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

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

Received by OWRD
APR 15 2024
Salem, OR

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16643	G-16428	

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Maralynn Abrams Trust		(503) 474-7069	
Address			
12475 Baker Creek Rd.			
City	State	Zip	E-Mail
McMinnville	OR	97128	johnabrams1@myfrontiermail.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		
Fox Ridge Water Company, LLC		
Address		
12475 Baker Creek Rd.		
City	State	Zip
McMinnville	OR	97128

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

2/6/2024

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

Name	Date	Association with the Project
John Abrams	2/6/2024	Owner/Manager

6. County:

Yamhill

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

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

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SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature

CERTIFIED WATER RIGHT EXAMINER
30680
William E. McGill
WILLIAM E. McGILL
MAY 3, 2011
STATE OF OREGON
EXPIRES: 12-31-2024

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
William E. McGill		(503) 510-3026	(503) 931-0210
ADDRESS			
15333 Pletzer Rd. SE			
CITY	STATE	ZIP	E-MAIL
Turner	OR	97392	willmcgill.surveying@gmail.com

Permit Holder's of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
John B Abrams	John B. Abrams	member/ Trustee	04-04-24

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SECTION 3

CLAIM DESCRIPTION

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

POA Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
Well 1	YAMH 54183	L-73646
Well 2	YAMH 54435	L-65938

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

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

POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Actual Rate or Volume Used (CFS, GPM, or AF)
Well 1	Domestic		Year Round	0.05 cfs
Well 2	Domestic		Year Round	0.05 cfs
Total Quantity of Water Used				0.05 cfs

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

Water is pumped from Wells 1 and 2 by submersible pumps through buried PVC pipe to a 1500 gallon plastic holding tank. Water is delivered to the place of use through 10", 8", and 6" PVC gravity flow pipes. Water is delivered to each household by a 1" pipe through a service meter.

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

4. Variations:

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

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

The permit authorized domestic use for 50 households, the water user developed 42 households.

5. Claim Summary:

POD / POA Name or #	Maximum Rate Authorized	Calculated Theoretical Rate Based on System	Amount of Water Measured	Use	# of Acres Allowed	# of Acres Developed
Well 1	0.05 cfs	0.19 cfs	*	Domestic		
Well 2	0.05 cfs	0.20 cfs	*	Domestic		

*Pumps did not run at time of site inspection due to full tank. Could not interrupt domestic system.

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 1

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES 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:

½" vent pipe on S edge of well cap

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

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

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.

C. Groundwater Source Information (Sump)

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

D. Appropriation and Delivery System Information

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

1. Is a pump used? YES NO

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)
Grundfos	60S50-9	0550	Submersible

3. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
5	30	0'	108' *	0.19

*Lift from pump to tank, not "place of use".

4. Provide pump calculations:

Q = (5*7.04) / (76.2+108) = 0.19 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)
Pumps did not run at time of site inspection.			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

Dripper Spacing in inches	GPM per 100 Feet	Total Length of Tape	Maximum length of Tape Used	Total Tape Output (cfs)	Additional Information
N/A					

E. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank YES NO

Bulge in System / Reservoir YES NO

Complete appropriate table(s), unused table may be deleted.

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2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Plastic	1500	Above Ground

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
N/A		

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

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)
10"	PVC	See attached waiver.				
8"	PVC					
6"	PVC					
1"	PVC					

3. Provide calculations:

Each of the 42 household service meters are fed by 1" pipe connections. The limiting rate of water flow would be the size of the pipe from the household service meter to the house and be dependent on the installed fixtures.

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)
N/A			

Attach measurement notes.

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

H. Additional notes or comments related to the system:

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

Well 2

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES 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:

1" vent pipe on E edge of well cap

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

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

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.

C. Groundwater Source Information (Sump)

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

D. Appropriation and Delivery System Information

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

1. Is a pump used? YES NO

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)
Grundfos	75S50-8		Submersible

3. Theoretical Pump Capacity:

Horsepower	Operating PSI	Lift from Source to Pump *If a well, the water level during pumping	Lift from Pump to Place of Use	Total Pump Output (in cfs)
5	30	0'	100' *	0.20

*Lift from pump to tank, not "place of use".

4. Provide pump calculations:

Q = (5*7.04) / (76.2+100) = 0.20 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)
Pumps did not run at time of site inspection.			

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

6. Sprinkler Information:

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

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

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

E. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank [YES] NO

Bulge in System / Reservoir YES [NO]

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Plastic	1500	Above Ground

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
N/A		

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

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)
10"	PVC	See attached waiver.				
8"	PVC					
6"	PVC					
1"	PVC					

3. Provide calculations:

Each of the 42 household service meters are fed by 1" pipe connections. The limiting rate of water flow would be the size of the pipe from the household service meter to the house and be dependent on the installed fixtures.

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)
N/A			

Attach measurement notes.

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

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

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	1/8/2009		
Begin construction (A)	N/A	N/A	N/A
Complete construction (B)	10/1/2013	November 2007	Application was made on an existing system.
Complete application of water (C)	10/1/2013	January 2013	The last of the 42 households were connected to the system.

* 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
*See attached letter from water user about missing SWL measurements.			

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, in which the static water level measurement(s) were to be made:
March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

***See attached letter from water user about missing SWL measurements. Manual SWL measurements will continue in the month of March going forward. We confirm that it is a difficult facility to access in the month of March and requires a significant period of dry weather.**

5. Pump Test:

a. Is a pump test required? 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

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES 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 appropriation.

b. Has a meter been installed? YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Metron Farnier	06G11 003384	Working	19,803,049	2005?
Well 2	Metron Farnier	06G11 003253	Working	8,663,006	2006?

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 a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
1: L-73646	8/11/2005
2: L-65938	5/16/2006

d. 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):

Repair disturbed riparian areas: no riparian areas were disturbed.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Assessor's Map	Map of subdivision to show tax lot numbers
Gravity Flow Waiver	2 pgs of emails waiving need for gravity flow calculations
Well Logs	YAMH 54183 & YAMH 54435
Pictures (x8)	Taken 2/6/2024 during site inspection
March SWL Measurements	2021 measurements
Pump Tests	Pump tests on both wells, invoice, and explanation letter
Well No. Letter	Explains discrepancy between wells 2 and 3
SWL Letter	Explains loss of SWL records for previous measurements
Engineer Plans	Engineer plans for water system (only variance was tank size)

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.

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 8/1/2023

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.)

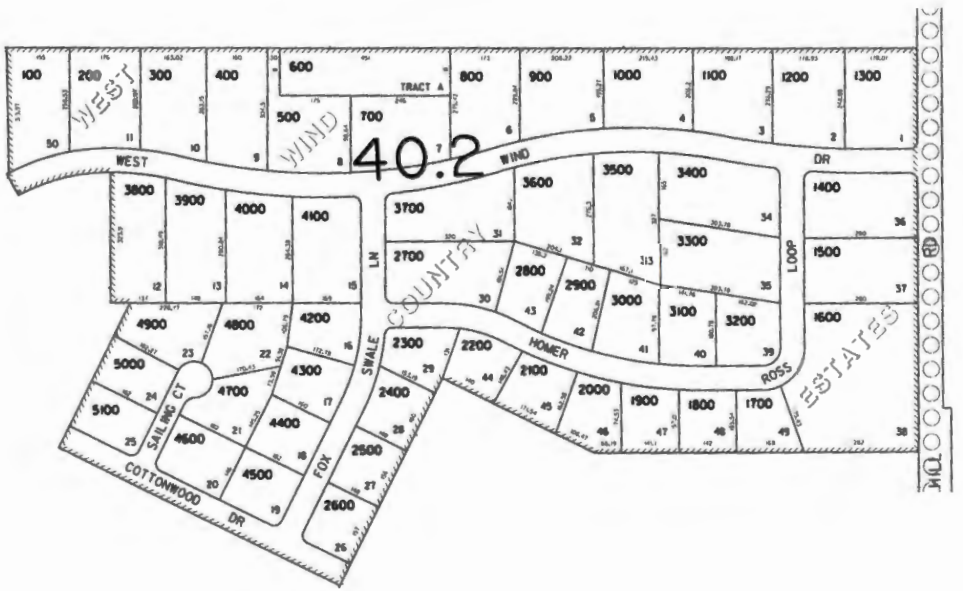
- ☒ Map on polyester film.
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- N/A☐ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- N/A☐ 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

4 4 18B

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

NW1/4 SEC 18 T4S R4W W.M.
YAMHILL COUNTY
1" = 200'

SEE MAP 4 4 18



SEE MAP 4 4 18

SEE MAP 4 4 18

SEE MAP 4 4 18

REVISED 8-5 08 SS

4 4 18B

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APR 15 2024
Salem, OR

Gmail

Will McGill <willmcgill.surveying@gmail.com>

Permit G-16428 COBU (Abrams)

Will McGill <willmcgill.surveying@gmail.com> Thu, Mar 14, 2024 at 1:30 PM
To: CLARK Gerald E * WRD <gerald.e.clark@water.oregon.gov>

Hi Gerry,
Following is my first draft of a waiver request for your review and comments:

I am requesting a waiver from filling out "section 4: System Description, F. Gravity Flow Pipe" for the claim of beneficial use for Permit G-16428 on wells 1 and 2. Under "D. Appropriation and Delivery System Information", items 1, 2, 3, and 4, I will provide all information requested to verify the theoretical pump capacity for wells 1 and 2. One or the other of these pumps feed a 1500 gallon plastic storage tank on demand. From the 1500 gallon storage tank, water is delivered by gravity flow through 10", 8", 6", and eventually 1" diameter PVC pipe to 42 household service meters. Due to the variable sizing of the gravity flow portion of the system, I am finding it near impossible to complete the rate of water flow to the place of use calculation; therefore, we are requesting this waiver.

Thanks so much!
--
Will McGill, PLS, CWRE
15333 Pletzer Rd SE
Turner, OR 97392
503-510-3026
mcgillwaterrights.com
WILL MCGILL SURVEYING LLC

Gmail

Will McGill <willmcgill.surveying@gmail.com>

Permit G-16428 COBU (Abrams)

CLARK Gerald E * WRD <gerald.e.clark@water.oregon.gov> Thu, Mar 28, 2024 at 10:29 AM
To: Will McGill <willmcgill.surveying@gmail.com>

Will,

Sorry for the delay.

I have reviewed your request for a waiver and am approving it. It is critical that the knows the capacity from the wells to the storage tank. Once water is in the storage tank, a description of how the water reaches the end users is important, but the rate of release from the tank to the users is not needed, especially because the release rate will vary based on demand.

Please let me know if you have any additional questions.

