# CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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 <u>Transfer final orders</u> 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 <u>only</u> authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

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

1.	. File Information	
API	PPLICATION #	
T-	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	STATE	ZIP	E-MAIL	
Newberg	OR	97132	steve@schi	niderwater.com

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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		iot, se the editent property owner,				
SBE Inc						
Address	Address					
11880 Lauren Lane						
CITY	STATE	ZIP				
Newberg	OR	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)):

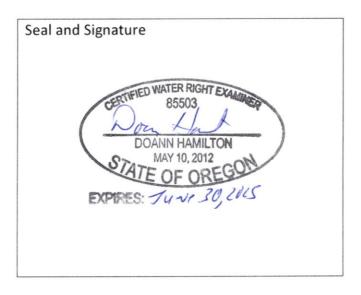
OWNER OF RECORD			
NA			
Address			
Сіту	STATE	ZIP	
CITI			

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.



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CWRE NAME  Doann Hamilton		PHONE NO. (503) 632	
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
Augh Lehneide	Stephen TSchneider	Sec-Treas	11/9/23

# SECTION 3 CLAIM DESCRIPTION

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Note: The Claim <u>only</u> 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	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	(CORRESPOND TO MAP) Well 1	MARI 1112	NA	
27212 & 33762	Well 3	MARI 1109, 59753	L-72473	A Well in the
27212 & 33762	Well 4	MARI 62238	L-91798	Willamette
27212 & 33762	Well 5	MARI 70012	L-138838	River Basin
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	MAXIMUM RATE	CALCULATED THEORETICAL	AMOUNT OF WATER
	NAME OR #	AUTHORIZED	RATE BASED ON SYSTEM	MEASURED
	Well 1R		0.63 to 0.73 cfs	Not Measured
Certificate:	Well 3		1.41 cfs	Not Measured
27212	Well 4	0.91 cfs	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
	Well 1R		0.63 to 0.73 cfs	Not Measured
Certificate:	Well 3		1.41 cfs	Not Measured
33762	Well 4	1.13 cs	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):

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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

Gould	7CLC 14 stage	Unknown	Turbine	5 inch	4 inch
MANUFACTURER	Model	SERIAL NUMBER	Type (centrifugal, turbine or submersible)	INTAKE SIZE	DISCHARGE SIZE

#### 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 = (25 Hp) x (7.04 ft <sup>4</sup> /sec Hp) (127.1 ft lift + 114.3 ft pressure head)	= 0.73 cfs
Well 1R (PSI 60)	Q Pump = (25 Hp) x (7.04 ft <sup>4</sup> /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 sit	e 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

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#### 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

50 Hp	60 psi	97.5 feet (from 4 hour pump test)	0 feet	(IN CFS) 1.41 cfs
	PSI	*IF A WELL, THE WATER LEVEL DURING	PLACE OF USE	OUTPUT
Horsepower	OPERATING	LIFT FROM SOURCE TO PUMP	LIFT FROM PUMP TO	TOTAL PUMP

#### 4. Provide pump calculations:

Q Pump = 
$$\frac{(50 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(97.5 \text{ ft lift} + 152.4 \text{ ft pressure head})}$$
 = 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	TOTAL PUMP OUTPUT	
		OBSERVED	(IN CFS)	
Not running during sit	e 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)?

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

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#### 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	*IF A WELL, THE WATER LEVEL DURING PUMPING	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:

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

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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 sit	e 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):

144 II m		
Well 5		
WEILD		

#### 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	

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3. Theoretical Pump Capacity

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

**4.** Provide pump calculations:

Well 5 (PSI 60)	 Hp) x (7.04 ft <sup>4</sup> /sec Hp) 8 ft lift + 152.4 ft pressure head)	= 0.34 cfs
Well 5 (PSI 80)	Hp) x (7.04 ft <sup>4</sup> /sec Hp) 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 sit	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

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SYSTEM DESCRIPTION

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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  15 Hp 60 psi		*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS) 0.35 cfs	
		153.1 feet (from 4 hour pump test)	0 feet		
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 = _	(15 Hp) x (7.04 ft <sup>4</sup> /sec Hp) (153.1 ft lift + 152.4 ft pressure head)	= 0.35 cfs
Well 6 (PSI 80)	Q Pump = _	(15 Hp) x (7.04 ft <sup>4</sup> /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
Not running during sit	e 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.

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#### 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 TRAN		*This Date Must Fall Between The "Issuance Date" And The  "Completeness Date"	
ISSUANCE DATE	February 7, 2011		
COMPLETENESS DATE	October 1 2016	June 2023	
FROM ORDER (C)	extended to		
	October 1, 2021		
	extended to		
	October 1, 2023		

<sup>\*</sup> 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?

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YES

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#### c. Meter Information

POA	MANUFACTURER	SERIAL#	CONDITION	CURRENT METER READING	DATE
NAME OR #			(WORKING OR NOT)		INSTALLED
Well 1R	McCrometer	18-10883-04	Working	105,200 gallons	2018
				(September 8, 2023)	
Well 3	McCrometer	19-07042-06	Working	99,991,000 gallons	2019
				(September 8, 2023)	
Well 4	McCrometer	09-05981-04	Working	77,819,600 gallons	2009
				(September 8, 2023)	
Well 5	McCrometer	21-07586-03	Working	1,004,570 gallons	2021
				(September 8, 2023)	
Well 6	McCrometer	17-08899-03	Working	7,064,660 gallons	2017
				(September 8, 2023)	

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.

a. Were there special well construction standards?

5. Other conditions required by the transfer final order or extension final order:

NO

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b. Was submittal of a ground water monitoring plan required?

NO

YES

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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:

c. Other conditions?

Water shall be acquired from the same aquifer (water source) as the original point of appropriation.

#### **Compliance Certificate 27212:**

Authorized Well 1 (MARI 1125) develops water from the alluvial aguifer 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 aguifer 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 aguifer 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	Pumping Test Results for Well 1R (MARI 1112) conducted
Test Data Sheet	September 9, 2021
Pump Test Form Cover Sheet and Pump	Pumping Test Results for Well 3 (MARI 1109, 59753)
Test Data Sheet	conducted September 9, 2021
Pump Test Form Cover Sheet and Pump	Pumping Test Results for Well 4 (MARI 62238) conducted
Test Data Sheet	September 9, 2021
Pump Test Form Cover Sheet and Pump	Pumping Test Results for Well 5 (MARI 70012) conducted
Test Data Sheet	August 18, 2021
Pump Test Form Cover Sheet and Pump	Pumping Test Results for Well 6 (MARI 66488) conducted
Test Data Sheet	August 11, 2021

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#### **SECTION 7**

#### **CLAIM OF BENEFICIAL USE MAP**

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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 <u>additional</u> 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

Please be sure that the map you submit includes ALL the items listed below.

#### Map Checklist

(Remir	nder: Incomplete maps and/or claims may be returned.)
$\boxtimes$	Map on polyester film
	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
$\boxtimes$	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
$\boxtimes$	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
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinates)
$\boxtimes$	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")
$\boxtimes$	Application and permit number or transfer number
$\boxtimes$	North arrow
$\boxtimes$	Legend
$\boxtimes$	CWRE stamp and signature

NOV 1 7 2023 OWRD

NOTICE TO WATER WELL CONTRACTOR WATER WELL REPORT of this report are to be filed with the STATE OF OREGON STATE ENGINEER, SALEM, OREGON 97310 ENGINEER (Please type or print) within 30 days from the date. I E ENGINEER (Please type or print) line) State Permit No. ... of well completion. (11) LOCATION OF WELL: (1) OWNER Marion Driller's well number County T. 45 R. 2W Bearing and distance from section or subdivision corner (2) TYPE OF WORK (check): New Well Deepening [ Reconditioning [ Abandon [ If abandonment, describe material and procedure in Item 12. (3) TYPE OF WELL: (4) PROPOSED USE (check): (12) WELL LOG: Diameter of well below casing Driven 🗌 Rotary Domestic | Industrial | Municipal | Depth drilled 234 Cable Jetted ft. Depth of completed well Bored [ ☐ Test Well ☐ Other Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, ASING INSTALLED: Threaded [ with at least one entry for each change of formation. Report each change ft. to 981-3 ft. Gage ... in position of Static Water Level as drilling proceeds. Note drilling rates. Diam. from ... ft. Gage 1250 Diam. from MATERIAL From " Diam, from . PERFORATIONS: Perforated? Yes 🗆 No. 56 Type of perforator used in. by Size of perforations 7.20 perforations from 1.50 ft. to ... perforations from .. perforations from ..... perforations from ... perforations from .... . ft. (7) SCREENS: Well screen installed? | Yes | No Manufacturer's Name .. Туре .... Diam. ..... Slot size .... ..... Set from ..... ..... ft. to ft Diam. ..... Slot size ..... Set from ... (8) WATER LEVEL: Completed well. level ft. below land surface Date lbs, per square inch Date \_\_\_\_ian pressure Drawdown is amount water level is (9) WELL TESTS: lowered below static level Was a pump test made? 

Yes No If yes, by whom? Completed gal./min. with ft. drawdown after Date well drilling machine moved off of well Drilling Machine Operator's Certification: This well was constructed under my direct supervision. Mategal./min. with ft. drawdown after Bailer test rials used and information reported above are true to my best knowledge and belief. g.p.m. Date Artesian flow Ism Date 4/ Temperature of water 5/ Was a chemical analysis made? [] Yes (10) CONSTRUCTION Water Well Contractor's Certification: Depth of seal ... This well was drilled under my jurisdiction and this report is Diameter of well bore to bottom of seal Were any loose strata cemented off? Thes □ No wledge and belief. Was a drive shoe used? ☐ Yes XNo Did any strata contain unusable water? Yes No depth of strata Type of water? Method of sealing strata off Was well gravel packed? 

