

**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

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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-18629	PERMIT # (IF APPLICABLE) G-18860	PERMIT AMENDMENT # (IF APPLICABLE) T-13539
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Columbia Holdings LLC		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 22141 NW Reeder Rd			
CITY Portland	STATE OR	ZIP 97321	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 Columbia Holdings LLC			
ADDRESS 22141 NW Reeder Rd			
CITY Portland	STATE OR	ZIP 97321	

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

November 14, 2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
David Palm	November 14, 2023	Cascadian Landscaper
Nick Schillereff	November 14, 2023	Lessor to irrigate from Well 1

6. County

Multnomah

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



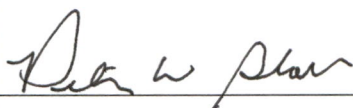
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CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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
	Peter W. Stott	owner	9/11/24

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 1	MULT 1580, 130171	L 129641
Well 2	MULT 134712	L 137233

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 1	Mud Slough Basin	Columbia River
Well 2	Mud Slough Basin	Columbia River

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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 1	Irrigation	Corn	March 1 through October 31	0.37 cfs
Well 2	Irrigation	Landscaping, trees, fruits and vegetables	March 1 through October 31	0.07 cfs
Total Quantity of Water Used				0.44 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 Well 1 (MULT 1580, 130171) using a 10 Hp submersible pump to convey water through 5 feet of 3-inch steel pipe equipped with a meter. At the end of the pipe, 3-inch portable mainlines are attached and laid out east-west and to the north east. Along this mainline are hydrants where a hard hose traveler. Along the eastern edge near the house and lawn, 3-inch portable laterals with impact sprinklers are used. When needed, additional water is used to fill 2,500 gallon poly tank pulled by a tractor. Then water is sprayed onto different sections of the landscape area using lay-flat hose for additional watering up to 5 times a week.

Water is pumped from Well 2 (MULT 134712) using a 2 Hp submersible pump to convey water through 1.5-inch PVC buried mainline to the north-east into the barn with a filtration system. The water is filtered through 4 filter tanks before going through a meter and into two pressure tanks before exiting the barn in the north-west corner. Outside the barn, the main control valve is located. The 1.5-inch buried mainline continues south with some tees heading off to different control valves for the different zones. One zone at a time can be irrigated.

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. The location of New Well 2 is more correctly placed at: 1,935 feet north and 475 feet west from the SE corner, Section 4.
2. After field verifying the location of crops being irrigated, the place of use was reduced from 25.2 acres to 24.7 acres with Well 1 irrigating 22.0 acres only and Well 2 irrigating 1.4 acres only and 1.3 acres irrigated by both wells.

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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 1		0.37 cfs	Not measured	Irrigation	25.2	22.0
Well 2		0.07 cfs	Not measured	Irrigation		1.4
Well 1 and Well 2						1.3
Total:	0.32 cfs	0.44 cfs			Total:	24.7

SECTION 4a of 4b**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 1

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
2N	1W	WM	4	NE SE	NA	NA	Irrigation	23.3	NA
Total Acres Irrigated								23.3	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:

½ inch plug on south-west side of the sanitary seal.

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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 logs MULT 1580, 130171						

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 logs MULT 1580, 130171

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. 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.

QWRD

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
Unknown	Unknown	Unknown	Submersible	Unknown	3 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	10 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)
10 Hp	70 psi	11.2 feet (from permit condition pump test)	0 feet	0.37

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(10 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(11.2 \text{ ft lift} + 177.8 \text{ pressure head})} = 0.37 \text{ cfs}$$

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?

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YES

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

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	~880 feet	Aluminum	Above ground
3 inch	5 feet	Steel	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1,000	Aluminum	Above ground
3.75 inch	750 feet	Poly hose	Above ground
2 inch	50 feet	Lay-flat - 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)
0.08 mm	80 psi	165 gpm	1	1	0.37 cfs
11/64 inch	60 psi	6.6 gpm	25	25	0.37 cfs

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

11. Drip Emmitter 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)?

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

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Poly tank	2,500	Above ground

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:

Pump was installed by the previous owner and no records can be found about the well. The horsepower was estimated by the technician conducting the pump test.

