

**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.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-12224	PERMIT # (IF APPLICABLE) G-11158	PERMIT AMENDMENT # (IF APPLICABLE) T- NA
---------------------------------	--	--

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Oregon CC LLC Attn: Seh Yoo		PHONE NO. (310) 429-0074	ADDITIONAL CONTACT NO.
ADDRESS 11480 South Street, Suite 210			
CITY Cerritos	STATE CA	ZIP 90703	E-MAIL s.yoo@hkiamerica.com

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 National Golf Operating Partnership LP			
ADDRESS 2951 28th Street, Suite 3001			
CITY Santa Monica	STATE CA	ZIP 97405	

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

November 18, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Russ Vandehey	11/18/22	Golf Course Superintendent
Steve Hougak	11/18/22	Steve's Pump Service Inc. (Pump Contractor)

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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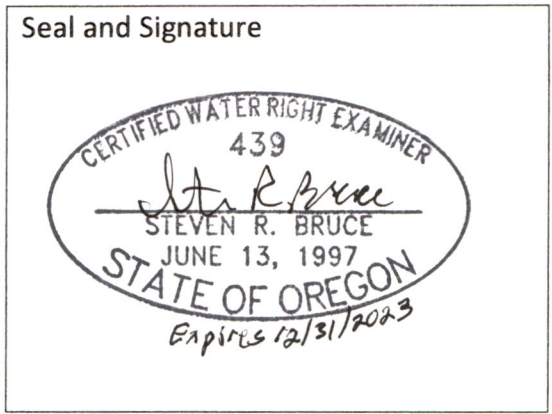
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**SECTION 2
SIGNATURES**

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 Steven R. Bruce Skookum Water Associates Inc.		PHONE NO. (503) 319-8926	ADDITIONAL CONTACT NO.	
ADDRESS 1626 Victorian Way				
CITY Eugene	STATE OR	ZIP 97401	E-MAIL steve@skookumwater.com	

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Seh Yoo	CFO of Oregon CC LLC	1-24-23

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SECTION 3
CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	CLAC 10322	NA

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	Willamette 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	Commercial Use	--	Year-Round	0.25 cfs
Total Quantity of Water Used				0.25 cfs (approx. 112 gpm)

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 was appropriated from the well using a 20-hp submersible pump. The 20-hp pump forwarded the water to a nearby 20,000-gallon underground tank containing two 5-hp submersible pumps. The two pumps forward the water to a 3,000-gallon pressure tank inside an adjacent building. One 5-hp pump serves as the lead pump and the second 5-hp pump operates as a lag pump.

Buried 4-inch-diameter mainlines deliver the water in the pressure tank to the clubhouse and the maintenance facilities. The clubhouse facilities include a restaurant that includes a kitchen with six sinks and a commercial dishwasher, a wet bar, eight restrooms, two shower rooms, two hot tubs and a swimming pool. The maintenance facilities include restrooms, showers and spigots for cleaning and maintaining the golf course equipment.

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.")

The authorized well location is in the NW NE of Section 10. The well is located in NE NW of Section 10 as indicated by the CBU map.

The authorized place of use (POU) is the NW NE of Section 10. The POU includes both the NW NE and NE NW of Section 10.

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	0.12 cfs (approx. 53.8 gpm)	0.25 cfs (approx. 112 gpm)	NA	Commercial	--	--

The right should be limited to 0.12 cfs, further limited to 15,000 gallons per day.

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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

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

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
3 S	1 E	WM	10	NW NE	--	49	Commercial	--	--
3 S	1 E	WM	10	NE NW	--	10	Commercial		
Total Acres Irrigated								--	--

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 cover for the pitless adapter can be removed to provide downhole access. An airline had been installed, but water-level measurements were typically obtained with e-tapes according to the Department's WRIS database. A dedicated measuring tube was installed in the well when the pump was replaced on November 18, 2022.

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 CLAC 10322						

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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 CLAC 10322

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.