☐ Yes ☐ No Contractor's License No. Date 4-Gravel placed from ..... (USE ADDITIONAL SHEETS IF NECESSARY)

The original and first copy of this report are to be STATE OF OREG filed with the MARIT STATE ENGINEER, SALEM, OREGON 9/310 (Please type of ATE ENGINEER ermit No. ... within 30 days from the date (Do not write above of well completion. SALEM. OREGON (10) LOCATION OF WELL: (1) OWNER: Driller's well number Name 14 Section Bearing and distance from section or subdivision (2) TYPE OF WORK (check): Abandon | Reconditioning [ Deepening [ If abandonment, describe material and procedure in Item 12 (11) WATER LEVEL: Completed well. (4) PROPOSED USE (check): Depth at which water was first found (3) TYPE OF WELL: Date 7-24-72 ft. below land surface. Driven 🗌 Domestic | Industrial | Municipal | Static level Rotary Jetted Cable lbs. per square inch. Date Irrigation X Test Well 

Other Artesian pressure Bored Dug LLED: Threaded Welded

Threaded Grant Gage

Threade (12) WELL LOG: CASING INSTALLED: Diameter of well below casing Depth drilled 260 ft. Depth of completed well .." Diam. from T... 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 f.H ft. ... ft. to position of Static Water Level and indicate principal water-bearing strata. PERFORATIONS: SWL MATERIAL Type of perforator used Size of perforations 600 Well screen installed? 

Yes (7) SCREENS: Manufacturer's Name Model No. Type . ft. to Set from Diam. .... Slot size \_\_ ft. to .. Slot size . Diam. ... Drawdown is amount water level is (8) WELL TESTS: Yes Wo If yes, by whom? Was a pump test made? gal./min. with hrs. drawdown after gal./min. with Bailer test Artesian flow Depth artesian flow encountered . 19 72 Completed Work started perature of water 19 % Date well drilling machine moved off of well (9) CONSTRUCTION: Drilling Machine Operator's Certification: Well seal-Material used Cemen This well was constructed under my direct supervision. Materials used and information reported above are true to my Well sealed from land surface to best knowledge and belief [Signed] Continue Machine Operator) Diameter of well bore to bottom of seal Diameter of well bore below seal ... 36 Number of sacks of cement used in well seal .. sacks Drilling Machine Operator's License No. Number of sacks of bentonite used in well seal Water Well Contractor's Certification: Brand name of bentonite ..... Number of pounds of bentonite per 100 gallons This well was drilled under my jurisdiction and this report is ..... lbs./100 gals. true to the best of my knowledge and belief. Was a drive shoe used? Tyes XNo Plugi... ... Size: location .... Did any strata contain unusable water? Tyes X No depth of strate Type of water? Method of sealing strata off Was well gravel packed? Yes \ \ \ No \ Size of gravel: Contractor's License No. 38 tt. to 23 Gravel placed from .. (USE ADDITIONAL SHEETS IF NECESSARY) SP\*45656-119

NOTICE TO WATER WELL CONTRACTOR

#### MAR1 59753

### Mari 39753

### STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are of

(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	(9) LOCATION OF WELL by legal descrip	tion:	
Name SBE, Inc.	County Marion Latitude	Longitude	
Address 11880 Lauren Lane	Township 4 S Range		WM.
City Newberg State OR Zip 97132			
(2) TYPE OF WORK		Subdivision	
New Well Deepening Alteration (repair/recondition) Abandonm			
(3) DRILL METHOD:	St. Paul, OR 97137		
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:		
	11 ft. below land surface.	Date 4/18/	06
✓ Other  (4) PROPOSED USE:	Artesian pressure lb. per square is		
	(11) WATER BEARING ZONES:	icii. Date	
□ Domestic     □ Community     □ Industrial     ✓ Irrigation       □ Thermal     □ Injection     □ Livestock     □ Other	(II) WILLIAM BENDENCES		
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found N.Ano drill	lina	
A CONTROL OF THE PROPERTY OF T	The state of the s	mg	
Special Construction approval Yes No Depth of Completed Well 223		Estimated Flow Rate	e SWL
Explosives used Yes No Type Amount	From To N.Ano drilling	Estimated Flow Rate	SWL
HOLE SEAL			_
Diameter From To Material From To Sacks or pounds			
no chg no change			
			_
	(12) WELL LOG:		
	E Ground Elevation		
Other			1
Backfill placed from ft. to ft. Material	Material	From To	SWL
Gravel placed from ft. to ft. Size of gravel	406SS 12 gauge swedge patch installed	72 76	btoc
(6) CASING/LINER:	special standard dated 3/20/06		
Diameter From To Gauge Steel Plastic Welded Threa	nded		
Casing 12 exist no chg			
	RECEIVE		
Liner:	NOV 1 7 20	23	
Final location of shoe(s)	OWDD		
(7) PERFORATIONS/SCREENS:	- OWRD		
Perforations Method no change			
Screens Type Material		DECEN	CD
Slot Tele/pipe	1	RECEIN	ED
From To size Number Diameter size Casing 1	RECEIVED		
		OCT 24	2006
		ATER RESOUR	
	T WATER RESOURCES	SALEM, ORE	GON
	SALEM, OREGON		
(8) WELL TESTS: Minimum testing time is 1 hour		ed 4/18/06	
(8) WELL IESIS: Minimum testing time is 1 nour			
Flowing	(unbonded) Water Well Constructor Certification		
Pump Bailer Air Artesian	I certify that the work I performed on the constru- of this well is in compliance with Oregon water supp		
Yield gal/min Drawdown Drill stem at Time	<ul> <li>Materials used and information reported above are to</li> </ul>		
see original log - MARI 1109 i hr.	and belief.		
		WWC Number	
	Signed	Date	
Temperature of water <u>~55F</u> Depth Artesian Flow Found	(bonded) Water Well Constructor Certification:		
Was a water analysis done? Yes By whom	I accept responsibility for the construction, altera		
Did any strata contain water not suitable for intended use?   Too little	performed on this well during the construction dates performed during this time is in compliance with Or	reported above. All	work
Salty Muddy Odor Colored Other	construction standards. This report is true to the bes	t of my knowledge a	nd belief.
Depth of strata:		WC Number 649	
	Signed Tophen Scanud	Date 6/1	
	- O		

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.	(9) LOCATION OF WELL (legal description)
First Name Last Name	County MARION Twp 4 S N/S Range 2 W E/W WM
Company SBE, Inc.	Sec 8 SW 1/4 of the NW 1/4 Tax Lot 600
Address 11880 Lauren Lane	Tax Map Number 4 2W 08 Lot
City Newberg State OR Zip 97132	D140 DD
(2) TYPE OF WORK New Well Deepening Conversion	
Alteration (repair/recondition) Abandonment	Street address of well     Nearest address
(A) PRICE METHOD	21881 River Road NE, St. Paul, OR 97137
(3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud  Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 11-24-2008 38
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 55
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	
Depth of Completed Well 246 . ft.	# 55 # 73 NM UNM
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	11-24-2008 \$ 80 \$ 236 \$ 38
20 to 0 127 Bentonite 0 71 83 S	# Sand & Grave Vayor's (8)
16 20 127 400 Cement 71 76 5 S	between these intervals
	(11) WELL LOG Ground Flavation
	Ground Elevation
How was seal placed: Method A B C D XE	Material From To
Other bentonite P&P	Top soil 0 2
Backfill placed from 261 ft. to 400 ft. Material slough	Clay, brown, soft, silty
Filter pack from 61 ft. to 261 ft. Material CSSI etal Size 6/9 etal	Clay, grey, silty 27 55
Explosives used: Yes Type Amount	Sand, black, fine NOV 1 7 2023 55 64
	Clay, grey, soft, silty 64 66
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Sand, black, fine 66 69 Clay, grey, soft, silty 69 71
	Sand, black, fine
○ 16 X 1 79 375 ○ X	Clay, grey, soft w/some hard 73 74
5 A     10     X     2     80     250     X       7 5     10     100     133     250     X	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
Shoe Inside Outside Other Location of shoe(s)	Clay, greenish brown, soft 91 93
Temp casing Yes Dia From To	Clay, green soft w/wood 93 95
(7) PERFORATIONS/SCREENS	Sand, brown, medium w/some clay, brown, soft 95 97
Perforations Method	Clay, greenish grey, soft, sandy-silty 97 102
Screens Type v-wire Material 304SS	Clay, grey, soft 102 116 continued on page 2
3.	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 09-17-2008
Screen 10 80 100 .04 PS	(unbonded) Water Well Constructor Certification
Screen 10 133 148 .04 P5	I certify that the work I performed on the construction, deepening, alteration, or
Screen 10 224 240 .04 <b>P3</b>	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.
	,
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1797 Date 12-19-2008
● Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	Password : (if filing electronically)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
240 42 1	(bonded) Water Well Constructor Certification
240 49 2	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
Temperature 55 ± °F Lab analysis	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (description V C D	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 649 Date 12-19-2008
DEC 2 6 2008	Password: (if Mine electronically)
520 20 200	Signed Sturber Schneids
WATER RESOURCES DEPT	Contact Info (optional)
ORIGINAL - WATER RESOURCES I	PEDARTMENT