SECTION 4b of 4b

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 2

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
2N	1W	WM	4	NE SE	NA	NA	Irrigation	2.7	NA
Total Acres Irrigated								2.7	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.

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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:

Top of casing beneath pitless adaptor 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 Well log MULT 134712						

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 MULT 134712

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.

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	35FH2S4-PE	Unknown	Submersible	4 inch	1.5 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Motor	2 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)
2 Hp	70 psi	18.0 feet (from permit condition pump test)	0 feet	0.07 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(2 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(18.0 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 0.07 \text{ cfs}$$

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
1.5 inch	~800 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.5 inch to each zone	~10,000 feet	PVC	Buried

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Hunter PGP / I-20	50 psi	1.5	63	10	Different combinations are used within each zone. There are 24 zones. Typically only one zone is irrigated at a time. Maximum zone runs at 13.56 gpm or 0.03 cfs. Note: theoretically, two zones up to about 0.07 cfs could be run at a time.
Hunter PGP / I-20	50 psi	2.0	4	2	
Hunter PRSs 40 and Rainbird 1804					
MP 1000 - 90	40 psi	0.21	17	6	
MP 1000 - 180	40 psi	0.42	64	18	
MP 1000 - 270	40 psi	0.63	1	1	
MP 1000 - 360	40 psi	0.84	6	1	
MP 2000 - 90	40 psi	0.43	6	1	
MP 2000 - 180	40 psi	0.77	19	5	
MP 2000 - 270	40 psi	1.1	2	2	
MP 2000 - 360	40 psi	1.48	23	5	
MP 3000 - 90	40 psi	0.86	1	1	
MP 3000 - 180	40 psi	1.82	4	3	
MP 3000 - 360	40 psi	3.64	1	1	
Rainbird MPSS-530	50 psi	0.44	48	15	
Rainbird MPRCS - 515	40 psi	0.22	1	1	
Rainbird MPLCS - 515	40 psi	0.22	1	1	

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

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11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
Netafim 0.5 inch tubing 1 foot spacing	35-45 psi	0.4 gph	3,178	1,500	Different combinations are used within each zone. There are 21 zones. Only one zone is irrigated at a time. Maximum zone runs at 19.55 gpm or 0.04 cfs. Note: theoretically, two zones up to about 0.07 cfs could be run at a time.
Netafim 0.5 inch tubing 1 foot spacing	35-45 psi	0.6 gph	2,592	864	
Netafim 0.5 inch tubing 1.5 feet spacing	35-45 psi	0.6 gph	6,471	1,147	
Agrifim 0.25 inch tubing 0.5 foot spacing	35-45 psi	0.69 gph	200	68	
Agrifim 0.25 inch tubing 1 foot spacing	35-45 psi	0.69 gph	4,170	1,700	

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)?

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

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
Metal	20 gallon	Above ground
Fiberglass	100 gallons	Above ground

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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:

None

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	Permit G-18191 issued April 10, 2019 Permit G-18830 issued September 25, 2023		
BEGIN CONSTRUCTION (A)	April 10, 2024	April 10, 2019	Well 1 (MULT 1580) construction was completed April 24, 1968
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	April 10, 2024	May 2023	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? YES

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

- 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, 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

- 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. 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.

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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 1	McCrometer	19-03200-03	Working	3,846,390 gallons (November 14, 2023)	June 2019
Well 2	Seametrics	112018003681	Working	8,829,846 gallons (November 14, 2023)	October 2020

If a meter has been installed, items d 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? YES

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

b. Have the reports been submitted? YES

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? 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	WELL ID #	DATE ATTACHED TO WELL
Well 1	L 129641	October 2018
Well 2	L 137233	June 2020

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):

e1) Condition Per T-13539:

Water shall be acquired from the same aquifer as the original point of appropriation.

Compliance:

Well 1 (MULT 1580, 13071) develops water from the alluvial aquifer most likely within the depth interval of 60 feet to 75 feet bls in a zone of sand and gravel.

Well 2 (MULT 134712) develops water from the alluvial aquifer within the depth interval of 90 feet to 118 feet bls in gravels.

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

met.

e2) Condition Permit G-18860:

Groundwater production shall occur only from the alluvial groundwater reservoir.