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
--------------	-------	---------------	--	-------------	----------------

Well Pump

Griswold	20NS6L15XP	ST-0001219	Submersible	NA	2 inches
----------	------------	------------	-------------	----	----------

First Forwarding Pump (Lead Pump) Pump is underwater in tank and can't be seen

NA	NA	NA	Submersible	NA	NA
----	----	----	-------------	----	----

Second Forwarding Pump (Lag Pump) Pump is underwater in tank and can't be seen

NA	NA	NA	Submersible	NA	NA
----	----	----	-------------	----	----

3. Motor Information:

MANUFACTURER	HORSEPOWER
--------------	------------

Well Pump

Franklin	20
----------	----

First Forwarding Pump (Lead Pump)

NA	5
----	---

Second Forwarding Pump (Lag Pump)

NA	5
----	---

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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)
------------	---------------	---	-----------------------------------	----------------------------------

Well Pump

20	0 (open discharge)	550 feet (assumed) Pump was set at a depth of 567 feet	10 feet	0.25
----	--------------------	--	---------	------

First Forwarding Pump (Lead Pump)

5	75	5 feet	20 feet (estimated)	0.17
---	----	--------	------------------------	------

Second Forwarding Pump (Lag Pump)

5	75	5 feet	20 feet (estimated)	0.17
---	----	--------	------------------------	------

5. Provide pump calculations:

Well Pump

$$Q \text{ Pump} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = \frac{(20)(7.04)}{550+10} = \frac{140.8}{560} = 0.25 \text{ cfs (approximately 112 gpm)}$$

Where:

$$\text{hp} = 20$$

$$\text{efficiency} = 7.04 \text{ ft}^4/\text{sec}/\text{hp}$$

$$\text{total head} = 550 \text{ feet pumping water level} + 10 \text{ feet lift to storage tank} = 560 \text{ feet}$$

Forwarding Pumps

$$Q \text{ Pump} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = \frac{(5)(7.04)}{190.5+10} = \frac{35.2}{200.5} = 0.17 \text{ cfs} \times 2 \text{ pumps} = 0.34 \text{ cfs}$$

(approximately 76 gpm per pump)

Where:

$$\text{hp} = 5$$

$$\text{efficiency} = 7.04 \text{ ft}^4/\text{sec}/\text{hp}$$

$$\text{total head} = 190.5 \text{ feet (conversion of 75 psi based on table in CBU form)} + 10 \text{ feet from underground tank to pressure tank}$$

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)
NA – Meter not required			

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

7. Is the distribution system piped?

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

YES

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4 inches	1,200 feet (approx.)	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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)?

YES

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

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

Complete appropriate table(s), unused table may be deleted.

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2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal	20,000	Buried
Metal	3,000	Above Ground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
NA		

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe? **NO**

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

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

H. Additional notes or comments related to the system:

The well's pumping system was being replaced at the time of the site inspection. This CBU is based on the pump that was in the well since 1992 and not the new well pump.

The two 5-hp pumps are installed in the underground 20,000-gal tank, which prevented obtaining manufacturer's information on the pumps and motors.

The pump in the well is the limiting factor for the system, not the two 5-hp forwarding pumps.

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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	12/3/1990		
BEGIN CONSTRUCTION (A)	12/3/1991	5/15/1991	Well drilling began (see CLAC 10322 in Exhibit A).
COMPLETE CONSTRUCTION (B)	10/1/1992	June 1992	The construction of the clubhouse facilities was completed.
COMPLETE APPLICATION OF WATER (C)	10/1/1993, extended to 10/1/1995, extended to 10/1/1996, extended to 10/1/2004	September 2004	Membership was approximately 550 and complete application of water to the beneficial use occurred.

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES

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

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

NO

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

3. Initial Water Level Measurements:

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

YES

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

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

March

c. Was the measurement submitted to the Department?