### WATER SUPPLY WELL REPORT - continuation page

WEL	LI	D.	#	L	91	79	8

START CARD # 193851

В	ORE HO				SEAL			sacks
Dia	From	То	Mat	erial	From	То	Amt	lhs
	FILTE From	R PAC	nterial	Size				

Casing Liner Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					0			
Q					Q	Q		Д
R	┧╠			+	8	-2	H	Н
$\bowtie$	1			+	X	$\rightarrow$	Н	Н
88					K	d	Н	Н
O O					Ö	Ö		
2 2	14			+	Q	$\mathcal{Q}$	Н	
0 0					0			

#### (7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	То	Scrn/slot width	Slot	# of slots	Tele/ pipe size
Ciccii	Linei	I	110111	10	Width	rength	1 31013	pipe size
	-	-					-	-
	-							
					1		-	+
	-				-			-
							1	
							1	

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

Drawdown	Drill stem/Pump depth	Duration (hr)
-		

#### Water Quality Concerns

From	То	Description	Amount Units		
	-				
	-				

#### (10) STATIC WATER LEVEL Water Bearing Zones

SWL Date	From	То	Est Flow	SWL(psi)	+ SWL(ft)
	1				H
	1				-
		+	-		-
	-	-	+		-

#### (11) WELL LOG

From	То
116	121
121	132
132	137
137	
	142
142	143
143	145
145	146
146	151
151	157
157	161
161	189
189	211
211	221
221	226
226	228
228	236
236	243
243	251
251	291
291	292
292	400
	116 121 132 137 142 143 145 146 151 157 161 189 211 226 228 236 243 251 291

#### 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.

RECEIVED

NOV 1 7 2023

**OWRD** 

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	
(-) Owner well I.D.	
First Name Last Name	(9) LOCATION OF WELL (legal description)
Company SBE, Inc	County Marion Twp 4 S N/S Range 2 W E/W WM
Address 11880 NE Lauren Lane	Sec 8 NE WE 1/4 of the SW 1/4 Tax Lot 600
City Newberg State OR Zip 97132	
City Newberg State OR Zip 97132  (2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number         04 2W 08         Lot           Lat         " or         DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat or DMS or DD
(2a) PRE-ALTERATION	Long or DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing:	2.00. B) BB.UE O. B. LOD STUD
Material From To Amt sacks/lbs	21881 River RD NE, St. Paul OR 97137
Seal:	
(3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft)
	Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 8-18-21 84
(4) PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 65
	WATER BEARING ZONES Depair water was instituting
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy	8-18-21 135 246 70 84
Depth of Completed Well 258 ft.	
BORE HOLE SEAL sacks	
Dia From To Material From To Amt lbs	
24 0 18 Cement 0 130 100 sks	1
20 18 137 Calculated 95	
16 137 265	]
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method A B X C D E	Material From To
Other	- See Attached Formation Log
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	
(Sa) ADAM DOMMENT COME COME DIVINITED DEM TOMME	
Proposed Amount	
Proposed Amount Actual Amount	RECEIVED
	RECEIVED
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	NOV 1 7 2023
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	NOV 1 7 2023 RECEIVED
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 375	NOV 1 7 2023 RECEIVED
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 375	TEOLIVED
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 .375  10 10 + 2 127 .250  10 10 147 155 .250  10 10 165 235 .250	NOV 1 7 2023 RECEIVED  OWRD SEP 1 0 2021
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 375	TEOLIVED
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 .375  10 10 + 2 127 .250  10 10 147 155 .250  10 10 165 235 .250	OWRD SEP 1 0 2021
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 .375  10 + 2 127 .250  10 147 155 .250  10 165 235 .250  N	OWRD SEP 1 0 2021
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 .375  10 10 + 2 127 .250  10 147 155 .250  10 165 235 .250  Shoe Inside Outside Other Location of shoe(s)  Temp casing Yes Dia From To	TEOLIVED
(6) CASING/LINER    Casing Liner   Dia   + From   To   Gauge   Stl   Plstc   Wld   Thrd	OWRD SEP 1 0 2021
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	OWRD SEP 1 0 2021 OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 .375  10 10 + 2 127 .250  10 110 147 155 .250  10 10 165 235 .250  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	OWRD SEP 1 0 2021 OWRD
(6) CASING/LINER Casing Liner  16	OWRD  SEP 1 0 2021  OWRD  - 3/8" steel plate welded to the bottom of the 10" at 258" bgs.  Date Started 4/26/2021 Completed 8/18/2021
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  16 + 1 130 375  10 X X  10 10 + 2 127 250  10 147 155 250  10 165 235 250  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  Screen	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  Date Started 4/26/2021 Completed 8/18/2021  (unbonded) Water Well Constructor Certification
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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.
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  - 3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258" bgs.  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 Zachagg  (bonded) Water Well Constructor Certification
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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 2000 Water Well Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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 Zachaag
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd    16	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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 2020 Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All work
(6) CASING/LINER Casing Liner Dia	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258" bgs.  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 2020 Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen 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.
(6) CASING/LINER Casing Liner  Dia + From To Gauge Stl Plstc Wld Thrd  10 10 + 2 127 250	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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 2000 Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen 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
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd    16	OWRD  SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258" bgs.  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 2020 Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen 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.
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd    16	SEP 1 0 2021  OWRD  -3/8" steel plate welded to the bottom of the 10" at 258' bgs.  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 2020 (bonded) Water Well Constructor Certification  I accept responsibility for the construction, deepening, alteration, or abandonmen 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

