

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



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 permits
with priority dates of July 9, 1987, or later.**

**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-16595	PERMIT # (IF APPLICABLE) G-17337	PERMIT AMENDMENT # (IF APPLICABLE) T-11890
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2a. Property Owner (current owner information):

APPLICANT/BUSINESS NAME John M II and Pelagia Hagan A.K.A. Jack and Polli Hagen		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 30574 S. Stuwe Rd			
CITY Canby	STATE OR	ZIP 97013	E-MAIL

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 John "Jack" Hagan II and Pelagia "Polli" Hagan			
ADDRESS 30574 S. Stuwe Rd			
CITY Canby	STATE OR	ZIP 97013	

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

November 1, 2023

**Received
APR 11 2024**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jack Hagan	November 1, 2023	Owner / Operator

6. County

Clackamas County

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

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature

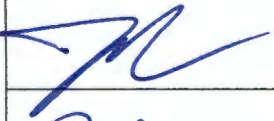


CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	John Hagan	member/owner	2/22/24
Pelagia Hagan	Pelagia Hagan	Owner	2/22/2024

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	CLAC 73408	L-125668

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well	Bear Creek Basin	Pudding River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Berries	March 1 through October 31	0.27 cfs
Total Quantity of Water Used				0.27 cfs

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

Water is pumped from the Well (CLAC 73408) using a 20 Hp submersible pump to convey water east through 11 feet of above-ground steel equipped with a meter before going underground.

Underground, the steel pipe connects to 3-inch PVC pipe for about 60 feet, then tees east-west along the southern edge of the property. This mainline has four hydrants where either a portable high-pressure sprinkler system can be attached using portable 2-inch layflat hose or portable aluminum handlines with impact sprinklers.

The berries are irrigated as needed using either the high-pressure sprinkler system or the impact sprinklers.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES

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

1. Permit amendment T-11890 was submitted to allow a neighbor to lease some of Hagan Farms acres and irrigate from their own well. This lease is now terminated and the use of that well is no longer available, therefore, Ivanov Well will no longer be listed in this claim.
2. With better mapping and the use of recent aerial photos, the section and sixteenth lines vary from the original permit producing different acreage values per quarter-quarter section. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

5S 1E 5 NW SE 25.0

Revised place of use:

5S 1E 5 NESE 0.5

5S 1E 5 NW SE 21.0

Total: 21.5

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.313 cfs	0.27 cfs	Not measured	Irrigation	25.0	21.5

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SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5S	1E	WM	5	NESE	NA	NA	Irrigation	0.5	NA
5S	1E	WM	5	NWSE	NA	NA	Irrigation	21.0	
Total Acres Irrigated								21.5	NA

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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:

The well has a ½-inch vent port which is installed in the well seal on the west side of the well.

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 Well Log CLAC 73408						

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.

See Well Log CLAC 73408

C. Groundwater Source Information (Sump)

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

NO

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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.

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin Electric	150STS5	Unknown	Submersible	3 inch	3 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	20 Hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20 Hp	70-90 psi	90.8 feet (from permit condition pump test)	0 feet	0.44 to 0.52 cfs

5. Provide pump calculations:

Well at 70 psi	Q Pump = $\frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(90.8 \text{ ft lift} + 177.8 \text{ ft pressure head})}$ = 0.52 cfs
Well at 90 psi	Q Pump = $\frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(90.8 \text{ ft lift} + 228.6 \text{ ft pressure head})}$ = 0.44 cfs

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

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

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

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~1,160	PVC	Buried
4 inch	11 feet	Steel	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~ 4,000 feet	Aluminum	Above ground
2 inch	~ 600 feet	Layflat - PVC plastic reinforced interwoven polyester yarn	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
0.70 nozzle	55-80 psi	100-120 gpm	1	1	0.27 cfs
3/16 impact sprinkler	55 psi	7.5 gpm		14	0.23 cfs

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
NA					

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?

NO

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

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?

NO

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

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?

NO

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

H. Additional notes or comments related to the system:

Note: there is a faucet before the meter but Jack says the faucet is only used to drain the pipe in winter.

SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	Permit G-16143 issued: January 4, 2007 Permit G-17337 issued: January 6, 2015		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	Per Permit G-16143 October 1, 2011 Per Extension FO issued September 5, 2014: October 1, 2017 Per Permit G-17337 Issued January 6, 2015: October 1, 2017 Per Extension FO issued	June 2019	Meter was installed and irrigation system connected. Received APR 11 2024

	December 8, 2017: October 1, 2027		
COMPLETE APPLICATION OF WATER (C)	Per Permit G-16143: October 1, 2011 Per Extension FO issued September 5, 2014: October 1, 2017 Per Permit G-17337 Issued January 6, 2015: October 1, 2017 Per Extension FO issued December 8, 2017: October 1, 2027	September 2023	All the permit conditions were met and water was put to the full use.

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports? No and YES

Extension FO issued September 5, 2014 – No
Extension FO issued December 8, 2017 – Yes
Due: October 1, 2022 and 2026

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

b. Were the Progress Reports submitted? NO

- For the 2022 report: Progress report is attached to this claim
- For the 2026 report: this claim is being submitted prior to that date

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

3. Initial Water Level Measurements:

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

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

4. Annual Static Water Level Measurements:

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

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

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5. Pump Test:

a. Did the permit require the submittal of a pump test? YES

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? NO

c. Is the pump test attached to this claim? YES

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

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	19-04452-04	Working	8,559,600 gallons (November 1, 2023)	June 19, 2019

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved

7. Recording and reporting conditions:

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

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

8. Other conditions required by permit, permit amendment 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. Was submittal of a water management and conservation plan required? NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES

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Well ID #	DATE ATTACHED TO WELL
L-125668	August 2017

e. 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):

e) Condition per Permit G-17337:

The well shall produce groundwater only from the alluvial groundwater reservoir.

Compliance:

Well 1 (CLAC 73408) develops water through perforated casing from the depth intervals of 135 feet to 145 feet, 162 feet to 165 feet, and 173 feet to 186 feet, and through a screen liner from the depth intervals of 64.6 feet to 84.6 feet and 164.6 feet to 224.6 feet, from layers consisting primarily of sand, sandstone, and gravel.

It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 73408	Well log and driller's notes for CLAC 73408 – Well
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (CLAC 73408) conducted October 12, 2023
Progress Report 2022	Extension required Progress report due October 1, 2022

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.

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The COBU map was prepared using tax assessor's map 5 1E 05, 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>

