

**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.**

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-15687	PERMIT # (IF APPLICABLE) G-15817	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Victoria V Guevara Trust U/A/D, Victoria V Guevara Trustee		PHONE NO. (503) 651-3535	ADDITIONAL CONTACT NO. (503) 519-3599
ADDRESS PO Box 610			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL vlygrwrs@web-ster.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 Victoria Guevara		
ADDRESS PO Box 610		
CITY Hubbard	STATE OR	ZIP 97032

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

March 22, 2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Nate Fox	March 22, 2022	Nursery Operations Manager

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

SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



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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

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
	Victoria V. Guevara, Pres/Owner - Valley Growers Nursery & Landscapes, Inc.		2/15/23

SECTION 3 CLAIM DESCRIPTION

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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 2356	NA
Well 2	CLAC 65758	L-97863

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 Rock Creek Basin	Pudding River
Well 2	A well in Rock Creek Basin	Pudding 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	0.39 cfs
Well 2				
Total Quantity of Water Used				0.39 cfs

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

Water is conveyed through Well 1 (CLAC 2356) using a possible 10 Hp pump through 3 feet of above ground 3-inch galvanized pipe to 2 inch above ground PVC pipe that goes through two above ground 85 gallon steel pressure tanks. From the pressure tanks there is a line that used to supply the house

but is no longer used and is shut off. The other 2-inch PVC line from the tank connects back to 4-inch above ground PVC through a meter and a filter before connecting to three different below ground - inch mainlines extending out of the pump house to the east, west and south.

The buried 4-inch PVC mainline to the east has an additional line teeing off to the north. This line extends west parallel to the northern border of the road and supplies a small field to the north. The area is irrigated with Hunter I-25 pop up sprinklers.

The buried 4-inch PVC mainline extending west out of the shed, parallel the southern border of the road supplies the fields to the south and the southern entrance landscape. The landscape is irrigated using Rainbird 15sst pop up sprinklers. The fields to the south irrigated from 2-inch hydrants off the 4 inch mainlines to supply 2.5-inch portable aluminum mainlines with 11/64-inch impact sprinklers running north – south.

The buried 4-inch PVC mainline extending south out of the shed, extends south along a maintenance road supplying the pond area and the area south of the pond. Around the pond and the rows of berries below the pond are irrigated with Rainbird 2045 PJ impact sprinklers on 6 foot tall 1 inch PVC risers. The orchards at the southern end are irrigated with Rainbird MP1000 pop up sprinklers.

The buried 4-inch PVC mainline extending east out of the shed, continues east until the line reaches the road then continues southeast to the end of the road then turns east to the end of the property. This line supplies the fields to the south and the lawn/landscape in the area. The fields can be irrigated with either the portable aluminum 2.5 inch handlines with 11/64 inch impact sprinklers from 2 inch hydrants or rows of Rainbird 2045 PJ impact sprinklers on 3-7 foot tall 1 inch PVC risers.

Well 2 (CLAC 65758) conveys water using a 20 Hp submersible pump through 3 inch above ground galvanized pipe that tees off to a 2-inch PVC to be pumped through two above ground 90 gallon fiberglass pressure tanks. From the pressure tanks, the water goes through 1 ¼-inch PEX hose to two filters and a Crystal-Right CR-100 w/Zeolite crystals water softener. From there the 1 ¼-PEX hose connects to the 2-inch PVC above ground and supplies the house. The pressurized water at the 3-inch galvanized pipe continues north about 15 feet through a meter before going underground to connect to 4-inch PVC mainline. The 4-inch PVC mainline tees west down the middle of the rows of greenhouses and the other tee continues north to the planter boxes to the north and reduces to 2-inch PVC running west down the middle of the planter boxes.

