80 Completed 10/16/80 19
Date well drilling machine moved off of well 10/16/80 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Brian Blocker Date 10/16/80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1169

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name S & M Drilling & Supply
(Person, firm or corporation) (Type or print)
Address 399 S E Walnut Canby, Ore 97013

[Signed] Walter Mace
(Water Well Contractor)

Contractor's License No. 497 Date 10/16/80, 19

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 56266
START CARD # 149449

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

(1) **LAND OWNER** Well Number _____
Name FRONTIER GOLF COURSE/JIM MICKELSON
Address 3391 N. HOLLY ST.
City CANBY State OR Zip 97013

(2) **TYPE OF WORK**
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) **BORE HOLE CONSTRUCTION:**
Special Construction approval Yes No Depth of Completed Well 270 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
ORIGINAL	8" 0	260	See original well report.		

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 270 ft. to 268 ft. Material Cement
Gravel placed from 270 ft. to 217 ft. Size of gravel 6x9

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5" drive shoe on top of 5" riser.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 5" riser	217	238	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) Original 8" shoe @ 243'

(7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type V-WIRE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
238	270	.070		5"	PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<input checked="" type="checkbox"/> Pump	180	69'	1 hr.
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Air			
<input type="checkbox"/> Artesian			

Temperature of water 56° 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 CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 1E E or W. WM.
Section 28 NW 1/4 NW 1/4
Tax Lot 1600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2965 N. HOLLY ST.
CANBY, OR 97013

(10) **STATIC WATER LEVEL:**
131 ft. below land surface. Date 11-5-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
243'	270'	180+ GPM	131'

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
SILTSTONE SOFT W/ SAND	260	270	
THIS WELL WAS ORIGINALLY DRILLED IN 1980. BECAUSE OF A SAND PUMPING PROBLEM, WE REMOVED 6" PERFORATED LINER AND INSTALLED 5" STAINLESS STEEL SCREEN & FILTER PACK. WE DRILLED 10' DEEPER TO MAKE SURE WE WERE THROUGH THE WATER BEARING ZONE.			
ORIGINAL WELL CLACK 009705			

Date started 10-23-02 Completed 11-5-02

(unbonded) **Water Well Constructor Certification:**
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Andrew Sura WWC Number 1768 Date 11-11-02

(bonded) **Water Well Constructor Certification:**
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Steven N. Stahl WWC Number 688 Date 11-11-02

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ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER
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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: FRONTIER GOLF (CHRIS GESIK)		PHONE No.: 503-863-7617	ADDITIONAL CONTACT No.:
ADDRESS: 2965 N HOLLY STREET			
CITY: CANBY	STATE: OR	ZIP: 97013	E-MAIL: chrisgesik@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: RICH GERIG	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: CP1210
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-899999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC58310	L- 56266	FRONTIER GOLF	270FT	JIM MICKELSON	1980	10/31/2022

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
3S	1E	28	W 1/4 NW 1,			

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	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)
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.

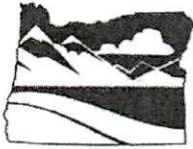
Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
 If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
 If possible, indicate 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: _____ ft.
 Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: on the golf course
 How far from the pumped well was water discharged? 60 ft.

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



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PUMP TEST FORM
COVER SHEET

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
HP: 15 _____ Pump set at: 200 ? _____ feet.
Pump idle time: 30 days _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):
Manufacturer: McCrometer _____ Serial #: _____
Date Last Calibrated: 2019 _____ Units: _____

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 1ft 3in feet.

Description (e.g., top port of 1 inch port pipe, west side) well seal vent

Time pump turned on: Date 10-31-2022 Time 9:00am
Time pump turned off: Date 10-31-2022 Time 1:00pm
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:

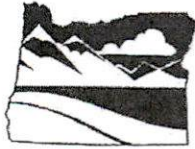
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSS!-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: Rachel J. Gray DATE: 12-01-22
OWNER SIGNATURE: _____ DATE: _____



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PUMP TEST FORM
DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC58310	L- 56266	FRONTIER GOLF	270	JIM MICKELSON	1980	10/31/2022