[Quoted text hidden]

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RECEIVED YAMH 54183

AUG 29 2005

WATER RESOURCES DEPT
SALEM, OREGON

Well 1

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

WELL I.D. # L 73646

START CARD # 148531

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

(1) LAND OWNER Well Number nw
Name Maralynn Abrams
Address 12477 Baker Creek Rd.
City McMinnville State Or Zip 97128

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well 218 ft.
Explosives used: ☐ Yes ☑ No Type Amount

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	52	bentonite	0	50	28 sacks
8"	52	138				
5.5"	138	218				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other poured dry and hydrated
Backfill placed from 50 ft. to 52 ft. Material bentonite
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+28"	138'	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	none				☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☑ Outside ☐ None
Final location of shoe(s) 138'

(7) PERFORATIONS/SCREENS
☐ Perforations Method none
☐ Screens Type Material

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

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

Yield gal/min	Drawdown	Drill stem at	Time
50+		218'	1hr

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: 218' (cond 176us)

(9) LOCATION OF WELL (legal description)
County Yamhill
Tax Lot 100 Lot
Township 4 S Range 5 W WM
Section 13 NE 1/4 SE 1/4
Lat ° ' " or . (degrees or decimal)
Long ° ' " or . (degrees or decimal)
Street Address of Well (or nearest address) 12475 Baker Creek Rd.

(10) STATIC WATER LEVEL
105 ft. below land surface. Date 8-11-05
ft. below land surface. Date
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES
Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
128	138	13	105'
158	178	50+	105'
26	27	Trace	

(12) WELL LOG Ground Elevation

Material	From	To	SWL
Clay, brown	0	5	
Clay, orange, sticky	5	17	
Clay, yellow, sticky	17	21	
Clay, grey, sandy	21	27	
Clay, orange, sticky	27	41	
Basalt, weathered	41	68	
Basalt, black/brown, fractured	68	72	
Basalt, black, fractured	72	105	
Basalt, black/brown, fractured	105	118	
Clay, yellow, sandy	118	122	
Conglomerate, grey, grainy, fract	122	163	105'
Conglomerate, grey, grainy, hard	163	178	105'
Claystone, grey, soft	178	181	105'
Claystone, grey, med	181	218	105'
Dickerson Well Drilling, Inc. Ph# (503) 623-2664			

Date Started 8-9-05 Completed 8-11-05

(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.

WWC Number Date

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.

WWC Number 1571 Date 8-23-05

Signed William A. Blair

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 08/16/2005

YAMH 54435

Well 2

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

WELL I.D. # L 65938

START CARD # 183335

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

(1) LAND OWNER Well Number NW
Name Maralynn Abrams
Address 12977 Baker Creek Rd.
City Mcminnville State Or Zip 97128

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well 178 ft.
Explosives used: ☐ Yes ☑ No Type Amount

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	30	Bentonite	0	30	44 sacks
8"	30	97				
5.25	97	178				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other 12"/10" temp surface casing used. bentonite poured dry
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:	6"	+2.5	97	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	NONE				☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☑ Inside ☐ Outside ☐ None
Final location of shoe(s) 97

(7) PERFORATIONS/SCREENS
☐ Perforations Method NONE
☐ Screens Type Material

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

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

Yield gal/min	Drawdown	Drill stem at	Time
75		178	3 hrs

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: cond (165 us)

(9) LOCATION OF WELL (legal description)
County Yamhill
Tax Lot 100 Lot
Township 4 S Range 5 W WM
Section 13 NE 1/4 SE 1/4
Lat ° ' " or . (degrees or decimal)
Long ° ' " or . (degrees or decimal)
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL
56 ft. below land surface. Date 5-16-06
ft. below land surface. Date
Artesian pressure lb. per square inch Date

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

From	To	Estimated Flow Rate	SWL
92	117	75gpm	56

(12) WELL LOG Ground Elevation

Material	From	To	SWL
Broken rock w/ clay, brown	0	7	
Clay, brown	7	12	
Basalt black/brown fractured	12	24	
Basalt, black, fractured	24	72	
Conglomerate, hard, fractured (claystone mixed w/ sandstone)	72	126	56
Sandstone, grey, hard, fractured	126	130	56
Claystone w/ soft layers	130	178	56
Dickerson Well Drilling, Inc. (503) 623-2664			

RECEIVED
MAY 31 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 5-12-06 Completed 5-16-06

(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.

WWC Number Date

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.

WWC Number 1571 Date 5-18-06

Signed William A. Blair

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 05/26/2006

Received by OWRD
APR 15 2024
Salem, OR

Abrams COBL
2/6/24

Well 1
Tag

Abrams Cobb
2/6/24

Well 1

Abrams COBH

2/6/24

Well 1
Flow
Meter

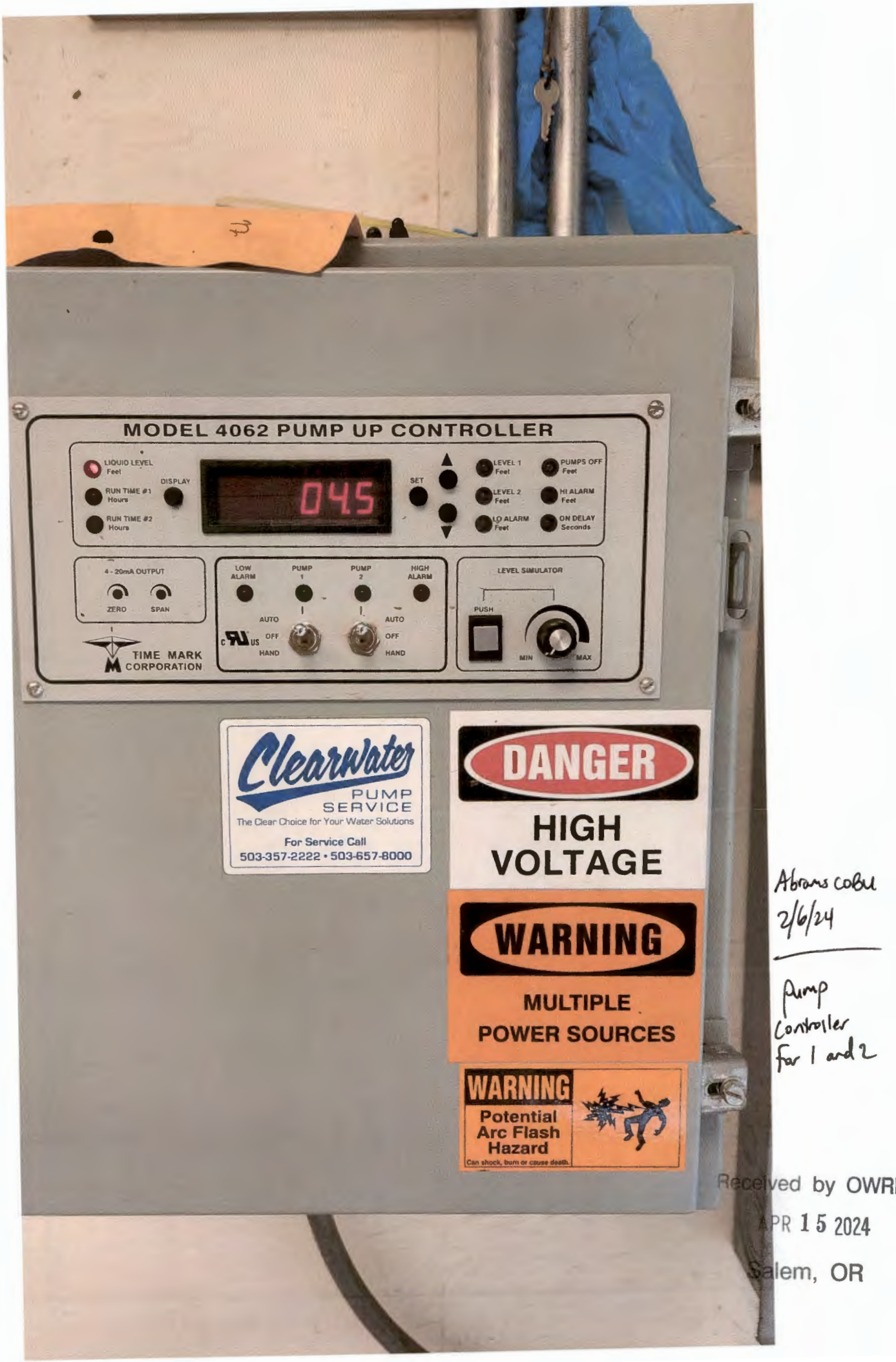
Abramscorp
2/6/24

Well 2
Flow
meter

Abrams COBH

2/6/24

Flow meter cap



Abrams cobb
2/6/24

Pump Controller for 1 and 2

Abrams Cobb
2/6/24

Well 2
tag

Abrams COBH

2/6/24

Well 2

Received by OWRD

APR 15 2024

Salem, OR

Well 1

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

639

Your water right requires periodic static water-level measurements in your well. **Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **Your well must be measured regardless of whether it is in use.** Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	G 16643
Permit	G 16428
Certificate	
Transfer	
POD	1
Userid	30258

MARALYNN ABRAMS
FOX RIDGE WATER COMPANY. LLC
12477 SW BAKER CREEK RD
MCMINNVILLE OR 97128

Received by OWRD
APR 15 2024
Salem, OR

Water Right (OWRD Use Only):
Permit: G 16428 * {164163}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	YAMH 54183*	Well name on water right	WELL 1 (L 73646)
Well Id- Well Tag on Well: L-	73646*	Owner's well name	WELL 1 (L-73646)
Water Use Report Id	63604	Water use rpt facility name	WELL 1 (YAMH 54183/L-73646)

* Per OWRD records, if shown

Logid (Well History)	Type Work	Startcard Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
YAMH 54183	NEW	148531	73646	6	218.00	08/11/2005	MARALYNN ABRAMS

B. Well Location
Lat (WGS1984): 45.220240 Long: -123.239510 Est loc error (feet): 15 Loc Source (gps...): gps

Location on water right: In the NE qtr of the SE qtr of Section 13, T. 4.00S, R 5.00W, 1538 FT N & 246 FT W FR SE COR, S13

C. Water-Level Measurement

Date of measurement: 03-30-2021

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	104.3	Airline length or transducer depth (below land surface):		feet
Measuring point height (above) / below land surface:	2.2	Airline gage pressure:	psi x 2.31 =	feet
Depth to water below land surface:	102.1	Shut-in pressure (flowing wells):	psi x 2.31 =	feet

Measurement status: Static [X] Pumping [ ] Rising [ ] Flowing [ ] Other [ ]
Measurement method: E-tape [X] Airline [ ] Other [ ]

Length of time well was idle prior to measurement: One hour

Measuring point description: 1" access port 3" above casing cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.
Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.

