CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only

OREGON WATER RESOURCES DEPARTMENT
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 any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

SECTION 1
GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES**

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #
T-10923

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
SBE Inc		**(503) 538-0727**	**(503) 633-2666**
ADDRESS **11880 Lauren Lane**			
CITY **Newberg**	STATE **OR**	ZIP **97132**	E-MAIL **steve@schniderwater.com**

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *transfer holder of record must sign this form.*

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD		
SBE Inc		
ADDRESS **11880 Lauren Lane**		
CITY **Newberg**	STATE **OR**	ZIP **97132**

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
Steve Schneider	**September 8, 2023**	**Secretary/ Treasurer of SBE**
Stan Schneider	**September 8, 2023**	**President of SBE**

6. **County**

Marion

7. If any property described in the place of use of the transfer final order 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

CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: June 30, 2025

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CWRE Name	Phone No.	Additional Contact No.
Doann Hamilton	(503) 632-5016	(503) 349-6946

Address			
18487 S. Valley Vista Road			
City	State	Zip	E-mail
Mulino	OR	97042	phgdmh@gmail.com

Transfer Holder of Record Signature or Acknowledgement

Each *transfer 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
Stephen J Schneider	Stephen J Schneider	Sec-Treas	11/9/23

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SECTION 3

CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional point of appropriation name or number:

Certificate	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)	Source (If Listed In Transfer Final Order)
27212 & 33762	Well 1	MARI 1112	NA	A Well in the Willamette River Basin
27212 & 33762	Well 3	MARI 1109, 59753	L-72473	
27212 & 33762	Well 4	MARI 62238	L-91798	
27212 & 33762	Well 5	MARI 70012	L-138838	
27212 & 33762	Well 6	MARI 66488	L-118528	

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

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES**

If yes, describe below.

(e.g. *"The order allowed three new/additional points of appropriation. The water user only developed one of the points."*)

1. **The authorized Well 2 (MARI 1103) was not performing well and has not been used; therefore, Well 2 is not included in this Claim of Beneficial Use.**

3. Claim Summary:

CERTIFICATE	NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Certificate: 27212	Well 1R	0.91 cfs	0.63 to 0.73 cfs	Not Measured
	Well 3		1.41 cfs	Not Measured
	Well 4		0.66 cfs	Not Measured
	Well 5		0.29 to 0.34 cfs	Not Measured
	Well 6		0.30 to 0.35 cfs	Not Measured
Certificate: 33762	Well 1R	1.13 cs	0.63 to 0.73 cfs	Not Measured
	Well 3		1.41 cfs	Not Measured
	Well 4		0.66 cfs	Not Measured
	Well 5		0.29 to 0.34 cfs	Not Measured
	Well 6		0.30 to 0.35 cfs	Not Measured

SECTION 4a of 4e

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

Well 1R

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Gould	7CLC 14 stage	Unknown	Turbine	5 inch	4 inch

2. Motor Information

Manufacturer	Horsepower
Nidec Motor Corporation	**25 Hp**

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)
25 Hp	**45 psi**	**127.1 feet (from 4 hour pump test)**	**0 feet**	**0.73 psi**
25 Hp	**60 psi**	**127.1 feet (from 4 hour pump test)**	**0 feet**	**0.63 psi**

4. Provide pump calculations:

Well 1R (PSI 45)	**Q Pump = $\frac{(25\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(127.1\ ft\ lift + 114.3\ ft\ pressure\ head)}$ = 0.73 cfs**
Well 1R (PSI 60)	**Q Pump = $\frac{(25\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(127.1\ ft\ lift + 152.4\ ft\ pressure\ head)}$ = 0.63 cfs**

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is a 1-inch galvanized cap on the northwest side of the well in the base plate of the turbine pump attached to the well.

Well 1R supplies both Certificates 27212 and 33762

SECTION 4b of 4e

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

Well 3

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Layne and Bowler	**8 stage 10RL**	**Unknown**	**Turbine**	**6 inch**	**6 inch**

2. Motor Information

Manufacturer	Horsepower
US Electric Motor	**50 Hp**

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)
50 Hp	**60 psi**	**97.5 feet (from 4 hour pump test)**	**0 feet**	**1.41 cfs**

4. Provide pump calculations:

Q Pump = $\frac{\text{(50 Hp) x (7.04 ft}^4\text{/sec Hp)}}{\text{(97.5 ft lift + 152.4 ft pressure head)}}$ **= 1.41 cfs**

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is a 1-inch galvanized cap on the sanitary seal on the west side of the well casing underneath the turbine pump and above the base plate of the turbine pump.

Well 3 supplies both Certificates 27212 and 33762

SECTION 4c of 4e

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

Well 4

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Grundfos	**GF230S250 8 stage**	**Unknown**	**Submersible**	**4 inch**	**4 inch**

2. Motor Information

Manufacturer	Horsepower
Franklin Electric	**25 Hp**

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)
25 Hp	**60 psi**	**115.4 feet (from 4 hour pump test)**	**0 feet**	**0.66 cfs**

4. Provide pump calculations:

$$\text{Q Pump} = \frac{(25\ \text{Hp}) \times (7.04\ \text{ft}^4/\text{sec Hp})}{(115.4\ \text{ft lift} + 152.4\ \text{ft pressure head})} = 0.66\ \text{cfs}$$

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is a ½-inch galvanized plug on east-southeast side of the sanitary seal.

Well 4 supplies both Certificates 27212 and 33762

SECTION 4d of 4e

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

Well 5

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Grundfos	**GF-150S50 8 stage**	**Unknown**	**Submersible**	**3 inch**	**3 inch**

2. Motor Information

Manufacturer	Horsepower
Franklin Electric	**15 Hp**

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)
15 Hp	**60 psi**	**158.8 feet (from 4 hour pump test)**	**0 feet**	**0.34 cfs**
15 Hp	**80 psi**	**158.8 feet (from 4 hour pump test)**	**0 feet**	**0.29 cfs**

4. Provide pump calculations:

Well 5 (PSI 60)	**Q Pump = $\frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(158.8\ ft\ lift + 152.4\ ft\ pressure\ head)}$ = 0.34 cfs**
Well 5 (PSI 80)	**Q Pump = $\frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(158.8\ ft\ lift + 203.2\ ft\ pressure\ head)}$ = 0.29 cfs**

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is a 1.25-inch galvanized plug on east-southeast side of the sanitary seal.

Well 5 supplies both Certificates 27212 and 33762

SECTION 4e of 4e

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)? **YES**

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

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

Well 6

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Grundfos	**GS855150 12 stage**	**Unknown**	**Submersible**	**3 inch**	**3 inch**

2. Motor Information

Manufacturer	Horsepower
Grundfos	**15 Hp**

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)
15 Hp	**60 psi**	**153.1 feet (from 4 hour pump test)**	**0 feet**	**0.35 cfs**
15 Hp	**80 psi**	**153.1 feet (from 4 hour pump test)**	**0 feet**	**0.30 cfs**

4. Provide pump calculations:

Well 6 (PSI 60)	**Q Pump = $\frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(153.1\ ft\ lift + 152.4\ ft\ pressure\ head)}$ = 0.35 cfs**
Well 6 (PSI 80)	**Q Pump = $\frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(153.1\ ft\ lift + 203.2\ ft\ pressure\ head)}$ = 0.30 cfs**

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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

Access port is a 1-inch galvanized plug on west-northwest side of the sanitary seal.

Well 6 supplies both Certificates 27212 and 33762

SECTION 5

CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	Date from Transfer	Date The New And/Or Additional POA(s) Were Ready For Use *This Date Must Fall Between The "Issuance Date" And The "Completeness Date"
Issuance Date	**February 7, 2011**	
Completeness Date From Order (C)	**October 1 2016 extended to October 1, 2021 extended to October 1, 2023**	**June 2023**

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

If "NO", you may delete the following table.