At the greenhouses, a 2-inch below ground tees off the 4-inch mainline supplying a valve box in each greenhouse. In the valve box, the line reduces to 1-inch above ground supplying a faucet and a line up the side of the greenhouse. The 1-inch PVC connects to 5/8-inch poly tubing that runs down the length of each greenhouse except for the two larger green houses to the east, they have four lines. From these lines, a 1/8-inch poly tubing hangs down connected to a drip emitter.

Each valve box also supplies a 1-inch PVC buried line extending outside and down the middle of each greenhouse (except for two where the road goes through) supplying a row of Rainbird 10H and F sprinkler heads on 3 foot tall 1-inch PVC risers (except for one row of ½-PVC risers) to irrigate can yard.

The 2-inch mainline down the middle of the two sets of planter boxes to the east contains valve boxes where 1-inch below ground PVC pipe extends down the north and two middle edges of the

box. From this 1-inch buried PVC, Rainbird 2045 PJ impact sprinklers on 3 foot tall 1-inch PVC risers are attached.

The far west planter is supplied from the 1-inch PVC off the greenhouse with the road to a valve box. From this valve box, the planter box is irrigated by the Rainbird 2045 PJ impact sprinklers on 2-foot tall 1 inch PVC risers down each side of the box.

Well 1 can irrigate up to two rows of nursery stock (48 Rainbird 2045 PJ impact sprinklers)

Well 2 can irrigate up to 6 greenhouse along with the associated can yard.

When needed, there is a mainline running southwest from Well 2 to a valve that connects Well 2 to Well 1 mainline. When needed the different wells can be opened to cover the same areas.

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, **NO**
permit amendment final order, or extension final order? If yes, describe below.

(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.")

None

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	0.38 cfs	0.39 cfs	Not Measured	Nursery	19.55	19.55
Well 2		0.39 cfs	Not Measured			

SECTION 4a of 4b

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

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

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

Well 1

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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
5S	1E	WM	5	SWNW	NA	NA	Nursery	3.15	NA
5S	1E	WM	5	NWSW	NA	NA	Nursery	16.4	NA
Total Acres Irrigated								19.55	NA

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

½-inch vent access port on the east side of well 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 2356						

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 2356

C. Groundwater Source Information (Sump)

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

NO

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

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

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	3 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	10 Hp estimated from pump test and irrigation system

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)
10 Hp estimated	42 psi	61.0 feet (from permit condition pump test)	0 feet	0.42 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(10 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(61.0 \text{ ft lift} + 106.7 \text{ ft pressure head})} = 0.42 \text{ cfs}$$

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.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch – in well house	5 feet	PVC	Above ground
2 inch	950 feet	PVC	Buried
3 inch	3 feet	Galvanize	Above ground
4 inch in well house	25 feet	PVC	Above ground
4 inch to north side	75 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	~ 350 feet	PVC	Buried and Above ground
1 inch	~ 10,150 feet	PVC	Buried and Above ground

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Hunter I-25 Light blue	50 psi	13.4	~ 12	12	0.36 cfs
Rainbird 2045 PJ blue 1/8"	45 psi	3.70 gpm	~ 285	48	0.39 cfs
Rainbird 1800 – 15sst	30 psi	0.61 gpm	~ 6	6	0.008 cfs
Rainbird MPR-10H	30 psi	0.79 gpm	~ 6	6	0.01 to 0.02 cfs
Rainbird MPR-10F	30 psi	1.58 gpm			
Rainbird MP1000 red - 90	40 psi	0.21 gpm	~ 50	25	0.01 to 0.047 cfs
Rainbird MP1000 360	40 psi	0.84 gpm			
Rainbird 11/64	40 psi	5.4 gpm	~ 215	26	0.31 cfs
¾ inch – garden hose			2		

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
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Steel - 1	85 gallons	Above Ground
Steel - 2	85 gallons	Above Ground

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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:

This well also supplies Certificate 55397 / T-9974.

There are no records for the pump installed in the well. The horsepower was estimated using the results of the pump test and the irrigation system they can support.