Comments: Well is in daily use

D. Certification
I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Joe Sims
Signature of measurer: Joe Sims by: John Abrams 503 474 2269 johnabrams1@frontier.com
Company: Clearwater Pump Service
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB 212270
Daytime phone number: 971 409 0118 Email address: clearwaterjos@icloud.com

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.
Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
Or email it as an attachment to reportingmmts@wrd.state.or.us
Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD OWRD GW/BPS 2/18/2021

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top) :

Date	Adj Len	WL BMP	MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
04/30/2013		104.10	2.20	101.90	UNKNOWN	ETAPE	MATT DUNCKEL	1" ACCESS PORT 3" ABOVE CASING CAP ON W SIDE
04/09/2018		101.30	2.20	99.10	UNKNOWN	OTHER	MATT DUNCKEL	1" ACCESS PORT 3" ABOVE CASING CAP ON W SIDE
07/18/2006		103.84	2.20	101.64	STATIC	ETAPE	Marc Norton	1/2" HOLE IN SPLIT SEAL @ 2.2' ALSD

*** The most recently submitted water level measurement may have been measured at the wrong time. Please consult your permit.**

well 2

641

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

Your water right requires periodic static water-level measurements in your well. **Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **Your well must be measured regardless of whether it is in use.** Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	G 16643
Permit	G 16428
Certificate	
Transfer	
POD	2
Userid	30258

MARALYNN ABRAMS
FOX RIDGE WATER COMPANY, LLC
12477 SW BAKER CREEK RD
MCMINNVILLE OR 97128

Received by OWRD
APR 15 2024
Salem, OR

Water Right (OWRD Use Only):
Permit: G 16428 * {164163}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	YAMH 54435*	Well name on water right	WELL 2 (L 65938)
Well Id- **Well Tag on Well: L-**	65938*	Owner's well name	WELL 4 (L-65938)
Water Use Report Id	63605	Water use rpt facility name	WELL 4 (YAMH 54435/L-65938)

* Per OWRD records, if shown

Logid (Well History)	Type Work	Startcard Nbr	Well Tag	Csg (inches)	Max Depth	Complete Date	Owner on Well Log
YAMH 54435	NEW	183335	65938	6	178.00	05/16/2006	MARALYNN ABRAMS

B. Well Location
Lat (WGS1984): 45.220850 Long: -123.240830 Est loc error (feet): 16 Loc Source (gps...): GPS

Location on water right: In the NE qtr of the SE qtr of Section 13, T. 4.00S, R. 5.00W, 1765 FT N & 585 FT W FR SE COR, S13

C. Water-Level Measurement

Date of measurement: 03 - 30 - 2021

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	56.4	Airline length or transducer depth (below land surface):		feet
Measuring point height (above) / below land surface:	2.0	Airline gage pressure:	psi x 2.31 =	feet
Depth to water below land surface:	54.4	Shut-in pressure (flowing wells):	psi x 2.31 =	feet

Measurement status: Static [X] Pumping [ ] Rising [ ] Flowing [ ] Other [ ]
Measurement method: E-tape [X] Airline [ ] Other [ ]

Length of time well was idle prior to measurement: One hour

Measuring point description: 1" Access hole in split seal cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side, pressure gage
Measuring points should not be used for airline measurements as airline length should be referenced to land surface.
Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.

Comments: Well is in daily use

D. Certification
I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Joe Sims
Signature of measurer: Joe Sims by John Abrams 503 474 7069 johnabrams1@frontier.com
Company: Clearwater Pump Service
License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): CCB 212370
Daytime phone number: 971 409 0118 Email address: clearwaterjoe@icloud.com

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.
Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.
Or email it as an attachment to reportingmmts@wrd.state.or.us
Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD OWRD GW/BPS 2/18/2021

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top) :

Date	Artn Lev	WL RMP	MP Height	WL DLS	Status	Method	Measured By	Measuring Point Description
04/10/2013		56.80	2.50	54.30	STATIC	ETAPE	MATT DUNKEL	1" ACCESS PORT 3" ABV CASING CAP ON NW QUD
07/18/2006		61.37	2.00	59.37	STATIC	ETAPE	Marc Norton	1/2" HOLE IN SPLIT SEAL @ 2.0' ALSD
06/29/2006		55.24	2.00	53.24	STATIC	ETAPE	Marc Norton	1/2" HOLE IN SPLIT SEAL @ 2.0' ALSD

* The most recently submitted water level measurement may have been measured at the wrong time. Please consult your permit.

Received by OWRD

APR 15 2024

Salem, OR

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Fox Ridge Water Company, LLC (John Abrams, Member)		(503) 474-7069	
Address: 12475 Baker Creek Rd.			
City: McMinnville	State: OR	Zip: 97128	E-Mail: johnabrams1@frontier.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
Jonathan Smith		(SELECT) PE	53,104
Company: Cascade Water Works		Phone No.: (503) 364-4888	Additional Contact No.:
Address: 2646 Tahoe Ave. SE			
City: Salem	State: OR	Zip: 97306	E-Mail:

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
YAMH 54183	L- 73646	Well 1	218'	Abrams	8/11/2005	7/11-12/2006

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
4S	5W	13	NESE	1538' N & 246' W from SE corner, section 13		

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- 16643	G- 16428	T-		(•) Yes ( ) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[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)
YAMH 54435	Approximately 410' NW	not pumped		

[Yes] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: 800 ft.
Approximate elevation difference: 170 ft.

[No] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Into drainage ditch flowing downhill to N of Well 1
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.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

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

Length of air line (if used): _____

**Airline measurements must be verified by an E-Tape measurement*

Pressure transducer (if used):

Manufacturer: _____ *Serial #:* _____

Date Last Calibrated: _____ *Units:* _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: _____ *Serial #:* _____

Date Last Calibrated: _____ *Units:* _____

Pump Type: Submersible

HP: 5 Pump set at: 172 feet.

Pump idle time: 24 hrs

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

Measuring Point (MP): Measuring point distance above land surface 1.3 feet.

Description (e.g., top port of 1 inch port pipe, west side) Base of 1/2" vent pipe on S edge of well cap

Time pump turned on: Date 7/11/2006 Time 10:15 am

Time pump turned off: Date 7/12/2006 Time 8:08 am

Total pumping time: 22 hours 50 minutes.

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

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

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

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

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

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

Received by OWRD
APR 15 2024
Salem, OR

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: * on 2nd page of data sheet DATE: _____

OWNER SIGNATURE: John B Voss DATE: 04-04-24

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

Cascade Water Works
2646 Tahoe Ave. SE
Salem, OR 97306

Well Test For Well #1 - John Abrams

5HP Grundfos 60S50 Set at 170' BGS

E-TAPE PROBE — DATA LOGGER (TOW)

Date	Time	Flow GPM)		Water Level (BGS)	Notes (TOTAL 126)
7/11	10:15AM	75	114.3'	114.0'	4311650
7/11	10:30AM	75	114.7'	114.3'	4311790
7/11	10:50AM	75	115.3'	114.9'	4312020
7/11	11:00AM	75	115.7'	115.3'	4312240
7/11	11:30AM	75	116.2'	115.7'	4313410
7/11	11:50AM	75	116.7'	116.1'	4312610
7/11	12:10PM	75	117.0'	116.6'	4312800
7/11	12:30PM	75	117.3'	116.8'	4313010
7/11	12:50PM	75	117.7'	117.2'	4313210
7/11	1:10PM	75	118.0'	117.5'	4313420
7/11	1:30PM	75	118.3'	117.7'	4313610
7/11	1:50PM	75	118.6'	118.0'	4313810
7/11	2:10PM	75	118.8'	118.3'	4314010
7/11	2:30PM	75	119.0'	118.4'	4314210
7/11	2:50PM	75	119.4'		4314420
7/11	3:10PM	75	119.5'		4314610
7/11	3:30PM	75	119.7'	119.1'	4314810
7/11	3:50PM	75	119.9'	119.2'	4314990
7/11	4:10PM	75	120.1'	119.5'	4315220
7/11	4:30PM	75	120.2'	119.6'	4315450
7/11	4:50PM	75	120.4'	119.7'	4315600
7/11	5:10PM	75	120.6'	119.9'	4315810
7/11	5:30PM	75	120.8'	120.1'	4316000
7/11	5:50PM	75	121.0'	120.3'	4316220
7/11	6:10PM	75	121.2'	120.4'	4316400
7/11	6:30PM	75	121.3'	120.5'	4316590
7/11	6:50PM	75	121.5'	120.7'	4316810
7/11	7:10PM	75	121.7'	120.9'	4317000
7/11	7:30PM	75	121.9'	121.1'	4317190
7/11	7:50PM	75	122.0'	121.2'	4317400
7/11	8:10PM	75	122.2'		4317600
7/11	8:30PM	75	122.3'		4317790
7/11	8:50PM	75	122.4'	121.6	4317990

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Well Test For Well #1 - John Abrams

5HP Grundfos 60S50 Set at 170' BGS

SUSTAINED FLOW = 71 gpm

Date	Time	Flow GPM)	Probe	Water Level (BGS)	Notes (TOTAL gpm ft³)
7/11	9:40 pm	75	122.5	122.6	4318490
7/11	9:30	75	122.7	122.7	4318380
7/11	9:50	75	122.8	122.8	4318580
7/11	10:15	75	122.9	123.0	4318890
7/11	10:45	75	123.0	122.1	4319130
7/11	11:01	75	123.1	122.2	4319310
7/11	11:30	75	123.2	122.2	4319580
7/11	11:53	75	123.3	122.3	4319810
7/11	12:23 AM	75	123.3	122.4	4320110 75 gpm → 71 gpm
7/12	12:35	71	123.2	122.2	4320320
7/12	1:09	71	123.1	122.2	4320560
7/12	1:36	71	123.1	122.2	4320810
7/12	2:15	71	123.1	122.2	4321150
7/12	2:40	71	123.1	122.2	4321400
7/12	3:05	71	123.1	122.1	4321650
7/12	4:22	71	123.1	122.1	4322380
7/12	5:14	71	123.1	122.2	4322850
7/12	5:30	71	123.1	122.2	4323000
7/12	5:54	71	123.1	122.2	4323250
7/12	6:25	71	123.1	122.2	4323540
7/12	7:00	71	123.1	122.2	4323820
7/12	7:17	71	123.1	122.2	4324030
7/12	7:40	71	123.1	122.2	4324270 SHUT OFF Pump
7/12	8:08	71/0	123.1	122.2	4324510
7/12	8:09	0	120.9	120	4324510
7/12	8:11	0	120.6	119.7	
7/12	8:13	0	120.6	1197	
7/12	8:15	0	120.4	119.6	
7/12	8:17	0	120.2	119.5	
7/12	8:19	0	120.0	119.4	
7/12	8:21	0	119.9	119.2	
7/12	8:25		119.6	119.0	
7/12	8:30		119.5	118.8	
7/12	8:35		119.3	118.6	
7/12	8:45		118.7	118.1	
7/12	8:56		118.3	117.7	
7/12	9:05 AM		118.0	117.4	
					12,850 cu. ft.
					96,193 gallons
			8?	8?	

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OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Fox Ridge Water Company, LLC (John Abrams, Member)		(503) 474-7069	
Address: 12475 Baker Creek Rd.			
City: McMinnville	State: OR	Zip: 97128	E-Mail: johnabrams1@frontier.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
Jonathan Smith		(SELECT) PE	53,104
Company: Cascade Water Works		Phone No.: (503) 364-4888	Additional Contact No.:
Address: 2646 Tahoe Ave. SE			
City: Salem	State: OR	Zip: 97306	E-Mail:

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
YAMH 54435	L- 65938	Well 2	178'	Abrams	5/16/2006	7/13-14/2006

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
4S	5W	13	NESE	1765' N & 585' W from SE corner, section 13		

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- 16643	G- 16428	T-		(•) Yes ( ) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)
G-	G-	T-		( ) Yes (•) No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[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)
YAMH 54183	Approximately 410' SE	7/11/2006 10:15 am	7/12/2006 8:08 am	71

[Yes] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: 615 ft.
Approximate elevation difference: 130 ft.

