

**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

Received
OCT 03 2024
OWRD

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17184	G-17379	N/A

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Carl Casale / RAMSAC LAND, LLC		PHONE NO. 314-249-7986	ADDITIONAL CONTACT NO.
ADDRESS 1446 Delaware Ave			
CITY West St. Paul	STATE MN	ZIP 55118	E-MAIL kim.casale@casaleag.com

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

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

PERMIT HOLDER OF RECORD Same		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

4-1-2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kim Casale	4-1-2023 & 3-28-2024	Owner

6. County:

Clackamas

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 Patrick Anthony Davis		
ADDRESS 24877 NE Boones Ferry Rd		
CITY Aurora	STATE OR	ZIP 97002

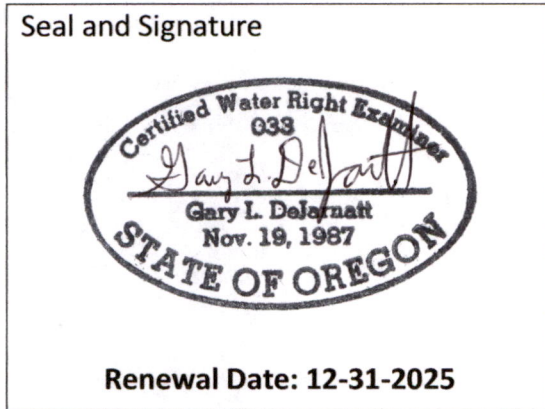
Add additional tables for owners of record as needed

Received
OCT 03 2024
OWRD

**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.



Received
OCT 03 2024
OWRD

CWRE NAME GARY L. DEJARNATT		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837	
ADDRESS 2391 NW REDWOOD AVE				
CITY REDMOND	STATE OR	ZIP 97756	E-MAIL johnshort@usa.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
	Carl M. Casale	Owner	9/23/2024

**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 #2	CLAC 56188	L-30316

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 #2	WILLAMETTE RIVER BASIN	

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 #2	NU	BLUEBERRIES	YEAR-ROUND	0.324 CFS
Total Quantity of Water Used				0.324 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 AND PIPED THROUGH BURIED PIPELINES TO 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, YES NO
 permit amendment final order, or extension final order? If yes, describe below.
 (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.")

THE PERMIT ALLOWED 2 POINTS OF APPROPRIATION. WELL 1 IS NOT BEING CLAIMED. THE PERMIT AUTHORIZED 22.5 ACRES OF NURSERY USE, ONLY 16.2 ACRES OF NURSERY USE WAS DEVELOPED ON TL 3500.

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 #2	0.45 CFS	3.14 CFS	N/A	NU	16.2	16.2

**Received
OCT 03 2024**

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs? YES NO

If "YES" you will need to copy and complete a separate Section 4 for each POA.

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

WELL 2 CLAC 56188 L-30616

A. Place of Use

1. Is the right for municipal use? YES 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
3S	1W	W.M.	26	NWSW		42	NU		
Total Acres Irrigated									

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 NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

3/4" threaded cap in side of casing

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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

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

Received
OCT 03 2024
OWRD

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 NO

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
			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	HORSEPOWER
	40 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)
40	36	61'	3'	1.81

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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)
N/A			

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
5"	660'	PVC	BURIED
4"	950'	"	"
3"	580'	"	"

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	230'	PVC	BURIED
1-1/4"	230'	"	"

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Jain 0.25"	36	0.79	786	262	0.46

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)
SEE BELOW					

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

13. Pivot Information:

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

E. Storage

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

YES 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?

YES 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?

YES NO

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

H. Additional notes or comments related to the system:

**DRIP SYSTEM @ 10' ROW SPACING WITH 18" EMITTER SPACING AND 2 DRIP LINES / ROW 0.42 GPH EMITTERS; 3 ZONES @5.4 ACRES / ZONE.
APPROXIMATELY 32,265 EMITTERS/ ZONE = APPROX. 225 GPM OR 0.50 CFS OUTPUT PER ZONE**

Received
OCT 03 2024
OWRD

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	5-14-2015		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)	5-14-2020	April 2018	SYSTEM COMPLETE
COMPLETE APPLICATION OF WATER (C)	5-14-2020	April 2020	COMPLETE APPLICATION OF WATER TO BENEFICIAL 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 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 NO

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

b. What month was the initial measurement to be taken in?