SECTION 4b of 4b

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well 2

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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
5S	1E	WM	5	SWNW	NA	NA	Nursery	3.15	NA
5S	1E	WM	5	NWSW	NA	NA	Nursery	16.4	NA
Total Acres Irrigated								19.55	NA

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

½-inch vent access port on the west side of well 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 65758						

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 65758

C. Groundwater Source Information (Sump)

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

NO

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

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

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D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin	150ST20D6A	Unknown	Submersible	6 inch	3 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	20 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)
20 Hp	68 psi	161.5 feet (from permit condition pump test)	0 feet	0.42 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(161.5 \text{ ft lift} + 172.7 \text{ ft pressure head})} = 0.42 \text{ cfs}$$

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.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.25 inch	15 feet	PEX hose	Above ground
2 inch	15 feet	PVC – Sch 80	Above ground
2 inch	~ 160 feet	PVC	Below
3 inch	~ 15 feet	Galvanized	Above ground
3 inch	~ 30 feet	PVC	Below ground
4 inch	~ 500 feet	PVC	Below ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1/8 inch	~ 1,500 feet	Polyethylene	Above ground
5/8 inch	~ 5,100 feet	Polyethylene	Above ground
1/2 inch	~ 25 feet	PVC	Above ground
1 inch	~ 4,650 feet	PVC	Above ground and buried
2 inch	~ 50 feet	PVC	Above ground and buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird MPR-10H	30 psi	0.79 gpm	216	78	0.13 to 0.27 cfs
Rainbird MPR-10F	30 psi	1.58 gpm			
Rainbird 2045 PJ blue (1/8")	45 psi	3.70 gpm	68	26	0.21 cfs
3/4 inch – garden hose			26		

Reminder: For sprinkler output determination use the reference information at the end of this document.

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11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Nanna – Brown (0.037 inch)	30 psi	0.1893 gpm (43 l/hr)	588	280	0.12 cfs

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass - 1	90 gallons	Above
Fiberglass - 2	90 gallons	Above

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

H. Additional notes or comments related to the system:

This well also supplies house, barn and Certificate 55397 / T-9974

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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	December 30, 2004		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2009 extended to: October 1, 2022	2014	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)?

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?

YES

Due October 1, 2018

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

b. Were the Progress Reports submitted?

YES

Received October 12, 2018

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			

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4. Annual Static Water Level Measurements:

Initial + 7

- 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? **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**

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 1	Netafim – Octave 3	173054037	Working	22,247,802 gallons (March 22, 2022)	2018
Well 2	Netafim – WST pl-3"	12-15153	Working	64,908,119.5 gallons (March 22, 2022)	2013

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

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **NO**

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 1	NA	NA
Well 2	L-97863	March 2009

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):

None

SECTION 6**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 2356	Well log and driller's notes for CLAC 2356 – Well 1
State Water Well Report – CLAC 65758	Well log and driller's notes for CLAC 65758 – Well 2
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (CLAC 2356) conducted January 18, 2021
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 2 (CLAC 65758) conducted January 17, 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.

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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 5 1E 05, 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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WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

STATE OF OREGON
(Please type or print)

02356
CLAC

State Permit No. 1234567890

Name Jim TYRNOFF
Address 887 NW 13th
CANBY, OR.

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

8" Diam. from 0 ft. to 170 ft. Gage 0.0250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

Size of perforations	$1\frac{1}{2}$	in. by	$3\frac{3}{8}$	in.
510	perforations from	95	ft. to	129
60	perforations from	148	ft. to	152
	perforations from		ft. to	

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

perature of water 51 Depth artesian flow encountered ft.

Well seal—Material used CEMENT
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 1.2 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 14 sacks
How was cement grout placed? PUMPED

Gravel placed from ft. to 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.