[No] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Into drainage ditch flowing downhill to N of Well 2
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.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* _____ feet.
Length of air line (if used): _____
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____
Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____

Pump Type: Submersible
HP: 5 Pump set at: _____ feet.
Pump idle time: 24 hrs

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

Measuring Point (MP): Measuring point distance [above] land surface 1.8 feet.
Description (e.g., top port of 1 inch port pipe, west side) Top of 3/4" vent pipe on SE edge of well cap

Time pump turned on: Date 7/13/2006 Time 9:52 am
Time pump turned off: Date 7/14/2006 Time 9:58 am
Total pumping time: 24 hours 6 minutes.

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

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

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

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

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

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

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APR 15 2024
Salem, OR

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: * On 2nd page of data sheet DATE: _____

OWNER SIGNATURE: John B Hicks DATE: 04-04-24

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

Cascade Water Works
2645 Tahoe Ave. SE
Salem, OR 97306

Well Test For Well #~~3~~ 2 - John Abrams

5HP Grundfos 75S50 Set at 127' BGS

Date	Time	Flow GPM)	PROBE	DATA LOGGER Water Level (BGS)	Notes (TOTALIZER)
7/13	9:52		57.4	56.6	
7/13	9:53	75-90	65		
7/13	10:00	75	65.4	64.7	4324600 ft³
7/13	10:03	75	66	65.2	4324630
7/13	10:10	75	66.9	65.9	4324700
7/13	10:20	75	67.5	66.5	4324810
7/13	10:30	75	67.9	67.0	4324960
7/13	10:40	75	68.3	67.4	4325000
7/13	10:50	75	68.7	67.7	4325100
7/13	11:00	75	69.0	68.0	4325210
7/13	11:20	75	69.4	68.5	4325400
7/13	11:40	75	69.7	68.7	4325580
7/13	12:00	75	70.0	69.1	4325780
7/13	12:20	75	70.2	69.3	4325980
7/13	12:40	75	70.4	69.5	4326180
7/13	1:00	75	70.6	69.6	4326360
7/13	1:20	75	70.8	69.8	4326570
7/13	1:40	75	70.9	70.0	4326780
7/13	2:00	75	71.0	70.1	4326970
7/13	2:20	75	71.2	70.2	4327170
7/13	2:40	75	71.3	70.3	4327360
7/13	3:00	75	71.4	70.4	4327560
7/13	3:20	75	71.5	70.5	4327780
7/13	3:40	95	71.6	70.6	4327950
7/13	4:00	75	71.7	70.8	4328140
7/13	4:20	75	71.8	70.8	4328350
7/13	4:40	75	71.9	71.0	4328550
7/13	5:00	75	72.0	71.0	4328720
7/13	5:20	75	72.1	71.1	4328980
7/13	5:40	75	72.2	71.2	4329130
7/13	6:00	75	72.3	71.3	4329340
7/13	6:20	75	72.3	71.4	4329530
7/13	6:40	75	72.4	71.5	4329730
7/13	7:00	75	72.5	71.6	4329920
7/13	7:20	75	72.6	71.6	4330130
7/13	7:40	75	72.7	71.8	4330310
7/13	8:00	75	72.7	71.8	4330540
7/13	8:20	75	72.9	71.9	4330720
7/13	8:40	75	72.9	72.0	4330910
7/13	9:00	75	73.0	72.1	4331120
7/13	9:20	75	73.1	72.2	4331310

Received by OWRD
APR 15 2024
Salem, OR

2

Well Test For Well #~~2~~ John Abrams

5HP Grundfos 75S50 Set at 127' BGS

Sustained Flow = 75 gpm

Date	Time	Flow GPM)		Water Level (BGS)	Notes
7/13	9:40	75	73.2	72.3	4331500
7/13	10:00	75	73.3	72.4	4331700
7/13	10:20	75	73.3	72.4	4331900
7/13	10:40	75	73.4	72.6	4332090
7/13	11:00	75	73.5	72.6	4332290
7/13	11:20	75	73.6	72.7	4332490
7/13	11:40	75	73.7	72.8	4332690
7/14	12:00	75	73.8	72.8	4332890
7/14	12:20	75	73.9	73.0	4333090
7/14	12:40	75	73.9	73.0	4333280
7/14	1:00	75	74.0	73.1	4333480
7/14	1:20	75	74.1	73.1	4333680
7/14	1:40	75	74.1	73.3	4333870
7/14	2:00	75	74.3	73.4	4334080
7/14	2:37	75	74.4	73.5	4334450
7/14	3:04	75	74.5	73.6	4334710
7/14	3:28	75	74.6	73.7	4334940
7/14	3:47	75	74.6	73.7	4335120
7/14	4:16	75	74.7	73.8	4335420
7/14	4:40	75	74.8	73.9	4335660
7/14	5:05	75	74.9	74.0	4336000
7/14	6:12	75	75.1	74.2	4336560
7/14	6:35	75	75.2	74.3	4336790
7/14	6:58	75	75.2	74.3	4337000
7/14	7:15	75	75.3	74.4	4337170
7/14	7:45	75	75.4	74.5	4337460
7/14	8:04	75	75.5	74.6	4337670
7/14	8:20	75	75.5	74.6	4337840
7/14	9:17	75	75.5	74.6	4338400
7/14	9:35	75	75.6	74.7	4338570
7/14	9:53	75	75.6	74.7	4338750
7/14	9:54	0	70.3	69.2	
7/14	9:55		69.4	68.3	
7/14	9:56		68.8	67.9	
7/14	9:58		68.4	67.5	
	10:00		68.2	67.2	
	10:05		67.5	66.6	
	10:10		67.0	66.1	
	10:15		66.7	65.8	
	10:20		66.5	65.6	
	10:30		66.1	65.2	

MARALYNN ABRAMS - WEST WIND COUNTRY HOMES
SUBDIVISION WATER SYSTEM

CASCADE WATER WORKS, INC. 2646 TAHOE AVE. SE SALEM, OR 97306 503-364-4888	SCHEDULED PAYMENT # 1 1-Jul-06 TO: 17-Jul-06

No.	Description		TOTAL AMT.			PREVIOUS REQ.		THIS PERIOD		TOTAL TO DATE	
			Units	unit cost	Cost ($)	Units	Cost($)	Units	Cost($)	Units	Costs
1	WELL PUMP #1 - GRUNDFOS 60S50 W/ 2" PIPE, #10 WIR	1	LS	$4,200.00	$4,200.00	LS	$0.00	LS	$4,600.00	LS	$4,600.00
2	WELL PUMP #4 - GRUNDFOS 75S50 W/ 2" PIPE, #8 WIRE	1	LS	$4,120.00	$4,120.00	LS	$0.00	LS	$4,420.00	LS	$4,420.00
3	INSTALL PUMPS #1 AND #2, PULL EXISTING PUMP #1	1	LS	$2,460.00	$2,460.00	LS	$0.00	LS	$2,460.00	LS	$2,460.00
4	PERFORM 24 HR TEST PUMP ON WELLS #1 AND #2	2	LS	$1,790.00	$3,580.00	LS	$0.00	LS	$3,580.00	LS	$3,580.00
5	ENGINEERING AND SUBMITTAL TO OSHD	1	EA	$7,900.00	$7,900.00	LS	$0.00	LS	$0.00	LS	$0.00
6	WELL COVERS FOR WELL #1 AND #3	2	LS	$1,050.00	$2,100.00	LS	$0.00	LS	$0.00	LS	$0.00
7	CONTROL BUILDING	1	LS	$16,750.00	$16,750.00	LS	$0.00	LS	$0.00	LS	$0.00
8	ELECTRICAL SUBCONTRACTOR (PANELS, LIGHTING)	1	LS	$13,950.00	$13,950.00	LS	$0.00	LS	$0.00	LS	$0.00
9	2" FLOWMETERS FOR WELLS #1 AND #2	2	EA	$860.00	$1,720.00	LS	$0.00	LS	$0.00	LS	$0.00
10	DATA LOGGERS FOR WELLS #1 AND #2	2	EA	$1,370.00	$2,740.00	LS	$0.00	LS	$2,740.00	LS	$2,740.00
11	PUMP CONTROLLER	1	LS	$1,050.00	$1,050.00	LS	$0.00	LS	$0.00	LS	$0.00
12	CONTROL BUILDING PIPING	1	LS	$6,430.00	$6,430.00	LS	$0.00	LS	$0.00	LS	$0.00
13	PRESSURE TRANSMITTER	1	LS	$3,500.00	$3,500.00	LS	$0.00	LS	$0.00	LS	$0.00
14	2000 gallon TANK w/ PIPING FOR INITIAL OPERATION	1	LS	$1,750.00	$1,750.00	LS	$0.00	LS	$0.00	LS	$0.00
15	PROJECT MANAGEMENT	1	LS	$2,500.00	$2,500.00	LS	$0.00	LS	$500.00	LS	$500.00
16	INSTALL PUMP FROM WELL #1 INTO WELL #2	1	LS	$1,450.00	$1,450.00	LS	$0.00	LS	$0.00	LS	$0.00
17	WELL HEAD PIPING	2	LS	$750.00	$1,500.00	LS	$0.00	LS	$0.00	LS	$0.00
18	START-UP AND TESTING, CHLORINATION	1	LS	$1,650.00	$1,650.00	LS	$0.00	LS	$0.00	LS	$0.00
		TOTALS :			$79,350.00		$0.00		$18,300.00		$18,300.00

SUMMARY

		Contract Amount	Previous Payment	This Period	Total To Date
Contract Amount		$79,350.00	$0.00	$18,300.00	$18,300.00
Change Order		$0.00	$0.00	$0.00	$0.00
	Totals:	$79,350.00	$0.00	$18,300.00	$18,300.00

PAYMENT THIS PERIOD: $18,300.00

7/15/06

8/14 #1249

Wells 1 and 2 Pump Test Explanation Letter

During the COBU process, I have obtained copies of the pump test data sheets from John Abrams, owner and manager of Fox Ridge Water Company, LLC. In order to fill out the cover sheets for the pump tests, I contacted Cascade Water Works, LLC and was informed that Jonathan Smith (PE 53104) was the former owner of the Cascade Water Works, LLC. He sold the company to the current owners four years ago. They had no additional information to share with me. My hope was that Jonathan Smith would be available to sign the cover sheets, but that was not the case. Please note that he did sign the top of the second page on the data sheets for both pump tests.

-William E. McGill, CWRE

Originally sent with water level reporting form
Dated 4-9-2010

To Whom it concerns,

There are some corrections on the POD #2 form attached, they concern confusion about well identification. Unfortunately said data appears to be a mix of information concerning two wells on Maralynn Abrams' property. The correct well that is part of the permitted system is well I.D. # 65938, well log YAMH54435 (correct well report attached) this well's physical location is about 410 feet northwesterly from well #1. The confusion comes from a well constructed on 08-09-2005 I.D.# 73632, well log YAMH54182 that did not perform adequately and has a poor profile for community water purposes, this well is not part of the permitted system and is located about 720 feet northerly from well #1, does not and never has had a pump installed and is capped and available for use as a monitoring well (Marc Norton used it for just that purpose when we initiated 24 hour pump tests on the other two wells) or it could be used for individual service separate from the permitted water system at some point in the future.
Please call me at 503-474-7069 if any further clarification is needed.

