

CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes - Groundwater



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

A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

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

SECTION 1 GENERAL INFORMATION Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes. YES

Mark all that apply:

1. Change in POA(s) or Additional POA(s) 2. Change in Place of Use
3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION # T-14049

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Bruce Ernst Trust, Bruce Ernst Trustee		PHONE NO.	ADDITIONAL CONTACT NO.	
ADDRESS 4406 NE Birdhaven Lp				
CITY Newberg	STATE OR	ZIP 97128	E-MAIL	

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

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

TRANSFER HOLDER OF RECORD Bruce Ernst				
ADDRESS PO Box 460				
CITY Saint Paul	STATE OR	ZIP 97132		

4. Date of Site Inspection:

November 14, 2023

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APR 11 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bruce Ernst	November 14, 2023 February 2, 2024	Owner / Operator

6. County

Marion County

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

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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APR 11 2024

CWRE NAME Doann Hamilton		PHONE No. (503) 632-5016	ADDITIONAL CONTACT No. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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
Bruce W Ernst	Bruce W Ernst	owner	2-22-24

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation?

YES

If "NO", this Section can be deleted.

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APR 11 2024

1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 2	MARI 51725	L-02416	A well a tributary of Willamette River (Columbia River)
Well 3	MARI 68592	L-132853	A well a tributary of Willamette River (Columbia River)

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

If well logs are available, items A and B below can be deleted

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 4 (MARI 1132) was not performing well and has not been used; therefore, Well 4 is not included in this Claim of Beneficial Use.

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2		1.50 cfs	Not measured
Well 3		0.47 cfs	Not measured
Total:	0.42 cfs		

System Description – 1 of 2

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

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 2

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.

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APR 11 2024

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1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Gould	MG3541	Unknown	Submersible	8 inch	8 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	75 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)
75 Hp	60 psi	200.0 feet (from pump test recorded on well log)	0 feet	1.50 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(75 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(200 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 1.50 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

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

6. Additional notes or comments related to the system:

Well 2 also supplies Certificate 96789

B. Groundwater Source Information (Well and Sump)

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

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

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

System Description – 2 of 2

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

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 3

Received
APR 11 2024

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
Wolf Pump	6LHV	Unknown	Submersible	4 inch	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	15 Hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 Hp	70 psi	69.5 feet (from pump test recorded on well log)	0 feet	0.43 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(69.5 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.43 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

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

6. Additional notes or comments related to the system:

None

B. Groundwater Source Information (Well and Sump)

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

NO

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

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

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APR 11 2024

Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use? **YES**

If "NO", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED	WELL
7.6	7.6	Well 1 (re-described)
60.7	60.7	Wells 2 and 3

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	NA
	NA

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

None

Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use? **NO**

If "NO", this Section can be deleted.

**SECTION 4
CONDITIONS**

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

1. Time Limits:

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

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	July 31, 2023	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2024	December 2023

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

2. Is there an extension final order(s)? NO
If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES

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

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

b. Has a meter been installed? YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	McCrometer	21-06556-08	Working	178.083 AF (November 14, 2023)	Replacement June 2023
Well 3	Seametrics	103977-04	Working	0 AF – just installed	December 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

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

a. Were there special well construction standards? NO

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

c. Other conditions? YES

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

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

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Compliance:

Well 1 (MARI 1065) develops water from the alluvial aquifer within the screened depth intervals of 47 to 65.5 feet, 85.25 to 104.75 feet, 123.67 to 143.75 feet, and 163.25 to 177 feet in layers of clay and sand.

Well 2 (MARI 51725) develops water from the alluvial aquifer within the depth interval of 299 to 347 feet in layers consisting primarily of sand and gravel.

Well 3 (MARI 68592) develops water from the alluvial aquifer within the screened depth interval of 69.75 to 90 feet in layers consisting primarily of sand.

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

**SECTION 5
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 51275	Well log and driller’s notes for MARI 51725 – Well 2
State Water Well Report – MARI 68592	Well log and driller’s notes for MARI 68592 – Well 3
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 2W. showing DLC and Government Lot locations

**SECTION 6
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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped 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 map 04 2W 04, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>**

Map Checklist

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

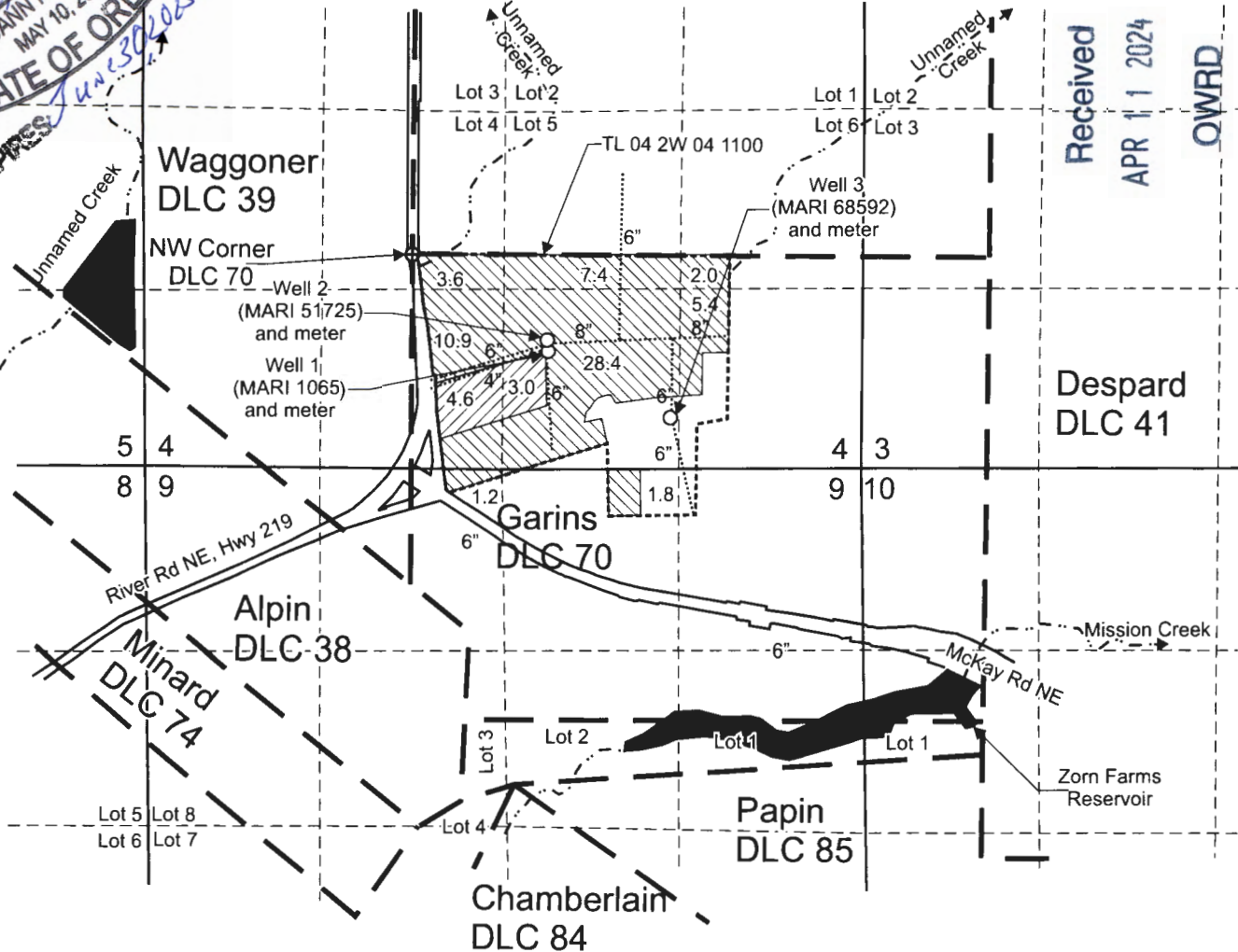
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government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

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CERTIFIED WATER RIGHT EXAMINER
 85503
 DOANN HAMILTON
 MAY 10, 2012
 STATE OF OREGON
 EXPRES JUN 30 2025

T.4S. R.2W. Sec. 4 & 9, W.M.