If for a transfer extension order, provide the following information:

Volume	Page	Date Extended To
103	**238**	**October 1, 2021**
121	**788**	**October 1, 2023**

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 1R	**McCrometer**	**18-10883-04**	**Working**	**105,200 gallons (September 8, 2023)**	**2018**
Well 3	**McCrometer**	**19-07042-06**	**Working**	**99,991,000 gallons (September 8, 2023)**	**2019**
Well 4	**McCrometer**	**09-05981-04**	**Working**	**77,819,600 gallons (September 8, 2023)**	**2009**
Well 5	**McCrometer**	**21-07586-03**	**Working**	**1,004,570 gallons (September 8, 2023)**	**2021**
Well 6	**McCrometer**	**17-08899-03**	**Working**	**7,064,660 gallons (September 8, 2023)**	**2017**

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

4. Recording and reporting conditions

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

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

5. Other conditions required by the transfer 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. Other conditions? **YES**

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

c) Condition per T-10823 final order:
Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

<u>Compliance Certificate 27212</u>:
Authorized Well 1 (MARI 1125) develops water from the alluvial aquifer within the depth interval (perforated) of 110 to 190 feet in layers of clay and sand.

Well 1R (replacement) (MARI 1112) develops water from the alluvial aquifer within the depth interval (perforations) of 150 to 210 feet in layers of sandy clay, sand, and gravel.

Well 3 (MARI 1109, 59753) develops water from the alluvial aquifer within the depth intervals (perforations) of 80 to 100 feet, and 218.75 to 228 feet in layers of silty clay and sand.

Well 4 (MARI 62238) develops water from the alluvial aquifer within the depth intervals (screened)of 80 to 100 feet, 133 to 148 feet, and 224 to 240 feet primarily in layers of sand and gravel.

Well 5 (MARI 70012) develops water from the alluvial aquifer within the depth intervals (screened) of 127 to 147 feet, 155 to 165 feet, and 235 to 250 feet in layers of sand and gravel.

Well 6 (MARI 66488) develops water from the alluvial aquifer within the depth intervals (screened) of 140 to 180 feet, 198 to 203 feet, 218 to 223 feet, and 231 to 251 feet in layers of gravelly clay, sand, and clayey gravel.

It appears these wells obtain water from the alluvial aquifer; therefore, this condition has been met.

Compliance Certificate 33762:
Authorized Well 2 (MARI 1103) develops water from the alluvial aquifer within the depth interval of 96 to 156 feet in layers of clay and sand.

Well 1R (replacement) (MARI 1112) develops water from the alluvial aquifer within the depth interval (perforations) of 150 to 210 feet in layers of sandy clay, sand, and gravel.

Well 3 (MARI 1109, 59753) develops water from the alluvial aquifer within the depth intervals (perforations) of 80 to 100 feet, and 218.75 to 228 feet in layers of silty clay and sand.

Well 4 (MARI 62238) develops water from the alluvial aquifer within the depth intervals (screened) of 80 to 100 feet, 133 to 148 feet, and 224 to 240 feet primarily in layers of sand and gravel.

Well 5 (MARI 70012) develops water from the alluvial aquifer within the depth intervals (screened) of 127 to 147 feet, 155 to 165 feet, and 235 to 250 feet in layers of sand and gravel.

Well 6 (MARI 66488) develops water from the alluvial aquifer within the depth intervals (screened) of 140 to 180 feet, 198 to 203 feet, 218 to 223 feet, and 231 to 251 feet in layers of gravelly clay, sand, and clayey gravel.
It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

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 – MARI 1112	Well log and driller's notes for MARI 1112 – Well 1R
State Water Well Report – MARI 1109	Well log and driller's notes for MARI 1109 – Well 3
State Water Well Report – MARI 59753	Well log and driller's notes for MARI 59753 – Well 3 alteration
State Water Well Report – MARI 62238	Well log and driller's notes for MARI 62238– Well 4
State Water Well Report – MARI 70012	Well log and driller's notes for MARI 70012 – Well 5
State Water Well Report – MARI 66488	Well log and driller's notes for MARI 66488 – Well 6
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 2W. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1R (MARI 1112) conducted September 9, 2021
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 3 (MARI 1109, 59753) conducted September 9, 2021
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 4 (MARI 62238) conducted September 9, 2021
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 5 (MARI 70012) conducted August 18, 2021
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 6 (MARI 66488) conducted August 11, 2021

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the

basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor's maps 04 2W 07 and 08, 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.) ***Not required for this type of Claim of Beneficial Use**
- ☒ 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

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED APR 22 1968 STATE ENGINEER SALEM OREGON

WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

MAR 1112

State Well No. 4/2W-8
State Permit No.

(1) OWNER:
Name Mike Schneider
Address Star Route Box 97 St Paul Ore

(2) TYPE OF WORK (check):
New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ]
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary [X] Driven [ ]
Cable [ ] Jetted [ ]
Dug [ ] Bored [ ]

(4) PROPOSED USE (check):
Domestic [ ] Industrial [ ] Municipal [ ]
Irrigation [ ] Test Well [ ] Other [ ]

CASING INSTALLED:
Threaded [ ] Welded [X]
18" Diam. from 0 ft. to 98'-5" ft. Gage .250
12" Diam. from 0 ft. to 220'-2" ft. Gage .250
" Diam. from ft. to ft. Gage

PERFORATIONS:
Perforated? [X] Yes [ ] No.
Type of perforator used torch
Size of perforations 3/8 in. by 4 in.
720 perforations from 150 ft. to 210 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:
Well screen installed? [ ] Yes [X] No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.
level ft. below land surface Date
ian pressure lbs. per square inch Date

(9) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? [ ] Yes [X] No If yes, by whom?
525 gal./min. with ft. drawdown after hrs.
with air lift. " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 56 Was a chemical analysis made? [ ] Yes [X] No

(10) CONSTRUCTION:
Well seal—Material used Concrete 82'-98' and 0-20'
Depth of seal ft.
Diameter of well bore to bottom of seal 32" in.
Were any loose strata cemented off? [X] Yes [ ] No Depth Above 82'
Was a drive shoe used? [ ] Yes [X] No
Did any strata contain unusable water? [ ] Yes [X] No
Type of water? depth of strata
Method of sealing strata off Concrete grout
Was well gravel packed? [X] Yes [ ] No Size of gravel: 3/4-1 1/4
Gravel placed from 0 ft. to 230' ft.

(11) LOCATION OF WELL:
County Marion Driller's well number
¼ ¼ Section 8 T. 4S R. 2W W.M.
Bearing and distance from section or subdivision corner

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(12) WELL LOG:
Diameter of well below casing 0
Depth drilled 234 ft. Depth of completed well 220 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 as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
top	0	4	
Brown Clay	4	32	
Blue Clay	32	56	
Black Sand & Clay Layers	56	64	
Brown Sand	64	73	
" Silt	73	79	
Blue Clay	79	100	
Small Sand Layers	100	110	
Blue Clay	110	122	
" " Sandy	122	128	
Light Brown Clay	128	138	
" " " Gravelly	138	152	
Clay Sand gravel	152	156	
Grey Clay	156	158	
Brown "	158	182	
" Silt	182	187	
Brown Clay	187	192	
" Silt	192	198	
Sand Stone (Dry)	198	200	
" & Clay Layers	200	203	
Black Sand	203	204	
Blue & Brown	204	234	

Work started 2-1 1968 Completed 4-4-68
Date well drilling machine moved off of well 4-4-68

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Edgar J. Mullen (Drilling Machine Operator) Date 4/12, 1968
Drilling Machine Operator's License No. 581

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Mike Schneider Equip. Co (Person, firm or corporation) (Type or print)
Address Star Route Box 97 St Paul Ore
[Signed] Mike Schneider (Water Well Contractor)
Contractor's License No. 387 Date 4-12-68, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the
STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

1109 MARI...

WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

RECEIVED
NOV 6 1972
STATE ENGINEER
SALEM, OREGON

State Well No. 4S/2W-8
Permit No.