RECEIVED SEP 1 0 2021

**OWRD** 

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

<u>FM</u>	<u>TO</u>	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

NOV 1 7 2023 OWRD

Company SBE. Inc Address 11880 Lauren Lane City Newberg State OR Zip 97231  (2) TYPE OF WORK   New Well   Deepening   Conversion   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Address 11880 Lauren Lane   Sec.   New Well   Deepening   Conversion   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Address 1   From   To   Gauge   Stl   Plstc   Wid   Thrd   Casing:	DMS or DD DMS or DD SWL(ft)
(as required by ORS 537.765 & OAR 690-205-0210)  (1) LAND OWNER  Owner Well I.D. 6 Last Name  Company SBE, Inc  Address 11880 Lauren Lanc City Newberg  State OR  Zip 97231  Alteration (complete 2a & 10)   Abandounvent(complete 5a) Alteration (complete 2a & 10)   Abandounvent(complete 5a) Alteration (complete 2a & 10)   Abandounvent(complete 5a)  (2) TYPE OF WORK    New Well   Deepening   Conversion   Alteration (complete 2a & 10)   Abandounvent(complete 5a)   Alteration (complete 2a & 10)   Abandounvent(complete 5a)   Alteration (complete 2a & 10)   Abandounvent(complete 5a)   Casing:	DMS or DD DMS or DD SWL(ft) 95 + SWL(ft) 95 95
Cand	DMS or DD DMS or DD SWL(ft) 95 + SWL(ft) 95 95
Company SBE, Inc	DMS or DD DMS or DD SWL(ft) 95 + SWL(ft) 95 95
Company SBE. Inc Address 11880 Lauren Lane City Newberg State OR Zip 97231  (2) TYPE OF WORK   New Well   Deepening   Conversion   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Alteration (complete 2a & 10)   Abandonment(complete 5a)   Amaterial   From   To   Gauge   Stl   Plstc   Wld   Thrd   Casing:	DMS or DD DMS or DD SWL(ft) 95 + SWL(ft) 95 95
Company SBE, Inc Address 11880 Lauren Lane City Newberg	SWL(ft)  SWL(ft)  95  + SWL(ft)  95  95  95
State OR   Zip   97231	SWL(ft)  SWL(ft)  95  + SWL(ft)  95  95  95
(2) TYPE OF WORK   New Well   Deepening   Conversion   Alteration (complete 2a & 10)   Abandonment(complete 5a)    (2a) PRE-ALTERATION   Dia	SWL(ft)  95  + SWL(ft)  95  95  95  95
Caing:	SWL(ft)  95  + SWL(ft)  95  95  95  95
Casing:	SWL(ft)  95  + SWL(ft)  95  95  95  95
Dia + From To Gauge Stl Plstc Wid Thrd Casing:    Material   From To Amt sacks/lbs	95  Indetermine + SWL(ft) 95 95 95
Material   From   To   Amt   Sacks/lbs	95  Indetermine + SWL(ft) 95 95 95
Seal:	95  Indetermine + SWL(ft) 95 95 95
(3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud  Rotary Air Rotary Air Rotary Mud Cable Auger Cable Mud  Flowing Artesian? Dry Hole?  WATER BEARING ZONES Depth water was first found Auger Water Was first found Auger Cable Mud  Rotary Air Rotary Mud Cable Auger Cable Mud  Flowing Artesian? Dry Hole?  WATER BEARING ZONES Depth water was first found Auger Cable Mud  Rotary Mell / Pre-Alteration Rotal Mud  Flowing Artesian? Dry Hole?  WATER BEARING ZONES Depth water was first found Auger W	95  Indetermine + SWL(ft) 95 95 95
Rotary Air Rotary Mud Cable Auger Cable Mud    X   Reverse Rotary Other	95  Indetermine + SWL(ft) 95 95 95
Completed Well	+ SWL(ft)   95   95   95
(4) PROPOSED USE  Domestic  Irrigation  Community  Flowing Artesian?  Dry Hole?  WATER BEARING ZONES  Depth water was first found  SWL Date  From  To  Est Flow SWL(psi) +  (5) BORE HOLE CONSTRUCTION  Special Standard  (Attach copy)  Depth of Completed Well 261  ft.  BORE HOLE  SEAL  Sacks/ Dia From  To  Material  From  To  Amt  lbs	+ SWL(ft)   95   95   95
Industrial/ Commericial Livestock Dewatering  Thermal Injection Other  (5) BORE HOLE CONSTRUCTION Depth of Completed Well 261 ft.  BORE HOLE Dia From To Material From To Amt Ibs 20 0 163 Bentonite 0 26 32 S 16 163 440  Cement 26 137 70 S Calculated 28  Cement 26 137 70 S Calculated 67  How was seal placed: Method A B X C D E  WATER BEARING ZONES Depth water was first found Material From To Est Flow SWL(psi) +  Depth of Completed Well 261 ft.  SEAL Sacks/ D8-12-2016 199 203 See 08-12-2016 220 221 Section 8  08-12-2016 226 248  (11) WELL LOG Ground Elevation  Material From  Material From  Sec Attached Formation log	+ SWL(ft) 95 95 95 95
Thermal	+ SWL(ft) 95 95 95 95
(5) BORE HOLE CONSTRUCTION  Depth of Completed Well 261 ft.  BORE HOLE  BORE HOLE  Dia From To Material From To Amt lbs  20 0 163 Bentonite 0 26 32 S  16 163 440 Cement 26 137 70 S  Calculated 67  How was seal placed: Method A B X C D E  Worther Pour & probe bent.  Peakfill placed from 269 6 to 440 a Material Represite chip	95 95 95
Depth of Completed Well 261 ft.  BORE HOLE  Dia From To Material From To Amt Ibs  20 0 163 Bentonite 0 26 32 S  16 163 440 Cement 26 137 70 S  Calculated 28  Cement 26 137 70 S  Calculated 67  How was seal placed: Method A B X C D E  Worther Pour & probe bent.  Peakfill placed from 269 6 to 440 a Method Bentonite ship.	95 95
BORE HOLE  Dia From To Material From To Amt lbs  20 0 163  16 163 440  Calculated 28  Calculated 67  How was seal placed: Method A B X C D E  X Other Pour & probe bent.  Positiful placed from 269 6 to 440 a Material From To Amt lbs  SEAL sacks/  Bentonite 0 26 32 S  Calculated 28  Calculated 67  To Amt lbs  08-12-2016 220 221 Section 8  08-12-2016 226 248  (11) WELL LOG Ground Elevation  Material From  Sec Attached Formation log	95
Dia   From   To   Material   From   To   Amt   Ibs   20   0   163   Bentonite   0   26   32   S     16   163   440   Calculated   28   Cement   26   137   70   S   Calculated   67   How was seal placed:   Method   A   B   X C   D   E   Material   From   Sec   Attached   Formation   log   Sec   Attached   Sec   Attache	
20	1 9
Cement 26 137 70 S  Calculated 67  How was seal placed: Method A B X C D E  Material From  Positiful placed from 269 6 to 440 9 Material September Spin	73
Calculated 67 (11) WELL LOG Ground Elevation  How was seal placed: Method A B X C D E  Material From  Positive Pour & probe bent.  Positive Pour & probe bent.  Positive Pour & probe bent.  Sec Attached Formation log	
How was seal placed: Method A B X C D E    X Other Pour & probe bent.	
X Other Pour & probe bent.  Positiful placed from 269 A transfer from the property of the prop	
Post-fill blood from 269 B to 440 B Note it Bentonite chin	To
Filter pack from 119 ft. to 269 ft. Material Gravel Size Dea RECEIVED BY OWRD	
Explosives used: Yes Type Amount Amount	+
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	
Proposed Amount Pounds Actual Amount Pounds SEP 1 9 2016	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	-
	ED
Screen   10	
Assambly Assambly Assambly	122
10 203 218 .250	UZ3
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Porfessions M. I. I.	
Perforations Method	
Screens Type V-shaped wire wrap Material 304 SS Date Started05-26-2016 Completed 08-16-2016	
Screens Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Screens Type V-shaped wire wrap Material 304 SS  Scrn/slot Slot # of Tele/  Date Started 05-26-2016 Completed 08-16-2016	
Screens Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen  Screen Liner Dia From To width length slots pipe size  Screen Liner Dia 140 180 0.04  Screen Liner Dia 140 180 0.04  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	ng, alteration, or
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen  Screen Liner Dia From To width length slots pipe size  Screen 10 140 180 0.04  Screen 10 198 203 0.04  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 abandonment of this well is in compliance with Oregon water	ng, alteration, or
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Liner Dia From To width length slots pipe size  Screen Liner Dia 140 180 0.04 P5  Screen 10 198 203 0.04 P5  Screen 10 218 223 0.04 P1	ng, alteration, or
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen  Screen Liner Dia From To width length slots pipe size  Screen 10 140 180 0.04  Screen 10 198 203 0.04  Screen 10 218 223 0.04  Screen 10 231 251 0.04  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 abandonment of this well is in compliance with Oregon water construction standards. Materials used and information reported above the best of my knowledge and belief.	ng, alteration, or ater supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Liner Dia From To width length Screen 10 140 180 0.04 Screen 10 198 203 0.04 Screen 10 218 223 0.04 Screen 10 231 251 0.04 Screen 24 Screen 25 Scr	ng, alteration, or ater supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Liner Dia From To width length Screen 10 140 180 0.04 Screen 10 198 203 0.04 IN Screen 10 218 223 0.04 IN Screen 10 231 251 0.04 IN	ng, alteration, or ater supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Liner Dia From To width length slots pipe size  Screen Liner Dia 140 180 0.04 PS  Screen 10 198 203 0.04 PS  Screen 10 218 223 0.04 PS  Screen 10 231 251 0.04 PS  Screen 10 218 223 0.04 PS  Screen 10 218 203 0.04 PS  Scree	ng, alteration, or ater supply well above are true to
Screen Liner Dia From To width length slots pipe size  Screen Liner Dia 140 180 0.04 PS  Screen 10 198 203 0.04 PS  Screen 10 218 223 0.04 PS  Screen 10 231 251 0.04 PS  Screen 10 180 0.04 PS  Screen 10 198 203 0.04 PS  Screen 10 218 223 0.04 PS  Screen 10 198 203	ng, alteration, or ater supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Liner Dia From To width length slots pipe size  Screen Liner Dia From To width length slots pipe size  Screen 10 140 180 0.04 P5  Screen 10 198 203 0.04 II  Screen 10 218 223 0.04 II  Screen 10 231 251 0.04 II  Screen 10 218 223 0.04 II  Screen 10 2	ng, alteration, or ater supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Screen Liner Dia From To width length slots pipe size Screen 10 140 180 0.04 Screen 10 198 203 0.04 Screen 10 218 223 0.04 Screen 10 231 251 0.04 Screen 10 231	ng, alteration, or atter supply well above are true to
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Screen Liner Dia From To width length slots pipe size Screen 10 140 180 0.04 Screen 10 198 203 0.04 Screen 10 218 223 0.04 Screen 10 231 251 0.04 Screen 10 231	ng, alteration, or ater supply well above are true to the control of the control
Screen Type V-shaped wire wrap Material 304 SS  Perf/ Casing/ Screen Screen Liner Dia From To width length slots pipe size Screen 10 140 180 0.04 Screen 10 198 203 0.04 Screen 10 218 223 0.04 Screen 10 231 251 0.04 Screen 10 231	ng, alteration, or ater supply well above are true to the control of the control
Screen Liner Dia From To width length slots pipe size  Screen Liner Dia 140 180 0.04 P5  Screen 10 198 203 0.04 II  Screen 10 218 223 0.04 II  Screen 10 231 251 0.04 II  Screen 10 231 251 0.04 II  Screen 10 Screen 10 Screen 10 231 251 0.04 II  Temperature 56 °F Lab analysis Yes By  Date Started05-26-2016 Completed 08-16-2016  (unbonded) Water Well Constructor Certification  I certify that the work I performed on the construction, deepening abandonment of this well is in compliance with Oregon water construction standards. Materials used and information reported above the best of my knowledge and belief.  License Number 797 Date  Signed  (bonded) Water Well Constructor Certification  I accept responsibility for the construction, deepening, alteration, of work performed on this well during the construction dates reported apperformed during this time is in compliance with Oregon water construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards. This report is true to the best of my knowledge construction standards.	ng, alteration, or ater supply well above are true to the control of the control

### WATER SUPPLY WELL REPORT - continuation page

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

	Old of the Edward
a) PRE-ALTERATION	Water Quality Concerns
Dia + From To Gauge Stl Plstc Wld Thrd	From To Description Amount Units
Material From To Amt sacks/lbs	
DODE HOLE CONSTRUCTION	(10) STATIC WATER LEVEL
5) BORE HOLE CONSTRUCTION	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt Ibs	
Calculated	
Calculated	
Calculated	
Calculated	
FILTER PACK	(11) WELL LOG
From To Material Size	
	Material From To
	RECEIVED BY OWRD
CASING/LINER	RECEIVED BY
CASING/EINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	SEP 1 9 2016
	JEI 1 0 Lais
0 10 251 261 .250 0 X	
	SALEM, OR
	OALLIN
DEDECO ATIONS/SCHOENS	DECEIVED
PERFORATIONS/SCREENS	RECEIVED
Perf/ Casing/ Screen Scm/slot Slot # of Tele/	1000 - 0000
Green Liner Dia From To width length slots pipe size	NOV 1 7 2023
	UWAD
	Comments/Remarks
8) WELL TESTS: Minimum testing time is 1 hour	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	
	10" tail pipe has a steel plate at 261'

