CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less

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.

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
(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16677	G-16163	

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Edward May	**503-348-0679**	
Address: **34735 Bennett Rd**		
City: **Warren**	State: **OR**	Zip: **97053**
E-Mail: **edmay1@frontier.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		
Edward May		
Address: **34735 Bennett Rd**		
City: **Warren**	State: **OR**	Zip: **97053**

Additional Permit Holder of Record		
Quentin Peasley		
Address: **PO Box 434**		
City: **Scappoose**	State: **OR**	Zip: **97056**

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4. Date of Site Inspection:

September 8, 2023

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

Name	Date	Association with the Project
Edward May	**Sept. 8, 2023**	**Landowner & permit holder of record**

6. County:

Columbia

7. If any property described in the place of use of the permit final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

Owner of Record		
Ngure Noel & Mwangi James		
Address: **8026 SE Woodstock Blvd**		
City: **Portland**	State: **OR**	Zip: **97206**

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		PHONE NO.	ADDITIONAL CONTACT NO.
Trevor Grandy		971-200-8545	
ADDRESS			
147 SW Shevlin Hixon Dr. Suite 201			
CITY	STATE	ZIP	E-MAIL
Bend	OR	97702	tgrandy@gsiws.com

Permit Holder's 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
Edward A May	Edward May	Landowner & permit holder of record	10-11-2023

SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

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	**COLU-53454 & COLU-53509**	**L-90133**

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings) – **See Attachment A**

2. 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	**Irrigation**	**Apples, cherries, filberts, apricots, plums, pear, grapes, root vegetables, cover crops**	**March 1 – Oct. 31**	**0.0613 cfs**
Total Quantity of Water Used				**0.0613 cfs**

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

Water is pumped from Well 1 through a totalizing flow meter into an 81-gallon, above-ground, fiberglass pressure tank; the discharge line is located at the bottom of the pressure tank. The storage tank is used as a bulge in the system to run water into 2-inch PVC underground mainline which is connected to 14 lateral application zones. 7 of the zones are supplied with 2-inch underground PVC piping and 5/32-inch sprinklers which apply water to the place of use. The other 7 lateral lines are supplied with above-ground 3-inch aluminum piping with 13/64-inch sprinklers which apply water to the place of use. Finally, a spigot connected to the discharge line of the 81-gallon storage tank supplies a hose and tripod pivot sprinkler which is moved around to irrigate the northern end of the place of use.

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).

4. 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 diversion. 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 permit authorized three points of appropriation, domestic use for 3 households, and 15.6 acres of irrigation. The water user developed one of the points of appropriation as well as 4.9 acres of irrigation from the 5 acres owned by the water user. The other 10.6 acres of irrigation are on lands owned by the individuals identified in item #7 on page 2 of this report, according to the Columbia County tax assessor.

5. Claim Summary:

POD / 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	0.0613 cfs for 4.9 acres irrigation (0.2 cfs for 15.6 acres of irrigation authorized by permit)	0.387 cfs	46.27 gpm 0.103 cfs	Irrigation & Domestic	15.6	4.9

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

Well 1

A. Place of Use

Attach Claim of Beneficial Use map. **– See Attachment B**

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

Access port is a 1-inch threaded plug at the wellhead

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
8-inch 6-inch	+2' - 185.5' +4' – 319'	387'	7-26-2007	11-16-2007	Quentin Peasley	Thomas R Dannison Jr.

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.

Well Tag # L-90133

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. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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 5 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)
Franklin	35FH5S4-PE	Unknown	Submersible

3. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
5 HP	N/A	89 ft (water level after 4 hrs of pumping)	2 ft	0.387 cfs

4. Provide pump calculations:

Q = (pump Hp) (pump efficiency) / (total head) = (5 Hp) (7.04 ft^4/sec/Hp) / (89 ft + 2 ft) = 0.387 cfs

Calculator included in Attachment C.

5. Measured Pump Capacity (using meter if meter was present and system was operating):

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
08885032 gallons	08896185 gallons	241 minutes	46.27 gpm – 0.103 cfs

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

6. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
5/32-inch	38 psi	4.3 gpm	52	52	0.50 cfs
13/64-inch	38 psi	7.4 gpm	7	7	0.12 cfs

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

7. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
N/A					

8. 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
N/A					

E. Storage

1. Does the distribution system include in-system storage (i.e. 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.

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass	**81 gallons**	**Above-ground**

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.