(1) OWNER:
Name Milo Schneider
Address Star Rt Box 97
St. Paul, Ore 97137

(2) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary ☒ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

CASING INSTALLED:
Threaded ☐ Welded ☒
12" Diam. from +2 ft. to 148' 1" ft. Gage .250
12" Diam. from 148' 1" ft. to 228' 1" ft. Gage .330
12 & 16" Diam. from +2 ft. to 55 ft. Gage Stl T&C gals

PERFORMATIONS:
Perforated? ☒ Yes ☐ No
Type of perforator used mills knife from 80-100 & 218'9" to 226'9" torch from 148' 1" to 218' 1" mill knife
Size of perforations 5/16 in. by 2 in.
3/8 by 6 torch
600 perforations from 80 ft. to 100 ft.
240 perforations from 218' 9" ft. to 226' 9" ft.
840 perforations from 148' 1" ft. to 228' 1" ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name —
Type — Model No. —
Diam. ... Slot size ... Set from ... ft. to ... ft.
Diam. ... Slot size ... Set from ... ft. to ... ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? driller
Yield: 450 gal./min. with 97 ft. drawdown after 6 hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
perature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Well seal—Material used Pressure Grouted cement & intrusion aid
Well sealed from land surface to 55' 1 ft.
Diameter of well bore to bottom of seal 36" in.
Diameter of well bore below seal 36 in.
Number of sacks of cement used in well seal 54 sacks
Number of sacks of bentonite used in well seal 0 sacks
Brand name of bentonite 0
Number of pounds of bentonite per 100 gallons of water — lbs./100 gals.
Was a drive shoe used? ☐ Yes ☒ No Plug ... Size: location ... ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? — depth of strata —
Method of sealing strata off —
Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/4 - 3/8
Gravel placed from 0 ft. to 228 ft.

(10) LOCATION OF WELL:
County Marion Driller's well number 7219
¼ ¼ Section 8 T. 4S R. 2W W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found 55 ft.
Static level 53 ft. below land surface. Date 7-24-72
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing 12"
Depth drilled 260 ft. Depth of completed well 229' ft.

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

MATERIAL	From	To	SWL
top soil	0	4	
brown clay	4	14	
gray silty clay	14	48	
brown sand & clay	48	53	
brown sand	53	59	
blue soft clay	59	62	
brown sand	62	65	
gray clay	65	78	
black sand	78	98	
blue clay	98	106	
blue silty clay	106	118	
blue clay	118	150	
brown clay	150	167	
blue clay	167	211	
brown silty clay	211	232	
blue silty clay	232	228	
gray clay	228	260	

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Work started 4-20 19 72 Completed 9-1 19 72
Date well drilling machine moved off of well 9-1 19 72

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Edgar J Mueller (Drilling Machine Operator) Date 9-30-72
Drilling Machine Operator's License No. 581

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Milo Schneider EQP Co. (Person, firm or corporation) (Type or print)
Address Star Rt., Box 97, St Paul Ore. 97137
[Signed] Milo Schneider (Water Well Contractor)
Contractor's License No. 387 Date 9-30 19 72

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119

MARI 59753 Mari 59753

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

(WELL I.D.)# L 72473
(START CARD) # 168798

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

(1) OWNER: Well Number
Name SBE, Inc.
Address 11880 Lauren Lane
City Newberg State OR Zip 97132

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☑ Other

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☑ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☑ Yes ☐ No Depth of Completed Well 223 ft
Explosives used ☐ Yes ☑ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
no chg			no change			

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12 exist	no	chg		☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☑ Perforations Method no change
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
see original	log - MARI 1109		1 hr.

Temperature of water ~55F Depth Artesian Flow Found
Was a water analysis done? ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County Marion Latitude Longitude
Township 4 S Range 2 W WM.
Section 7 SE 1/4 NE 1/4
Tax Lot 600 Lot Block Subdivision
Street Address of Well (or nearest address) 21881 River Road NE
St. Paul, OR 97137

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 4/18/06
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found N.A.-no drilling

From	To	Estimated Flow Rate	SWL
N.A.-no drilling			

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
406SS 12 gauge swedge patch installed	72	76	btoc
special standard dated 3/20/06			

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SALEM, OREGON

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SALEM, OREGON

Date started 4/18/06 Completed 4/18/06

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 649
Signed Stephen J. Schneider Date 6/16/06

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

MARI 62238

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

WELL LABEL # L 91798

START CARD # 193851

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company SBE, Inc.

Address 11880 Lauren Lane

City Newberg State OR Zip 97132

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 246 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
20 nom.	0	127	Bentonite	0	71	83	S
16 nom.	127	400	Cement	71	76	5	S

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

[X] Other bentonite P&P

Backfill placed from 261 ft. to 400 ft. Material slough

Filter pack from 61 ft. to 261 ft. Material CSSI etal Size 6/9 etal

Explosives used: [ ] Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		16	[X]	1	79	.375	●		[X]	
SA		10	[X]	2	80	.250	●		[X]	
FS		10	[ ]	100	133	.250	●		[X]	
FS		10	[ ]	148	224	.250	●		[X]	
AY		10	[ ]	240	258	.250	●		[X]	

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

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v-wire Material 304SS

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		10	80	100	.04			PS
Screen		10	133	148	.04			PS
Screen		10	224	240	.04			PS

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

(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
240	42		1
240	49		2

Temperature 55 ± °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

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SALEM, OREGON

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 2 W E/W WM

Sec 8 SW 1/4 of the NW 1/4 Tax Lot 600

Tax Map Number 4 2W 08 Lot _____

Lat ° 0 ' _____ " or _____ DMS or DD

Long ° 0 ' _____ " or _____ DMS or DD

(●) Street address of well ( ) Nearest address

21881 River Road NE, St. Paul, OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-24-2008			38

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 55

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	* 55	* 73	NM			NM
11-24-2008	* 80	* 236	5gpm			38
* Sand/gravel layers between these intervals			(est)			

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	2
Clay, brown, soft, silty	2	27
Clay, grey, silty	27	55
Sand, black, fine	55	64
Clay, grey, soft, silty	64	66
Sand, black, fine	66	69
Clay, grey, soft, silty	69	71
Sand, black, fine	71	73
Clay, grey, soft w/some hard	73	74
Clay, grey, soft	74	80
Sand, black, fine w/clay, hard, grey & pumice	80	85
Sand, black, fine w/pumice	85	90
Clay, grey, soft	90	91
Clay, greenish brown, soft	91	93
Clay, green soft w/wood	93	95
Sand, brown, medium w/some clay, brown, soft	95	97
Clay, greenish grey, soft, sandy-silty	97	102
Clay, grey, soft	102	116
continued on page 2		

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Date Started 09-17-2008 Completed 11-24-2008

(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 1797 Date 12-19-2008

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 649 Date 12-19-2008

Password : (if filing electronically) _____

Signed Stephen J Schmidt

Contact Info (optional) _____

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

MARI 62238

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. # L 91798

START CARD # 193851

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/ 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/ Liner	Screen Dia	From	To	Scrn/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

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Clay, grey, soft, silty-sandy	116	121
Clay, green, soft, silty	121	132
Clay, grey, silty-sandy	132	137
Gravel, 1/2"- & sand, black, medium w/wood &	137	
some clay, grey, hard		142
Clay, grey, silty, soft w/some gravel 1"-	142	143
Sand, green, fine	143	145
Gravel, 2"- & sand, black, medium	145	146
Clay, green & brown, silty	146	151
Clay, tan & grey, soft w/some gravel, pea	151	157
Clay, tan, soft	157	161
Clay, green, soft	161	189
Clay, darke grey, soft	189	211
Clay, grey & green, soft w/some hard grey	211	221
Clay, brown, soft, silty	221	226
Sand, green & brown, fine-medium	226	228
Gravel, 1.5"- & sand, black, coarse-fine	228	236
Clay, dark grey, silty	236	243
Clay, green w/brown, medium-hard	243	251
Clay, multicolored, medium	251	291
Clay, greenish brown, soft, silty w/gravel, 1/2"-	291	292
Clay, green & grey w/brown, medium	292	400

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SALEM, OREGON

Comments/Remarks

Bottom of screen assembly contains cement grout plug up to 246'.
Steel plate ring w/pack access ports welded between 16" casing and 10" screen assembly at top of 16" casing.

