CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

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A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

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

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

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

SECTION 1
GENERAL INFORMATION

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1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17872	**G-18434**	**T-13347**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Brad Allen	**541-962-9127**	

Address			
48748 McCarty Bridge Road			
City	State	Zip	E-Mail
North Powder	**OR**	**97867**	**bradallen4030@hotmail.com**

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

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

Permit Holder of Record		
Brad E Allen		
Address		
48748 McCarty Bridge Road		
City	State	Zip
North Powder	**OR**	**97867**

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Additional Permit Holder of Record		
June C Allen		
Address		
48748 McCarty Bridge Road		
City	State	Zip
North Powder	**OR**	**97867**

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4. Date of Site Inspection:

11/24/2023

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

Name	Date	Association with the Project
Brad Allen	**11/24/2023**	**Permit holder/ Irrigator**

6. County:

Baker

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

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

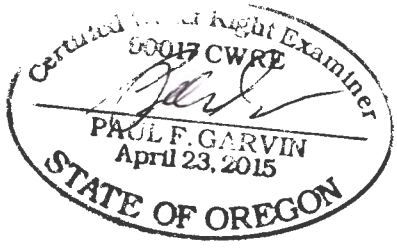
SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Paul Garvin		503-347-7188	
ADDRESS			
1705 Main St. Ste. 101			
CITY	STATE	ZIP	E-MAIL
Baker City	OR	97814	Garvin.hydrogeo@gmail.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Brad E Allen	Brad E Allen	Permit Holder	11/21/23
June C Allen	June C Allen	Permit Holder	11/21/23

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SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well B-2	**BAKE 52645**	**L-133900**

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

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well B-2	**Powder River**	**Unnnamed Slough**

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well B-2	**Irrigation**	**Pasture**	**Mar. 1- Oct. 31**	**3.0 cfs**
Total Quantity of Water Used				**3.0 cfs**

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

Water appropriated from Well B-2 can flow to three different distribution systems as follows: Towards the NNW into a 10-inch diameter buried mainline that is located in between two ditches. The 10" mainline feeds Pivot 1 on the far NW portion of the Site. Water from Well B-2 also flows into the West Ditch toward the NNW for approximately 2,500 ft where it turns 180 degrees to flow back towards the SSE where it can flow through headgates to irrigate the central pasture area west of the unnamed slough or can be diverted to the NE into a 16" diameter buried siphon mainline where it feeds the East Ditch located on the east side of the central pasture and flows through headgates to irrigate the central pasture area east of the unnamed slough. The water can also flow from Well B-2 towards the ENE where it flows into a buried 8" mainline that feed Pivots 2,3, and 4.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. (YES) NO

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

The permit allowed four points of appropriation, the water user only developed one of the points (Well B-2).

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well B-2	**3.0 cfs**	**3.04 cfs**	**-**	**IR, IS**	**(IR) (IS)**	**(IR) (IS)**

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES (NO)

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

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

Well B-2

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES (1/1-10/31)	IF IRRIGATION, # SUPPLEMENTAL ACRES (3/1-10/31)	IF IRRIGATION, # SUPPLEMENTAL ACRES (3/1-10/1)
7S	39E	WM	10	NENE			IR, IS	34.6		34.6
7S	39E	WM	10	NWNE			IR, IS	34.5		34.5
7S	39E	WM	10	SWNE			IR, IS	34.5		34.5
7S	39E	WM	11	NENW			IR, IS	10.5		10.5
7S	39E	WM	11	NWNW			IR, IS	7.1		7.1
7S	39E	WM	11	SWNW			IR, IS	17.7		17.7
7S	39E	WM	11	SENW			IR, IS	24.6	8.6	24.6
7S	39E	WM	11	SWNE			IS		2.0	
7S	39E	WM	11	NESW			IS		17.5	
7S	39E	WM	11	NESE			IS		11.0	
7S	39E	WM	11	NWSE			IS		26.6	
7S	39E	WM	11	SWSE			IS		5.5	
7S	39E	WM	11	SESE			IS		5.2	
Total Acres Irrigated								163.5	76.4	163.5

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

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

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

Port in top of well cap

3. If well logs are not available, provide as much of the following information as possible:

Well log BAKE 52645 attached

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

Well log BAKE 52645 attached

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? YES (NO)

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D. Diversion and Delivery System Information

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

1. Is a pump used? (YES) NO

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

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake Size	Discharge Size
Berkely	10VT1500	52133525	turbine	8"	8"