Thank you,

John Abrams

Copied and re-submitted 4-30-2013

Received by OWRD
APR 15 2024
Salem, OR

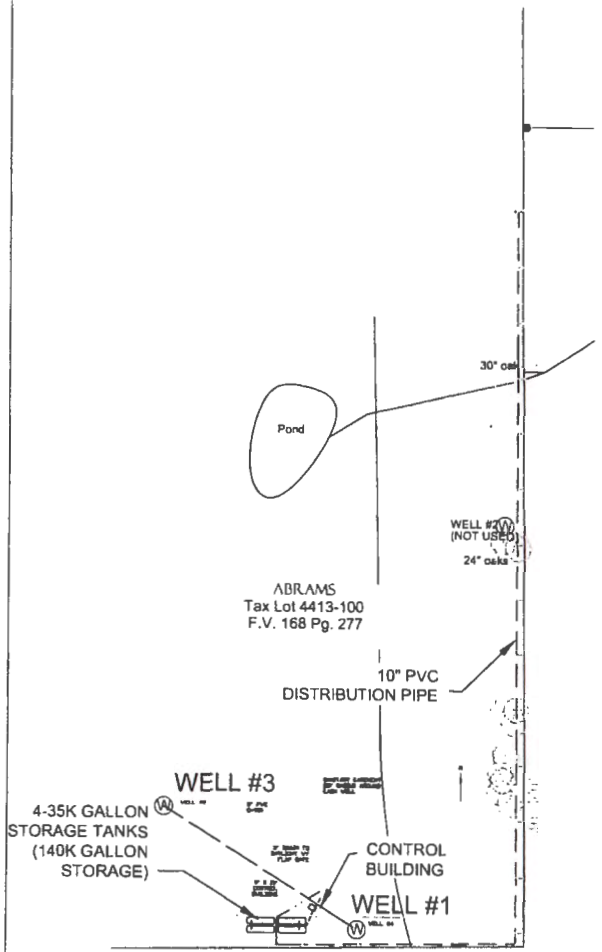
Ground Water Water Right
Application: G16643
Permit: G16428

Fox Ridge Water Company, LLC

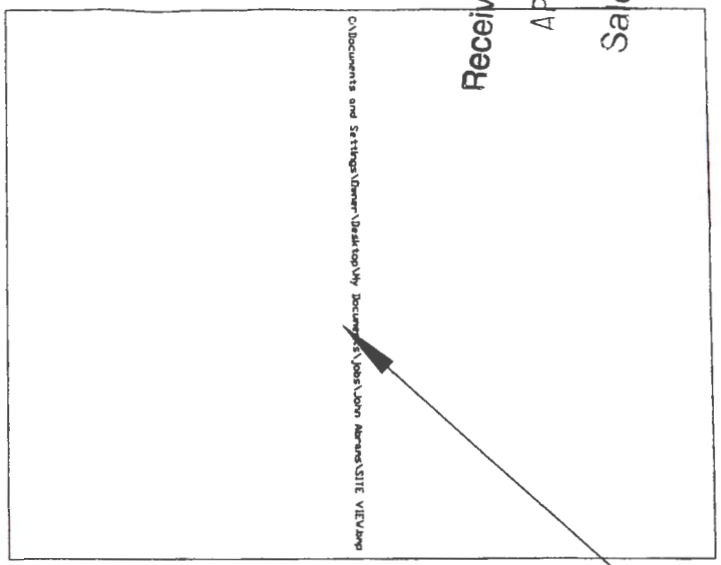
Statement concerning well level reporting:

The two wells involved in this Water Right were constructed in 2005 & 2006 hoping to find water, quantity and quality, suitable for a Community Water System - Fox Ridge Water Company, LLC.
The company used to engineer and oversee development of the water system was Cascade Water Works, Salem Oregon. Cascade Water Works (CWW) was also contracted to monitor well levels and report to Water Resources. Considering the remote location of the two wells and difficulty accessing them during winter months, CWW installed submersible electronic transducers (with memory storage) in each well to log water levels and provide data concerning each well's performance. Unfortunately, CWW never provided Fox Ridge Water with the software to download and store the transducer readings of well level data, as they desired to retain that service "in house". Apparently, CWW did not provide annual water level reports to OWRD in support of the water right. Additionally, no compilation, printed or otherwise, of historic water level data (from transducers) was ever provided Fox Ridge Water. At some point, Cascade Water Works was sold to new owners. Repeated attempts requesting any archived information that might exist about the subject wells have not produced any results. The transducers did not age well at all, both wells eventually needed the 2" galvanized pipe within them replaced, due to inexplicable early corrosion, during those repairs it was discovered that the cable to the transducers and the transducers themselves had not survived submersion as they should have. Consequently, the transducers were removed, fearing contamination.
Further complicating issues:
The relative remoteness of the wells' locations and the often difficult drive-ability of the farm roads to them during the late winter months, along with trouble finding credentialed vendors willing and able to go to the wells.
Further difficulties that the 2009-2014 recession put on Fox Ridge Water Co. and it's associated housing development - financially, it was a very "dark time" where simply surviving was in question.
Of course, COVID fall-out did not allow anything to function as expected for a few years also.
As manager of Fox Ridge Water Co.
I take ultimate responsibility for not being more diligent in making sure reporting was performed as required. I wrongly assumed reporting was being done and also wrongly assumed that measurements taken within a couple months of the designated month of March, would be accepted.
I ask for the Departments forgiveness and understanding on this matter.
Fortunately, the wells have performed nicely and show very little fluctuation, via the measurements that do exist, despite almost constant use but again, I very wrongly, assumed because the wells were showing no capacity stress, the annual reporting was not a primary concern.
Thank you for your thoughtful considerations and understanding,

John Abrams
Manager, Fox Ridge Water Co.



PIPING PLAN



PROJECT LOCATION

DESIGN CRITERIA:
50 LOT SUBDIVISION, AVERAGE 1 ACRE LOTS.
ASSUME 1/4 ACRE IRRIGATED PER LOT.
MAX. DAILY USE = 94,643 GALLONS, REQUIRED
FLOW = 94.64 GPM @ 1000 MINUTES PUMPING PER DAY.
WELL #1 CAPACITY = 71 GPM @ 122' PWL.
PUMP #1: GRUNDFOS 60S50-9 @ 172', 65 GPM @ 190' TDH.
WELL #3 CAPACITY = 75 GPM @ 75.5' PWL.
PUMP #3: GRUNDFOS 75S50-8 @ 128', 70 GPM @ 188' TDH.

CASCADE WATER WORKS
2646 TAHOE AVE. SE
SALEM, OREGON 97306
(503) 364-4888

CONTRACTOR RESPOSIBLE
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REGISTERED PROFESSIONAL ENGINEER
53,104
OREGON
JULY 11, 2006
JONATHAN M. SMITH
EXPIRES:

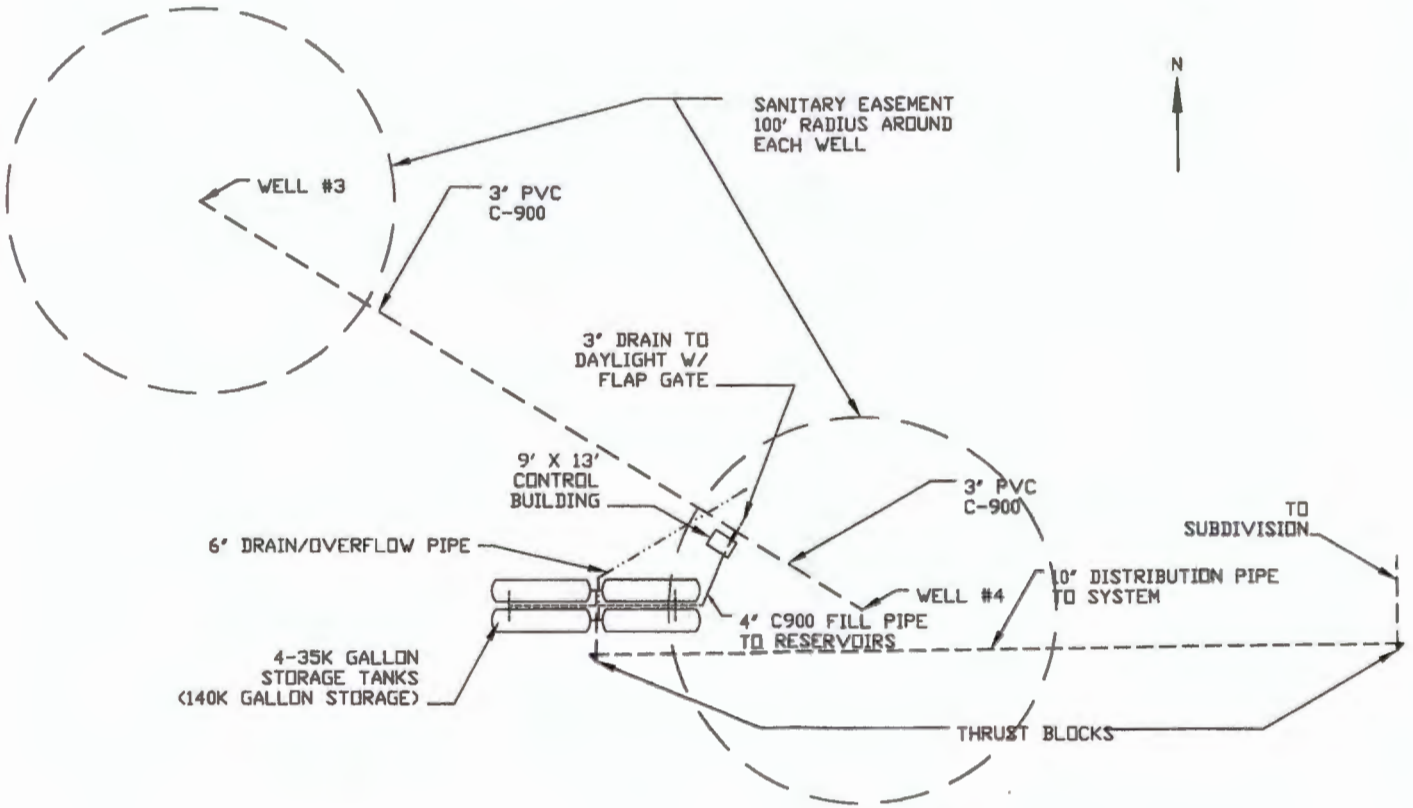
WEST WIND COUNTRY HOMES
MCMINNVILLE, OREGON
WATER SYSTEM

COVER SHEET

REVISIONS		
BY	DESCRIPTION	DATE

JOB #: WWCH-01
DATE: 07/24/06
DRAWN BY: CJS
FILE: C:\...\JOHN ABRAMS
SCALE: AS SHOWN
REVIEWED BY:

CIVIL 1/9



SITE PLAN
1" = 60'