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Amended 9-16-21

MARI 70012

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

WELL I.D. LABEL# L 128838
START CARD # 216497
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 5
First Name ____ Last Name ____
Company SBE, Inc
Address 11880 NE Lauren Lane
City Newberg State OR Zip 97132

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[x] Reverse Rotary [ ] Other ____

(4) PROPOSED USE

[ ] Domestic [x] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other ____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 258 ft.

BORE HOLE

Dia	From	To
24	0	18
20	18	137
16	137	265

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	130	100	sks
		Calculated	95	
		Calculated		

How was seal placed: Method [ ] A [ ] B [x] C [ ] D [ ] E
[ ] Other ____
Backfill placed from 258 ft. to 265 ft. Material Silica Sand
Filter pack from 115 ft. to 258 ft. Material Silica Sand Size 6/9
Explosives used: [ ] Yes Type ____ Amount ____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount ____ Actual Amount ____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	16	+	1	130	.375	(•)	( )	x	
( )	(•)	10	+	2	127	.250	(•)	( )	x	
( )	(•)	10		147	155	.250	(•)	( )	x	
( )	(•)	10		165	235	.250	(•)	( )	x	
( )	(•)	10		250	258	.250	(•)	( )	x	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) ____
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method ____
Screens Type Wire Wrap V Shape Material 304SS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Scr	Liner	10	127	147	.55			PS
Scr	Liner	10	155	165	.55			PS
Scr	Liner	10	235	250	.55			PS

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

(•) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
131	79	200	4

Temperature 55 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below) TDS amount 255

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 4 S N/S Range 2 W E/W WM
Sec 8 NE ~~WE~~ 1/4 of the SW ~~NW~~ 1/4 Tax Lot 600
Tax Map Number 04 2W 08 Lot ____
Lat ____ ° ____ ' ____ " or ____ DMS or DD
Long ____ ° ____ ' ____ " or ____ DMS or DD
(•) Street address of well ( ) Nearest address
21881 River RD NE, St. Paul OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8-18-21			84

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8-18-21	135	246	70			84

(11) WELL LOG

Ground Elevation ____

Material	From	To
- See Attached Formation Log		
- 3/8" steel plate welded to the bottom of the 10" at 258' bgs.		

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Date Started 4/26/2021 Completed 8/18/2021

(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 2033 Date 9/3/2021
Signed Zach Lang

(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 1988 Date 9/3/2021
Signed ____
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

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SBE Well #5
SC 216497 - Well Tag ID # L128838
Formation Log
by Schneider Water Services

FM	TO	DESCRIPTION
0	3	Topsoil
3	8	Clay, brown, medium, silty
8	27	Clay, tan, soft, silty and sandy
27	44	Clay, blue, sandy
44	65	Clay, blue green, sandy
65	75	Sand, grey, fine, with some clay, grey
75	100	Clay, blue and grey, firm, sticky, with some sand
100	108	Clay, green, sandy
108	135	Clay, grey and green, silty and sandy
135	143	Sand, brown and green, medium to fine
143	145	Sand, brown, coarse with gravel, black, 1/4- round
145	150	Clay, grey and brown, soft, silty
150	155	Clay, brown, soft, silty
155	160	Sand, brown, medium to fine
160	165	Clay, tan and brown, medium
165	185	Clay, green and grey, medium
185	205	Clay, grey, medium to firm
205	225	Clay, tan and brown, medium, silty
225	234	Clay, grey, silty
234	246	Sand, black, medium, with 1/2 gravel, black
244	265	Clay, grey, medium

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MARI 66488

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

WELL I.D. LABEL# L 118528
START CARD # 201134
ORIGINAL LOG #

MARI 66488

(1) LAND OWNER
Owner Well I.D. 6
First Name _____ Last Name _____
Company SBE, Inc
Address 11880 Lauren Lane
City Newberg State OR Zip 97231

(2) TYPE OF WORK
[x] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						○	○		

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[x] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [x] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 261 ft.

BORE HOLE

Dia	From	To
20	0	163
16	163	440

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	26	32	S
		Calculated	28	
Cement	26	137	70	S
		Calculated	67	

How was seal placed: Method [ ] A [ ] B [x] C [ ] D [ ] E
[x] Other Pour & probe bent.
Backfill placed from 269 ft. to 440 ft. Material Bentonite chip
Filter pack from 119 ft. to 269 ft. Material Gravel Size pea
Explosives used: [ ] Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Pounds Actual Amount _____ Pounds

(6) CASING/LINER

	Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	●	○	16	x	1	139	.375	●	○	x	
Screen Assembly	○	●	10	x	1	140	.250	●	○	x	
	○	●	10		180	198	.250	●	○	x	
	○	●	10		203	218	.250	●	○	x	
	○	●	10		223	231	.250	●	○	x	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____
Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type V-shaped wire wrap Material 304 SS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Scree		10	140	180	0.04			PS
Scree		10	198	203	0.04			"
Scree		10	218	223	0.04			"
Scree		10	231	251	0.04			"

(8) WELL TESTS: Minimum testing time is 1 hour
(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
147	54		8

Temperature 56 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount 165

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 4 S N/S Range 2 W E/W WM
Sec 8 NE 1/4 of the SW 1/4 Tax Lot 600
Tax Map Number 04 2W 08 Lot _____
Lat ° ' " or 0 DMS or DD
Long ° ' " or _____ DMS or DD
(●) Street address of well ( ) Nearest address
21881 River Rd NE, St Paul, OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	08-12-2016			95

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found Indeterminate

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-12-2016	141	145	See Section 8			95
08-12-2016	199	203				95
08-12-2016	220	221				95
08-12-2016	226	248				95

(11) WELL LOG
Ground Elevation _____

Material	From	To
See Attached Formation log		

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Date Started 05-26-2016 Completed 08-16-2016

(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 1797 Date 9/15/16
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 649 Date 9/15/16
Signed _____
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

MARI 66488

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L 118528
START CARD # 201134
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	●	10		251	261	.250	○	●	X	

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/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

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

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Comments/Remarks

10" tail pipe has a steel plate at 261'