MARCH

c. Was the measurement submitted to the Department? YES NO

4. Annual Static Water Level Measurements:

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

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

b. Provide the month, or months, in which the static water level measurement(s) were to be made:

MARCH

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

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

5. Pump Test:

a. Did the permit require the submittal of a pump test? YES NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

<https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx>

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

b. Has the pump test been previously submitted to the Department? YES NO

c. Is the pump test attached to this claim? YES NO

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

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

**** 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 NO

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
WELL #2	ELSTER	31004235	WORKING	010423	9/2000

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 NO

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

b. Have the reports been submitted? YES NO

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

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? YES NO

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

c. Was submittal of a water management and conservation plan required? YES NO

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

Received
OCT 03 2024
OWRD

WELL ID #	DATE ATTACHED TO WELL
L-30616	2000

e. Other conditions? YES NO

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

No riparian areas were disturbed.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Well Logs	CLAC 56188
Pump Calcs	OWRD Pump Capacity Calculations

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.

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

Received
OCT 03 2024
OWRD

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
- N/A 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
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

Pump Capacity Calculation Sheet		WELL 2 CLAC 56188 / L-30616	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>40</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>64</u>		
PSI =	<u>36</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	281.6		
Head based on psi =	91.5		
Total dynamic head =	155.5		
(head + lift)			
Pump Capacity =	1.81	feet per second	

RECEIVED

OCT 04 2000

CLAC
56190

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # 1.30616
START CARD # 101552

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

(1) OWNER: Well Number _____

Name Carl Casale
Address 654 Killary Down
City St. Charles State MO Zip 63304

(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 185 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0	40	cement &	0	135	146	sacks
16"	40	135	5% bentonite			12	sacks bent
16"	135	185					

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: SEE Screens below				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
galv. gravel feed pipe				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 1 1/2" + 1	139	6"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoot(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Case	Liner
+3	141	6"		12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
141	160	9" .080		12"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
160	180	.140		12"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
180	185			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
185	Bottom Plate & Lift bail						

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100	38		1 hr.
1100	46		5 hrs.
500	29		6th hr.

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? **RECEIVED**
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 Clackamas Latitude _____ Longitude _____
Township 3S N or S Range 1W E or W. WM. _____
Section 26 SW 1/4 NW 1/4 _____
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 25025 NE Boones Ferry Road Aurora, OR 97002

(10) STATIC WATER LEVEL:
58' 8" ft. below land surface. Date 8/15/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92

From	To	Estimated Flow Rate	SWL
92	106	100 gpm	39
113	118	35	56
142	182	1100	58

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	2	
Clay brown soft	2	12	
Clay brown sandy	12	92	
Sand brown	92	103	39
Sand w/gravel	103	106	39
Clay tan	106	108	
Sand & gravel brown	108	109	39
Clay & sand yellow	109	113	
Sand & gravel	113	118	56
Sand w/clay brown	118	126	
Clay gray sandy	126	129	
Clay brown sandy	129	131	
Clay dk gray sandy	131	140	
cemented gravel	140	142	
Sand brown	142	144	59
Sand & gravel	144	159	59
Clay gray	159	160	
Sand & gravel	160	162	59
Clay gray	162	165	

Continued See Attached Sheet
Date started 4/29/00 Completed 8/31/00
(unbonded) Water Well Constructor Certification:

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

Signed [Signature] WWC Number 704 Date 9/29/00

(bonded) Water Well Constructor Certification:

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

Signed [Signature] WWC Number 783 Date 9/20/00

ORIGINAL WATER RESOURCES DEPT. SALEM, OREGON FIRST COPY CONSTRUCTOR SECOND COPY CUSTOMER

Received
OCT 03 2024
OWRD

RECEIVED

OCT 04 2000

Carl Casale
654 Killary Down
St. Charles, MO 63304

WATER RESOURCES DEPT.
SALEM, OREGON

Well ID # 130616
Start Card # 101552

Property address 25025 NE Boones Ferry Rd Aurora, OR 97002
Clackamas County Township 3S Range 1W Sec. 26 SW1/4, NW 1/4

WELL LOG

Material	From	To	SWL
Continued			
Sand & gravel	165	177	59'
Clay gray silty	177	179	
Sand & gravel	179	182	59'
Clay gray sticky	182	185	
Clay brown	185	187	

RECEIVED

DEC 29 2000

WATER RESOURCES DEPT
SALEM, OREGON

Received
OCT 03 2024
OWRD

**PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM**

OWNER NAME/BUSINESS NAME CARL CASALE / RAMSAC LAND, LLC		PHONE NO. 314-249-7986	ADDITIONAL CONTACT NO.	
ADDRESS 1446 DELAWARE AVE				
CITY WEST ST. PAUL	STATE MN	ZIP 55118	E-MAIL kim.casale@casaleag.com	

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);
2. One of the wells has been tested and the test has been approved by OWRD; and
3. The wells are within 5 miles of the tested well.