3. Motor Information:

Manufacturer	Horsepower
GE	150

4. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
150	50	-	220'	3.04

5. Provide pump calculations:

Data:
Lift = 220'; Efficiency = 7.04; hp = ; psi head = 127'
Theoretical pump capacity (cfs) = (hp * efficiency)/(lift +psi head) = 3.04 cfs

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
-	-	-	-

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

7. Is the distribution system piped? (YES) NO

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

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	3,920'	PVC	Buried
10"	4,000'	PVC	Buried
16"	1,100'	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)

12. Drip Tape Information:

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (CFS)	Additional Information

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Pivot 1 - Reinke	1,430'	50	900	2.0
Pivot 2 - Reinke	380'	50	280	0.6
Pivot 3 - Reinke	480'	50	400	0.9
Pivot 4 - Reinke	650'	50	400	0.9

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES (NO)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? YES (NO)

G. Gravity Flow Canal or Ditch

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

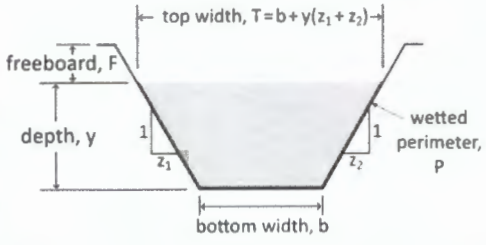
1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? (YES) NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH (T)	BOTTOM WIDTH OF CANAL OR DITCH (B)	DEPTH (H)	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE (S)	COMPUTED RATE (IN CFS)
West Ditch	**5.7'**	**4'**	**1.5'**	**0.03**	**17'**	**5,100'**	**0.0033**	**13.1**
East Ditch	**6.3'**	**4'**	**2'**	**0.03**	**5'**	**3,200'**	**0.0015**	**14.6**

3. Provide calculations:



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West Ditch - Trapezoidal ditch cross section
z=1/slope=60 deg → z=0.5774
Given: B=4', H=1.5, T= B*(2*z*H) therefore T = **5.7'**
A = Area = (B+zH)H = 7.3'
WP = wetted perimeter = B+2H*((1+z^2)^.5) = **8.1'**
R= hydraulic radius = ((B+zH)*H)/(B+2H*((1+z^2)^.5)) = **0.90'**
and $V=1/n\times R^{2/3}\times s^{1/2}$, = 1.8 ft/s and $Q=V\times A$
Solving for Q = 13.1 cfs theoretical maximum flow through West Ditch

East Ditch - Trapezoidal ditch cross section
z=1/slope=60 deg → z=0.5774
Given: B=4', H=2, T= B*(2*z*H) therefore T = **6.3'**
A = Area = (B+zH)H = 10.3'
WP = wetted perimeter = B+2H*((1+z^2)^.5) = **9.2'**
R= hydraulic radius = ((B+zH)*H)/(B+2H*((1+z^2)^.5)) = **1.1'**
and $V=1/n\times R^{2/3}\times s^{1/2}$, = 1.4 ft/s and $Q=V\times A$
Solving for Q = 14.6 cfs theoretical maximum flow through East Ditch

4. If an actual measurement was taken, provide the following:

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)

Attach measurement notes.

H. Additional notes or comments related to the system:

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SECTION 5

CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	6/17/2020		
Begin construction (A)	-	1/7/2019	Well B-2 drilling commenced
Complete construction (B)	-	5/9/2019	Well B-2 drilling complete
Complete application of water (C)	4/13/21	5/30/2019	Water applied across permitted place of use

* must be within period between permit, or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? YES (NO)

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? (YES) NO

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

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

March

c. Was the measurement submitted to the Department? (YES) NO

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

Date of Measurement	Measurement Made By	Method	Measurement

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? (YES) NO

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

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

March

c. Were the static water level measurements taken in the month(s) required? (YES*) NO

d. If "YES", were those measurements submitted to the Department? (YES) NO

***March static WL measurement was missed for 2021 due to a miscommunication with pump contractors**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

5. Pump Test:

a. Did the permit require the submittal of a pump test? (YES) NO

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

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department? YES (NO)

c. Is the pump test attached to this claim? YES (NO)

d. Has the pump test been approved by the Department? YES (NO)

e. Has a pump test exemption been approved by the Department? YES (NO)

**** Claims will not be reviewed until a pump test or exemption has been approved by the Department**

6. Measurement Conditions:

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

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? (YES) NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well B-2	**McCrometer**	**19-05348**	**working**	**419083**	**5/2019**

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? (YES) NO

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

b. Have the reports been submitted? (YES) NO

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

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

a. Were there special well construction standards? (YES) NO

b. Was submittal of a ground water monitoring plan required? YES (NO)

c. Was submittal of a water management and conservation plan required? YES (NO)

d. Was a Well Identification Number (Well ID tag) assigned and attached (YES) NO

to the well?