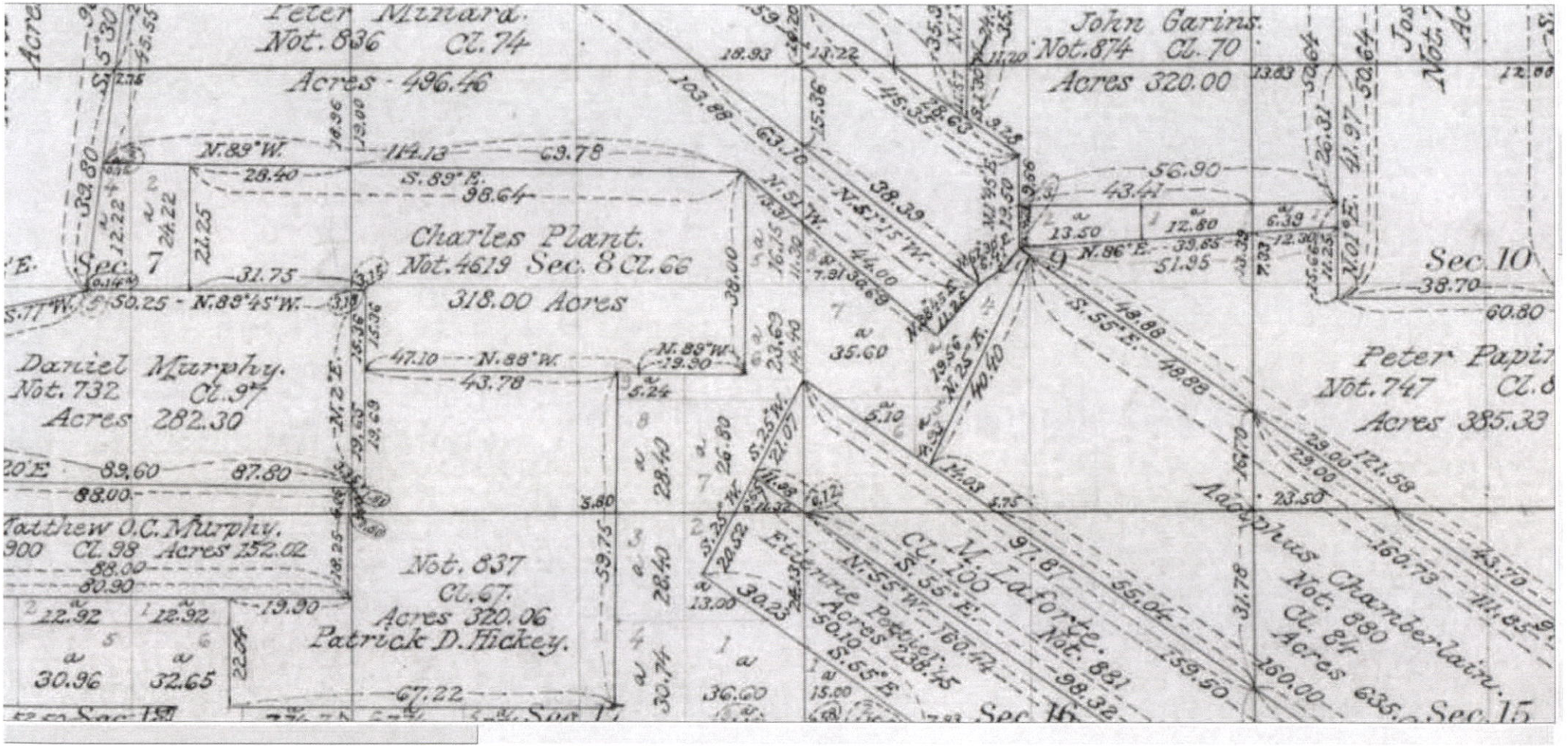
MARI 66488

SBE, Inc - Well 6
Start Card # 201134 - Well Tag ID # L 118528
Formation Log
by Schneider Water Services

FM	TO	DESCRIPTION
0	3	Top soil
3	8	Clay, brown, medium
8	18	Clay, tanish brown, medium, soft, silty
18	28	Clay, light brown/tan, medium silt, sticky
28	36	Clay, grey, medium silt, sticky
36	44	Clay, grey, medium coarse silt, sticky
44	45	Clay, grey, medium coarse silt with clay, hard
45	49	Clay, grey, silty, sticky
49	50	Sand, black and brown, fine
50	51	Clay, grey, medium soft
51	52	Sand, black and brown, fine, cemented
52	55	Clay, grey, medium soft
55	56	Sand, black, fine
56	57	Clay, grey, soft, silty with fine sand
57	58	Sandstone, black, fine
58	60	Sand, brown, fine
60	63	Clay, soft, grey, with wood
63	73	Sand, black, fine
73	77	Clay, grey, soft, with wood
77	78	Sand, black, fine
78	92	Clay, grey, medium
92	108	Clay, blue, medium
108	124	Clay, gray, soft
124	126	Clay, grey, with gravel, 1/4" - sandy
126	135	Clay, blue and grey, medium
135	138	Clay, gray and brown, medium, sandy, with wood
138	141	Clay, grey, medium
141	145	Gravel, 1"- with sand, medium
145	148	Clay, grey, medium, with wood
148	153	Clay, grey and brown, medium, little sandy
153	159	Clay, green and brown, silty, soft, with occasional gravel, 1/2"- and wood
159	162	Clay, brown, sandy, soft
162	163	Clay, brown, soft, sandy, with gravel 1"-

SBE, Inc - Well 6
Start Card # 201134 - Well Tag ID # L 118528
Formation Log
by Schneider Water Services

FM	TO	DESCRIPTION
163	167	Clay grey, soft, sticky
167	180	Clay, tan, soft, with occasional gravel, 3/4"-
180	195	Clay, green and grey, soft
195	199	Clay, dark grey, silty, soft
199	200	Clay, dark grey, silty, soft, with some gravel, 1/2"-
200	202	Clay, dark grey, sandy, soft
202	203	Sand, dark grey, medium, cemented
203	204	Clay, dark grey, sandy, soft
204	215	Clay, green, soft
215	220	Clay, tan, silty, soft
220	221	Sand, brown, medium coarse
221	226	Clay, tan, soft
226	230	Clay, tan, sandy, soft
230	232	Clay, greenish grey, silty, soft
232	240	Clay, brown, soft, sandy, with gravel, 1/4"-
240	242	Clay, grey, silty, soft
242	244	Clay, green, sandy, soft, with gravel, 1"-
244	248	Gravel, 2"- with clay, grey, sandy, soft
248	250	Clay, green, sandy, soft
250	335	Clay, green and grey, medium/hard
335	337	Clay, green, silty, medium, sticky
337	341	Clay, green, sandy, medium
341	359	Clay, dark grey, medium hard, sticky
359	365	Clay, green & grey, sticky
365	374	Clay, dark grey, medium hard
374	379	Clay, grey, medium, silty
379	381	Clay, green, medium, silty
381	386	Clay, green, medium, sandy
386	391	Clay, brown, medium-hard
391	400	Clay, grey, medium
400	407	Clay, grey, medium
407	413	Clay, grey, medium-hard, sticky
413	440	Clay, green, medium-hard, sticky



OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
SBE, INC.		(503) 807-5025	STEVE SCHNEIDER
Address: 11880 LAUREN LN NE			
City: NEWBERG	State: OR	Zip: 97132	E-Mail: STEVE@SCHNEIDERWATER.COM

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
JUSTIN WETMORE		(SELECT) Pump Installer	43CPI
Company: SCHNEIDER WATER SERVICES		Phone No.: (503) 633-2666	Additional Contact No.: KRISS SCHNEIDER
Address: 21881 RIVER RD NE			
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: KRISS@SCHNEIDERWATER.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
MARI 1112	L-	WELL #1R	234 FT	MILO SCHNEIDER	4/4/1968	9/9/2021

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
4S	2W	8	NE/SW	TAX LOT 600	45.237103	-122.963583

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-2725	G-2524	T- 10923	~~XXXX~~	(•) Yes ( ) No (Need MWE Form)
G- 2725	G- 2524	T- 10923		( ) 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.*

[Yes] 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)
MARI 6648	~900 FT WNW	NOT PUMPED	NOT PUMPED	NOT PUMPED

[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: FIELD ADJACENT TO WELL
How far from the pumped well was water discharged? ~60 FT ft.

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 COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* 500 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: McCROMETER *Serial #:* 18-10883-04
Date Last Calibrated: 12/2018 *Units:* GPM

Pump Type: Turbine
HP: 25 Pump set at: 180 feet.
Pump idle time: >2 WEEKS

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance [above] land surface 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) 1" TOP ACCESS PORT, WEST SIDE

Time pump turned on: Date 9/9/2021 Time 10:00 AM
Time pump turned off: Date 9/9/2021 Time 2:00 PM
Total pumping time: 4 hours 0 minutes.