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

$\underline{\mathbf{FM}}$	<u>TO</u>	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	57 58	Clay, grey, soft, silty with fine sand Sandstone, black, fine	
58	60	Sand, brown, fine	
60	63	Clay, soft, grey, with wood	
63	73		
73	77	Sand, black, fine	
77	78	Clay, grey, soft, with wood	
78	92	Sand, black, fine	
92	108	Clay, grey, medium	
108	124	Clay, blue, medium	
124	126	Clay, gray, soft	NOV 1 7 2023  OWRD
126	135	Clay, grey, with gravel, 1/4" - sandy	NOV 1 1 2000
135	138	Clay, blue and grey, medium	NOV 1 7 2023
138	141	Clay, gray and brown, medium, sandy, with wood	OWER
141	145	Clay, grey, medium	OWED
145	148	Gravel, 1"- with sand, medium	
148	153	Clay, grey, medium, with wood	
153	159	Clay, grey and brown, medium, little sandy	
159	162	Clay, green and brown, silty, soft, with occasional gravel, 1/2"- and wood	
162	163	Clay, brown, sandy, soft	RECEIVED
102	103	Clay, brown, soft, sandy, with gravel 1"-	RECEIVED BY OWRD
			050

SEP 1 9 2016

SALEM, OR

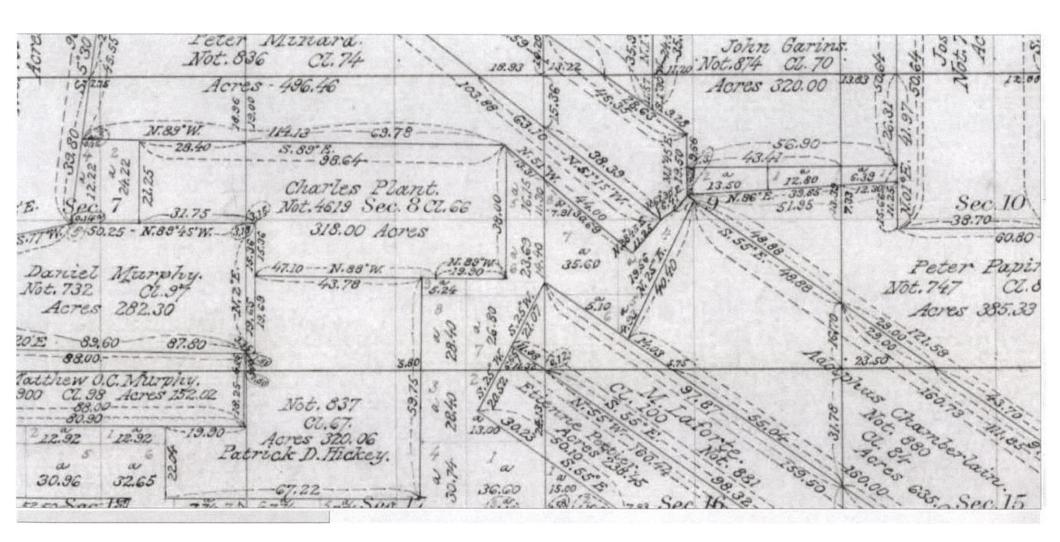
#### SBE, Inc - Well 6 Start Card # 201134 - Well Tag ID # L 118528 Formation Log by Schneider Water Services

$\underline{\mathbf{FM}}$	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	
200	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	RECEIVED
379	381	Clay, green, medium, silty	
381	386	Clay, green, medium, sandy	NOV 1 7 2023
386	391	Clay, brown, medium-hard	Ollina
391	400	Clay, grey, medium	OWRD
400	407	Clay, grey, medium	
407 413	413	Clay, green, medium-hard, sticky	
413	470	Clay, Electi, incululii-liaru, sucky	

RECEIVED BY OWRD

SEP 19 715

SALEM, OF





#### PUMP TEST FORM COVER SHEET

E-MAIL: STEVE@SCHNEIDERWATER.COM

Owner Information:		
OWNER NAME/BUSINESS NAME:	PHONE NO.:	ADDITIONAL CONTACT NO.:
SBE, INC.	(503) 807-5025	STEVE SCHNEIDER

ZIP: 97132

STATE: OR

#### Pump Test Conducted By (If Different From Owner):

		QUALIFICATION: (SELECT) Pump Installer		LICENSE #: 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		<b>Z</b> IP: 97137	E-MAIL: KRISS	S@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)

CITY: NEWBERG

Twp	RNG	SEC	QQ	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATÍTUDE	LONGITUDE
(EX: 25S)	(EX: 31E)	(Ex: 12)	(Ex: SE/SW)		(EX: 44.94473859)	(Ex: -123.02787000)
45	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	Xexex	O Yes O No (Need MWE Form)
G- 2725	G- 2524	T- 10923		OYes O No (Need MWE Form)
G-	G-	T-		Yes O 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

Is there a lake, stream or other surface water body within ½ 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 elevation difference:	∍ ft. 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	_ 1

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

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OWRD20200115





# PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Length of air line (if used):	Tape *Verify her	e: \ \ Airline:	psi	feet
Length of air line (if used):* *Airline measurements must be verified by an		L E-Tape: 500		feet
Pressure transducer (if used):	E-Tape measurement			
Manufacturer: Serial #.	:	Pump Type: Tur	bine	
Date Last Calibrated:	Units:	HP: 25	Pump set at: 180	feet
Discharge Measurement Method: Flowmeter		Pump idle tim	e: >2 WEEKS	
Flowmeter (if used):				
Manufacturer: McCROMETER Seria	/#: 18-10883-04		e idle for at least 16 hours p ns can be obtained from our	
Date Last Calibrated: 12/2018		TAXABLE DAY OF A SERVICE SALES OF TAXABLE DAY OF TA	ns carr be obtained from our gon.gov/OWRD/Forms/Pages/defau	
Measuring Point (MP): Measuring point dista	ance above land surface	e 2 feet.		
Description (e.g., top port of 1 inch port pip			E	
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 ap	proved unless it meets	the following crit	teria*:	
The discharge rate was held constant	nt for the entire pumping	phase		
The pump was on during the entire	oumping phase (≥ 4 hour	s).		
The discharge was measured at the	start of pumping and at	least once every h	our during the test.	
Water levels were measured to an a	occuracy of 0.1 feet or 0.5	percent.		
Pre-test static water levels were mea	asured at least three time	es in the hour befo	re pumping began at n	o less
than 20 minutes apart.				
Water levels were measured at the s	specified intervals during	the pumping phas	e of the test for at leas	st four
hours (≤2 min for the first 10 minutes	s, ≤5 min for 10 – 30 min	utes, and ≤15 min	for the remainder of th	ie test)
Water levels were measured at the s	specified intervals (see a	bove) during the re	ecovery phase of the te	est for four
hours or until 90 percent of the maxis	num drawdown has reco	overed.		
If using an airline, measurements we	re calibrated with an E-T	ape and the depth	to water was ≥ 300 fee	et.
The pump test cover sheet was com	pletely filled out and sign	ed.		
The pumping rate was as close as re	easonably possible to the	e (anticipated) pum	ping rate during norma	al use of
the well.				
The well was idle for at least 16 hour	rs prior to the test.	02	2	
The pump test was completed by an	acceptably qualified per	son (Oregon licen:	sed water well constru	ctors;
Oregon registered professional geolo	gists or certified engine	ering geologists; ce	ertified water rights exa	aminers;
Oregon registered professional engir significant part, pump installation, se	neers; and individuals where	ose primary occup	ation involves, wholly	or in
*This checklist is intended for information p	01			
reserves all authority pertaining to the impl	ementation of the rules und	guarantee a pump t ler OAR 690-217.	est approval. The Depart	ment
Pump tests are intended to provide aquifer an	d well information for gro	und water resourc	e characterization and	to help
solve well problems (OAR 690-217-0015(9)).				
Pump test requirements for OAR 690-217 can b	e found online at:	D OADD 151	-VARNOONA STORES	
https://secure.sos.state.or.us/oard/displayDivisi scp4Hfil-1ftsDAAEsMC2_ROSsI-277278532?si	electedDivision=3186.	D OARD=1BdwLyn	sYAPNSQtW330ZjSFZu	M
Submit forms to: Attn: Certificate 725 Summe	es Section, Oregon Water er St NE Suite A, Salem, O	Resources Departr	nent	
Forms may additionally be sent to WRD_DL_pu				
hereby certify that this test has been con-			:	
OPERATOR SIGNATURE: 15		DATE:9-	9-21	
ditional forms can be found at: https://www.orego	on.gov/owrd/Forms/Pages/c	default.aspx.	RECEIVEOWRD	20200115

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## PUMP TEST FORM DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
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	
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### PUMP TEST FORM DATA SHEET

Page 2 of 2

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			
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#### PUMP TEST FORM COVER SHEET

Owner	Inf	orma	tion.
CASTIGI		Ollifia	LIVII.

