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

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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15645	G-15317	NA

2a. Property Owner (current owner information): TL 2N 3 30 1000

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Covey Ridge LLC c/o Tom Ferguson		954-205-3405	
ADDRESS			
41940 NW Covey Ln			
CITY	STATE	ZIP	E-MAIL
Banks	OR	97106	us@fergusonv.com

2b. Property Owner (current owner information): TL 2N 3 30 1006

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Michael J. and Amy Vanderzanden		Amy: 971-459-4865	
ADDRESS			
41615 NW Covey Ln			
CITY	STATE	ZIP	E-MAIL
Banks	OR	97106	amyjessevanderzanden@gmail.com

2c. Property Owner (current owner information): TL 2N 3 30 1007

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Craig and Cheryl Sandage		Home: 503-324-2501 Cell: 503-780-4299	
ADDRESS			
41549 NW Covey Ln			
CITY	STATE	ZIP	E-MAIL
Banks	OR	97106	

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2d. Property Owner (current owner information): TL 2N 3 30 1008

Applicant/Business Name	Phone No.	Additional Contact No.
Covey Ridge Annex LLC c/o Tom Ferguson	**954-205-3405**	
Address: **1440 S. Ocean Blvd. Apt 12B**		
City: **Pompano Beach** / State: **FL** / Zip: **33062**	E-Mail:	

2e. Property Owner (current owner information): TL 2N 3 30 1010

Applicant/Business Name	Phone No.	Additional Contact No.
O'Hollaren Revocable Living Trust, Patrick and Jamie O'Hollaren Trustees	**Jamie: 503-314-8164** **Patrick: 503-847-4456**	
Address: **41691 NW Covey Ln**		
City: **Banks** / State: **OR** / Zip: **97106**	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
Windfell Estates Water Association
Address: **41615 NW Covey Lane**
City: **Banks** / State: **OR** / Zip: **97106**

Additional Permit Holder of Record
NA
Address:
City: / State: / Zip:

4. Date of Site Inspection:

July 10, 2024

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

Name	Date	Association with the Project
Amy Vanderzanden	**July 10, 2024**	**President, Windfell Estates Water Association**
Tom Ferguson	**July 10, 2024**	**Secretary and Treasure, Windfell Estates Water Association**

6. County

Washington County

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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 **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**

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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
Amy C.H. VanderZanden	Amy C.H. VanderZanden	President, Windfell Estates Water Assoc.	8/16/2024

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	WASH 57897	L-52373

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	Irrigation	Landscaping and gardens	June 1 through October 31	0.07 cfs
	Group Domestic Use for 4 houses	NA	Year round	
Total Quantity of Water Used				0.07 cfs

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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:

The well is located in a wooden structure about 2ft x 3ft x 3ft. The water is pumped from the well using a 5 Hp submersible pump to convey water through a buried 2-inch PVC mainline up the hill to the 9,000 gallon cistern located on the south side of the pump house. The cistern is a concrete box about 18 ft x 14 ft on the outside with about 2-inch-thick walls. The water is pumped from the cistern using a 5 Hp centrifugal pump located in the pump house. The water is conveyed through approximately 10 ft of buried 1.5-inch PEX tubing. Inside the pump shed the-1.5 inch PEX tubing connects to 2-inch PVC and continues through two metal 119 gallon pressure tanks, two micro filters, and two UV treatment units before heading out the shed and back down the road along the north side of the road through buried 2-inch PVC. At each house, there is a control box for the Association's metering. The line then tees into another box containing a 1-inch line for the irrigation. From this box, the line supplies all the different irrigation systems designed for each home.

Each house can irrigate at the same time. The Association does not have any restrictions on the amount of use or schediuling for each water user. Each house can use several combinations of different irrigation systems of which most are on a timer with several zones. Along with these systems, each house has several garden hoses and individual separate watering systems.

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. **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."*)

None

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	0.048 cfs	0.07cfs	Not Measured	Irrigation	3.85	2.4
	0.01 cfs		Not Measured	Group Domestic use for four houses	NA	NA

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **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

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**

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 inch port on south side of the sanitary seal after removing the PVC vent tube.