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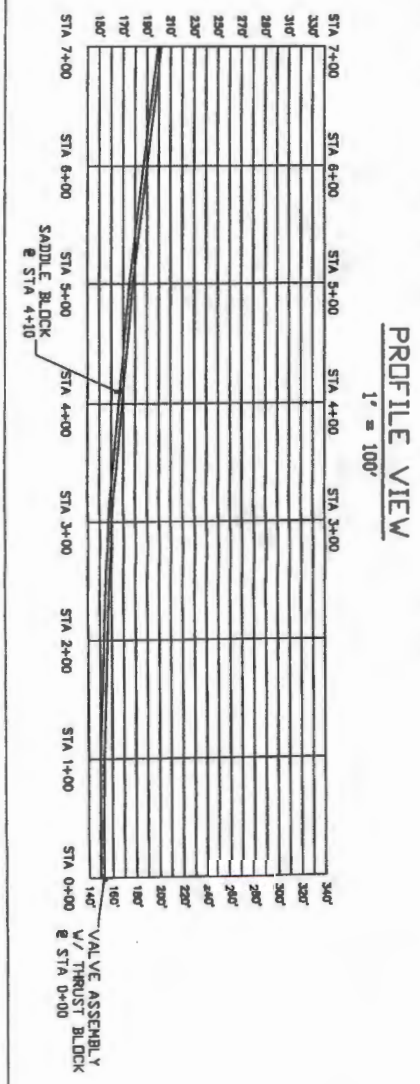
WATER SYSTEM

SITE PLAN

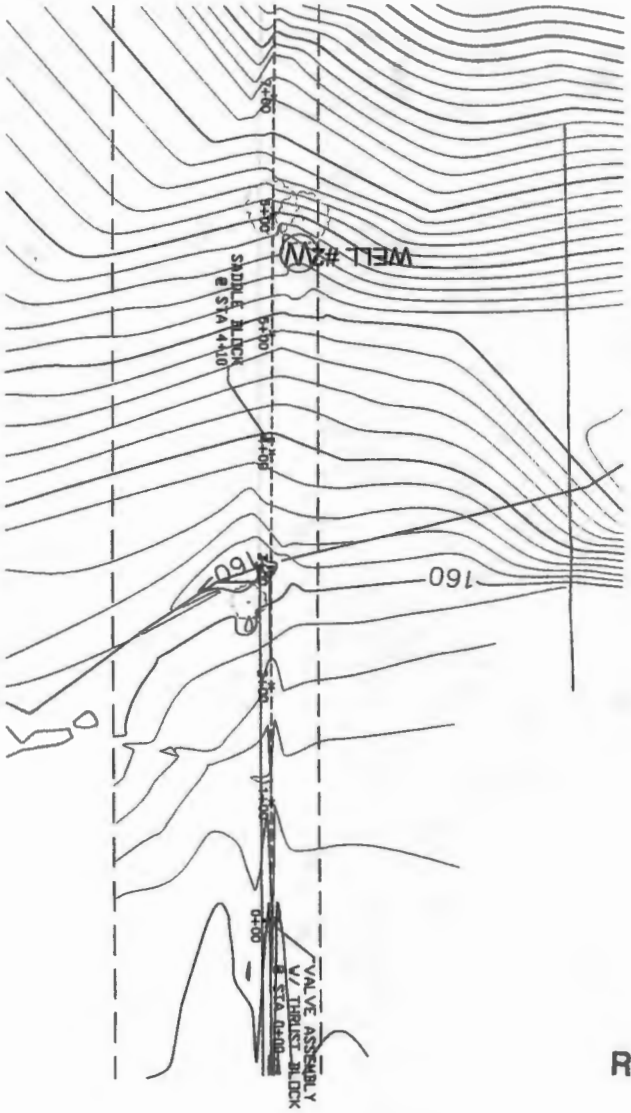
BY	REVISIONS DESCRIPTION	DATE

CIVIL 2/9



PROFILE VIEW

1" = 100'



WEST WIND COUNTRY HOMES
MCMINNVILLE, OREGON
WATER SYSTEM

PIPE PROFILE STA 0+00 - 7+00

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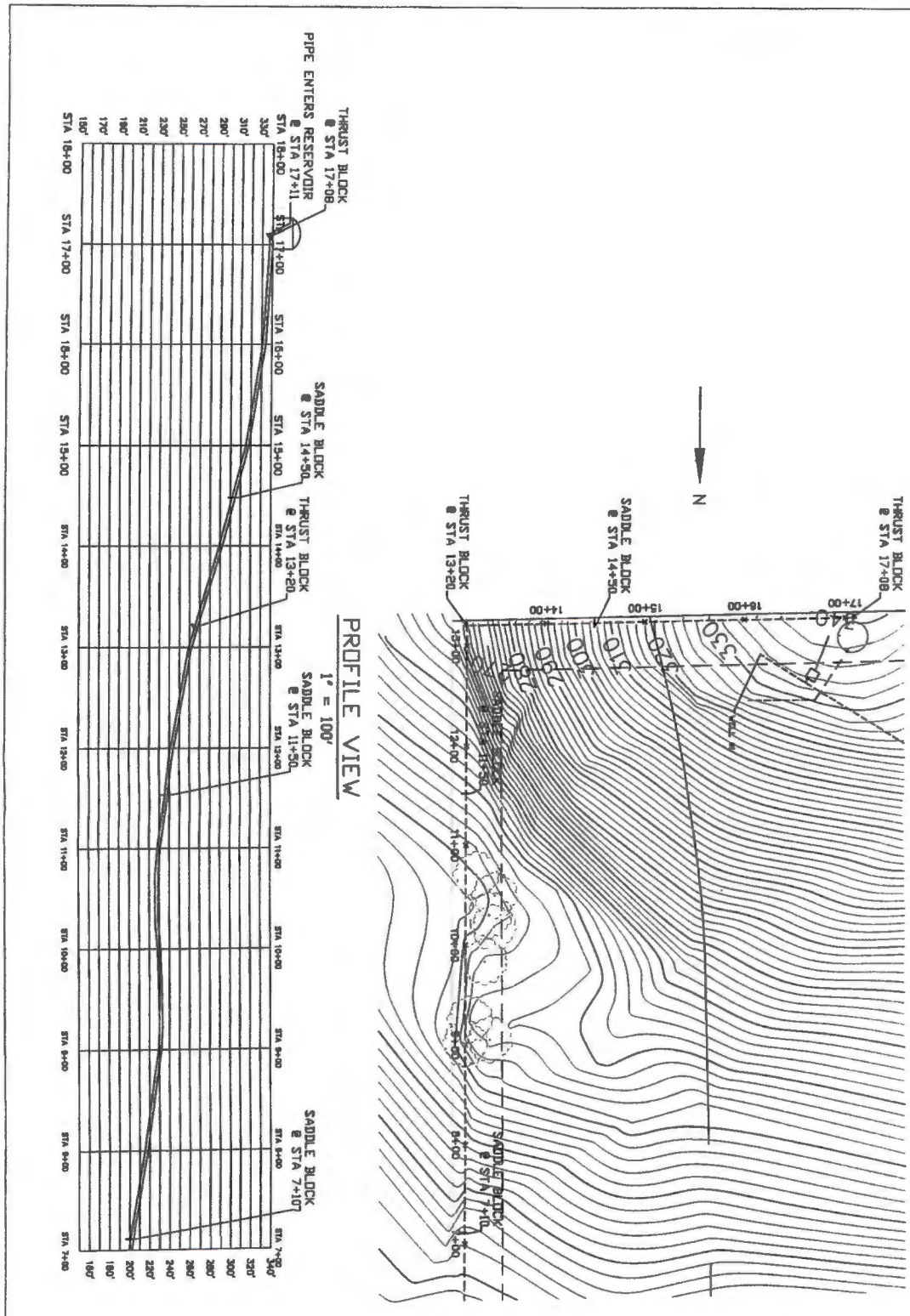
CIVIL 3/9



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WEST WIND COUNTRY HOMES
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PIPE PROFILE STA 7+00 - 17+11

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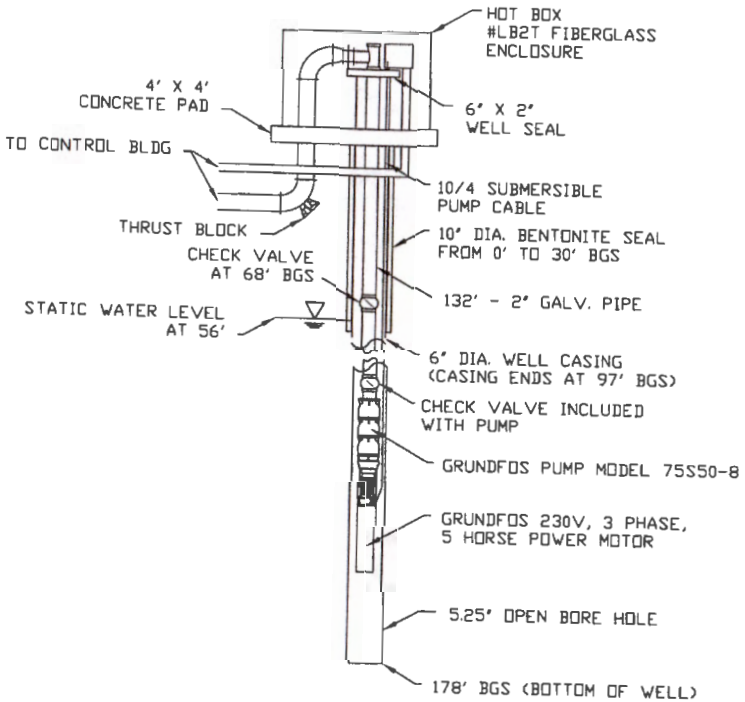
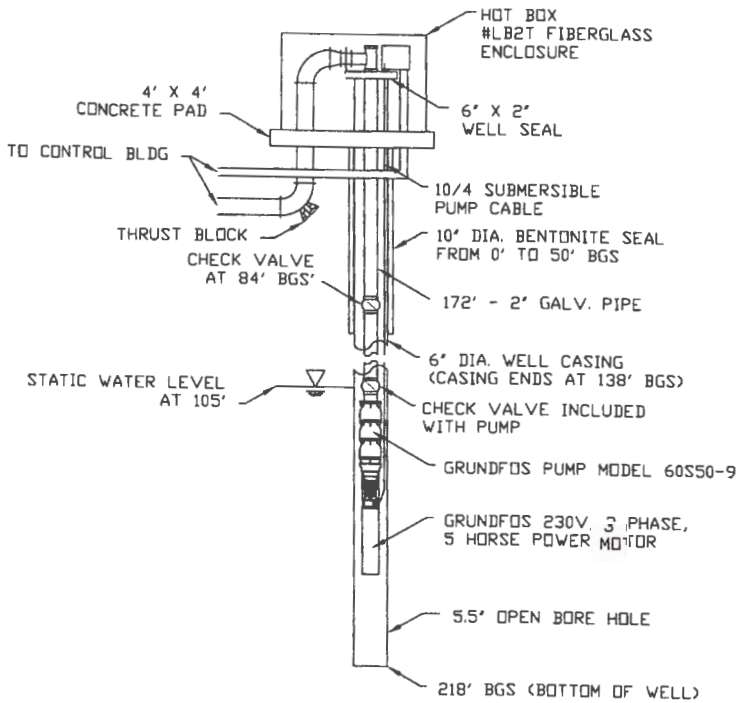
CIVIL
4/9