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

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 any 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 extension final order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	3/22/2007		
Begin construction (A)	N/A	7/19/2007	Drilling/construction of Well 1 began 7/19/2007.
Complete construction (B)	10/1/2011 Extended to 10/1/2016	September 2016	The previous owner installed the well, storage pressure tank, and application system to 4.9 acres of irrigation by the C-date.
Complete application of water (C)	10/1/2011 Extended to 10/1/2016	September 2016	The previous owner used water at the 4.9 acres identified in the attached COBU map.

* 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?

N/A

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
3/30/2009	Pump Installer	ETape	46.5 ft bgs

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, in which 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
A copy of the measurements submitted to the Department are provided in Attachment D.			

5. Pump Test:

a. Is a pump test required? **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**
See Attachment E

d. Has the pump test been approved by the Department? **NO**

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

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

c. Meter Information

POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	**Sensus**	**71435964**	**Working**	**08885032**	**3/12/2008**

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **N/A**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

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 a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL ID #	DATE ATTACHED TO WELL
Well 1	**L-90133**

d. 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):

N/A

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	**COLU_53454 & COLU_53509 Well Logs**
Attachment B	**Claim of Beneficial Use Map**
Attachment C	**Theoretical Pump Calculator**
Attachment D	**Copy of Static Water Level Measurements for L-90133**
Attachment E	**Copy of Pump Test**

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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.

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 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

ATTACHMENT A

WELL LOGS

- COLU 53454
- COLU 53509

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

COLU 53454
08-26-2007

WELL LABEL # L 90133

START CARD # 1001610

(1) LAND OWNER

Owner Well I.D. 1

First Name QUINTIN Last Name PEASLEY

Company

Address 19978 HWY. 213

City OREGON CITY, State OR Zip 97045

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 166.00 ft.

BORE HOLE

Dia	From	To
12	0	22
10	22	166

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite Chips	0	22	14	S

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

☒ Other POURED

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	8	☒	2	165	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 165

Temp casing ☒ Yes Dia 12 From 1 To 5

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		160	1

Temperature 63 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Columbia Twp 4.00 N N/S Range 1.00 W E/W WM

Sec 18 SE 1/4 of the SE 1/4 Tax Lot 1204

Tax Map Number Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

○ Street address of well ◉ Nearest address

ACROSS FROM 34840 BENNETT ROAD.
WARREN, OR 97053

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	07-26-2007			32

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 33

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-21-2007	33	51	15			32
07-24-2007	51	80	10			32

(11) WELL LOG

Ground Elevation

Material	From	To
Brown Clay	0	2
Gray Stiff Clay	2	8
Light Brown Silty Clay	8	19
Brown Silt	19	28
Brown Gravely Clay	28	33
Multicolored Small to Medium Round Gravel	33	51
and Gray Fine to Medium Course Sand	33	51
Same but tighter compaction	51	80
Gray Clay	80	105
Brown & Red soft Basalt	105	149
Brown Fine Sand	149	150
Red Clay	150	153
Brown Weathered Basalt	153	166

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Date Started 07-19-2007 Completed 07-26-2007

(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 Date

Electronically Filed

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 1679 Date 08-26-2007

Electronically Filed

Signed THOMAS R DANNISON JR (E-filed)

Contact Info (optional) (503)543-8383

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.88

COLU 53509

12-16-2007

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

WELL LABEL # L 90133

START CARD # 1002550

(1) LAND OWNER

Owner Well I.D. _____

First Name QUINTIN Last Name PEASLEY

Company _____

Address 19978 HWY. 213

City OREGON CITY State OR Zip 97045-7753

(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 Underreamer

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 319.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	sacks/ Amt	lbs
10	166	185.5	Cement	150	185.5	12	S
8	185.5	387					

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

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	8	☐	165	185.5	.250	◉	○	☒	☐
○	◉	6	☐	4	319	40	○	◉	☐	☒
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 185.5

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Circular Saw

Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner		299	318	25	6	19	6

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
93		385	1

Temperature 59 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☒ Yes (describe below)