1. List the tested well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
CLAC 68261	L-105629	VERNAZZA WELL	8/17/2011	G- 17410	G-16922	T-	

(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)
3S	1W	27	NESW	10'S, 240' W OF CEN. SEC. 27	45.281152	-122.796168

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	CLAC 56188	L-30616	PALMER WELL (WELL #2)	G-17148	G-17379	T-
b	"	L-	"	G-14997	G-13828	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-

(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)
a	3S	1W	26	SWNW	2675' N, 352' E OF SE COR SEC 26	45.281470	-122.783495
b	"	"	"	"	"	"	"
c							
d							

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: *Carl M. Casale* **DATE:** 9/23/2024 **LICENSE #:** N/A

PRINTED NAME: Carl M. Casale **(CIRCLE ONE):** OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: 314-249-7986 **EMAIL:** KIM.CASALE@CASALEAG.COM

Received

OCT 03 2024



MEMORANDUM

TO: ADRIENNE NICHOLS, GROUND WATER SECTION
FROM: CERTIFICATE SECTION - CONNIE VANCE
SUBJECT: PUMP TEST FOR PERMIT G-16922 APPLICATION G-17410
DATE: 5/7/2014

The attached pump test was recently received. We have retained the original for the application file.

S:\groups\wr\certs\Resource Center\pump test memo normal.doc

Received
OCT 03 2024
OWRD

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: Casale AG
 Address: 1 Windcastle Dr. St.Charles,MO 63304
 County: Clackamas
 City: _____ State: OR Zip: _____
 Original owner (from well log): Casale AG

Well Location:

Township: 3 S Range: 1 W
 Section: 27 $\frac{1}{4}$: NE $\frac{1}{16}$: SW $\frac{1}{64}$: _____
 Well depth: 206.5 Date drilled: June-Sept.2011
 Owners well no. (if any): _____
 POD ID: L105629

Water Right Information:

Application: G-17410 Permit: G-16922 Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: _____ Permit: _____ Certificate: _____
 Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Larry Amos Well Owner? Yes
 Company: Grossen Well Drilling
 Address: P.O.Box 526 Date of Test: 08/17/2011
 City: Woodburn State: OR Zip: 97071
 Daytime phone: (503) 982-2060

Method of discharge measurement (see our brochure for more information): Flow meter
 Method of water-level measurement (pick one or enter other method used): Air line
 Length of air line (if used): 135.0

Pump type (pick one or enter other method used): Turbine
 Was the pump test conducted during normal use of the well? Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: _____
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within $\frac{1}{4}$ mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of casing

Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>8:10 am</u>	<u>68.90</u>	<u>65.90</u>
<u>8:30 am</u>	<u>68.90</u>	<u>65.90</u>
<u>8:55 am</u>	<u>68.90</u>	<u>65.90</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>9:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>10:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>11:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>12:00 pm</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>1:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 08/17/2011 Time 9:00 am

Time pump turned off: Date 08/17/2011 Time 3:00 pm

Total pumping time: 6 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

Required Signature: _____

Larry Amos

RECEIVED

JUN 26 2013

WATER RESOURCES DEPT
 SALEM, OREGON

OWRD 2/9/2000

RECEIVED BY OWRD

Received

MAY 06 2014

OCT 03 2024

SALEM, OR

OWRD

Oregon Water Resources Department
PUMP TEST DATA SHEET

Application: G-17410 Permit: G-16922 Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