WELL #1
NTS



WELL #3
NTS

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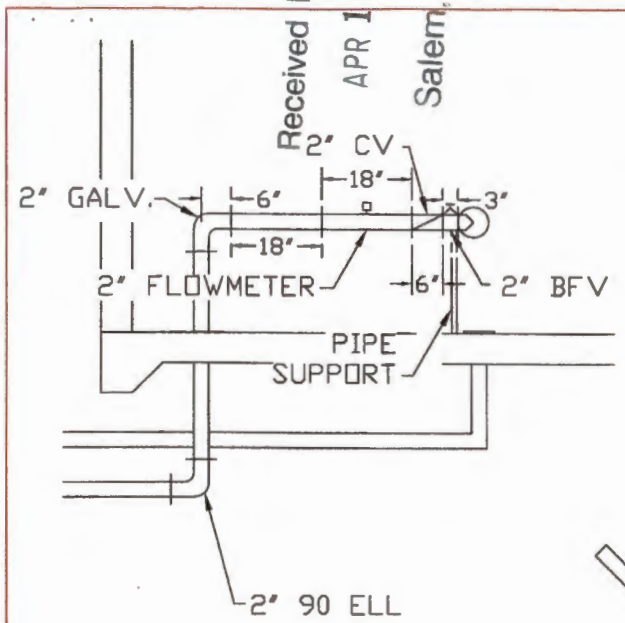
WATER SYSTEM

WELL PROFILES

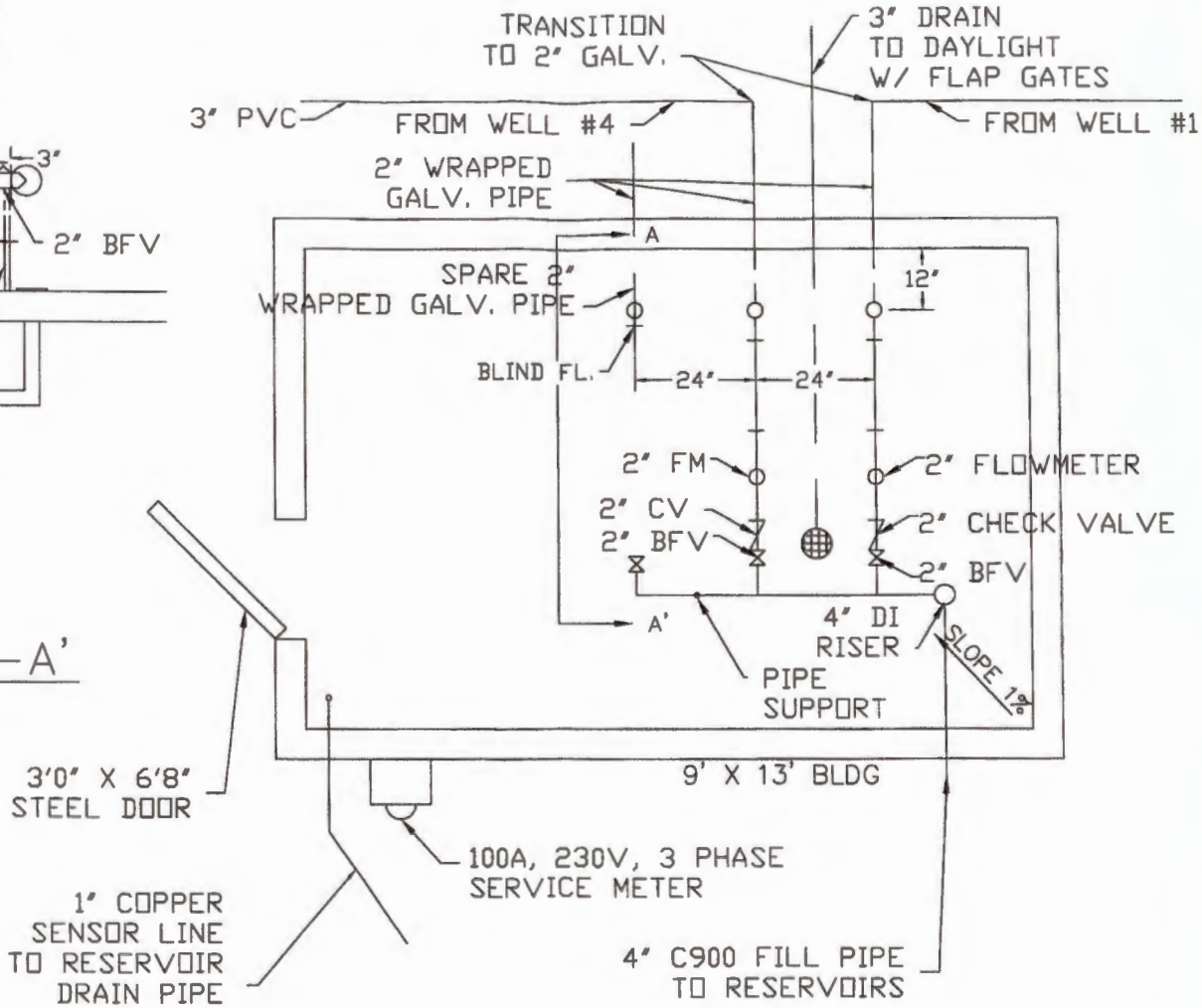
BY	REVISIONS DESCRIPTION	DATE

JOB #: WWCH-01
DATE: 07/24/06
DRAWN BY: CJS
FILE: C:\...\JOHN ABBAS
SCALE: AS SHOWN
REVIEWED BY: MS

CIVIL



SECTION A–A'



MECHANICAL PIPING PLAN
1" = 2'

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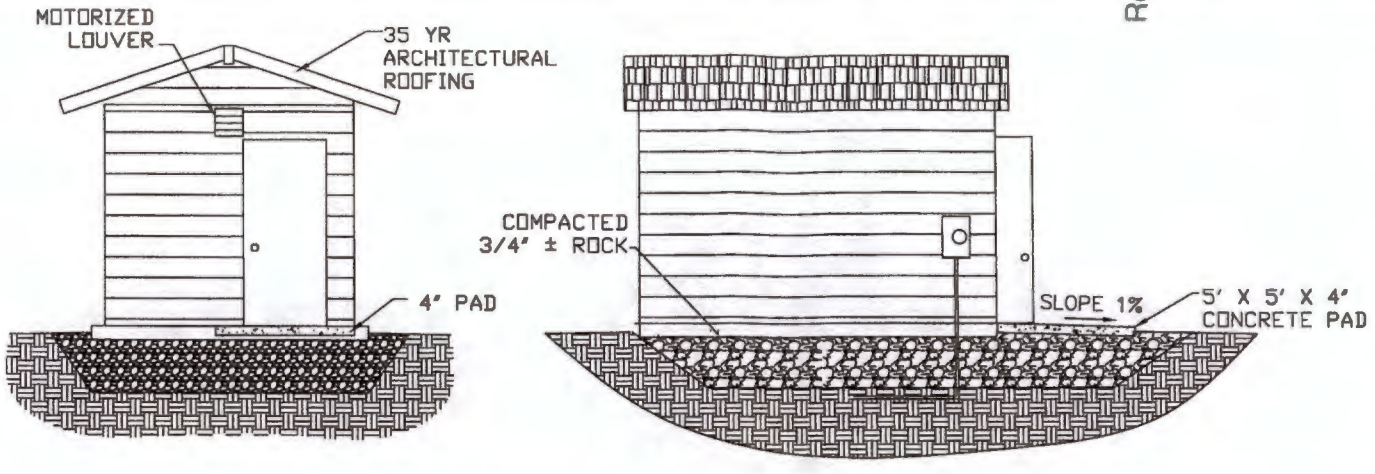
PIPING DETAIL

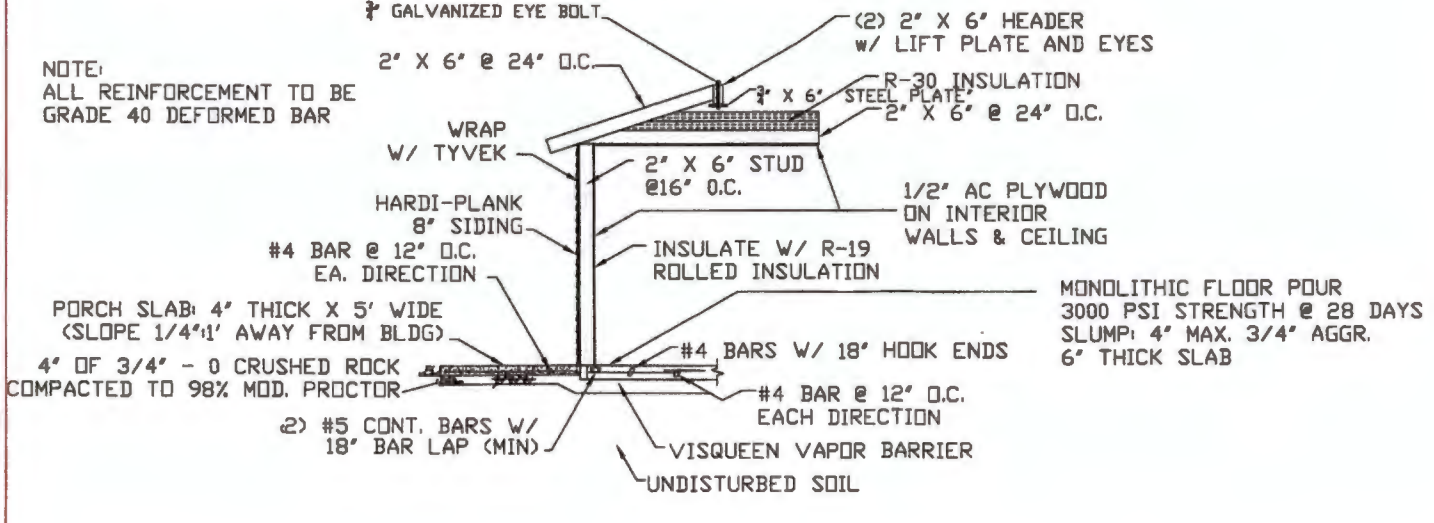
BY	REVISION DESCRIPTION	DATE

CIVIL 6/9



9' X 13' CONTROL BUILDING

1" = 4'



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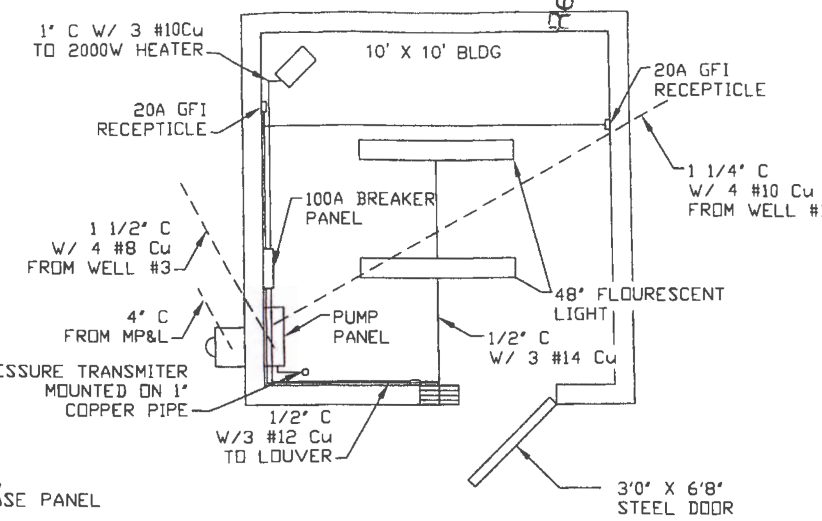
WATER SYSTEM