From	To	Description	Amount	Units
33	80	Iron		

(9) LOCATION OF WELL (legal description)

County Columbia Twp 4.00 N N/S Range 1.00 W E/W WM

Sec 18 SE 1/4 of the SE 1/4 Tax Lot 1204

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

○ Street address of well ◉ Nearest address

ACROSS FROM 34840 BENNETT RD.
WARREN,OR 97053

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	10-31-2007		☐	32
Completed Well	11-16-2007		☐	65

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 214

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-05-2007	214	215	10		☐	65
11-06-2007	287	288	17		☐	65
11-06-2007	290	298	23		☐	65
11-06-2007	335	345	43		☐	65
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Weathered Basalt	166	170
Brown Basalt	170	174
Gray Basalt	174	192
Brown Weathered Basalt	192	214
Brown Broken Weathered Basalt	214	215
Brown Weathered Basalt	215	245
Multicolored Broken Basalt	245	252
Gray Broken Basalt	252	258
Gray Basalt	258	287
Gray Broken Basalt	287	288
Gray Basalt	288	290
Gray Broken Basalt	290	298
Multicolored Weathered Basalt	298	335
Multicolored Broken Basalt	335	345
Multicolored Weathered Basalt	345	387

Date Started 10-31-2007 Completed 11-16-2007

(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.

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License Number _____ Date _____

Electronically Filed

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 1679 Date 12-16-2007

Electronically Filed

Signed THOMAS R DANNISON JR (E-filed)

Contact Info (optional) (503)543-8383

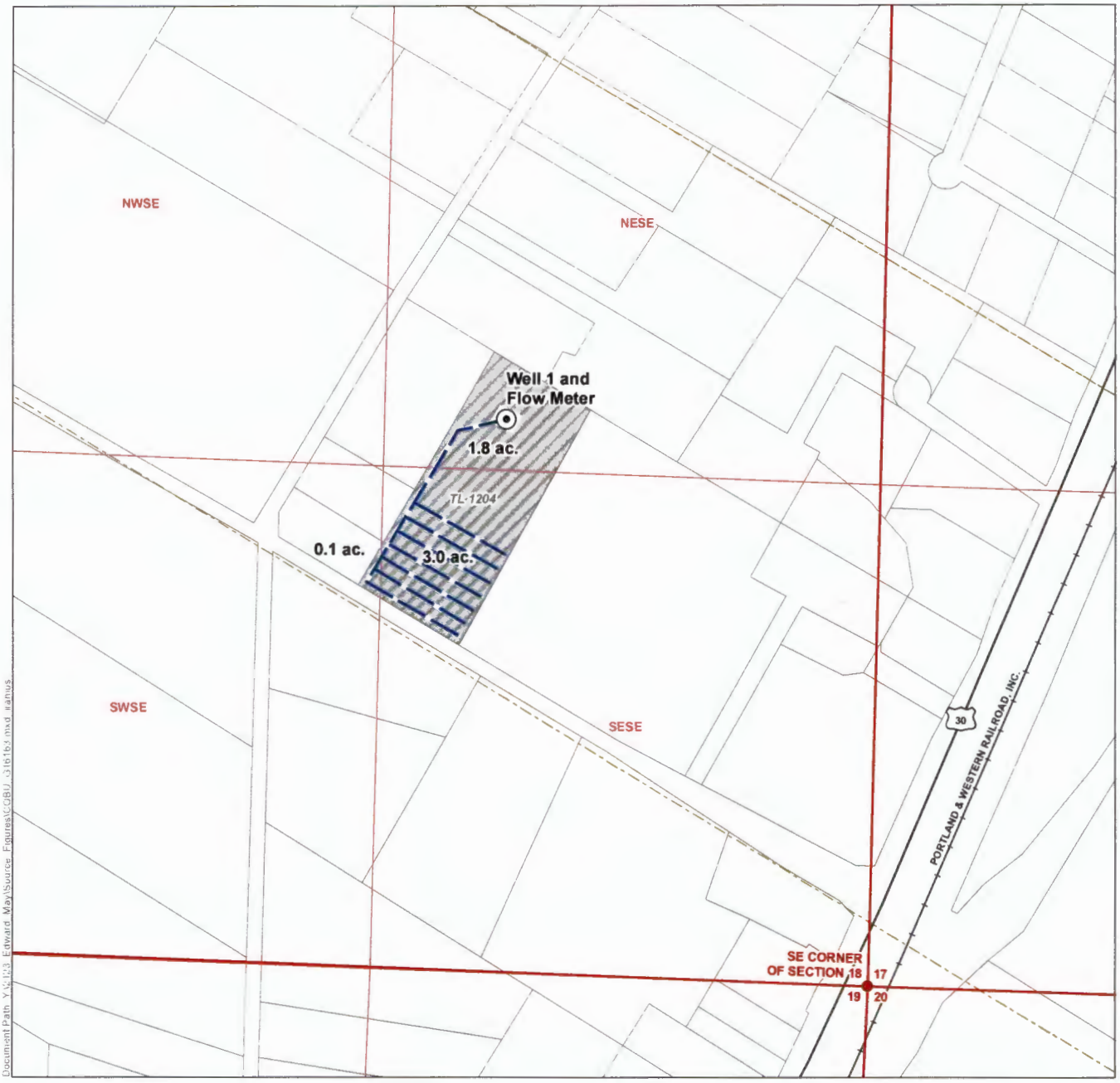
ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89