WELL ID #	DATE ATTACHED TO WELL
L-133900	5/2019

e. Other conditions? YES (NO)

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

The wells shall be constructed in such a manner that only allows for development of groundwater from the confined basalt aquifer. The wells shall be continuously cased and continuously sealed to a depth at least five feet into unfractured basalt overlying the aquifer developed by the existing wells.

According to the attached well log (BAKE 52645) basalt was encountered at depths ranging from 4 to 300 feet below ground surface an the well is cased and sealed to a depth of 264 feet below ground surface.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well log	BAKE 52645 Well log

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

COBU Map was created using GIS software, publicly available geospatial data, irrigation system schematics, aerial imagery, and ground truthing. Aerial imagery provided by Google, dated 11/2023.

Map Checklist

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

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion **N/A**
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☒ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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

BAKE 52645

5/13/2019

WELL I.D. LABEL# L 133900
START CARD # 1041687
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name BRAD Last Name ALLEN
Company
Address 48748 MCCARTY BRIDGE RD
City NORTH POWDER State OR Zip 97867

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

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

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 300.00 ft.

BORE HOLE

Dia	From	To
24	0	5
16	5	264
12	264	300

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	69	7700	P
		Calculated	2900	
Cement with 4% Bentor	69	168	200	S
		Calculated	47.5	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	12	X	1.5	0	0.375	◉	○	X	
◉	○	20		0	5	0.375	◉	○	X	
◉	○	12		0	261	0.25	◉	○	X	
○	○						○	○		
○	○						○	○		

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

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

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2500		295	2
1800		240	1

Temperature 58 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 187 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County BAKER Twp 7.00 S N/S Range 39.00 E E/W WM
Sec 11 NE 1/4 of the SW 1/4 Tax Lot 299
Tax Map Number Lot
Lat ° ' " or 44.96807600 DMS or DD
Long ° ' " or -117.90553500 DMS or DD
( ) Street address of well (◉) Nearest address

NEAREST ADDRESS
48748 MCCARTY BRIDGE RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5/9/2019			30

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 43.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
1/10/2019	43	72	10			30
1/10/2019	91	111	40			30
1/10/2019	138	151	100			30
1/10/2019	178	183	50			30
1/10/2019	198	233	60			30

(11) WELL LOG

Ground Elevation

Material	From	To
SOIL	0	4
BROKEN BASALT, BROWN	4	5
FRACTURED BASALT, BROWN	5	12
FRACTURED BASALT, TAN	12	43
FRACTURED BASALT, BROWN/BROKEN	43	54
FRACTURED BASALT, TAN/BROKEN	54	72
FRACTURED BASALT, TAN	72	86
BASALT TAN, HARD	86	91
FRACTURED BASALT, BROWN/BROKEN	91	111
FRACTURED BASALT, TAN	111	138
FRACTURED BASALT, RED/BROWN	138	151
BASALT BLACK, HARD	151	178
FRACTURED BASALT, TAN	178	183
BASALT BLACK, HARD	183	198
FRACTURED BASALT TAN, RED CINDERS	198	233
BASALT BLACK, HARD, TAN CLAY	233	254
FRACTURED BASALT, TAN CLAY	254	261
FRACTURED/BROKEN BASALT, TAN CLAY	261	300

Date Started 1/7/2019 Completed 5/9/2019

(unbonded) Water Well Constructor Certification

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

License Number Date RECEIVED
Signed JAN 05 2024

(bonded) Water Well Constructor Certification OWRD

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

License Number 1775 Date 5/13/2019 Received
Signed JASON ACQUISTAPACE (E-filed) JAN 31 2024
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

WATER SUPPLY WELL REPORT - continuation page

BAKE 52645

5/13/2019

WELL I.D. LABEL# L	133900
START CARD #	1041687
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

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

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
1/10/2019	254	261	1000		30
5/8/2019	261	300	2000		30

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To

RECEIVED
JAN 05 2024
OWRD

Received
JAN 31 2024
OWRD

(7) PERFORATIONS/SCREENS

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

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

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

Comments/Remarks

Drill 10" test hole to 264 feet. Open 10" hole up to 16" to 264 feet. Hole caved in to 75 feet. Reverse Circulation drill out the cave-ins to 264 feet. Set 12" casing and place 168 foot seal. Drill below the 12" casing from 261 to 300 feet.