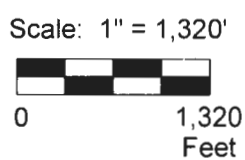
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 APR 11 2024
 QWRD



Well 1 (MARI 1065) is located 720 feet south and 1,000 feet east from the NW corner, DLC 70.
 Well 2 (MARI 51725) is located 635 feet south and 1,000 feet east from the NW corner, DLC 70.
 Well 3 (MARI 68592) is located 1,200 feet south and 1,905 feet east from the NW corner, DLC 70.

- Area (7.6 Acres) irrigated under T-14049 formerly, Certificate 34191, using Well 1 only.
- Area (60.7 Acres) irrigated under T-14049 formerly, Certificate 34191, using Well 2 and Well 3 only.

----- Tax lot boundary — . — Donation Land Claim boundary Water main line



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



Claim of Beneficial Use Map T-14049, formerly Certificate 34191

Pacific Hydro-Geology Inc.

Bruce Ernst
 T.4S. R.2W. Sec. 4 & 9, W.M.

02/2024

ErnstT-14049COBUMap.cdr

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

RECEIVED
APR 25 1997

WELL ID.# 102416

WATER RESOURCES DEPT.

(START CARD) # 78623

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

(1) OWNER: Well Number _____

Name Ernst Nursery & Farms
Address 20863 Riverside Dr. NE
City St. Paul State OR Zip 97137

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 347 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0	40'	holeplug	0	40	40 sacks	
			bentonite				
16"	40	347					

How was seal placed: Method A B C D E
 Other OAR 690-210-340
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2'	298	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 298'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner	
+3	299'			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
299	319	.070		12"	screen	<input type="checkbox"/>	<input type="checkbox"/>	
319	339	.080		12"	screen	<input type="checkbox"/>	<input type="checkbox"/>	
339	347'			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
347	Bottom plate & lift bail							<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
800	138		6x hr. S

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 4 S N or S Range 2W E or W. WM. _____
Section 4 SW 1/4 NE 1/4 _____
Tax Lot 0110 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6177 Gearin Rd.
St. Paul, OR 97137

(10) STATIC WATER LEVEL:
62' ft. below land surface. Date 4/17/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	32	20 gpm	8'
297'	341'	800 gpm	62'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	36	
Clay gray brown	36	46	
Clay silty gray	46	75	
Sand-silt	75	87	
Clay gray	87	115	
Sand & clay gray	115	126	
Clay gray	126	144	
Clay with sand & gravel	144	175	
Clay gray	175	212	
Clay w/sand	212	224	
Clay gray, part sticky	224	276	
Clay w/sand, gravel gray	276	281	
Clay sandy, brown-gray	281	292	
Clay silty brown	292	297	
Sand brown	297	304	62'
Sand black	304	315	62'
Gravel & sand, black	315	341	62'
Clay gray	341	347	

Date started 12/24/96 Completed 4/17/97

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

Signed Kermit Martin WWC Number 1391
Date 4/23/97

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

Signed Ivan Gossen WWC Number 783
Date 4/21/97

MARI 68592

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

WELL I.D. LABEL# 132853
START CARD # 215109
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name Bruce Last Name Ernst
 Company Ernst Nursery & Farms
 Address PO Box 460
 City St. Paul State OR Zip 97137

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Std Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 95 ft
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	34	Bentonite Chips	0	34	34	S
12	34	95				Calculated	26
						Calculated	

How was seal placed: Method A B C D E
 Other 690-210-0340
 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 _____ Pounds Actual Amount _____ Pounds

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/> 1.5	58.14	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/> 2.96	95	.25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 58.14
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type V-wire Material stainless steel

Perf/S	Casing/Screen	Screen/Slot	Slot	# of	Tele/			
Screen	Liner	Dia	From	To	width	length	slots	pipe size
		10	69.75	90	.08			10

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	48.5		4

 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 87

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MARION Twp 4 S N/S Range 2 W E/W WM
 Sec 4 SW 1/4 of the SE 1/4 Tax Lot 1100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 6180 Gearin Road NE, St. Paul, OR 97137

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration		
Completed Well	03-21-2019	