ATTACHMENT B

CLAIM OF BENEFICIAL USE MAP



Document Path: Y:\GIS\Edward May\Source_Figures\COBU_316164.mxd rainws

LEGEND

- Point of Appropriation (POA)
- Buried PVC Piping
- Place of Use (POU)
- Major Road
- Railroad

All Other Features

- Tax Lot
- Donation Land Claim (DLC)

Claim of Beneficial Use Map

Application G-16677 - Permit G-16163
Edward May

Columbia County
Township 4 North, Range 1 West (W.M.)

CERTIFIED WATER RIGHTS EXAMINER STAMP

Renews: 6/30/2025
Certified Water Right Examiner
102289CWRE
TREVOR GRANDY
JULY 11, 2023
STATE OF OREGON

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LOCATION DESCRIPTION
Well 1
Located 1426 feet North and 912 feet West from the SE corner of Section 18, Township 4 North, Range 1 West (W.M.)

DISCLAIMER
This map was prepared for the purpose of identifying the location of a water right only and it is not intended to provide legal dimensions or location of property ownership lines.

Date: October 4, 2023
Data Sources: BLM, ESRI, OWRD, USGS

N
0 200 400
1 inch = 400 feet

GSI Water Solutions, Inc.

ATTACHMENT C

THEORETICAL PUMP CAPCITY CALCULATOR

Pump Capacity Calculation Sheet

using Department designed formula:

(hp)(efficiency) / (lift + psi head) = capacity in cfs

Efficiency:

Centrifugal = 6.61
Turbine = 7.04

Data Entry (fill in underlined blanks)

HP =	5
Efficiency =	7.04
Lift =	91
PSI =	

Results Calculated

(hp)(efficiency) =	35.2
Head based on psi =	0.0
Total dynamic head = (head + lift)	91.0

Pump Capacity = 0.387 feet per second

ATTACHMENT D

SUBMITTED SWL MEASUREMENTS FOR L-90133

Oregon Water Resources Department
Groundwater Information System

Groundwater Site: COLU 53454

Main Help
Return Contact Us

Site Identification (Click to Collapse...)

GW LogID: COLU 53454 Well Log Database
GW Well Tag Number: 90133
Tag Verified on Well: Yes
Site Type: WELL
Primary Use:
Unused Status:
Site Source Organization:
Site Source OWRD:
Established By: wozniakc
Established Date: 02/26/2017
Bonded Company: TURNER WELL DRILLING
Stage: DATA ENTRY

Location (Click to Collapse...)

Latitude/Longitude
Latitude: 45.82666881 **Horiz. Error:** 250.00 ft.
Longitude: -122.85007353 **Datum:** WGS1984
Lat/Long Source: WR APPL MAP

Location
TRSQQ: WM 4.00N1.00W18NESE
Tax Map:
Taxlot:
24 Quad:
Basin: 2 - Willamette
County: Columbia
WM District: 18
WM Region: NW
LSD Elev: 110.00 Accy: 1.00 Datum: NAVD1988
Elev Source: LIDAR
Groundwater Mapping Tool

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Water Rights (Click to Expand...)