Date	Time	Drawdown Data			Comments	Date	Time	Recovery Data			Comments
		Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface				Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	
8/17/11	9:02	2	98.73		8/17/11	3:02	2	95.03			
	9:04	4	102.42			3:04	4	91.11			
	9:06	6	105.20			3:06	6	88.56			
	9:08	8	108.81			3:08	8	87.18			
	9:10	10	108.20			3:10	10	86.02			
	9:15	15	110.74			3:15	15	83.71			
	9:20	20	112.82			3:20	20	81.63			
	9:25	25	114.21			3:25	25	80.25			
	9:30	30	115.59			3:30	30	79.32			
	9:45	45	117.44			3:45	45	77.01			
	10:00	60	119.06			4:00	60	75.66			
	10:15	75	120.21			4:15	75	74.70			
	10:30	90	121.14								
	10:45	105	121.60								
	11:00	120	121.60								
	11:15	135	122.52								
	11:30	150	122.98								
	11:45	165	123.21								
	12:00	180	123.45								
	12:15	195	123.45								
	12:30	210	123.68								
	12:45	225	123.68								
	1:00	240	123.68								
	1:15	255	123.68								
	1:30	270	123.68								
	1:45	285	123.68								
	2:00	300	123.68								
	2:15	315	123.68								
	2:30	330	123.68								
	2:45	345	123.68								
	3:00	360	123.68								

Additional forms can be obtained from our web site at:

OWRD 2/9/2000

RECEIVED BY OWRD

MAY 06 2014

SALEM, OR

Received

OCT 03 2024

OWRD



Oregon

John A. Kitzhaber, MD, Governor

Water Resources Department

North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

November 14, 2013

CARL CASALE
1446 DELAWARE AVE
W SAINT PAUL MN 55118-3000

GW

The Department has accepted the pump test results for the following permitted well(s):

Application	Permit	Permitted Well	Tested Well	Test Date	Test Status	Exemption	Owner's Well Name
G	17410 G	16922 CLAC 68261	CLAC 68261	08/17/2011	Approved	None	L-105629

Please contact me if you have any questions.

Sincerely,

Karl Wozniak
Ground Water/Hydrology Section

cc: GW Pump Test File

Received
OCT 03 2024
OWRD

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET *CLAC 68261*

Well Owner:

Name: Casale AG
 Address: 1 Windcastle Dr. St. Charles, MO 63304
 County: Clackamas
 City: _____ State: OR Zip: _____
 Original owner (from well log): Casale AG

Well Location:

Township: 3 S Range: 1 W
 Section: 27 $\frac{1}{4}$ NE $\frac{1}{16}$ SW $\frac{1}{64}$ L
 Well depth: 206.5 Date drilled: June-Sept. 2011
 Owners well no. (if any): _____
 POD ID: L105629

Water Right Information:

Application: G-17410 Permit: G-16922 Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: _____ Permit: _____ Certificate: _____
 Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Larry Amos Well Owner? Yes
 Company: Grossen Well Drilling
 Address: P.O. Box 526 Date of Test: 08/17/2011
 City: Woodburn State: OR Zip: 97071
 Daytime phone: (503) 982-2060

Method of discharge measurement (see our brochure for more information): Flow meter
 Method of water-level measurement (pick one or enter other method used): Air line
 Length of air line (if used): 135.0

Pump type (pick one or enter other method used): Turbine
 Was the pump test conducted during normal use of the well? Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the well during the test or within 24 hours prior to the test? Yes Note: _____
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within $\frac{1}{4}$ mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of casing

Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>8:10 am</u>	<u>68.90</u>	<u>65.90</u>
<u>8:30 am</u>	<u>68.90</u>	<u>65.90</u>
<u>8:55 am</u>	<u>68.90</u>	<u>65.90</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>9:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>10:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>11:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>12:00 pm</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>
<u>1:00 am</u>	<u>900.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 08/17/2011 Time 9:00 am
 Time pump turned off: Date 08/17/2011 Time 3:00 pm
 Total pumping time: 6 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/9/2000

Required Signature: *Larry Amos*

RECEIVED
 JUN 26 2013
 WATER RESOURCES DEPT
 SALEM, OREGON

Received
 OCT 03 2024
 OWRD

PUMP TEST DATA SHEET

Application: G-17410 Permit: G-16922 Certificate: _____ Pod Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
8/17/11	9:02	2	98.73			8/17/11	3:02	2	95.03		
	9:04	4	102.42				3:04	4	91.11		
	9:06	6	105.20				3:06	6	88.56		
	9:08	8	106.81				3:08	8	87.18		
	9:10	10	108.20				3:10	10	86.02		
	9:15	15	110.74				3:15	15	83.71		
	9:20	20	112.82				3:20	20	81.63		
	9:25	25	114.21				3:25	25	80.25		
	9:30	30	115.59				3:30	30	79.32		
	9:45	45	117.44				3:45	45	77.01		
	10:00	60	119.06				4:00	60	75.66		
	10:15	75	120.21				4:15	75	74.70		
	10:30	90	121.14								
	10:45	105	121.60								
	11:00	120	121.60								
	11:15	135	122.52								
	11:30	150	122.98								
	11:45	165	123.21								
	12:00	180	123.45								
	12:15	195	123.45								
	12:30	12.30	123.68								
	12:45	225	123.68								
	1:00	240	123.68								
	1:15	255	123.68								
	1:30	270	123.68								
	1:45	285	123.68								
	2:00	300	123.68								
	2:15	315	123.68								
	2:30	330	123.68								
	2:45	345	123.68								
	3:00	360	123.68								