STRUCTURAL DETAIL

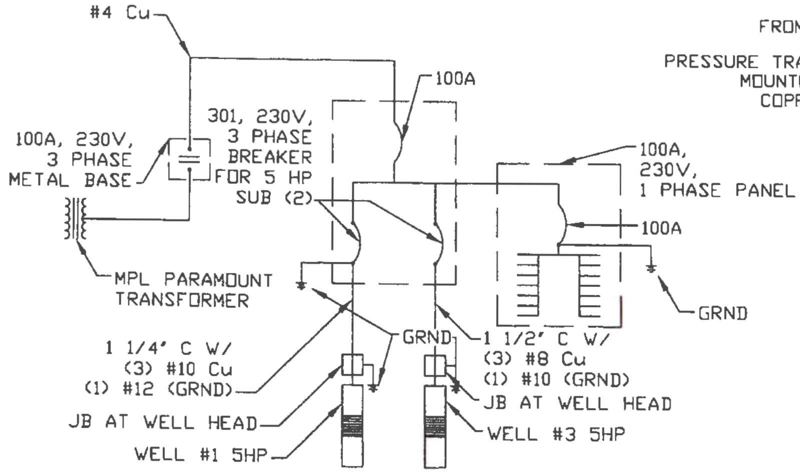
BY	REVISIONS DESCRIPTION	DATE

CIVIL 7/9



ELECTRICAL CONDUIT PLAN

1" = 3'



ONE LINE POWER DIAGRAM

NTS

SPACE	BREAKER SIZE	DESCRIPTION	SPACE	BREAKER SIZE	DESCRIPTION
1	15A, 2 POLLS	1000W HEAT	2	15A, 1 POLE	LIGHTS
3	15A, 2 POLLS	1000W HEAT	4	15A, 1 POLE	CONTROL POWER
5	SPARE 15A, 1 POLE	-	6	20A, 1 POLE	RECEPTICLES
7	SPACE	-	8	15A, 1 POLE	AUTO LOUVER
9	SPACE	-	10	SPARE 15A, 1 POLE	-
11	SPACE	-	12	SPACE	-

SINGLE PHASE PANEL SCHEDULE

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MCMINNVILLE, OREGON
WATER SYSTEM

ELECTRICAL DETAIL

REVISIONS

BY	DESCRIPTION	DATE

JOB #: WWCH-01
DATE: 07/24/06
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(HORIZONTAL) BEARING AREA OF THRUST BLOCKS IN SQUARE FEET									(VERTICAL) VOLUME OF THRUST BLOCK IN CUBIC YARDS			
FITTING SIZE	TEE, WYE, DEAD END, AND HYDRANT	STRADDLE BLOCK	90° BEND PLUGGED CROSS	TEE PLUGGED ON RUN A-1	TEE PLUGGED ON RUN A-2	45° BEND	22-1/2° BEND	11-1/4° BEND	90° BEND	45° BEND	22-1/2° BEND	11-1/4° BEND
4	1.0	1.6	1.4	1.9	1.4	1.0	---	---	---	---	---	---
6	2.1	3.7	3.0	4.2	3.0	1.6	1.0	---	1.3	---	---	---
8	3.8	6.5	5.3	7.6	5.4	2.9	1.5	1.0	2.3	1.1	---	---
10	5.9	10.2	8.4	11.8	8.4	4.6	2.4	1.2	3.7	1.8	---	---
12	8.5	14.7	12.0	17.0	12.0	6.6	3.4	1.7	5.5	2.8	1.2	---
14	11.5	---	16.3	23.0	16.3	8.9	4.6	2.3	7.6	3.9	1.7	---
16	15.0	26.1	21.3	30.0	21.3	11.6	6.0	3.0	9.9	5.1	2.3	0.9
18	19.0	---	27.0	38.0	27.0	14.6	7.6	3.8	---	---	---	---
20	23.5	40.8	33.3	47.0	33.3	18.1	9.4	4.7	---	---	---	---
24	34.0	58.8	48.0	68.0	48.0	26.2	13.6	6.8	---	---	---	---

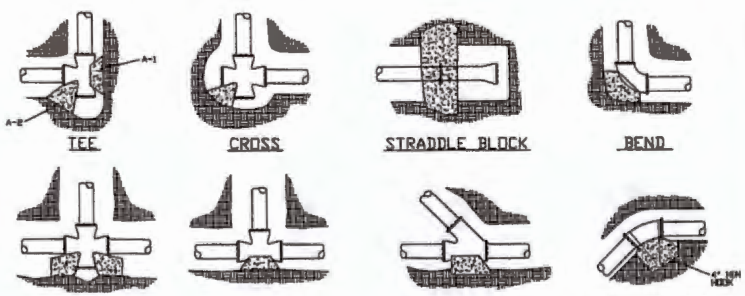
NOTES:

1. ABOVE BEARING AREAS BASED ON TEST PRESSURE OF 150 PSI AND ALLOWABLE SOIL BEARING STRESS OF 2000 POUNDS PER SQUARE FOOT. TO COMPUTE BEARING AREAS FOR DIFFERENT TEST PRESSURES AND SOIL BEARING STRESSES, USE THE FOLLOWING EQUATION:

   BEARING AREA = (TEST PRESSURE / 150) x (2000 / SOIL BEARING STRESS) x (TABLE VALUE)

2. ABOVE VOLUMES BASED ON TEST PRESSURE OF 150 PSI AND THE WEIGHT OF CONCRETE = 4050 POUNDS PER CUBIC YARD. TO COMPUTE FOR DIFFERENT TEST PRESSURES, USE THE FOLLOWING EQUATION:

   VOLUME = (TEST PRESSURE / 150) x (TABLE VALUE)



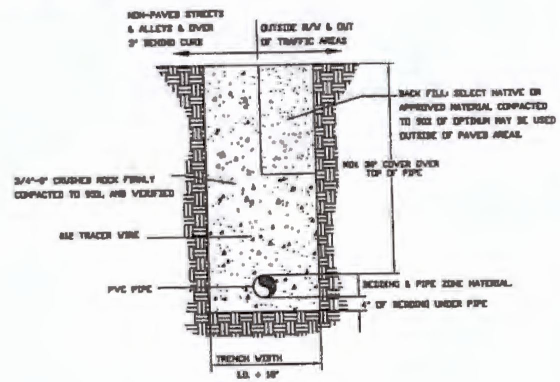
RODS FOR VERTICAL BENDS		
FITTING SIZE	ROD SIZE	EMBEDMENT
12" AND LESS	#6	30"
14" - 16"	#8	36"

NOTES:

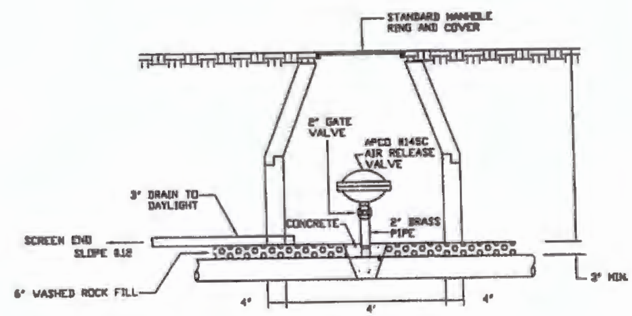
1. CONCRETE BLOCKING TO BE POURED AGAINST UNDISTURBED EARTH.
2. ALL CONCRETE TO BE CLASS 2400 MINIMUM.
3. INSTALL ISOLATION MATERIAL BETWEEN PIPE AND/OR FITTINGS BEFORE POURING CONCRETE BLOCKING.
4. CONCRETE SHALL BE KEPT CLEAR OF ALL JOINTS AND ACCESORIES.
5. TIE RODS SHALL BE DEFORMED GALVANIZED COLD ROLLED STEEL, 40,000 PSI TENSILE STRENGTH.

PROJECT SPECIFICATIONS:

1: PIPING SHALL BE 10" C-900 PVC CLASS 150 AND SHALL BE INSTALLED IN ACCORDANCE WITH AWWA C605-94. ENGINEER SHALL BE PRESENT FOR PRESSURE TESTING. TEST PRESSURE SHALL BE 150 PSI AT STA 0+00. TESTS SHALL CONTINUE FOR 1 HOUR.
2: PIPING SHALL BE CHLORINATED IN ACCORDANCE WITH AWWA C651-99. TEST RESULTS SHALL SHOW NO PRESENCE OF COLIFORM OR FECAL BACTERIA.
3: MINNIMUM COVER DEPTH OF 30" OVER ALL PIPE.
4: #12 TRACER WIRE SHALL BE USED TO ALLOW LOCATES OF ALL PIPE.
5: SADDLE BLOCKS AND THRUST BLOCKS TO BE INSTALLED AS PER DETAIL.
6: PIPING PENETRATING CONCRETE FLOORS OR WALLS SHALL BE DUCTILE IRON OR COPPER.
7: ACCURATE AS BUILT DRAWINGS SHALL BE MAINTAINED ON SITE AND DELIVERED TO ENGINEER AT CONCLUSION OF PROJECT.
8: ALLOWABLE PIPE LEAKAGE SHALL BE L=(N*D*(P^1/2))/7400 WHERE: L = ALLOWABLE LEAKAGE IN GPH, N = NUMBER OF JOINTS, D = DIAMETER OF PIPE, AND P = AVERAGE TEST PRESSURE.



TRENCH DETAIL
OUTSIDE PAVED AREAS



TYPICAL AIR RELIEF
VALVE INSTALLATION
N.T.S.

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SALEM, OREGON 97306
(503) 364-4888

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REGISTERED PROFESSIONAL ENGINEER
53,104
OREGON
JULY 11, 2000
JONATHAN M. SMITH
EXPIRES:

WEST WIND COUNTRY HOMES
MCMINNVILLE, OREGON
WATER SYSTEM

DETAILS

REVISIONS		
BY	DESCRIPTION	DATE

JOB #: WCH-01 FILE: [illegible]
DATE: 07/24/06 SCALE: AS SHOWN
DRAWN BY: CJS REVIEWED BY: JMS
CIVIL 9/9

OREGON
WATER RESOURCES DEPARTMENT

Received by OWRD
APR 15 2024
Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Fox Ridge Water Company
12475 Baker Creek Rd McMinnville OR 97128

Transaction Type: Claim

Fees Received: $ 230.00

☐ **Cash** ☒ **Check:** **Check No.** 7248

Name(s) on Check: Will McGill Surveying

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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: Cme Lovin
(Name of OWRD staff)

Instructions for OWRD staff:

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