Compliance:

Well 1 (MULT 1580, 13071) develops water from the alluvial aquifer most likely within the depth interval of 60 feet to 75 feet bls in a zone of sand and gravel.

Well 2 (MULT 134712) develops water from the alluvial aquifer within the depth interval of 90 feet to 118 feet bls in gravels.

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 – MULT 1580	Well log and driller's notes for MULT 1580 – Well 1
State Water Well Report – MULT 130171	Well log and driller's notes for MULT 130171 – Well 1 alterations
State Water Well Report – MULT 134712	Well log and driller's notes for MULT 134712 – Well 2
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (MULT 1580, 130171) conducted October 27, 2023
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 2 (MULT 134712) conducted October 27, 2023

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.

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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 1W 4, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

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

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STATE ENGINEER
SALEM, OREGON

8 (Please type or print)
(Do not write above this line)

State Permit No.

(USE ADDITIONAL SHEETS IF NECESSARY)

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

START CARD # W1041027

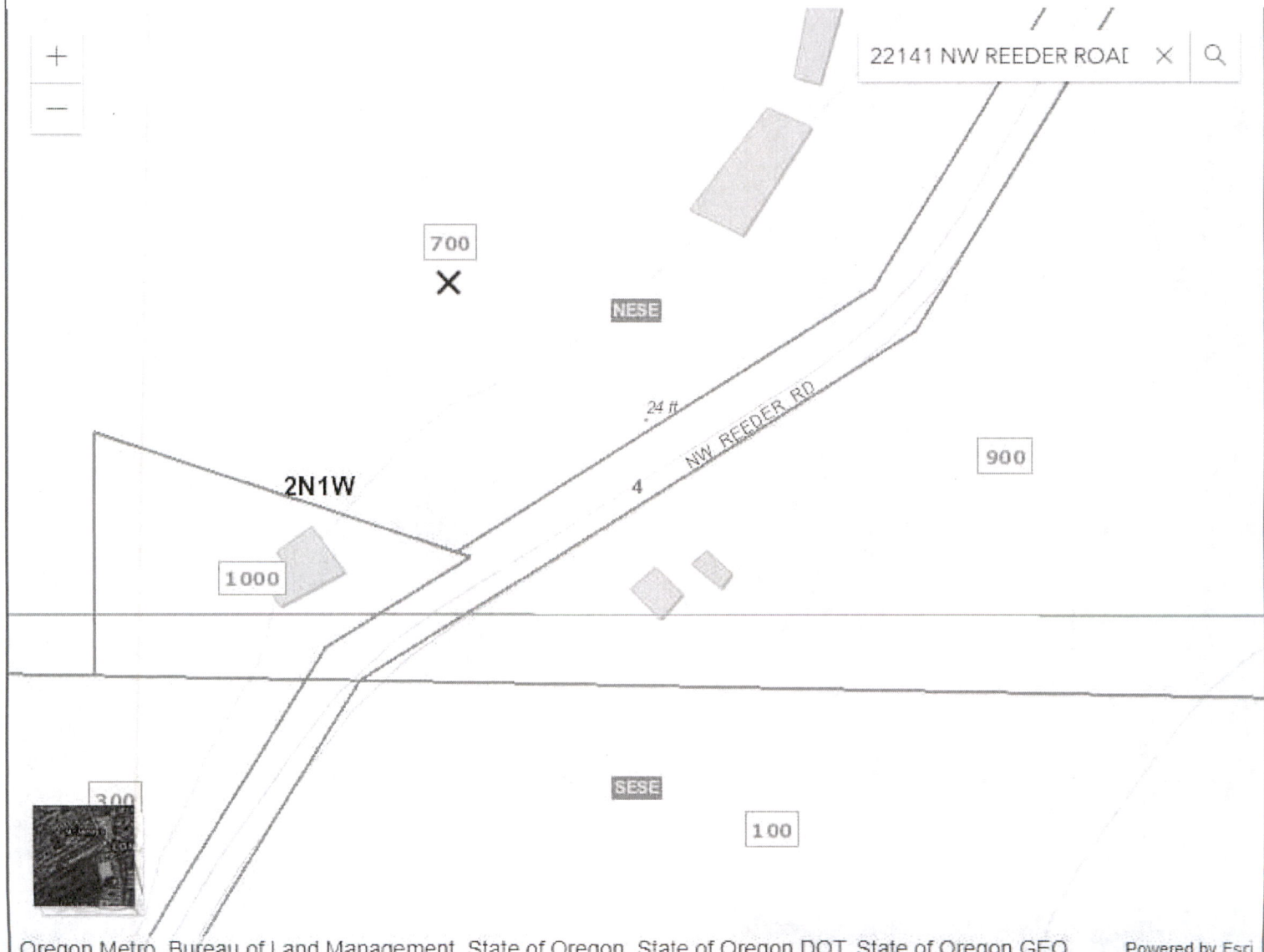
WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MULT 134712