MAR 27 2023

Date well drilling machine moved off of well 25 Jun 1969

Drilling Machine Operator's License No. 1200

Contractor's License No. 449 Date 6-25 1979

SP*45656-119



OREGON
WATER
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DEPARTMENT

PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Valley Growers Nursery, Inc		PHONE No.: 503-651-3535	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 610			
CITY: Hubbard	STATE: OR	ZIP: 97032	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Nick Gasbarro	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: 7-125CPI
COMPANY: Sippel Well Drilling Inc	PHONE No.: 503-390-2841	ADDITIONAL CONTACT No.: 503-510-2970
ADDRESS: 6215 Lakeside Dr NE		
CITY: Salem	STATE: OR	ZIP: 97303
E-MAIL: kevin@sippelwelldrilling.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
CLAC2356	L-	Well 1	190 feet	Jim Zyrynow	6/25/79	1/18/21

(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: -122.02787000)
5S	1E	5	NWSW	30 ft south & 650 ft east from W1/4 corner, Section 5	45.16524777	-122.7199720615687

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- 15687	G- 15817	T-		☒ Yes ☐ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ 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)
CLAC65758	420 ft to the North East			

☒ 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: To drainage ditch at the end of the line
How far from the pumped well was water discharged? 600 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: Electric Tape

Length of air line (if used): _____

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: _____ 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: _____ Pump set at: _____ feet.

Pump idle time: 24 hours

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: AVAD/Octive Serial #: 173054037

Date Last Calibrated: _____ 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 1 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/4" well vent hole eastside of well

Time pump turned on: Date 1/18/21

Time 9:45 a.m.

Time pump turned off: Date 1/17/21

Time 9:00 a.m.

Total pumping time: 5 hours 00 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=1BdwLynsYAPNSQtW330ZiSFZuMscp4Hfil-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: _____

DATE: _____

OWNER SIGNATURE: [Signature]

DATE: 5/4/21

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

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PUMP TEST FORM
DATA SHEET

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
CLAC2356	L-	Well 1	190 feet	Jim Zyrynoff	6/25/79	1/18/21

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
1/18/21	8:45		48'	0	Pre-test			
	9:05		48'	0	Pre-test			Water level W
	9:25		48'	0	Pre-test		11678063	60.36 feet
1/18/21	9:45	0	48'				11678063	Began pumping
	9:47	2	56' 9"	88 gpm				Well #2 - 56.34
	9:49	4	57' 2"	100.4				
	9:51	6	58' 0"	99.9				
	9:53	8	59' 0"	100.4				
	9:55	10	59' 0"	101.1			11678887	Well #2 - 56.31
	10:00	15	59' 7"	100.1				
	10:05	20	59' 8"	100.5				
	10:10	25	60' 0"	100.1				
	10:15	30	60' 2"	101.4				
	10:30	45	60' 6"	100.4			11682461	Well #2 - 57.08
	10:45	60	61' 2"	100.1				
	11:00	75	61' 3"	100.2			11685858	
	11:15	90	60' 0"	100.0				Well #2 - 56.26
	11:30	105	60' 2"	100.6			11688502	
	11:45	120	60' 8"	100.6				Well #2 - 56.26
	12:00	135	60' 7"	100.1			11691750	
	12:15	150	60' 11"	102.1				Well #2 - 56.27
	12:30	165	61' 1"	100.1			11694350	
	12:45	180	61' 3"	100.1				Well #2 - 56.26
	1:00	195	61' 3"	100.1			11697300	
	1:15	210	61' 4"	100.2				Well #2 - 56.26
	1:30	225	61' 7"	100.2			11700100	
	1:45	240	61' 8"	100.0				Well #2 - 56.25
	2:00	255	61' 9"	100.1			11703292	
	2:15	270	61' 9"	101.3				Well #2 56.19
	2:30	285	61' 9"	100.6			11706504	
	2:45	300	62' 0"	100.2				End of pumping
	2:45	300	62' 0"					Begin recovery
	2:47	302	53' 9"					
	2:49	304	53' 1"					
	2:51	306	52' 10"					
	2:53	308	52' 6"					
	2:55	310	52' 4"					

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[illegible]

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 97863

START CARD # 198570

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company VALLEY GROWERS NURSERY INC.