OWNER NAME/BUSINESS NAME: SBE, INC.			ONE No.: 03) 807-5025	ADDITIONAL CONTACT NO.: STEVE SCHNEIDER
ADDRESS: 11880 LAUREN LN NE				•
CITY: NEWBERG	STATE: OR	<b>Z</b> IP: 97132	E-MAIL: STE	EVE@SCHNEIDERWATER.COM

#### Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: JUSTIN WETMORE		QUALIFICATION: (SELECT)	Pump Installer	LICENSE #: 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)

Twp	RNG	SEC	QQ	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E ft SE cor, sec 5)	LATITUDE	LONGITUDE
(Ex: 258)	(EX: 31E)	(Ex: 12)	(Ex: SE/SW)		(EX: 44.94473859)	(Ex: -123,02787000)
48	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	<b>X68</b> X∕X	Yes No (Need MWE Form)
G- 414	G- 288	T- 10923		O Yes O No (Need MWE Form)
G-	G-	T-		O Yes O 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

	00011	NOT FOMFED	NOTPOMPED	IN/A
If yes, give approx water and the well	other surface water body within ½ imate distance from the well and head.  bove the surface water body.	approximate elevation Approximate distant	n difference betwe nce:	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

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

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## PUMP TEST FORM COVER SHEET

OWRD 20200115

*Airline measurements must be verified by an E-Tape measurements Pressure transducer (if used):	ent		
Manufacturer: Serial #:	HP: <u>50</u>	Pump set at: 200	ofeet.
Discharge Measurement Method: Flowmeter	Pump id	le time: 7 DAYS	
Flowmeter (if used):  Manufacturer: McCROMETER Serial #: 96-06631  Date Last Calibrated: AUGUST 1996  Units: GPM	test. Addition	must be idle for at least 16 ho nal forms can be obtained from www.oregon.gov/OWRD/Forms/Pages/	n our web site at:
Measuring Point (MP): Measuring point distance above land s	urface 2 feet.		
Description (e.g., top port of 1 inch port pipe, west side) 3/4" PF	ROBE TUBE AT TOP O	F CASING, EAST SIDE	
Time pump turned on: Date 9/21/2021 Time 9:45 A  Time pump turned off: Date 9/21/2021 Time 1:45 B  Total pumping time: 4 hours 0  Remember, your pump test may not be approved unless it m	minutes.	g criteria*:	
The discharge rate was held constant for the entire pund.  The pump was on during the entire pumping phase (≥ 4).  The discharge was measured at the start of pumping at Water levels were measured to an accuracy of 0.1 feet.  Pre-test static water levels were measured at least thre than 20 minutes apart.  Water levels were measured at the specified intervals of hours (≤2 min for the first 10 minutes, ≤5 min for 10 − 3.  Water levels were measured at the specified intervals (shours or until 90 percent of the maximum drawdown has lift using an airline, measurements were calibrated with a The pump test cover sheet was completely filled out and The pumping rate was as close as reasonably possible the well.  The well was idle for at least 16 hours prior to the test. The pump test was completed by an acceptably qualified Oregon registered professional geologists or certified er Oregon registered professional engineers; and individual significant part, pump installation, service, or testing).	hours).  Ind at least once ever or 0.5 percent.  Indicate times in the hour or 0.5 percent.  Indicate times i	phase of the test for at 5 min for the remainder of the recovery phase of the depth to water was ≥ 300 pumping rate during not licensed water well consts; certified water rights	at no less least four of the test) he test for four 0 feet. ormal use of structors; examiners;
*This checklist is intended for information purposes only and do reserves all authority pertaining to the implementation of the rule	es not guarantee a p es under OAR <mark>6</mark> 90-2	ump test approval. The De 17.	partment
Pump tests are intended to provide aquifer and well information for solve well problems (OAR 690-217-0015(9)).	or ground water re	source characterization	and to help
Pump test requirements for OAR 690-217 can be found online at: https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSES scp4Hfil-1ftsDAAEsMC2_ROSsI-277278532?selectedDivision=3186	SIONID OARD=1Bo	dwLynsYAPNSQtW330ZjS	FZuMCEIVED
Submit forms to: Attn: Certificates Section, Oregon V 725 Summer St NE Suite A, Sal		epartment	NOV 1 7 2023
Forms may additionally be sent to WRD_DL_pumptestsupport@ore	egon.gov		01117
I hereby certify that this test has been conducted in accorda		0-217:	OWRD
OPERATOR SIGNATURE:	DATE:	9-21-21	
OWNER SIGNATURE:	DATE:		

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



### PUMP TEST FORM DATA SHEET

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WELL LOG# (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
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,	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	Name of the last o	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	70.81	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	
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### PUMP TEST FORM DATA SHEET

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WELL LOG# (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	Original Owner	DATE DRILLED	TEST DATE
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,	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		1.00	
	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			
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#### PUMP TEST FORM COVER SHEET

Owner	Informat	ion:
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OWNER NAME/BUSINESS NAME: SBE, INC.			PHONE No.: (503) 807-5025	ADDITIONAL CONTACT No.: STEVE SCHNEIDER
ADDRESS: 11880 LAUREN LN NE				
CITY: NEWBERG	STATE: OR	<b>Z</b> IP: 97132	E-MAIL:	STEVE@SCHNEIDERWATER.COM

#### Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME:		QUALIFICATION:	Pump installer	LICENSE #:	
JUSTIN WETMORE		(SELECT)		43CPI	
COMPANY:		PHONE No.:		ADDITIONAL CONTACT NO.:	
SCHNEIDER WATER SERVICES		(503) 633-2666		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)

Tw		RNG	SEC	QQ	SURVEYED LOCATION	LATITUDE	LONGITUDE
(Ex:2		(Ex: 31E)	(EX: 12)	(Ex: SE/SW)	(Ex: 100 ft N & 736 ft E ft SE cor, sec 5)	(Ex: 44.94473859)	(Ex: -123.02787000)
45	3	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 O No (Need MWE Form)
G- 414	G- 288	T- 10923		OYes O No (Need MWE Form)
G-	G-	T-		O Yes O 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

110 0 0 1	0012	00011		NOTFONFED	NOTFONIED	19/7	
No Is there	e a lake, stream or oth If yes, give approxim	er surface water body within tate distance from the well and	¼ mile	of the tested we	II? n difference betwee	n the surface	
	water and the well he		Approximate distance:				
	Well elevation is abo	the surface water body.			ation difference:		ft.
Yes Was th	e test conducted durir	ng normal use of the well?					
	Please indicate when	e pumped water was dischar	ged:	TO DISCHARGE P	OND		
	How far from the pur	nped well was water discharg	ed?	~1500 FT	555		f

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

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#### PUMP TEST FORM COVER SHEET

OWRD 20200115

Water-Level Measurement Method: Electric Tape	*Verify here: \[ \int \ Airline:	psi	feet
Length of air line (if used):*Airline measurements must be verified by an E-Tape measure	L E-Tape: 500		feet
Pressure transducer (if used):	əment		
Manufacturer: Serial #:	Pump Type: Turb	oine	
Date Last Calibrated: Units:	HP: 25	Pump set at: 131	feet
Discharge Measurement Method: Flowmeter	Pump idle time	e: 18 HOURS	
Flowmeter (if used):	Note: Well must be	e idle for at least 16 hours	s prior to the
Manufacturer: McCROMETER Serial #: 09-05981-04	test. Additional form	is can be obtained from o	our web site at:
Date Last Calibrated: 7/2009 Units: GPM		gon.gov/OWRD/Forms/Pages/def	milt aspx
Measuring Point (MP): Measuring point distance above lan	d surface 2feet.		
Description (e.g., top port of 1 inch port pipe, west side)	P ACCESS PORT OF 1" PROBE	TUBE PIPE, WEST SIDE	<u>:</u>
Time pump turned on: Date 9/2/2021 Time 9	15 AM		
Time pump turned off: Date 9/2/2021 Time 1:  Total pumping time: 4 hours 0	15 PM		
Total pumping time: 4 hours 0	minutes.		
Remember, your pump test may not be approved unless	it meets the following crite	eria*:	
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	g and at least once every ho	our during the test.	
Water levels were measured to an accuracy of 0.1 fe	eet or 0.5 percent.		
Pre-test static water levels were measured at least t	hree times in the hour before	e pumping began at	no less
than 20 minutes apart.		50 (5) A S (5) F (5)	
Water levels were measured at the specified interva	is during the pumping phase	of the test for at lea	ast four
hours (≤2 min for the first 10 minutes, ≤5 min for 10	- 30 minutes, and ≤15 min for	or the remainder of	the test)
Water levels were measured at the specified interva hours or until 90 percent of the maximum drawdown	is (see above) during the rec	covery phase of the	test for four
If using an airline, measurements were calibrated with	th an F-Tane and the denth (	to water was > 300 f	iont
The pump test cover sheet was completely filled out	and signed	10 Water was 2 300 I	eet.
The pumping rate was as close as reasonably possi	ble to the (anticipated) pumr	oing rate during norr	nal use of
the well.	(	and adming horn	
The well was idle for at least 16 hours prior to the te	st.		
The pump test was completed by an acceptably qua	lified person (Oregon license	ed water well constr	uctors;
Oregon registered professional geologists or certified	l engineering geologists; cer	rtified water rights ex	kaminers;
Oregon registered professional engineers; and indivi	duals whose primary occupa	ation involves, wholl	y or in
significant part, pump installation, service, or testing)			
*This checklist is intended for information purposes only and reserves all authority pertaining to the implementation of the	does not guarantee a pump terrules under OAR 690-217.	st approval. The Depa	rtment
Pump tests are intended to provide aquifer and well information	on for ground water resource	characterization an	d to help
solve well problems (OAR 690-217-0015(9)).			
Pump test requirements for OAR 690-217 can be found online a	t:		
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JS scp4Hfil-1ftsDAAEsMC2_ROSsI-277278532?selectedDivision=3	ESSIONID OARD=1BdwLyns 186.	YAPNSQ(W330Z)SFZ	MIVED
Submit forms to: Attn: Certificates Section, Orego 725 Summer St NE Sulte A,	on Water Resources Departme Salem, OR 97301	ent NOV	1 7 2023
Forms may additionally be sent to WRD_DL_pumptestsupport@	Doregon.gov		
hereby certify that this test has been conducted in accor		0	WAD
OPERATOR SIGNATURE: (S)		2 21	
OPERATOR SIGNATURE: // ///	DATE: 9- 2	1-21	
OWNER SIGNATURE:	DATE:		