6/4/2020

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Map of Hole





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PUMP TEST FORM
COVER SHEET

OWRD

Owner Information:

OWNER NAME/BUSINESS NAME: Columbia Holdings		PHONE No.: 503-274-2600	ADDITIONAL CONTACT No.:
ADDRESS: 22141 NW Reeder Rd			
CITY: Portland	STATE: OR	ZIP: 97231	E-MAIL: Lea.Pfau@cipdx.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Joey Klobes	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: CPI 475
COMPANY: Crow Water Systems	PHONE No.: 503-543-6326	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 465		
CITY: Scappoose	STATE: OR	ZIP: 97056
E-MAIL: service@crowwater.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
MULT 1580	L-129641	Well 1	75 feet	Jacobson	April 1968	10-27-23

130171

(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: 44.84473859)	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- 18629	G- 18860	T- 13539	NA	☐ 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 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.
Well elevation is above the surface water body. Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

☐ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____
How far from the pumped well was water discharged? _____ 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: Powers Sounder

Length of air line (if used): _____ *Verify here:

Airline: _____ psi _____ feet.
E-Tape: _____ feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: _____

HP: _____ Pump set at: _____ feet.

Pump idle time: _____

Discharge Measurement Method: _____

Flowmeter (if used): 3" Flanged

Manufacturer: McCrometer Serial #: _____

Date Last Calibrated: New June 2019 Units: GALLONS

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 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2" vent Port In well Seal

Time pump turned on: Date 11-27-23 Time 9:45 AM

Time pump turned off: Date 11-27-23 Time 1:45 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.
- N/A ☐ 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-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: _____ DATE: 11-8-23

OWNER SIGNATURE: _____ DATE: _____

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

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IN A FEW SECONDS



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PUMP TEST FORM
COVER SHEET

Owner Information:

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OWNER NAME/BUSINESS NAME: Columbia Holdings	PHONE No.: 503-274-2600	ADDITIONAL CONTACT No.:
ADDRESS: 22141 NW Reeder Rd		
CITY: Portland	STATE: OR	ZIP: 97231
E-MAIL: Lea.Pfau@cipdx.com		

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Joey Klobes	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: CPI 475
COMPANY: Crow Water Systems	PHONE No.: 503.543.6326	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 665		
CITY: Scappoose	STATE: OR	ZIP: 97056
E-MAIL: service@crowwater.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
MULT 134712	L-137233	Well 2	118 ft	Peter Stott	June 2020	10-27-23

(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)

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- 18629	G- 18860	T- 13539	NA	☐ 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 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.
Well elevation is above the surface water body. Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

- ☐ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____ ft.
How far from the pumped well was water discharged? _____ 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: Powers Sounder

Length of air line (if used): _____

*Verify here:

{ Airline: _____ psi _____ feet.
E-Tape: _____ feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: _____

HP: _____ Pump set at: _____ feet.

Pump idle time: _____

Discharge Measurement Method: _____

Flowmeter (if used):

Manufacturer: Seametrics Serial #: 112018003681

Date Last Calibrated: _____ Units: Gallons

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 feet.

Description (e.g., top port of 1 inch port pipe, west side) Removed Pitless Adapter Cap.

Time pump turned on: Date 11-27-23 Time 10:15 AM

Time pump turned off: Date 11-27-23 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*:

- ☒ 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).

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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 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: _____

DATE: 11-8-23

OWNER SIGNATURE: _____

DATE: _____

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

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PUMP TEST FORM
DATA SHEET
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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MULT 134712	L- 137233	Well 2	118 ft	Stott	June 2020	10/27/23

OWRD 20200115