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/31/2022	8:00AM		104FT 1IN	0	Pre-test			
10/31/2022	8:20		104FT 1IN	0	Pre-test			
10/31/2022	8:40		104FT 1IN	0	Pre-test			
10/31/2022	9:00		104FT 1IN	110				45PSI
10/31/2022	9:02		122FT 4IN	110				45PSI
10/31/2022	9:04		130FT 8IN	110				45PSI
10/31/2022	9:06		130FT 9IN1	110				45PSI
10/31/2022	9:10		130FT 11IN	110				45PSI
10/31/2022	9:15		131FT	110				45PSI
10/31/2022	9:20		131FT 2IN	110				45PSI
10/31/2022	9:25		131FT 3IN	110				45PSI
10/31/2022	9:30		131FT 3IN	110				45PSI
10/31/2022	9:45		131FT 5IN	110				45PSI
10/31/2022	10:00		132FT 8IN	110				45PSI
10/31/2022	10:15		133FT 4IN	110				45PSI
10/31/2022	10:30		133FT 10IN	110				45PSI
10/31/2022	10:45		134FT 6IN	109				45PSI
10/31/2022	11:00		134FT 9IN	108				45PSI
10/31/2022	11:15		134FT 10	105				45PSI
10/31/2022	11:30		135FT 8IN	105				45PSI
10/31/2022	11:45		142FT	105				45PSI
10/31/2022	12:00PM		144FT 4IN	105				45[PSI
10/31/2022	12:15		145FT 6IN	105				45PSI
10/31/2022	12:30		146FT 1IN	105				45PSI
10/31/2022	12:45		146FT 10IN	105				45PSI
10/31/2022	1:00		147FT 3IN	105				45PSI
10/31/2022		RECOVERY						
10/31/2022	1:02		128FT					
10/31/2022	1:04		126FT 1IN					
10/31/2022	1:06		124FT 10IN					
10/31/2022	1:08		124FT 1IN					
10/31/2022	1:10		123FT 10IN					
10/31/2022	1:15		120FT 11IN					
10/31/2022	1:20		119FT					
10/31/2022	1:25		118FT 8IN					
10/31/2022	1:30		118FT 6IN					
10/31/2022	1:45		116FT 3IN					
10/31/2022	2:00		115FT					
10/31/2022	2:15		113FT 8IN					

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:G-18478	WRD Reviewer:Dante Luongo
Transfer #:	
Date Received:1-30-2023	
CWRE Name:Doann Hamilton	
Priority Date (s):3-8-2017	

Fees Required:

- YES NO A fee of \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES NO A fee of \$230 must accompany this form for any transfers 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.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE: _____ RECEIPT #: _____

ISSUED FROM: _____ APPLICATION PERMIT TRANSFER

CASH CHECK # OTHER (IDENTIFY) TOTAL RECEIVED

WRD TREASURY 4176 WRD OPERATING ACCT.

0407 COPIES OTHER (IDENTIFY)

0203 INDIAN LIENS 0204 OTHER PERMIT FEE 0205 OTHER

WRD TREASURY 4176 WRD OPERATING ACCT.

0407 MISCELLANEOUS COPY & TRAVEL FEES	4611	\$	
0410 RESEARCH FEES		\$	
0408 MISC REVENUE (IDENTIFY)		\$	
TE042 DEPOSIT LAB. (IDENTIFY)		\$	
0340 EXTENSION OF TIME		\$	
WATER RIGHTS	STAMP FEE		RECORD FEE
0301 SURFACE WATER	\$	0222	\$
0303 GROUND WATER	\$	0204	\$
0220 TRANSFER		\$	
WELL CONSTRUCTION	STAMP FEE		RECORD FEE
0216 WELLS DRILL CONSTRUCTION	\$	0219	\$
LANDIMPROVEMENT PERMIT		0208	\$
0202 OTHER (IDENTIFY)	COBU		4222.00

WRD TREASURY 4176 WRD OPERATING ACCT.

0223 POWER LICENSE FEE \$/WARRANT

0221 HYDRO LICENSE FEE \$/WARRANT

HYDRO APPLICATION

SPECIAL INSTRUCTIONS:

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

RETURN TO APPLICANT - LETTER ATTACHED

Groundwater File Review:

- Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- Pump Test required (Priority Date on or after December 20, 1988)
- Pump Test submitted
- Pump Test not submitted