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

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☐ The pump was on during the entire pumping phase (≥ 4 hours).
- ☐ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☐ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☐ The pump test cover sheet was completely filled out and signed.
- ☐ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☐ The well was idle for at least 16 hours prior to the test.
- ☐ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: [signature] DATE: 9-9-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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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
MARI 1112	L-	WELL #1R	234 FT	MILO SCHNEIDER	4/4/1968	9/9/2021

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
9/9/2021	9:00		80.9'	0	Pre-test		58900	
	9:20		80.9'	0	Pre-test		58900	
	9:40		80.9'	0	Pre-test		58900	
	10:01	1	91.8'	161	Pumping	53	59000	
	10:02	2	95.5'	162	Pumping	54	59200	
	10:04	4	99.5'	162	Pumping	53	59500	
	10:06	6	100.4'	160	Pumping	53	59800	
	10:08	8	102.0'	160	Pumping	52	60100	
	10:10	10	103.4'	160	Pumping	52	60400	
	10:15	15	107.2'	161	Pumping	50	61200	
	10:20	20	109.1'	160	Pumping	50	62000	
	10:25	25	110.6'	159	Pumping	50	62900	
	10:30	30	111.7'	159	Pumping	50	63600	
	10:45	45	114.8'	161	Pumping	46	66000	
	11:00	60	116.8'	160	Pumping	46	68400	
	11:15	75	118.5'	159	Pumping	45	70800	
	11:30	90	119.4'	156	Pumping	43	73200	
	11:45	105	121.1'	160	Pumping	42	75600	
	12:00	120	122.3'	160	Pumping	42	78000	
	12:15	135	123.6'	161	Pumping	41	80400	
	12:30	150	124.4'	161	Pumping	41	82800	
	12:45	165	125.5'	160	Pumping	40	85200	
	13:00	180	126.0'	159	Pumping	40	87600	
	13:15	195	126.8'	159	Pumping	40	90000	
	13:30	210	127.4'	159	Pumping	40	92400	
	13:45	225	128.9'	159	Pumping	40	94900	
	14:00	240	129.1'	159	Pumping	40	97300	

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
MARI 1112	L-	WELL #1R	234 FT	MILO SCHNEIDER	4/4/1968	9/9/2021

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
9/9/2021		RECOVERY						
	14:01	1	115.5'		Recovery			
	14:02	2	112.4'		Recovery			
	14:04	4	110.3'		Recovery			
	14:06	6	108.4'		Recovery			
	14:08	8	107.0'		Recovery			
	14:10	10	105.8'		Recovery			
	14:15	15	103.4'		Recovery			
	14:20	20	101.9'		Recovery			
	14:25	25	100.5'		Recovery			
	14:30	30	99.6'		Recovery			
	14:45	45	97.1'		Recovery			
	15:00	60	95.6'		Recovery			
	15:15	75	94.3'		Recovery			
	15:30	90	93.4'		Recovery			
	15:45	105	92.4'		Recovery			
	16:00	120	91.8'		Recovery			
	16:15	135	91.3'		Recovery			
	16:30	150	90.7'		Recovery			
	16:45	165	90.2'		Recovery			
	17:00	180	89.8'		Recovery			
	17:15	195	89.5'		Recovery			
	17:30	210	89.2'		Recovery			
	17:45	225	88.8'		Recovery			
	18:00	240	88.6'		Recovery			

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
SBE, INC.		(503) 807-5025	STEVE SCHNEIDER
Address: 11880 LAUREN LN NE			
City: NEWBERG	State: OR	Zip: 97132	E-Mail: STEVE@SCHNEIDERWATER.COM

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:	Qualification:	License #:
JUSTIN WETMORE	(SELECT) Pump Installer	43CPI
Company: SCHNEIDER WATER SERVICES	Phone No.: (503) 633-2666	Additional Contact No.: KRISS SCHNEIDER
Address: 21881 RIVER RD NE		
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: KRISS@SCHNEIDERWATER.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
MARI 59753	L- 72473	WELL #3	223 FT	SBE, INC.	9/1/1972	9/21/2021

(Continued) 1109

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)
4S	2W	8	SW/NW	TAX LOT 600	45.239095	-122.970835

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-2725	G-2524	T- 10923	~~XXXX~~ 86817	(●) Yes ( ) No (Need MWE Form)
G- 414	G- 288	T- 10923		( ) 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.*

[Yes] 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)
MARI 1103	~85 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 62238	~100 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 70012	~650 FT	NOT PUMPED	NOT PUMPED	N/A

[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: FIELD ADJACENT TO WELL
How far from the pumped well was water discharged? ~60 FT 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:* 500 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:* _____

Pump Type: Turbine
HP: 50 Pump set at: 200 feet.
Pump idle time: 7 DAYS

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCROMETER *Serial #:* 96-06631
Date Last Calibrated: AUGUST 1996 *Units:* GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance [above] land surface 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) 3/4" PROBE TUBE AT TOP OF CASING, EAST SIDE

Time pump turned on: Date 9/21/2021 Time 9:45 AM
Time pump turned off: Date 9/21/2021 Time 1:45 PM
Total pumping time: 4 hours 0 minutes.

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

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☐ The pump was on during the entire pumping phase (≥ 4 hours).
- ☐ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☐ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☐ The pump test cover sheet was completely filled out and signed.
- ☐ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☐ The well was idle for at least 16 hours prior to the test.
- ☐ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

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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: 9-21-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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
MARI 59753	L- 72473	WELL #3	223 FT	SBE, INC.	9/1/1972	9/21/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
9/21/21	8:45		27.1'	0	Pre-test		2653190	
	9:05		27.1'	0	Pre-test		2653190	
	9:25		27.1'	0	Pre-test		2653190	
	9:46	1	53.2'	460	Pumping	0	2653650	
	9:47	2	56.6'	400	Pumping	20	2654050	
	9:49	4	59.5'	420	Pumping	25	2654990	
	9:51	6	61.8'	405	Pumping	25	2655800	
	9:53	8	63.1'	400	Pumping	31	2656790	
	9:55	10	64.6'	400	Pumping	31	2657680	
	10:00	15	66.8'	400	Pumping	31	2659550	
	10:05	20	69.2'	405	Pumping	31	2661590	
	10:10	25	70.8'	405	Pumping	31	2663610	
	10:15	30	71.9'	405	Pumping	31	2665630	
	10:30	45	75.6'	400	Pumping	30	2671590	
	10:45	60	78.2'	400	Pumping	30	2677560	
	11:00	75	80.9'	405	Pumping	30	2683640	
	11:15	90	82.6'	400	Pumping	30	2689650	
	11:30	105	84.8'	405	Pumping	30	2695710	
	11:45	120	86.3'	400	Pumping	30	2701720	
	12:00	135	89.6'	400	Pumping	30	2707720	
	12:15	150	97.4'	405	Pumping	30	2713790	
	12:30	165	97.5'	405	Pumping	30	2719850	
	12:45	180	98.2'	400	Pumping	30	2725870	
	13:00	195	99.0'	400	Pumping	30	2731850	
	13:15	210	99.5'	395	Pumping	30	2737780	
	13:30	225	99.9'	390	Pumping	30	2743650	
	13:45	240	99.5'	390	Pumping	30	2749490	