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 WASH 57897						

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 WASH 57897

C. Groundwater Source Information (Sump)

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

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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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**

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

2. Pump Information:

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Well	Jacuzzi Brothers now Franklin Electric	Pump-Liquid End	# 25APR01	Submersible
From Cistern	Jacuzzi	DB1-K2	Unknown	Centrifugal

3. Theoretical Pump Capacity:

SOURCE	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)
Well	5 Hp	55 psi	359.3 feet (from permit condition pump test)	40 feet	0.07 cfs
From Cistern	5 Hp	55 psi	10 feet	-40 feet	0.30 cfs

4. Provide pump calculations:

Well	Q Pump = $\frac{(5\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(359.3\ ft\ lift + 139.7\ ft\ pressure\ head)}$ = 0.07 cfs
Cistern	Q Pump = $\frac{(5\ Hp) \times (6.61\ ft^4/sec\ Hp)}{(-30\ ft\ lift + 139.7\ ft\ pressure\ head)}$ = 0.30 cfs

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

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

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)
Tax lot 1008					
Garden hose ¾ inch	40 psi	~ 9 gpm	~ 5	3	0.06 cfs
Maxi Rain Bird black nozzle	35 psi	2.7 gpm	5	2	0.012 cfs
Tax lot 1010					
Garden hose	40 psi	~ 9 gpm	~ 5	3	0.06 cfs
Hunter Pro spray 15 SST	30 psi	1.21 gpm	20	5	0.013 cfs
Hunter PGP Blue 30	40 psi	3.0 gpm	30	4	0.027 cfs
Hunter Pro spray MP 2000	40 psi	0.43 to 1.48 gpm average: 0.955 gpm	20	5	0.011 cfs
Tax lot 1006					
Garden hose	40 psi	~ 9 gpm	3	3	0.06 cfs
RB 5000 - blue	35 psi	1.23 to 2.08 gpm average: 1.655 gpm	45	8	0.03 cfs
RB 1800 12 VAN	30 psi	0.59 to 2.36 gpm average: 1.475 gpm			0.03 cfs
Dramm 15092 lawn sprinkler	40 psi	2.5 gpm	1	1	0.006 cfs
Tax lot 1007					
Garden hose	40 psi	~ 9 gpm	~ 5	3	0.06 cfs
RP MP 1000 - blue	40 psi	0.21 to 0.84 gpm average: 0.525 gpm	37	8	0.009 cfs

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)
Tax lot 1008					
Spray stick	40 psi	0.52 gpm	10	10	0.012 cfs
Red drip emitters	40 psi	0.008 gpm (0.5 gph)	10	10	0.0002 cfs
Black drip emitters	40 psi	0.0167 gpm (1.0 gph)	40	40	0.0015 cfs

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
Tax lot 1008					
6 inches – flower beds (1/4 inch diameter)	**2.67 gpm per 100 ft**	**400 ft**	**100 ft**	**0.006 cfs**	
Tax lot 1010					
6 inches – flower beds (1/4 inch)	**2.67 gpm per 100 ft**	**400 ft**	**100 ft**	**0.006 cfs**	

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**

Bulge in System / Reservoir **YES**

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

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Metal	**119 gallon**	**Above ground**
Metal	**119 gallon**	**Above ground**

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
Cistern	**Sits 2 feet above ground and with an approximate inside dimensions of 14 feet x 10 feet x 8.5 feet deep**	**0.027 AF**

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:

All the different irrigation systems can be run at the same time.

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	**January 16, 2003**		
BEGIN CONSTRUCTION (A)	**NA**	**NA**	**NA**
COMPLETE CONSTRUCTION (B)	**NA**	**NA**	**NA**
COMPLETE APPLICATION OF WATER (C)	**October 1, 2007**	**November 2003**	**All the permit conditions were met and water was put to 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)? **NO**

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

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: **Per monitoring plan:**

– Water levels are to be read every other year (odd years)

a. Was the water user required to submit annual static water level measurements? **YES**

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:
April

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

a. Is a pump test required? **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**

****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? **NO**

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

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? **YES**

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

WELL ID #	DATE ATTACHED TO WELL
L-52373	**November 2001**

d. Other conditions? **NO**

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

b) Condition:
The water user shall develop a plan to monitor and report the impact of water use under this permit on water levels with the aquifer that provides water to the permitted well(s). The plan shall be submitted to the department within one year of the date the permit is issued and shall be subject to the approval of the Department.

Compliance:
A water monitoring plan was submitted March 10, 2014 and approved with revisions March 11, 2014.