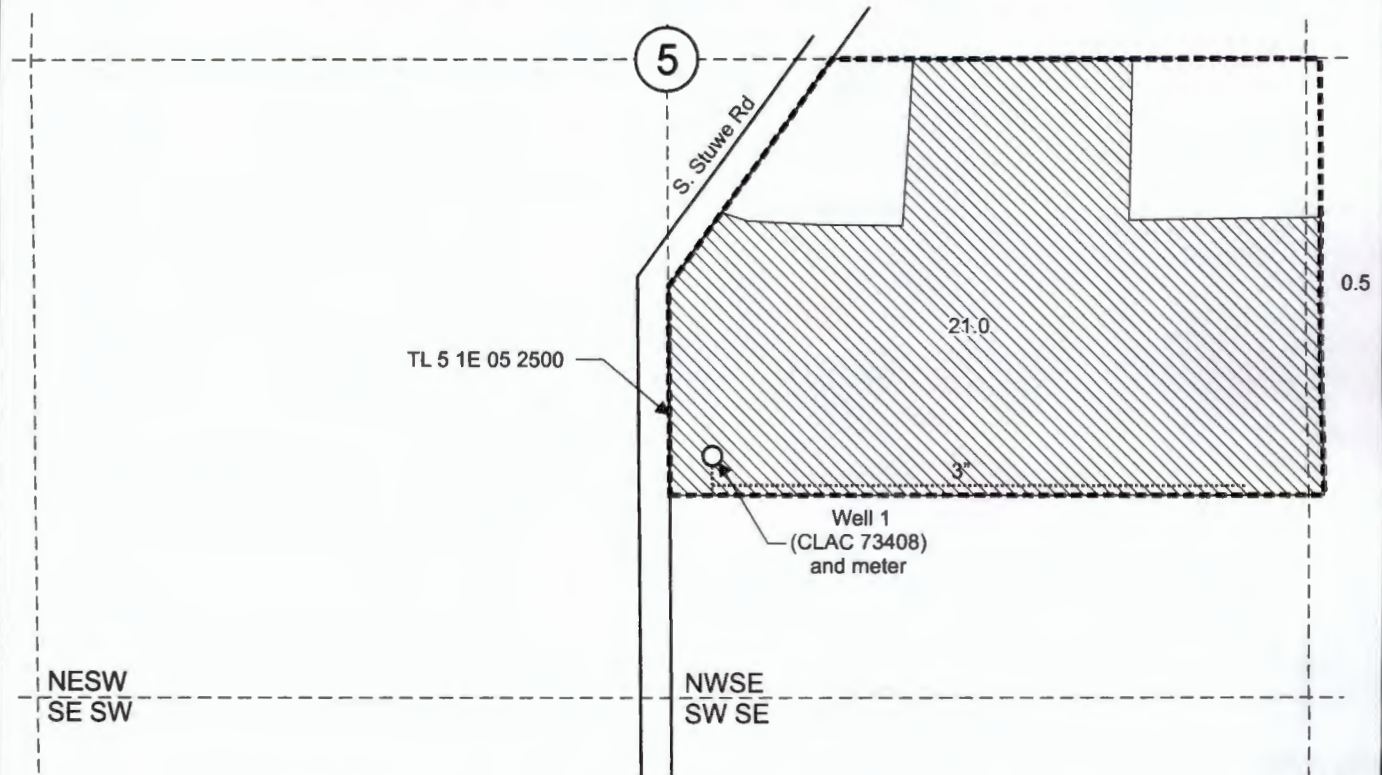
Map Checklist

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

T.5S. R.1E. Section 5, W.M.



Well 1 (CLAC 73408) is located 820 feet south and 100 feet east from the center 1/4 corner, Section 5.

 Area (21.5 Acres) irrigated under Application G-16595, Permit G-17337, T-11890.

----- Tax lot boundary

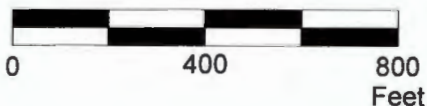
..... Water main line

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S. Sconce Rd

Scale: 1" = 400'



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
Application G-16595, Permit G-17337, T-11890

John "Jack" Hagan II and Pelagia "Polli" Hagan
T.5S. R.1E. Section 5, W.M.

Pacific Hydro-Geology Inc.

02/2024

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

9/24/2017

WELL I.D. LABEL# L

125668

START CARD #

1035834

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name JOHN

Last Name HAGAN

Company

Address 30574 S. STUWE RD

City CANBY

State OR

Zip 97013

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

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 224.60 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
18	0	40	Cement w/4% Bentonite	0	50	7450	P
12	40	50				Calculated	3569.42
8	50	224.6				Calculated	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	3	224.6	250	☒	☐	☒	☐
☐	☐	6	☐	4.6	64.6	200	☐	☐	☐	☐
☐	☐	6	☐	84.6	164.6	200	☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 224.6Temp casing ☒ Yes Dia 12 From + 0 To 50

(7) PERFORATIONS/SCREENS

Perforations Method push down perforator

Screens Type certalok

Material pvc

Perf/	Casing/	Screen	Dia	From	To	Screen slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		8	135	145	.25	1.25	240	
Perf	Casing		8	162	165	.25	1.25	48	
Perf	Casing		8	173	186	.25	1.25	312	
Screen	Liner		6	64.6	84.6	.2			
Screen	Liner		6	164.6	224.6	.32			

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

160		224	2

Temperature 48 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 129 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 5 S N/S Range 1.00 E E/W WM
Sec 5 NW 1/4 of the SE 1/4 Tax Lot 2500

Map Number

Lot

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD☒ Street address of well ☐ Nearest address

30574 S. STUWE RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	8/23/2017		62

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 101.00

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

8/23/2017	101	224.6	160	62

(11) WELL LOG

Ground Elevation

Material	From	To
top soil	0	2
brown clay	2	30
gray clay	30	52
brown sandstone	52	80
gray clay	80	84
gray sandy clay	84	101
gray claystone w/ sand seams	101	115
gray clay w/ fine sand	115	124
sand & gravel	124	127
fine black sand	127	129
large gravel	129	149
sand & gravel	149	159
gray sandy clay	159	161
sandstone	161	165
gray clay w/ fine sand & wood	165	167
sandstone	167	179
gray sandy clay	179	215
sandstone	215	224.6