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
MARI 59753	L- 72473	WELL #3	223 FT	SBE, INC.	9/1/1972	9/21/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
9/21/21		RECOVERY						
	13:46	1	69.1'		Recovery			
	13:47	2	65.5'		Recovery			
	13:49	4	64.2'		Recovery			
	13:51	6	61.2'		Recovery			
	13:53	8	59.8'		Recovery			
	13:55	10	58.8'		Recovery			
	14:00	15	55.0'		Recovery			
	14:05	20	53.2'		Recovery			
	14:10	25	51.9'		Recovery			
	14:15	30	50.1'		Recovery			
	14:30	45	47.3'		Recovery			
	14:45	60	45.3'		Recovery			
	15:00	75	43.6'		Recovery			
	15:15	90	42.3'		Recovery			
	15:30	105	41.4'		Recovery			
	15:45	120	40.4'		Recovery			
	16:00	135	39.6'		Recovery			
	16:15	150	38.9'		Recovery			
	16:30	165	38.1'		Recovery			
	16:45	180	37.7'		Recovery			
	17:00	195	37.2'		Recovery			
	17:15	210	36.9'		Recovery			
	17:30	225	36.4'		Recovery			
	17:45	240	36.0'		Recovery			

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
SBE, INC.		(503) 807-5025	STEVE SCHNEIDER
Address: 11880 LAUREN LN NE			
City: NEWBERG	State: OR	Zip: 97132	E-Mail: STEVE@SCHNEIDERWATER.COM

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
JUSTIN WETMORE		(SELECT) Pump Installer	43CPI
Company: SCHNEIDER WATER SERVICES		Phone No.: (503) 633-2666	Additional Contact No.: KRISS SCHNEIDER
Address: 21881 RIVER RD NE			
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: KRISS@SCHNEIDERWATER.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
MARI 62238	L- 91798	WELL #4	246 FT	SBE, INC.	11/24/2008	9/2/2021

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 736 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02767000)
4S	2W	8	SW/NW	TAX LOT 600	45.239049	-122.970453

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-2725	G-2524	T- 10923	XXXX	(●) Yes ( ) No (Need MWE Form)
G- 414	G- 288	T- 10923		( ) 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.*

[Yes] 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)
MARI 1103	~85 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 1109	~100 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 70012	~650 FT	NOT PUMPED	NOT PUMPED	N/A

[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: TO DISCHARGE POND
How far from the pumped well was water discharged? ~1500 FT ft.

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* 500 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: McCROMETER *Serial #:* 09-05981-04

Date Last Calibrated: 7/2009 *Units:* GPM

Pump Type: Turbine

HP: 25 Pump set at: 131 feet.

Pump idle time: 18 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 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) TOP ACCESS PORT OF 1" PROBE TUBE PIPE, WEST SIDE.

Time pump turned on: Date 9/2/2021 Time 9:15 AM

Time pump turned off: Date 9/2/2021 Time 1:15 PM

Total pumping time: 4 hours 0 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_ROSsl-277278532?selectedDivision=3186.

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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: 9-2-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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
MARI 62238	L- 91798	WELL #4	246 FT	SBE, INC.	11/24/2008	9/2/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
9/2/2021	8:15		38.9'	0	Pre-test		64657890	
	8:35		38.9'	0	Pre-test		64657890	
	8:55		38.9'	0	Pre-test		64657890	
	9:16	1	81.0'	300	Pumping	60	64658240	
	9:17	2	87.9'	300	Pumping	60	64658560	
	9:19	4	82.9'	250	Pumping	60	64659065	Throttle Valve Back
	9:21	6	89.1'	230	Pumping		64659510	Throttle Valve Back
	9:23	8	90.8'	230	Pumping		64659950	
	9:25	10	91.2'	230	Pumping		64660350	
	9:30	15	94.9'	240	Pumping		64661560	
	9:35	20	96.2'	225	Pumping		64662680	
	9:40	25	96.2'	225	Pumping		64663810	
	9:45	30	97.8'	190	Pumping		64664770	
	10:00	45	100.8'	210	Pumping	80	64667910	
	10:15	60	102.0'	195	Pumping	80	64670820	
	10:30	75	102.6'	185	Pumping	80	64673580	
	10:45	90	103.5'	185	Pumping	80	64676350	
	11:00	105	104.1'	180	Pumping	75	64679090	
	11:15	120	106.2'	180	Pumping	75	64681790	
	11:30	135	107.7'	175	Pumping	75	64684470	
	11:45	150	109.2'	175	Pumping	75	64687100	
	12:00	165	109.7'	175	Pumping	75	64689710	
	12:15	180	112.4'	170	Pumping	75	64692310	
	12:30	195	114.1'	170	Pumping	75	64694890	
	12:45	210	115.6'	170	Pumping	75	64697470	
	13:00	225	116.7'	170	Pumping	75	64700000	
	13:15	240	117.4	170	Pumping	75	64702550	

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
MARI 62238	L- 91798	WELL #4	246 FT	SBE, INC.	11/24/2008	9/2/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
9/2/2021		RECOVERY						
	13:16	1	81.4'		Recovery			
	13:17	2	66.9'		Recovery			
	13:19	4	60.2'		Recovery			
	13:21	6	58.1'		Recovery			
	13:23	8	56.9'		Recovery			
	13:25	10	55.9'		Recovery			
	13:30	15	54.4'		Recovery			
	13:35	20	53.1'		Recovery			
	13:40	25	52.0'		Recovery			
	13:45	30	51.4'		Recovery			
	14:00	45	49.5'		Recovery			
	14:15	60	48.0'		Recovery			
	14:30	75	47.1'		Recovery			
	14:45	90	46.1'		Recovery			
		105			Recovery			
		120			Recovery			
		135			Recovery			
		150			Recovery			
		165			Recovery			
		180			Recovery			
		195			Recovery			
		210			Recovery			
		225			Recovery			
		240			Recovery			

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
SBE, INC.		(503) 807-5025	STEVE SCHNEIDER
Address: 11880 LAUREN LN NE			
City: NEWBERG	State: OR	Zip: 97132	E-Mail: STEVE@SCHNEIDERWATER.COM

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:	Qualification:	License #:
BEN HUTCHINGS	(SELECT) Pump Installer	43CPI
Company: SCHNEIDER WATER SERVICES	Phone No.: (503) 633-2666	Additional Contact No.: KRISS SCHNEIDER
Address: 21881 RIVER RD NE		
City: SAINT PAUL / State: OR / Zip: 97137	E-Mail: KRISS@SCHNEIDERWATER.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
MARI 70012	L- 128838	WELL #5	258 FT	SBE, INC.	8/18/2021	8/18/2021

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 736 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473659)	Longitude (Ex: -123.02767000)
4S	2W	8	NE/NW	TAX LOT 600	45.238332	-122.968137

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-2725	G-2524	T- 10923	~~XXXX~~	(•) Yes ( ) No (Need MWE Form)
G- 414	G- 288	T- 10923		( ) 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.*

[Yes] 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)
MARI 1103	~725 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 1109	~750 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 62238	~650 FT	NOT PUMPED	NOT PUMPED	N/A

[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.

[No] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: FIELD ADJACENT TO WELL
How far from the pumped well was water discharged? ~40 FT ft.

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 COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: *Airline:* _____ psi _____ feet. *E-Tape:* 500 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:* _____

Pump Type: Submersible
HP: 40 Pump set at: 200 feet.
Pump idle time: 19 HRS

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCROMETER *Serial #:* 96-06631
Date Last Calibrated: 8/1996 *Units:* GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance above land surface 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) TOP OF 1" PROBE TUBE AT TOC, WEST SIDE

Time pump turned on: Date 8/18/2021 Time 9:00 AM
Time pump turned off: Date 8/18/2021 Time 1:00 PM
Total pumping time: 4 hours 0 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).

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https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186.