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 – WASH 57897	**Well log and driller's notes for WASH 57897 – Well 1**
OWRD letter dated March 11, 2014	**OWRD approval of water level monitoring plan submitted March 10, 2014**
Pump Test Form Cover Sheet and Pump Test Data Sheet	**Pumping Test Results for Well (WASH 57897) conducted July 9, 2024**

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.

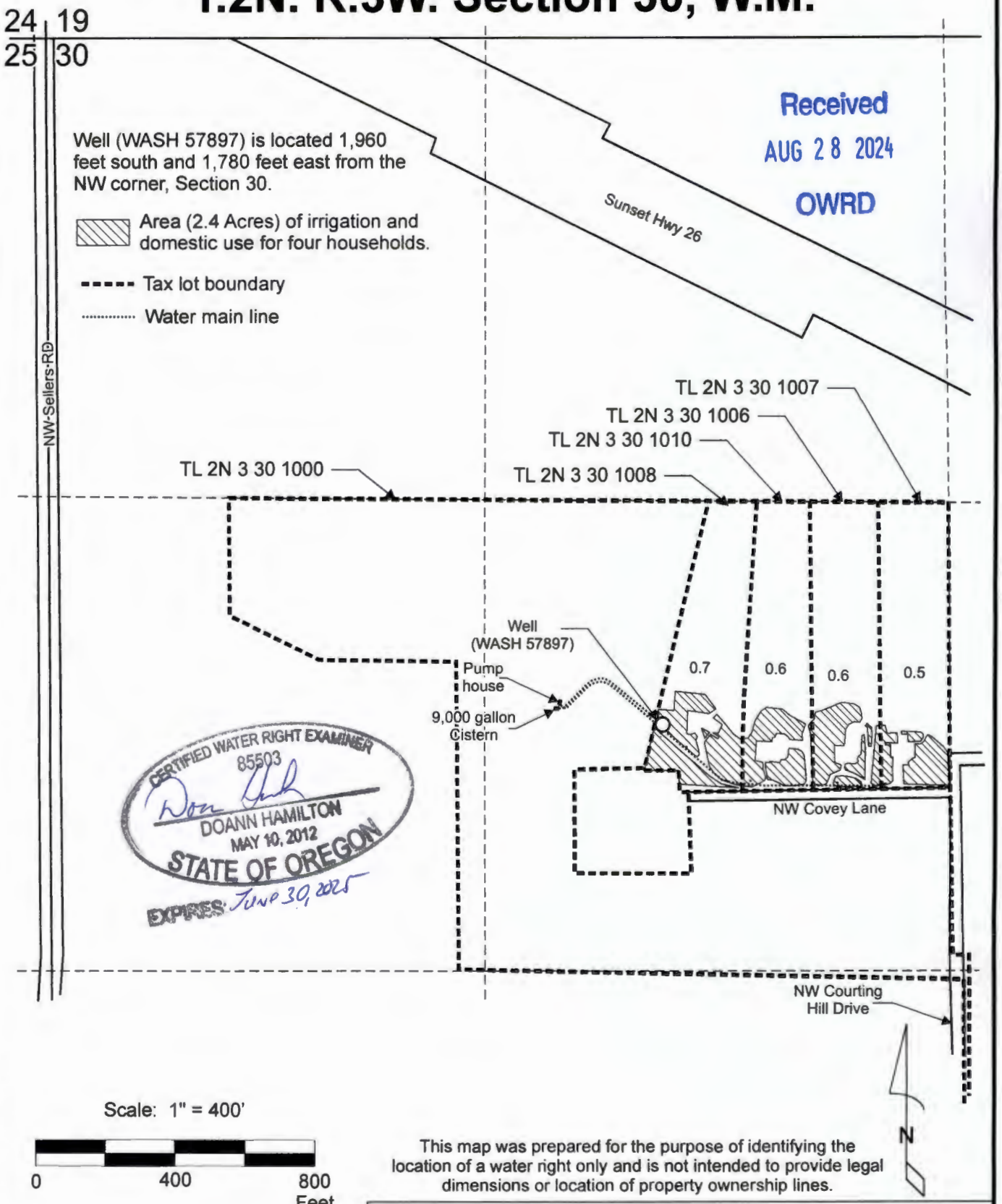
The COBU map was prepared using tax assessor's map 2N 3 30, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata: http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

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 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.2N. R.3W. Section 30, W.M.



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.