Address PO BOX 610

City HUBBARD

State OR

Zip 97032

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

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)

Depth of Completed Well 309 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
14	0	30	Cement	0	110	69	S
12	30	110	Cement				
8	110	310					

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

Backfill placed from 309 ft. to 310 ft. Material sand

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
☒	☒	8	☒	1.5	252	.250	☒	☒	☒	☒
☐	☐	8	☐	299	311	.250	☐	☐	☐	☐
☐	☐	7	☐	237	253	.188	☐	☐	☐	☐
☐	☐	7	☐	263	288	.188	☐	☐	☐	☐
☐	☐	7	☐	298	309	.188	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 311Temp casing ☒ Yes Dia 14 1/2 From 0 To 99

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson - tele Material Stainless

Perf/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size
Screen			8	253	263	15			
Screen			8	288	298	7			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	111.5	200	4

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 5 S N/S Range 1 E E/W WM

Sec 5 NW 1/4 of the SW 1/4 Tax Lot 1905

Tax Map Number _____ Lot _____

Lat _____ " or 0 DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30570 S BARLOW RD HUBBARD OR

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening _____
Completed Well 03-04-2009 _____ 54Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 12

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-03-2008	12	19	5		8
11-04-2008	30	48	15		19
11-11-2008	72	93			42
	110	122			63
	136	155			63

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	1
Brown clay and top soil	1	12
Gray and brown silt	12	18
Dark brown clay	18	25
Soft gray clay	25	30
Soft silty brown clay with fine sand	30	48
Brown clay and gravel	48	50
Brown silty clay	50	60
Sandy brown clay	60	72
Fine gray sand	72	79
Blue-gray fine sandy clay with small gravel	79	93
Blue-gray clay	93	105
Cemented sand medium coarse	105	110
Black sand and gravel	110	116
Medium to fine sand dark gray	116	120
Tight sand and gravel	120	122
Sandy gray clay	122	124
Brown gray and yellow clay	124	134
Blue clay and gravel	134	136

Date Started 11-01-2008 Completed 03-04-2009

(unbonded) Water Well Constructor Certification

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

License Number 1629 Date 03-10-2009

Password : (if filing electronically)

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 1273 Date 03-10-2009

Password : (if filing electronically)

Signed _____

Contact Info (optional)

MAR 27 2009

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER RESOURCES DEPT
SALEM, OREGON

Form Version: 0.89

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CLAC 65758

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 97863

START CARD # 198570

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

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(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	185	205			63
	224	250			63
	253	262			63
	277	297			63

(11) WELL LOG

Material	From	To
Very fine sand with silty blue clay	136	143
Dark blue clay	143	148
Fine silty sand	148	150
Semi-cemented coarse sand	150	155
Sandy gray clay	155	157
Sandy blue clay	157	169
Blue clay	169	185
Blue-gray silty soft clay	185	205
Hard gray clay (hole caved over night)	205	224
Semi-fine sandy blue-gray clay	224	250
Gray clay semi-firm	250	253
Gray medium to coarse sand	253	262
Soft brown silty clay	262	277
Semi-packed fine sand with some loose seams	277	290
Semi-tight sand fine	290	297
Gray silty clay	297	299
Gray clay	299	310

Comments/Remarks

Dates were not entered into Water Bearing Zones due to several days to complete this well. Water level came up after exposing screens and developing well.

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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: _____ 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: 20 Pump set at: 220 feet.