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



Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR#	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
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,	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	
						***************************************		
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							NOV :	7 2023
						*	OV	VRD



Page 2 of 2

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,	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	54.41		Recovery			
	13:35	20	53.1'		Recovery			
	13:40	25	52.01		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			
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#### PUMP TEST FORM **COVER SHEET**

Owner I	ni	orma	ti	io	n	
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OWNER NAME/BUSINESS NAME: SBE, INC.			NE No.: ) 807-5025	ADDITIONAL CONTACT NO.: STEVE SCHNEIDER
ADDRESS: 11880 LAUREN LN N	IE .			*
CITY: NEWBERG	STATE: OR	ZIP: 97132	E-MAIL: STE	EVE@SCHNEIDERWATER.COM

#### Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: BEN HUTCHINGS		QUALIFICATION: (SELECT)	Pump installer	LICENSE #: 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	<b>ZIP:</b> 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	RNG	SEC	QQ	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E ft SE cor, sec 5)	LATITUDE	LONGITUDE
(EX: 25S)	(EX: 31E)	(EX: 12)	(Ex: SE/SW)		(Ex: 44.94473859)	(Ex: -123.02787000)
48	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	XSDEEXCEX	Yes No (Need MWE Form)
G- 414	G- 288	<b>T-</b> 10923		OYes O 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).

<b>WELL LOG #</b> (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

MARI 1109	~750 FT	NOT PUMPED	NOT PUMPED	N/A
MARI 62238	~650 FT	NOT PUMPED	NOT PUMPED	N/A
	eam or other surface water body within ¼ miles approximate distance from the well and app			en the surface

water and the well head. Approximate distance: Well elevation is above the surface water body. Approximate elevation difference:

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

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

RECEIVED

NOV 1 7 2023 WRD20200115





# PUMP TEST FORM COVER SHEET

**Aidine measurements must be verified by an E-Tape measurement **Pressure transducturer** **Date Last Calibrated**  Discharge Measurement Method: Flowmeter  Flowmeter (if used):  Date Last Calibrated*  Discharge Measurement Method: Flowmeter  Flowmeter (if used):  Date Last Calibrated*  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 pump turned on: Date 8/18/2021  Time pump turned off: Date 8/18/2021  Time pump turned off: Date 8/18/2021  The discharge was measured at the start of pumping and at least once every hour during the test.  Water levels were measured at the start of pumping and at least once every hour during the test.  Water levels were measured at the start of pumping and at least once every hour during the test.  Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (s2 min for the first 10 minutes, 55 min for 10 – 30 minutes, and s15 min for the remainder of the test)  Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (s2 min for the first 10 minutes, 55 min for 10 – 30 minutes, and s15 min for the remainder of the test)  Water levels were measured at measured at least for pumping the pumping phase of the test for our hours of s2 min for the first 10 minutes, 55 min for 10 – 30 minutes, and s15 min for the remainder of the test)  Water levels were measured at the specified intervals during the pumping 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 well was idle for at least 16 hour	Water-Level Measurement Method: Electric Length of air line (if used):	ectric Tape *Verify here	: { Airline:	psi	feet. feet.
Date Last Calibrated:   Units:   Units:   Pump Type: Submersible	*Airline measurements must be verified by	y an E-Tape measurement			
Date Last Calibrated: Units: Units: HP: 40 Pump set at: 200 feet. Placehage Measurement Method: Flowmeter Flowmeter (if used): Manufacturer. McCROMETER Serial #: 96-06531 Units: GPM Note: Wall must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: 100 Pm	Pressure transducer (if used):		D	mornible	
Discharge Measurement Method: Flowmeter   Flowmeter (if used):   Manufacturer: McCROMETER   Serial #: 96-96531   Manufacturer: McCROMETER   Manufacturer:	Manufacturer: Seri	al #:			f 1
Note: Well must be idle for at least 16 hours prior to the test. Calibrated: 8/1996   Units: GPM	Date Last Calibrated:	Units:			feet.
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 1º PROBE TUBE AT TOC, WEST SIDE    Time pump turned on: Date   M18/2021   Time   1:00 PM   minutes.    The discharge rate was held constant for the entire pumping phase.   The discharge was measured at the start of pumping and at least once every hour during the test.      The discharge was measured at the start of pumping and at least once every hour during the test.      Water levels were measured at an accuracy of 0.1 feet or 0.5 percent.      Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours of unites and ≤16 min for the remainder of the test for hour sor until 90 percent of the maximum drawdown has recovered.      Water levels were measured at the specified intervals (see above) during the recovery phase of the test for at least four hours or until 90 percent of the maximum drawdown has recovered.      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.      The pump test cover sheet was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).      The vell 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 engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).      Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-015(9)).      Pump tests are intended to provide aquif	Discharge Measurement Method: Flown	neter	Pump idle time	e: <u>19 HRS</u>	
Measuring Point (MP): Measuring point distance new point distance new point (MP): Measuring Point (MP): Measuring Point (MP): Measuring Point (MP): Measuring Point of 1 inch port pipe, west side) TOP OF 1º PROBE TUBE AT TOC, WEST SIDE  Time pump turned on: Date 10 inch port pipe, west side) TOP OF 1º PROBE TUBE AT TOC, WEST SIDE  Time pump turned off: Date 10 inch port pipe, west side) TOP OF 1º PROBE TUBE AT TOC, WEST SIDE  Time pump turned off: Date 10 inch port pipe, west side) Top OF 1º PROBE TUBE AT TOC, WEST SIDE  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 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 pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional englogists or certified engineering geologists; certified water rights examiners; Oregon registered professional englogists or certified engineering geologists; certified water rights examiners; Oregon registered professional englogists or certified engineering geologists; certified water rights examiners; Oregon registered professional englogists or certified engineering geologists; certified water rights examiners; Oregon registered professional englogists or certified engineering g	Flowmeter (if used):		Mater 10/ell event b	a idle for at least 10 hours	adagta Na 1
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   2*18/2021   Time   9:00 AM   Time pump turned off: Date   8*18/2021   Time   1:00 PM   Total pumping time: 4   hours   minutes.  Remember, your pump test may not be approved unless it meets the following criteria*:    The discharge rate was held constant for the entire pumping phase.   The pump was on during the entire pumping phase (≥ 4 hours).   The discharge was measured at the start of pumping and at least once every hour during the test.   Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.   Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.   Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)   Water levels were measured at the specified intervals (see above) during the recovery place 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 completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional egologists or certified enjineering 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 checklists is intended for information pumposes only and does not guarantee a pump lest 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 g	Manufacturer: McCROMETER S	Gerial #: 96-06631			
Description (e.g., top port of 1 inch port pipe, west side) TOP OF 1° PROBETUBE AT TOC, WEST SIDE    Time pump turned on: Date 8/18/2021	Date Last Calibrated: 8/1996	Units: GPM			
Time pump turned on: Date #18/2021   Time 9:00 AM   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 (see above) during the permiping began at no less than 20 minutes apart. Water levels were measured at the specified intervals (see above) during the recovery phase of the test for at least four hours (s2 min for the first 10 minutes, s5 min for 10 – 30 minutes, and s16 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 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 perfaining to the implementation of the rules under OAR 690-217.  *Dump test requirements for OAR 690-217 can be found online at:  *Inthus //sec	Measuring Point (MP): Measuring point	distance above land surface	2feet.		
Time pump turned off: Date 8/18/2021   Time 1:00 PM   Nours 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.	Description (e.g., top port of 1 inch por	t pipe, west side) TOP OF 1" PF	ROBE TUBE AT TOC, \	WEST SIDE	
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 pump test cover sheet was completely filled out and signed. The pump test 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 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 test requirements for OAR 690-217 can be found online at:  https://secure.sos.state.or.us/oard/displayDivisionRules.action_JSESSIONID_OARD=1Bdwt_vnsYAPNSQtW330ZjSFZuMscPumpters and authority pertains the start of the found on the plant of th	Fime pump turned on: Date 8/18/2021	Time 9:00 AM			
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 to information pumposes 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 test equirements for OAR 690-217-0015(9)).  *Pump test equirements for OAR 690-217 can be found online at:  https://secure.sos.state.or.us/card/displayDivisionRules.action.jSESSIONID_OARD					
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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 olve 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=1BdwLynsYAPNSQtW330ZjSFZuM  scp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186.  Pubmit forms to:  Attn: Certificates Section, Oregon Water Resources Department 725 Summer St NE Suite A, Salem, OR 97301  NOV 1  DATE:  DATE:  DATE:  DATE:  DATE:	Oregon registered professional g	eologists or certified enginee	ring geologists; ce	ertified water rights ex	aminers;
reserves all authority pertaining to the implementation of the rules under OAR 690-217.  Tump tests are intended to provide aquifer and well information for ground water resource characterization and to help olve well problems (OAR 690-217-0015(9)).  Tump 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.  The certificates Section, Oregon Water Resources Department 725 Summer St NE Suite A, Salem, OR 97301  Torms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  Thereby certify that this test has been conducted in accordance with OAR 690-217:  The perator Signature:  Date:  Date:  Date:			ose primary occup	ation involves, wholly	or in
colve 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.  Submit forms to:  Attn: Certificates Section, Oregon Water Resources Department 725 Summer St NE Suite A, Salem, OR 97301  Orms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  hereby certify that this test has been conducted in accordance with OAR 690-217:  DATE:  DATE:  DATE:  DATE:	*This checklist is intended for informat reserves all authority pertaining to the	ion purposes only and does not implementation of the rules und	guarantee a pump te er OAR 690-217.	est approval. The Depai	tment
https://secure.sos.state.or.us/oard/displayDivisionRules.action; JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsI-277278532?selectedDivision=3186.  Submit forms to:  Attn: Certificates Section, Oregon Water Resources Department 725 Summer St NE Suite A, Salem, OR 97301  NOV 1  Orms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  hereby certify that this test has been conducted in accordance with OAR 690-217:  DATE:  DATE:  DATE:  DATE:			und water resource	e characterization and	d to help
https://secure.sos.state.or.us/oard/displayDivisionRules.action; JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsI-277278532?selectedDivision=3186.  Submit forms to:  Attn: Certificates Section, Oregon Water Resources Department 725 Summer St NE Suite A, Salem, OR 97301  NOV 1  Orms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  hereby certify that this test has been conducted in accordance with OAR 690-217:  DATE:  DATE:  DATE:  DATE:	rump test requirements for OAR 690-217 c.	an be found online at:			
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725 Summer St NE Suite A, Salem, OR 97301  NOV 1  orms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  hereby certify that this test has been conducted in accordance with OAR 690-217:  Degrator Signature:  Date:  Date:			Pagaurage Danger	ant	KECEI
orms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov  hereby certify that this test has been conducted in accordance with OAR 690-217:  DATE:				lent	
hereby certify that this test has been conducted in accordance with OAR 690-217:  DATE: S-18-2/  DATE:  DATE:					NOV 17
OWNER SIGNATURE: DATE:				:	D19-
	PERATOR SIGNATURE:		DATE:	18-21	
	OWNER SIGNATURE:		DATE:		
itional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115					



Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	Test Date
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	
			7,5,12		ramping		2001000	
		-						
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Page 2 of 2

WELL LOG# (EX: MARI 99999)	WELL TAG # (EX: L-999899)	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	400000000000000000000000000000000000000					
	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			
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#### **PUMP TEST FORM**

OWNER NAME/E	BUSINESS	NAME:			***************************************	PHONE (503) 8	E <b>No.:</b> 307-5025		ADDITIONAL STEVE SCH	-	
ADDRESS: 1188	0 LAURE	N LN NE				(303)	507-5025		STEVE SCI	INCIL	JER .
CITY: NEWBER	G			STATE: OR	ZIP: 97132	2	E-MAIL: STE	/E@	SCHNEIDER	WATE	R.COM
umn Teet C	anduct	ad By (If F	lifforo	nt From Owi	orl:						
TEST CONDUCT	***************************************		Jillelel	it From Owi	QUALIFICA	TION:			LICENSE #:		
USTIN DYE					(SELECT) Pump Installer 43CPI					=,	
COMPANY: SCHNEIDER W	ATER SE	RVICES			PHONE No (503) 633-2				ADDITIONAL KRISS SCH		
ADDRESS: 2188	1 RIVER	RD NE									
CITY: SAINT PA	UL			STATE: OR	<b>Z</b> IP: 97137		E-MAIL: KRIS	S@S	CHNEIDERW	VATE	R.COM
ested Well in	nforma	tion (pleas	se atta	ch well log(	s) if availab	ole):					
VELL LOG # x: MARI 99999)		TAG#		NAME OR #	WELL DEP		ORIGINAL OWNER		DATE DRILLED		TEST DATE
MARI 66488	L- 11	8528		WELL #6	261 F	Т	SBE, INC.		9/15/2016	6	8/11/2021
CONTINUED)											
TWP RNG	SEC	QQ			Summer I o	CATION		- 1	1		
Ex: 25S) (Ex: 31E)		(Ex: SE/SW)			SURVEYED LO		ec 5)		LATITUDI (EX: 44.944738		LONGITUDE (Ex: -123.02787000)
4S 2W st all water uthorized so	(Ex: 12) 8 rights 1	(EX: SE/SW) NE/SW for which f water on	each	(Ex: 10 e submitting	TAX LOT 6	OO Please	ec 5) e indicate if the		45.23622 ested well i	359) 7 S lis	(Ex: -123.02787000) -122.960389 ted as an
4S 2W ist all water	(Ex: 12) 8 rights fource of WE) re	(EX: SE/SW) NE/SW for which f water on	each	e submitting	TAX LOT 6	Please may a	indicate if th	ll ou	45.23622 sted well in a multiple	359) 7 <b>Is lis</b> t <b>le we</b>	(EX: -123.02787000) -122.960389  ted as an ell  THE TESTED WELL AN
4S 2W ist all water uthorized so xemption (M APPLICAT	(Ex: 12) 8 rights fource of WE) re	(EX: SE/SW) NE/SW  for which f water on quest form  G-2524	each n. Permi	e submitting water right.	TAX LOT 6  TAX LOT 6  This test. If not, you  Transf	Please may a	e indicate if the	ll ou	45.23622 45.23622 ested well in a multiple of the state	359) 7 S list le we	(EX: -123.02787000) -122.960389  ted as an all  THE TESTED WELL AN IZED POA ON THIS RIGHT  No (Need MWE Form
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st all water athorized so temption (M APPLICATE 2725 - 414	rights for the purce of WE) re	(Ex: SE/SW) NE/SW  for which f water on quest form  G-2524 G-28 G-	each n. PERMIT	e submitting water right.	TAX LOT 6 g this test. If not, you  TRANSF	r SE cor, s 00 Please may a	e indicate if the	II ou	45,23622 45,23622 ested well in a multiple of the control of the	s list le we	(EX: -123.02787000) -122.960389  ted as an ell  THE TESTED WELL AN EIZED POA ON THIS RIGH  No (Need MWE Form  No (Need MWE Form
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Additional forms can be found at: <a href="https://www.oregon.gov/owrd/Forms/Pages/default.aspx">https://www.oregon.gov/owrd/Forms/Pages/default.aspx</a>. RECEIVED

How far from the pumped well was water discharged? \_~70 FT

NOV 1 7 2023 OWRD20200115





# PUMP TEST FORM COVER SHEET

OWRD 20200115

*Airline measurements must be verified by an E-Tape measurement  Pressure transducer (if used):  *Manufacturer: Serial #: Pump Type: Subm  *HP: 15  Discharge Measurement Method: Flowmeter  Flowmeter (if used):  *Manufacturer: McCROMETER Serial #: 17-08899-03  Note: Well must be itest. Additional forms	Pump set at: 153' 6" feet.
Description (e.g., top port of 1 inch port pipe, west side) 1" PORT ON TOP OF DISCHARGE FL	ANGE, 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 criter	ria*:
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 hou 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 than 20 minutes apart.  Water levels were measured at the specified intervals during the pumping phase hours (≤2 min for the first 10 minutes, ≤5 min for 10 − 30 minutes, and ≤15 min for Water levels were measured at the specified intervals (see above) during the recent 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 the pump test cover sheet was completely filled out and signed.  The pump test cover sheet was completely filled out and signed.  The well was idle for at least 16 hours prior to the test.  The pump test was completed by an acceptably qualified person (Oregon license Oregon registered professional geologists or certified engineering geologists; cert Oregon registered professional engineers; and individuals whose primary occupate significant part, pump installation, service, or testing).  *This checklist is intended for information purposes only and does not guarantee a pump testing the pump testing the service of the start of the pump testing testing the pump testing testing the pump testing testing testing the pump testing t	pumping began at no less of the test for at least four or the remainder of the test) overy phase of the test for four o water was ≥ 300 feet. ing rate during normal use of d water well constructors; ified water rights examiners; tion involves, wholly or in
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 solve well problems (OAR 690-217-0015(9)).	characterization and to help
Pump test requirements for OAR 690-217 can be found online at:  https://secure.sos.state.or.us/oard/displayDivisionRules.action; JSESSIONID OARD=1BdwLynsYscp4Hfil-1ftsDAAEsMC2 ROSs!-277278532?selectedDivision=3186.	APNSQtW330ZjSFZuM
Submit forms to: Attn: Certificates Section, Oregon Water Resources Departme 725 Summer St NE Suite A, Salem, OR 97301	nt RECEIVED
Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov	NOV 1 7 2023
I hereby certify that this test has been conducted in accordance with OAR 690-217:	
OPERATOR SIGNATURE: DATE: 9-1-6	owrd
OWNER SIGNATURE: DATE:	

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



Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
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	
		-						
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-								OWRD



Page 2 of 2

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				7.5		
	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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							RE	CEIVED
							NOV	1 7 2023
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OWRD

Date Received (Date Stamp Here)

#### OWRD Over-the-Counter Submis

AND THE STORY WELL TH
Applicant Name(s) & Address: $SRE/NC$
11880 Lauren LA Newberg OR 97132
Transaction Type: Clacin
Fees Received: \$
☐ Cash ☐ Check, Check No. 1/A
Name(s) on Check: V/A
Thank your 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: One (over)
(Name of OWRD staff)
THE PROPERTY OF THE PROPERTY O

- 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 stump 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 theck/rash into the care at a bi