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 76

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-28-2018	76	90			21

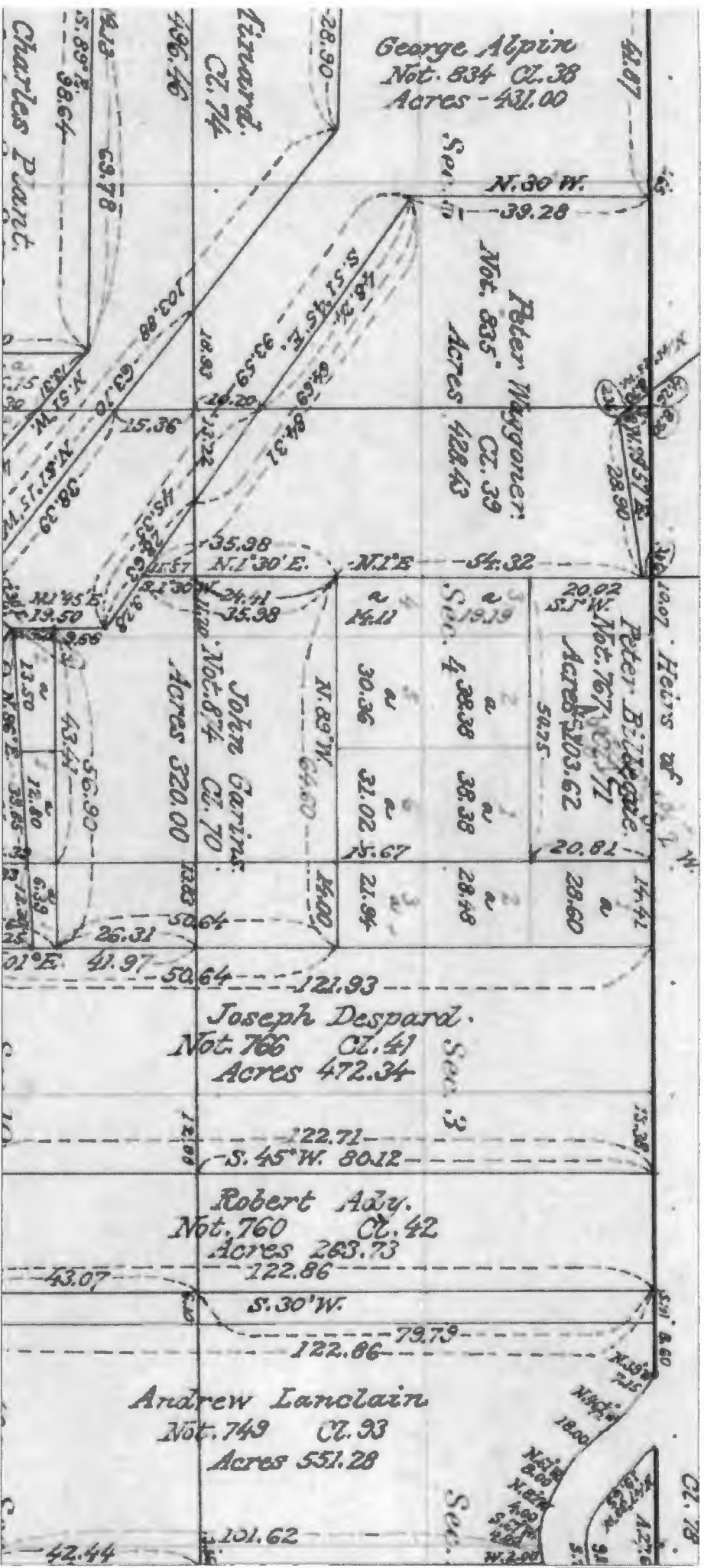
(11) WELL LOG
 Ground Elevation _____

Material	From	To
Clay, brown	0	5
Silt, brown	5	19
Silt, greenish gray	19	32
Clay, greenish gray, sand	32	38
Clay, greenish gray	38	42
Clay, gray	42	52
Sand, black, silt, dark gray	52	76
Sand, black, silt, layers, dark gray	76	90
Clay, dark greenish gray	90	93
Clay, blueish gray	93	95

 RECEIVED
 JUN 26 2019
 OWRD
 Received
 APR 11 2024
 OWRD

Date Started 09-28-2018 Completed 03-19-2019
(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 1704 Date 04-12-2019
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 783 Date 04-12-2019
 Signed Joan Grosser
 Contact Info (optional) _____



Received

APR 11 2024

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