Well Construction History (Click to Collapse...)

Well Construction History

Well Log id	Well Log	Work Type	Startcard	Well Tag	Owner Name	First Water	Max Case. Diam.	Max Case. Depth.	Max Seal Depth.	Max De
COLU 53454	Log	NEW	1001610	90133	QUINTIN PEASLEY	33.00	8	165.00	22.00	
COLU 53509	Log	DEEPENING	1002550	90133	QUINTIN PEASLEY	214.00	8	185.50	22.00	

Well Log	Aquifer	Aq at Max Depth	System Aquifer	Regional USGS Aquifer
COLU 53454				
COLU 53509				

Well Test

No data matches search criteria.

Measured Water Level (Click to Collapse...)

Records/Page: 20 Find

Measured Water Level

Date	Time	Water Level (BLSD)	WL Elev (ft AMSL)	Organization	OWRD	Method	Status	MP Height
3/3/2021		47.50	62.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/17/2020		50.50	59.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.00
3/5/2019		51.50	58.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/1/2018		50.00	60.00	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/3/2017		59.50	50.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
2/23/2016		45.50	64.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/6/2015		47.00	63.00	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
2/20/2014		50.00	60.00	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
2/13/2013		50.83	59.17	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
3/7/2012		45.60	64.40	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.40
3/21/2011		44.50	65.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	UNKNOWN	UNKNOWN	1.50
3/30/2009		46.50	63.50	PUMP INSTALLER	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.50
11/16/2007		65.00	45.00	DRILLER	WELL LOG	REPORTED	STATIC	
10/31/2007		32.00	78.00	DRILLER	WELL LOG	REPORTED	STATIC	
7/26/2007		32.00	78.00	DRILLER	WELL LOG	REPORTED	STATIC	

Available Data (Click to Collapse...)

Aquifer Test Completed: Water Chemistry: OWRD Recorder:

ATTACHMENT E

L-90133 PUMP TEST DATASHEET & COVER SHEET

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Edward May		503-348-0679	
Address: 34735 Bennett Rd			
City: Warren	State: OR	Zip: 97053	E-Mail: edmay1@frontier.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
Trevor Grandy		(SELECT) RG	G2765
Company: GSI Water Solutions		Phone No.: 971-200-8545	Additional Contact No.:
Address: 147 SW Shevlin Hixon Dr. Suite 201			
City: Bend	State: OR	Zip: 97702	E-Mail: tgrandy@gsiws.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
COLU_53509	L- 90133	Well 1	387 ft	Quentin Peasley	11-16-2007	9-8-2023

(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)
4 N	1 W	18	NE/SE		45.826666881	-122.85007353

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-16677	G-16163	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.*

[No] 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)
COLU_53509				

[No] Is there a lake, stream or other surface water body within ¼ 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.

[Yes] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Irrigating 5 acres authorized under Permit G-16163
How far from the pumped well was water discharged? As far as 575 feet 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 *Verify here: Airline: _____ psi _____ feet. E-Tape: _____ feet.
Length of air line (if used): _____
*Airline measurements must be verified by an E-Tape measurement
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: Sensus *Serial #:* 71435964
Date Last Calibrated: _____ *Units:* gallons

Pump Type: Submersible
HP: 5 Pump set at: 300 feet.
Pump idle time: 16 hours

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 1.5 feet.
Description (e.g., top port of 1-inch port pipe, west side) 1-inch threaded port

Time pump turned on: Date 9/8/2023 Time 0943
Time pump turned off: Date 9/8/2023 Time 1344
Total pumping time: 4 hours 1 minutes.

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

- [x] The discharge rate was held constant for the entire pumping phase.
- [x] The pump was on during the entire pumping phase (≥ 4 hours).
- [x] The discharge was measured at the start of pumping and at least once every hour during the test.
- [x] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [x] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [x] 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)
- [x] 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.
- [x] The pump test cover sheet was completely filled out and signed.
- [x] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [x] The well was idle for at least 16 hours prior to the test.
- [x] 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: _____ DATE: 9/28/2023

OWNER SIGNATURE: _____ DATE: 10-11-2023

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

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OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
COLU_53509	L- 90133	Well 1	387 ft	Quentin Peasley	11-16-2007	9-8-2023

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
9/8/2023	0840		55.73	0	Pre-test			
	0900		55.72	0	Pre-test			
	0920		55.72	0	Pre-test			
	0943	0	55.72		Pumping		08885032	Started pump
	0944	1	68.85		Pumping			
	0945	2		66	Pumping		08885165	
	0946	3	69.30	45	Pumping		08885200	
	0947	4	70.20	50	Pumping		08885250	
	0948	5	70.90	47	Pumping		08885297	
	0949	6	71.53	45	Pumping		08885342	
	0950	7	71.82	47	Pumping		08885389	
	0951	8	72.26	47	Pumping		08885436	
	0952	9	72.62	46	Pumping		08885482	
	0953	10	72.88	47	Pumping		08885529	
	0958	15	74.14	46.4	Pumping		08885761	
	1003	20	75.02	46.4	Pumping		08885993	
	1008	25	75.79	46.6	Pumping		08886226	
	1013	30	76.44	46.2	Pumping		08886457	100 gal in 2:09
	1028	45	78.02	46.3	Pumping		08887152	
	1043	60	79.27	46.1	Pumping		08887845	
	1058	75	80.32	46.3	Pumping		08888537	
	1113	90	81.27	46.1	Pumping		08889231	100 gal in 2:09
	1128	105	82.31	46.1	Pumping		08889922	100 gal in 2:09
	1143	120	82.73	46.1	Pumping		08890613	
	1158	135	83.69	46.2	Pumping		08891306	
	1213	150	84.30	46.1	Pumping		08891997	
	1228	165	84.85	46.0	Pumping		08892687	100 gal in 2:10
	1243	180	85.38	46.1	Pumping		08893379	
	1258	195	86.84	46.3	Pumping		08894073	
	1313	210	87.29	46.8	Pumping		08894775	100 gal in 2:11
	1328	225	87.74	47.1	Pumping		08895482	
	1343	240	88.49		Pumping			
	1344	241			Pumping		08896185	Shut-off pump
	1345	242	78.35		Recovery			
	1346	243	75.55		Recovery			
	1347	244	74.30		Recovery			
	1348	245	73.46		Recovery			
	1349	246	72.85		Recovery			
	1350	247	72.35		Recovery			

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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
COLU_53509	L- 90133	Well 1	387 ft	Quentin Peasley	11-16-2007	9-8-2023

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
9/28/23	1351	248	71.93		Recovery			
	1352	249	71.57		Recovery			
	1353	250	71.26		Recovery			
	1354	251	70.97		Recovery			
	1359	256	69.85		Recovery			
	1404	261	69.10		Recovery			
	1409	266	68.51		Recovery			
	1414	271	68.01		Recovery			
	1429	286	66.88		Recovery			
	1444	301	66.27		Recovery			
	1459	316	65.57		Recovery			
	1514	331	65.08		Recovery			
	1529	346	64.68		Recovery			
	1544	361	64.33		Recovery			
	1559	376	64.01		Recovery			
	1614	391	63.73		Recovery			
	1629	406	63.50		Recovery			
	1644	421	63.25		Recovery			
	1659	436	63.08		Recovery			
	1714	451	62.90		Recovery			
	1729	466	62.75		Recovery			
	1744	481	62.63		Recovery			4-hr recovery

Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

GSI
Water Solutions, Inc.

November 8, 2023

Oregon Water Resources Department
ATTN: Mr. Gerry Clark
725 Summer Street NE, Suite A
Salem, OR 97301

Subject: Claim of Beneficial Use for Permit G-16163 – Application G-16677
Edward May

Dear Gerry:

This Claim of Beneficial Use (COBU) is submitted on behalf of Edward May for Permit G-16163. The water user has developed one point of appropriation and applied water to 4.9 acres for irrigation.

If you have any questions regarding the enclosed COBU, please call me at (971) 200-8545.

Sincerely,

Trevor Grandy, RG, CWRE
GSI Water Solutions, Inc.

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Enclosures: Claim of Beneficial Use for Permit G-16163
Check in the amount of $230

CC: Edward May