YES - The

WRIS online information shows the Department made a March 26, 1993 measurement using the

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airline. The measurement (573.5 feet to water) was apparently flawed or else the airline length was mistakenly reported instead of the depth to water, given that subsequent March measurements showed the static water levels were in the range of 355 feet.

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

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

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

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

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? **NO**

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**

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **NO**

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

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7. Recording and reporting conditions:

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

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

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 **NO –**
not required by permit conditions.

to the well?

WELL ID #	DATE ATTACHED TO WELL
NA	

e. Other conditions? **NO**

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

NA

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Figure 1	Claim of Beneficial Use for Application G-12224, Permit G-11158
Exhibit A	Water Well Report CLAC 10322

**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 map was tied using a Garmin Oregon 750t GPS and a USDA-FSA-NAIP aerial image collected July 19, 2020 (m_4512243_ne_10_060_20200719.xml)

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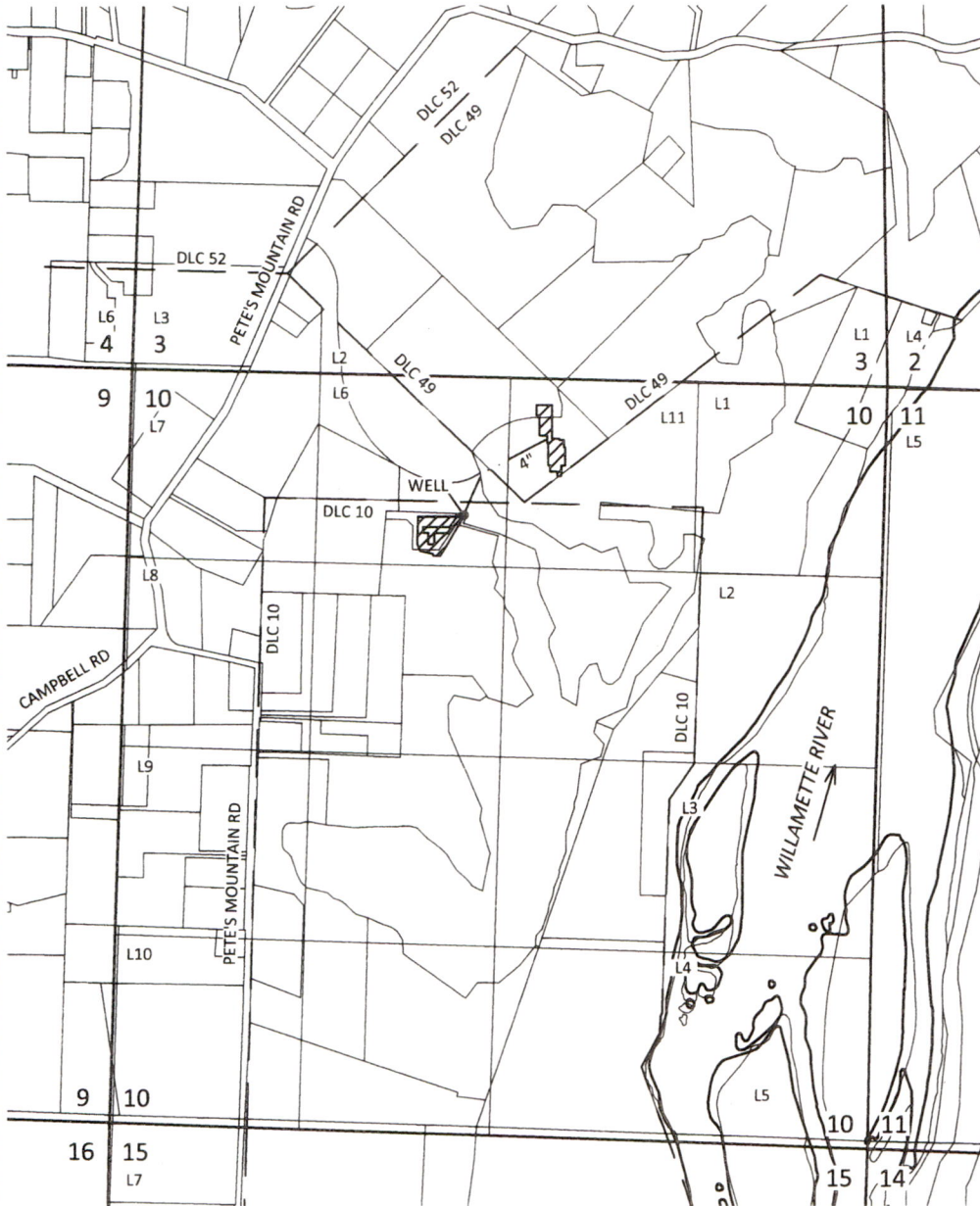
Map Checklist

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

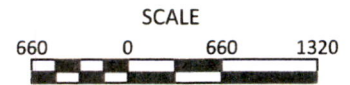
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- NA If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- NA 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
- NA 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

Section 10, T3S, R1E, W.M., Clackamas County, Oregon

Application G-12224, Permit G-11158
 CLAIM OF BENEFICIAL USE MAP
 Oregon CC, LLC



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WELL LOCATION: 1030 FT S AND 2320 FT E
 FROM NW CORNER OF SECTION 10, T3S, R1E, W.M.

KPFF 2200002.04

SKOOKUM
 WATER ASSOCIATES INC

1626 VICTORIAN WAY
 EUGENE, OR 97401
 (503) 319-8926

EXPLANATION

-  PLACE OF USE
 COMMERCIAL USE IN GOLF COURSE
 CLUBHOUSE FACILITIES
 PRIORITY: 9/5/1990
-  WELL
-  4" PIPE

Site Inspection Conducted
 11/18/2022

December 12, 2022

This map is not intended to provide legal
 dimensions or locations of property
 ownership lines

Figure 1

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

CLAC
 19302

Skyles Drilling, Inc.
 1169 Molalla Ave.
 Oregon City, OR 97045

JUL 11 1991
 (START CARD)

35/1E/10 ba
 25830

(1) **OWNER:** Well Number: 01
 Name Oregon Golf Club
 Address 26880 SW Petes Mtn. Rd.
 City West Linn State OR Zip 97068

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

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

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other Club House

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 594 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
12"	0 34	Cem. & Bent.	0 39	7 1/2	sacks
8"	39 594	Cement	140 184	13	sacks

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	39'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	+1	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoes: None used

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		N/A				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
80		590'	1 hr.
73		560'	1/2 hr.
60		532'	1/2 hr.

Temperature of water 57° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 3 South N or S, Range 1 East E or W, WM.
 Section 10 NE 1/4 NW 1/4
 Tax Lot 490 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 26880 SW Petes Mtn. West Linn, OR 97068

(10) **STATIC WATER LEVEL:**
331 ft. below land surface. Date 6-18-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 114'

From	To	Estimated Flow Rate	SW
114'	147'	30	96
567'	587'	80	331

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

Material	From	To	SW
Clay brown	0	12	
Rock weathered brown porous	12	25	
Lava gray	25	59	
Basalt black	59	114	
" brown porous hard	114	129	
" " " soft	129	147	
" gray	147	160	
" brown	160	206	
" gray	206	221	
" brown fractured	221	309	
" gray fractured	309	351	
" brown porous	351	360	
" gray fractured	360	376	
" brown porous	376	418	
" gray	418	472	
" " hard	472	567	
" " " porous	567	579	
" " " hard	579	587	33
" " " hard	587	594	

Date started 5-15-91 Completed 6-18-91

(unbonded) **Water Well Constructor Certification:**
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construct standards. Materials used and information reported above are true to my b knowledge and belief.
 Signed Arson K. Edie WWC Number 1547
 Date July 1, 1991