Additional forms can be obtained from our web site at:

RECEIVED

JUN 26 2013

WATER RESOURCES DEPT
SALEM, OREGON

Received OWRD 9/9/2000

OCT 03 2013

OWRD

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

WELL LABEL # L 105629

START CARD # 201758

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company Caale AG
 Address 1 Windcastle Drive
 City St. Charles State MO Zip 63304

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

(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 206.5 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dis	From	To	Material	From	To	Amt	lbs
20	0	1	Cement	0	1	3	S
20	1	38	Bentonite Chips	1	38	42	S
16	38	206.5					

How was seal placed: Method A B C D E
 Other OAR 690-210-0340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 128 ft. to 206.5 ft. Material pea gravel Size 5/8
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dis	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	1.91	128.25	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2.91	130.39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	165.25	206.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 128.25
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____ Screens Type v-wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	130.39	165.25	.085			12

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
900	52.7		2
900	54.7		4
900	54.8		6

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 W E/W WM
 Sec 27 NE 1/4 of the SW 1/4 Tax Lot 1300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well _____ Nearest address _____

13000 NE Deabrook Rd. Aurora, OR 97002

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>08-17-2011</u>		<u>65.9</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 80

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>06-21-2011</u>	<u>80</u>	<u>115</u>	<u>150</u>		<u>61</u>
<u>06-28-2011</u>	<u>117</u>	<u>166</u>	<u>1,000</u>		<u>61</u>

(11) WELL LOG

Material	From	To
Topsoil	0	2
Clay brown, soft	2	12
Clay brown silty, fine sand	12	23
Sand brown & silt	23	26
Silt & seams of fine brown sand	26	71
Sand brown med-fine, silt cemented	71	80
Sand brown med.	80	96
Sand brown w/gravel to 3", 80-90% sand	96	104
Sand brown w/gravel to 3", 70% sand	104	110
Cemented sand w/ gravel to 6"	110	111
Sand & gravel to 2"	111	115
Silt brown, hard	115	117
Sand brown	117	131
Lens layer of cemented sand, sand gray-black	131	134
Sand black, loose	134	146
Sand black, gravel to 2", 70-80% sand	146	153
Sand black & gravel loose, 60-70% sand	153	166
Clay gray & brown, sticky	166	207

Date Started 06-07-2011 Completed 09-14-2011

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

License Number 1704 Date _____
 Password: (if filing electronically) _____
 Signed _____

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

License Number 783 Date 10/12/11
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) Grossen Well Drilling (503)982-2060



ORIGINAL WATER RESOURCES DEPARTMENT
 THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.88

WATER RESOURCES DEPT
 SALEM, OREGON

Received
 OCT 03 2024
 OWRD

CLAC 68261

WATER SUPPLY WELL REPORT - continuation page

WELL ID. # L 105629

START CARD # 201758

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pltc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size

(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

Water Bearing Zones					
SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks

(7) Perforations/Screens
206.5' Bottom plate and lift bail

RECEIVED




OCT 14 2011

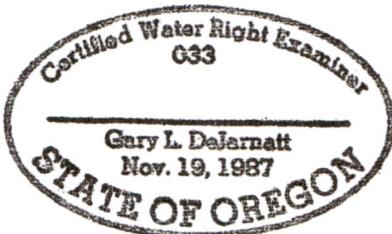
WATER RESOURCES DEPT
SALEM, OREGON

Received

OCT 03 2024

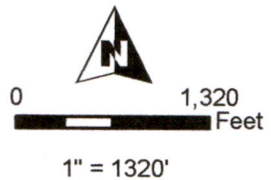
OWRD

- Well & Meter
- Pipeline
-  POU NU
- Section
- Quarter Quarter
-  DLC
-  Tax Lot