Pump idle time: 25 hours

Discharge Measurement Method: _____

Flowmeter (if used):

Manufacturer: AVAD Serial #: WST PL13" 12-15 1/4

Date Last Calibrated: _____ 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 1.166 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/4" well vent hole westside of well

Time pump turned on: Date 1/17/22 Time 11:00 a.m.

Time pump turned off: Date 1/17/22 Time 3:00 p.m.

Total pumping time: 4 hours 00 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-ROs!-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: [Signature] DATE: February 8, 2022

OWNER SIGNATURE: _____ DATE: _____

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

OWRD 20200115



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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Valley Growers Nursery, Inc		PHONE NO.: 503-651-3535	ADDITIONAL CONTACT NO.:
ADDRESS: PO Box 610			
CITY: Hubbard	STATE: OR	ZIP: 97032	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Nick Gasbarro	QUALIFICATION: (SELECT)	LICENSE #: 7-125CPI
COMPANY: Sippel Well Drilling Inc	PHONE NO.: 503-390-2841	ADDITIONAL CONTACT NO.: 503-510-2970
ADDRESS: 6215 Lakeside Dr NE		
CITY: Salem	STATE: OR	ZIP: 97303
E-MAIL: kevin@sippelwelldrilling.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
CLAC65758	L-97863	Well 2	310 feet	Valley Growers Nur	3/4/09	1/17/22

(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)
5S	1E	5	NWSW	60 ft North & 1070 ft east from W1/4 corner, Section 5	45.16550000	-122.71850000

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-15687	G-15817	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ 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)
CLAC2356	420 ft to the South West			

☐ 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: To drainage ditch at the end of the line
How far from the pumped well was water discharged? 600 _____ ft.

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

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Well 2

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
CLAC65758	L- 97863	Well 2	310 feet	Valley Growers	3/4/09	1/17/22

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
1/17/22	8:50 a		59' 4"	0	Pre-test		64803281	
	9:10		59' 3"	0	Pre-test			
	9:30		59' 3"	0	Pre-test			
	9:50		59' 3"		Pre-test			
	10:10		59' 4"		Pre-test			
	10:30		59' 4"		Pre-test			
1/17/22	11:00 a	0	59' 4"		Pumping		64803281	Began pumping
	11:02	2	78' 0"		Pumping			
	11:04	4	147' 10"		Pumping			
	11:06	6	148' 0"		Pumping			
	11:08	8	148' 1"		Pumping			
	11:10	10	148' 2"		Pumping			
	11:15	15	152' 1"	118.7	Pumping		64805062	
	11:20	20	152' 3"		Pumping			
	11:25	25	153' 3"		Pumping			
	11:30	30	154' 10"	114.3	Pumping		64806777	
	11:45	45	156' 0"	114.2	Pumping		64808490	
	12:00	60	157' 10"	114.1	Pumping		64810201	
	12:15	75	159' 1"	114.4	Pumping		64811918	
	12:30	90	159' 3"	114.5	Pumping		64813636	
	12:45	105	159' 6"	114.4	Pumping		64815352	
	1:00	120	160' 8"	114.3	Pumping		64817066	
	1:15	135	161' 0"	114.6	Pumping		64818785	
	1:30	150	161' 6"	114.2	Pumping		64820498	
	1:45	165	161' 6"	114.4	Pumping		64822214	
	2:00	180	161' 6"	114.5	Pumping		64823931	
	2:15	195	161' 11"	114.4	Pumping		64825647	
	2:30	210	162' 3"	114.7	Pumping		64827368	
	2:45	225	162' 9"	114.4	Pumping		64829084	
	3:00 p	240	162' 8"	114.8	Pumping		64830806	End of pumping
	3:00 p	240	162' 8"		Recovery			Began recovery
	3:02	242	104' 0"		Recovery			
	3:04	244	90' 0"		Recovery			
	3:06	246	82' 0"		Recovery			
	3:08	248	80' 1"		Recovery			
	3:10	250	79' 0"		Recovery			
	3:15	255	73' 8"		Recovery			



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