(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. work performed during this time is in compliance with Oregon v construction standards. This report is true to the best of my knowledge e belief.
 Signed Maurice D. Skyles WWC Number 553
 Date July 1, 1991

Land Shore Water

Jennie Bricker
Land Shore Water Legal Services, LLC
818 SW Third Avenue, PMB 1517
Portland, OR 97204

503-928-0976
jennie@landshorewater.com

January 27, 2023

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301

Re: Claim of Beneficial Use for Permit No. G-11158

Dear OWRD:

The enclosed claim of beneficial use concerns Permit No. G-11158, Application G-12224, a groundwater use at the Oregon Golf Club in West Linn, Oregon. On January 19, 2023, the Department received a request for assignment of this permit to the owner of the Golf Club property, Oregon CC LLC. The applicant for this claim of beneficial use is Oregon CC LLC.

I enclose the following:

1. A Claim of Beneficial Use application and report prepared by certified water right examiner Steven R. Bruce, Skookum Water Associates Inc., and signed by the applicant.
2. A Claim of Beneficial Use Map on Mylar (poly) film, labeled Figure 1.
3. A payment of \$230 for processing of the application.
4. A Certificate Reimbursement Authority Estimate Application.
5. A payment of \$125 for preparation of a cost estimate for expedited processing.

Thank you for your work on my client's behalf. Please let me know if you have questions or need additional materials. You may also contact Steve Bruce, whose telephone and email are included in the application.

Very truly yours,



Jennie Bricker

cc (with attachments):

Elyse Cook, American Golf Corporation
Roger Aggson, The Oregon Golf Club
Steve Bruce, Skookum Water Associates Inc.

RECEIVED

JAN 30 2023

OWRD



**CLAIM OF BENEFICIAL USE
APPLICATION G-12224, PERMIT G-11158**

OREGON CC LLC

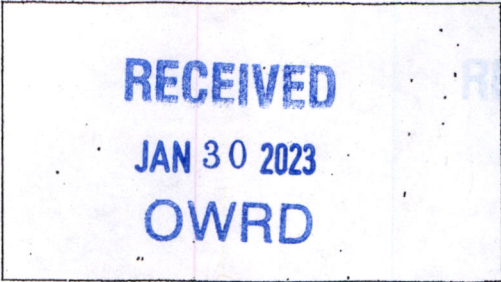
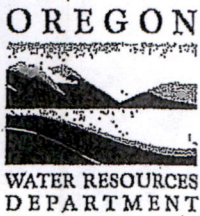
**11480 South Street, Suite 201
Cerritos, CA 90703**

December 23, 2022

Project 10185.001

**Skookum Water Associates Inc.
1626 Victorian Way Eugene, OR 97401
(503) 319-8926**

**RECEIVED
JAN 30 2023
OWRD**



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Oregon CC LLC ATTN: Seh Yoo
11480 South St. Suite 210 Corvallis, OR 97331

Transaction Type: COBU

Fees Received: \$ 230.00

Cash Check; Check No. 182

Name(s) on Check: Land Shore Water Legal Services

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

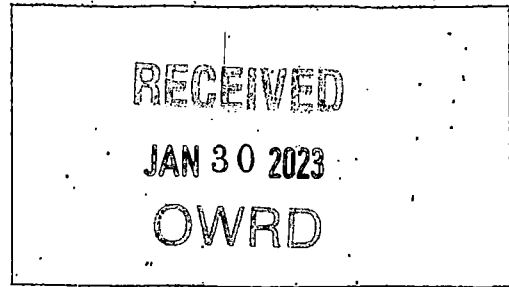
If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Dante Luongo
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (application/other document) in the top drawer of filing cabinet.



Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Oregon CC LLC ATTN: Seh You
11480 South St Suite 210 Gervitas, CA 90703

Transaction Type: COBU

Fees Received: \$ 230.00

Cash

Check

Check No. 188

Name(s) on Check: Land Share Water Legal Services

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