WindfellG-15645COBUMap.cdr

Pacific Hydro-Geology Inc.

Claim of Beneficial Use Map
Application G-15645, Permit G-15317

Windfell Estates Water Association
T.2N. R.3W. Section 30, W.M.

08/2024

RECEIVED WASH 57897

NOV 14 2001

WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON

WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

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

WELL I.D. # L 52373
START CARD # 144301

(1) LAND OWNER Well Number
Name WINFELL ESTATES WATER ASSOC.
Address 41691 NW COVEY LANE
City BANKS, State OR Zip 97106

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 660 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	189	Cement	0	189	>51 sacks
6 3/4	189	326	Cement	189	195	
6"	326	660				

How was seal placed: Method ☐ A ☒ B ☒ C ☐ D ☐ E
☐ Other
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	195.250		☒	☐	☒	☐
Liner:	4½"	-44	660	200psi	☒	☐	☒	☐

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

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Drilled
☐ Screens Type Material PVC-200

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
600	660	⅛"	115	4½"	Pipe	☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
20+		660'	1 hr.
18		500	"
12		375	"

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

(9) LOCATION OF WELL by legal description:
County Washington Latitude Longitude
Township 2N N or S Range 3W E or W WM
Section 30 SE 1/4 NW 1/4
Tax Lot 1008 Lot Block Subdivision
Street Address of Well (or nearest address) Winfellestates water
41691 N.W. Covey Lane, Banks Or 97106

(10) STATIC WATER LEVEL:
340' ft. below land surface. Date 11/8/01
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found 360'

From	To	Estimated Flow Rate	SWL
360	366	12	340
546	566	8+	340

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Brn clay	0	5	
Red brn decomp rock	5	15	
Gry brn & brn decomp rock	15	19	
Orange brn sandy clystone	19	49	
Red brn & brn clay	49	130	
Soft brn decomp rock	130	177	
Gry brn & brn basalt	177	249	
Gray basalt	249	294	
Gry brn basalt	294	308	
Hard gry basalt	308	339	
Gry brn basalt w/brn streaks.	339	362	340
Gry &gry blk basalt frac	362	426	340
Gry brn & brn basalt w/soft streaks.	426	461	
Gry blk & gry basalt	461	537	
Hard gry basalt	537	644	340
Gray clay	644	650	
Brn clay	650	660	

Date started 10-31-01 Completed 11-8-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number 1492
Signed Melvin Bigsby Date 11/8/01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 573
Signed Date 11/08/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

Oregon
John A. Kitzhaber, MD, Governor

Water Resources Department
North Mall Office Building
725 Summer St NE, Suite A
Salem, OR 97301
Phone (503) 986-0900
Fax (503) 986-0904
www.wrd.state.or.us

March 11, 2014

(503) 986-0844

Jason Kinch
Windfell Estates Water Association
41691 NW Covey Lane
Banks, OR 97106

Re: Water Level Monitoring Plan – Permit G-15317, file G-15645

Dear Jason:

I have received and approved your amended water-level measurement plan, dated March 10, 2014.

Please call me at the above number if you have any questions.

Sincerely,

Michael J. Zwart
Hydrogeologist

Windfell Estates Water Association

Water Use Impact Plan

Proposal to Amend Plan

Jason Kinch
Windfell Estates Water Association
41691 NW Covey Lane
Banks, OR 97106

3/10/14

Application: G15645
Permit: G15317
Well ID: L52373

Plan Components: **Proposed changes to original plan**

1. A static water level measurement will be made annually in April.

   Amend to: A static water level measurement will be made bi-annually beginning in April, 2015.

2. The reference water level that will be used to compare the annual measurement is 363 ft.

   Amend to: The reference water level that will be used to compare the annual measurement is 335 ft. (10 year average - 2004 to 2013)

3. The naming convention used to record the annual measurement will be L52373.4.12.04 ie: well ID#.measurement month.day.year.
4. The measurements will be made using an electrical tape.
5. Measurement equipment resolution is 0.25 inch
6. The well pump will be turned off 24 hrs. prior to well level measurement.
7. Precision Pump of Banks, Oregon will be hired to make the annual well level measurement.
8. Annual measurement results will be submitted within 30 days of measurement to
   Oregon Water Resources Dept.,
   Measurement & Reporting Section
   725 Summer St. NE, Suite A
   Salem, OR 97301-1271