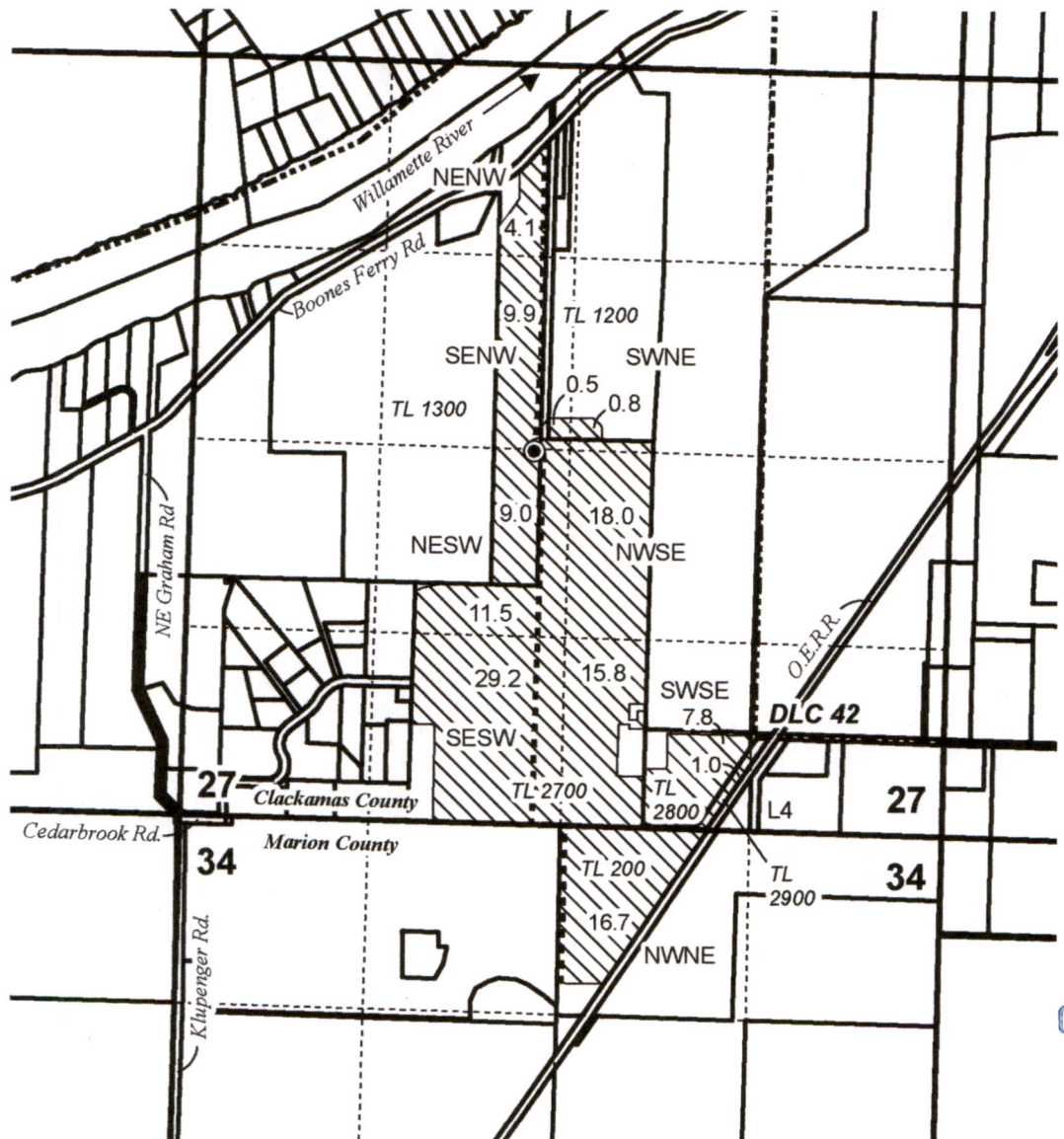


**T3S R1W, WM,
CLACKAMAS COUNTY &
MARION COUNTY, OR**

RENEWAL DATE 12/31/2025



Well #2 (CLAC 68261/L-105629) Location:
10' S, 240' W of Cen. Sec. 27



Received
OCT 03 2024



Date: 4/23/2024

**CLAIM OF BENEFICIAL USE MAP
RAMSAC Land, LLC**

This map is not intended to provide legal dimensions or locations of property ownership lines.

WATER RIGHT SERVICES, LLC
PO BOX 1830, BEND, OR 97709
WWW.OREGONWATER.US CCB # 197121
johnshort@usa.com 541-389-2837

Ap G- 17410 Permit G-16922 Project #23077