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

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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: KSM DATE: 8-18-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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
MARI 70012	L- 128838	WELL #5	258 FT	SBE, INC.	8/18/2021	8/18/2021

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
8/18/2021	8:00		81.9'	0	Pre-test			
	8:30		81.9'	0	Pre-test			
	8:50		81.9'	0	Pre-test		2619900	
	9:01	1	119.9'	100	Pumping	60	2620000	
	9:02	2	129.9'	200	Pumping	56	2620200	
	9:04	4	137.8'	150	Pumping	54	2620500	
	9:06	6	142.3'	175	Pumping	50	2620850	
	9:08	8	145.5'	175	Pumping	50	2621200	
	9:10	10	148.0'	150	Pumping	50	2621500	
	9:15	15	152.5'	140	Pumping	50	2622200	
	9:20	20	152.5'	140	Pumping	50	2622900	
	9:25	25	153.0'	150	Pumping	50	2623650	
	9:30	30	153.9'	140	Pumping	50	2624350	
	9:45	45	151.3'	135	Pumping	50	2626400	
	10:00	60	152.5'	125	Pumping	55	2628300	
	10:15	75	153.9'	135	Pumping	55	2630300	
	10:30	90	154.4'	125	Pumping	56	2632200	
	10:45	105	155.0'	125	Pumping	56	2634100	
	11:00	120	155.8'	135	Pumping	56	2636100	
	11:15	135	156.1'	125	Pumping	56	2638000	
	11:30	150	156.8'	125	Pumping	55	2639900	
	11:45	165	157.0'	125	Pumping	52	2641800	
	12:00	180	157.5'	125	Pumping	52	2643700	
	12:15	195	158.1'	125	Pumping	50	2645600	
	12:30	210	160.0'	125	Pumping	50	2647500	
	12:45	225	160.2'	135	Pumping	50	2649500	
	13:00	240	160.8'	135	Pumping	50	2651500	

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
MARI 70012	L- 128838	WELL #5	258 FT	SBE, INC.	8/18/2021	8/18/2021

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
8/18/2021		RECOVERY						
	13:01	1	131.0'		Recovery			
	13:02	2	121.5'		Recovery			
	13:04	4	111.9'		Recovery			
	13:06	6	105.0'		Recovery			
	13:08	8	102.5'		Recovery			
	13:10	10	100.8'		Recovery			
	13:15	15	99.0'		Recovery			
	13:20	20	97.0'		Recovery			
	13:25	25	95.0'		Recovery			
	13:30	30	93.8'		Recovery			
	13:45	45	92.5'		Recovery			
	14:00	60	91.3'		Recovery			
	14:15	75			Recovery			
	14:30	90			Recovery			
					Recovery			
					Recovery			
					Recovery			
					Recovery			
					Recovery			
					Recovery			
					Recovery			

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
SBE, INC.		(503) 807-5025	STEVE SCHNEIDER
ADDRESS: 11880 LAUREN LN NE			
CITY: NEWBERG	STATE: OR	ZIP: 97132	E-MAIL: STEVE@SCHNEIDERWATER.COM

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME:		QUALIFICATION:	LICENSE #:
AUSTIN DYE		(SELECT) Pump Installer	43CPI
COMPANY: SCHNEIDER WATER SERVICES		PHONE NO.: (503) 633-2666	ADDITIONAL CONTACT NO.: KRISS SCHNEIDER
ADDRESS: 21881 RIVER RD NE			
CITY: SAINT PAUL	STATE: OR	ZIP: 97137	E-MAIL: KRISS@SCHNEIDERWATER.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
MARI 66488	L- 118528	WELL #6	261 FT	SBE, INC.	9/15/2016	8/11/2021

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
4S	2W	8	NE/SW	TAX LOT 600	45.236227	-122.960389

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- 2725	G- 2524	T- 10923	XXXX	(●) Yes ( ) No (Need MWE Form)
G- 414	G- 288	T- 10923		( ) 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.*

[Yes] 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)
MARI 1112	~900 FT WNW	NOT PUMPED	NOT PUMPED	NOT PUMPED

[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: FIELD ADJACENT TO WELL
How far from the pumped well was water discharged? ~70 FT 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:* 500 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: McCROMETER *Serial #:* 17-08899-03
Date Last Calibrated: 6/26/2017 *Units:* GPM

Pump Type: Submersible
HP: 15 Pump set at: 153' 6" feet.
Pump idle time: >2 WEEKS

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" PORT ON TOP OF DISCHARGE FLANGE, NW SIDE

Time pump turned on: Date 8/11/2021 Time 9:20 AM
Time pump turned off: Date 8/11/2021 Time 1:20 PM
Total pumping time: 4 hours 0 minutes.

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

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☐ The pump was on during the entire pumping phase (≥ 4 hours).
- ☐ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☐ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☐ The pump test cover sheet was completely filled out and signed.
- ☐ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☐ The well was idle for at least 16 hours prior to the test.
- ☐ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

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

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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: 9-1-21

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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
MARI 66488	L- 118528	WELL #6	261 Ft	SBE, Inc.	2016	8/11/2021

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
8/11/2021	8:00		98.8'	0	Pre-test		141310	
	8:20		98.8'	0	Pre-test		141310	
	8:40		98.8'	0	Pre-test		141310	
	9:00		98.8'	0	Pre-test		141310	
	9:21	1	120.0'	131	Pumping	24	141430	
	9:22	2	129.3'	131	Pumping	24	141590	
	9:24	4	137.6'	130	Pumping	22	141830	
	9:26	6	140.7'	130	Pumping	22	142080	
	9:28	8	142.7'	130	Pumping	22	142350	
	9:30	10	143.0'	131	Pumping	22	142610	
	9:35	15	145.2'	130	Pumping	22	143260	
	9:40	20	146.2'	131	Pumping	22	143910	
	9:45	25	149.3'	130	Pumping	22	144560	
	9:50	30	150.7'	130	Pumping	22	145220	
	10:05	45	152.8'	128	Pumping	20	147140	
	10:20	60	154.0'	125	Pumping	19	149050	
	10:35	75	154.4'	123	Pumping	18	150920	
	10:50	90	154.6'	119	Pumping	16	152740	
	11:05	105	154.6'	118	Pumping	16	154540	
	11:20	120	154.6'	117	Pumping	16	156300	
	11:35	135	154.6'	116	Pumping	16	158060	
	11:50	150	154.6'	115	Pumping	15	159790	
	12:05	165	154.6'	114	Pumping	14	161500	
	12:20	180	154.6'	113	Pumping	14	163200	
	12:35	195	154.6'	112	Pumping	14	164890	
	12:50	210	154.6'	112	Pumping	13	166560	
	13:05	225	154.6'	110	Pumping	12	168230	
	13:20	240	154.6'	110	Pumping	12	169880	

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
MARI 66488	L- 118528	WELL #6	261 Ft	SBE, Inc.	9/15/2016	8/11/2021

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
8/11/2021		RECOVERY						
	13:21	1	141.2'		Recovery			
	13:22	2	129.2'		Recovery			
	13:24	4	120.6'		Recovery			
	13:26	6	117.5'		Recovery			
	13:28	8	115.5'		Recovery			
	13:30	10	114.3'		Recovery			
	13:35	15	112.2'		Recovery			
	13:40	20	111.3'		Recovery			
	13:45	25	110.6'		Recovery			
	13:50	30	110.0'		Recovery			
	14:05	45	108.7'		Recovery			
	14:20	60	107.8'		Recovery			
	14:35	75	107.2'		Recovery			
	14:50	90	106.8'		Recovery			
	15:05	105	106.0'		Recovery			
	15:20	120	105.8'		Recovery			
	15:35	135	105.5'		Recovery			
	15:50	150	105.1'		Recovery			
	16:05	165	104.9'		Recovery			
	16:20	180	104.6'		Recovery			
	16:35	195	104.3'		Recovery			

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: SBE Inc.
11880 Lauren Ln, Newberg OR 97132

Transaction Type: Claim

Fees Received: $ 0

☐ Cash ☐ Check: **Check No.** N/A

Name(s) on Check: N/A

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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: Corie Lorrien
(Name of OWRD staff)

Instructions for OWRD staff:

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