Jason Kinch
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503-641-2333

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Powers Well Sounder *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* 500 feet.
Length of air line (if used): N/A
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: N/A *Serial #:* 21065137
Date Last Calibrated: _____ *Units:* _____
Discharge Measurement Method: Flow Meter
Flowmeter (if used):
Manufacturer: DLJ Meter *Serial #:* _____
Date Last Calibrated: New Feb 2024 *Units:* GPM

Pump Type: Jacuzzi
HP: 5 Pump set at: 630 feet.
Pump idle time: 22+Hours

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 20" feet.
Description (e.g., top port of 1 inch port pipe, west side) Well Seal 1/2" Vent Hole

Time pump turned on: Date 07-03-2024 Time 10:15 AM
Time pump turned off: Date 07-03-2024 Time 2:15 PM
Total pumping time: 4 hours 0 minutes.

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

- [X] The discharge rate was held constant for the entire pumping phase.
- [X] The pump was on during the entire pumping phase (≥ 4 hours).
- [X] The discharge was measured at the start of pumping and at least once every hour during the test.
- [X] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [X] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [X] 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)
- [X] 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.
- [X] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [X] The pump test cover sheet was completely filled out and signed.
- [X] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [X] The well was idle for at least 16 hours prior to the test.
- [X] 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_ROSsI-2772?85322?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

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

OPERATOR SIGNATURE: [signature] DATE: 07/09/2024

OWNER SIGNATURE: [signature] for WEWA DATE: 7/2024

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Windfell Estates Water Association			
Address: 41691 SW Covey Lane			
City: Banks	State: OR	Zip: 97106	E-Mail:

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:	Qualification: (Select)	License #:
Hayden Stephen	Pump Installer	CCB # 103897
Company:	**Phone No.:**	**Additional Contact No.:**
Precision Pump Inc	503-324-2361	Tim Weaver
Address: PO Box 112		
City: Banks	**State:** OR	**Zip:** 97106
E-Mail: time@precisionpump.net		

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
WASH 57897	L-52373	Windfell Estates	660'	Windfell Estates	11/08/2001	07-03-2024

(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)
2N	3W	30	SENW	1960' S and 1780' E from NW corner, Sec 30		

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- 15645	G- 15317	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.*

☐ 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)

☐ 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. **Approximate distance:** _____ ft.
Well elevation is [above] the surface water body. **Approximate elevation difference:** _____ ft.

☒ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: 25', Downhill towards shop
How far from the pumped well was water discharged? 25' ft.

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

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OWRD20200115

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

Well Log # (ex: MARI 99999)	Well Tag # (ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
WASH 57897	L-52373	Windfall Estates 1	660'	Windfall Est	11-08-2001	07-03-2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
	9:30	20	323'	0	Pre-test			
	9:50	40	323'	0	Pre-test			
	10:10	60	323'	0	Pre-test			
	10:15	0	323'		Pumping		26509	
	10:17	2	345'	22			26563	
	10:19	4	349'	22			26607	
	10:21	6	352'	22.5			26652	
	10:23	8	354'	22			26696	
	10:25	10	355'	22.5			26741	
	10:30	15	356' 6"	22			26851	
	10:35	20	357'	22			26961	
	10:40	25	358'	22.2			27072	
	10:45	30	358' 6"	22			27182	
	11:00	45	359'	22.2			27515	
	11:15	60	359' 6"	22.13			27847	
	11:30	1:15	360'	22.2			28180	
	11:45	1:30	360' 6"	22.2			28513	
	12:00	1:45	360' 6"	22.13			28845	
	12:15	2:00	360' 6"	22.13			29177	
	12:30	2:15	361'	22.13			29509	
	12:45	2:30	361'	22			29839	
	1:00	2:45	361'	22.13			30171	
	1:15	3:00	361'	22.06			30502	
	1:30	3:15	361'	22.13			30834	
	1:45	3:30	361'	22.13			31166	
	2:00	3:45	361'	22.13			31498	
	2:15	4:00	361'	22.06	Pumping		31829	
	2:17	2	338'		Recovery			
	2:19	4	332'					
	2:21	6	328'					
	2:23	8	327' 6"					
	2:25	10	327'					
	2:30	15	326' 6"					
	2:35	20	326' 3"					
	2:40	25	326'					
	2:45	30	325' 6"					
	3:00	45	325'		Recovery			