Date Started 8/16/2017

Completed 8/23/2017

(unbonded) Water Well Constructor Certification

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

License Number

Date

Signed

FEB 26 2018

(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 1771

Date 9/24/2017

Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional) Youngberg Pump & Well Drilling ph. 503-630-3970

ORIGINAL - WATER RESOURCES DEPARTMENT

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

**WATER SUPPLY WELL REPORT -
continuation page****CLAC 73408**

WELL I.D. LABEL# L125668

START CARD # 1035834

ORIGINAL LOG #

9/24/2017

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
					Calculated	
					Calculated	
					Calculated	
					Calculated	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
									
									
									
									
									
									
									
									
									

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: JACK & PELAGIA HAGAN		PHONE No.: 503-314-3919	ADDITIONAL CONTACT No.:
ADDRESS: 30574 S STUWE RD			
CITY: CANBY	STATE: OR	ZIP: 97013	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: TOM CISCO	QUALIFICATION: (SELECT) PUMP TECH	LICENSE #:
COMPANY: FISHER'S SUPPLY INC	PHONE No.: 503-263-8557	ADDITIONAL CONTACT No.:
ADDRESS: 659 SW 1ST AVE		
CITY: CANBY	STATE: OR	ZIP: 97013
E-MAIL: PUMP@FISHERSSUPPLY.COM		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 73408	L- 125668	Well	224'	JOHN HAGAN	9-24-2017	10-12-2023

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 736 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)

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- 16595	G- 17337	T- 11890		☐ 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.

☐ No 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)

☐ No Is there a lake, stream or other surface water body within 1/4 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. Approximate distance: _____ ft.
Well elevation is ☐ above the surface water body. Approximate elevation difference: _____ ft.

☒ Yes Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: FROM IRRIGATION RISERS IN FIELD
How far from the pumped well was water discharged? 300' _____ ft.

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

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PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: ELECT WELL SOUNDE

Length of air line (if used): ELE

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: 500' _____ feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: flow meter / gpm

Flowmeter (if used):

Manufacturer: MICROMETER Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: sub

HP: 20 Pump set at: 168' feet.

Pump idle time: 30 DAYS

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 3.02 feet.

Description (e.g., top port of 1 inch port pipe, west side) _____

Time pump turned on: Date 10-12-2023 Time 9:50 AM

Time pump turned off: Date 10-12-2023 Time 1:50 PM

Total pumping time: 4 hours 0 minutes.

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

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

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

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

Pump test requirements for OAR 690-217 can be found online at:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID=OARD=1BdwLynsYAPNSQW330ZjSFZuMscp4Hfil-1fsDAAEsMC2.ROSsl-277278532?selectedDivision=3186>

Submit forms to:

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: [Signature] DATE: 10-12-2023

OWNER SIGNATURE: _____ DATE: _____

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

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Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

**Extension of Time
Progress Report Form
For Checkpoints**

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: John Hagan II

Application G-16595

Permit G-17337

Progress Report for 2022

Report Due no later than October 1, 2022

DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-17337.

DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between September 8, 2017 and October 1, 2022	FINANCIAL INVESTMENT
June 2019	Installation of a meter on Well 1 (CLAC 73408) , pump, drive and connect to mainline	\$26,404
October 2018	Installation of electrical panel	\$3,600
September 2018	Boring for electrical from power pole to well	\$2,650
September 2018	Power from power pole to panel	\$6,137

Use back of form if needed

2. Describe actions to achieve compliance with conditions of the permit and/or previous extension.
(Examples: installed a meter, submitted water usage reports, submitted static water level measurements, etc.)

Pump test completed 10-23-2023 \$1,000

3. Total number of acres irrigated to date: 21.5

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, to date.

Maximum rate used to date = 0.27 cfs

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

**INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.
FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE
EXTENSION BEING DENIED.**

Signature [Signature] Date 2/22/24

Printed Name/Title member / owner

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Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____
For OWRD use only

Reviewed by:

Date: