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

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

Received by OWRD
OCT 23 2024
Salem, OR

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

A separate form shall be completed for each permit.

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

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

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

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

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-18690	G-18485	T-

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
C & E Brentano Family LP	(503) 932-2371	
Address		
5009 Davidson Rd. NE		

City	State	Zip	E-Mail
St. Paul	OR	97137	danb@stpaultel.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		
C & E Brentano Family LP		
Address		
5009 Davidson Rd. NE		
City	**State**	**Zip**
St. Paul	OR	97137

Additional Permit Holder of Record		
Address		
City	**State**	**Zip**

4. Date of Site Inspection:

3/19/2024

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

Name	Date	Association with the Project
Dan Brentano	3/19/2024	Owner

6. County:

Marion

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

Permit Holder 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
Carol M. Brentano	Carol M Brentano	Partner	9/4/2024

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)
POA 8	MARI 1441	L-141736
POA 9	MARI 70279	L-143577

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
POA 8	Willamette River	Columbia River
POA 9	Mission Creek	Champoeg Creek

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)
POA 8	Irrigation	Pasture, Squash, Tall Fescue	Mar. 1 – Oct. 31	0.16 cfs
POA 8	Irrigation - DIR	Squash Tall Fescue	Mar. 1 – Oct. 31	0.35 cfs
POA 9	Irrigation	Pasture, Hazelnuts, Hay, Tall Fescue	Mar. 1 – Oct. 31	0.80 cfs
POA 9	Irrigation - DIR	Wheat, Nursery Stock, Tall Fescue, Corn, Hazelnuts, Pasture	Mar. 1 – Oct. 31	1.02 cfs
POA 9	Nursery	Nursery Stock	Nov. 1 – Feb. 28/29	3.69 cfs
Total Quantity of Water Used				6.02 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:

POA 8:
Water is pumped from POA 8 by a 75 HP turbine pump and delivered to the place of use through a section of 6" above ground aluminum mainline. Then it is conveyed through 8" and 6" buried PVC mainline. Water is applied to the crops by handline and big gun sprinklers.

POA 9:
Water is pumped from POA 9 by a 125 HP submersible pump and delivered to the place of use through 10", 8", and 6" buried PVC mainline. Water is applied to the crops by big gun, linear, drip, handline sprinklers, and spray sticks.

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** NO

(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 63.8 acres of irrigation from POA 9, the water user developed 60.6.
The permit allowed 292.0 acres of irrigation to make up a deficiency in rate from POA 9, the water user developed 289.4.
The permit allowed 295.2 acres of nursery use from POA 9, the water user developed 292.9.

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
POA 8	0.16 cfs	3.53 cfs	*	Irrigation	12.4	12.4
POA 8	0.35 cfs	3.53 cfs	*	Irrigation - DIR	71.3	71.3
POA 9	0.80 cfs	5.33 cfs	*	Irrigation	63.8	60.6
POA 9	1.02 cfs	5.33 cfs	*	Irrigation – DIR	292.0	289.4
POA 9	3.69 cfs	5.33 cfs	*	Nursery	295.2	292.9

***System not running at time of site inspection.**

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):

POA 8

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
See attached tables.									
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.

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B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES NO

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

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

1" threaded port on E edge of well cap

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

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

D. Diversion and Delivery System Information

POA 8								
Use	Twp	Rng	Sec	QQ	DLC/Lot	Taxlot	Acres	Acres Split by QQ
IR	4S	3W	23	SENE	79	100	1.8	
IR	4S	3W	23	SENE	8	100	0.2	
IR	4S	3W	23	SENE	79	200	0.6	
IR	4S	3W	23	SENE	8	200	0.1	2.7
IR	4S	3W	23	NESE	1	600	1.3	
IR	4S	3W	23	NESE	1	900	1.0	2.3
IR	4S	3W	23	NWSE	2	900	0.5	0.5
IR	4S	3W	24	SWNW	79	600	0.9	0.9
IR	4S	3W	24	SENW	79	1500	1.2	1.2
IR	4S	3W	24	NESW	81	600	2.1	
IR	4S	3W	24	NESW	3	600	2.4	4.5
IR	4S	3W	24	NWSW	81	600	0.3	0.3
						Total IR		12.4
DIR	4S	3W	23	SENE	8	200	0.7	0.7
DIR	4S	3W	23	NESE	1	600	24.0	24.0
DIR	4S	3W	24	SWNW	79	600	6.5	
DIR	4S	3W	24	SWNW	1	600	0.5	7.0
DIR	4S	3W	24	NESW	81	600	0.4	
DIR	4S	3W	24	NESW	3	600	3.2	3.6
DIR	4S	3W	24	NWSW	81	600	0.9	
DIR	4S	3W	24	NWSW	2	600	35.1	36.0
						Total DIR		71.3

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
Aurora Pumps	V76-70578		Turbine		6"

3. Motor Information:

Manufacturer	Horsepower
General Electric	75

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)
75	55	29'	-19' avg.	3.53 cfs

5. Provide pump calculations:

Q = (75*7.04) / (139.7+10) = 3.53 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)
System not running at time of site inspection.			

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
6"	~720'	Aluminum	Above Ground
8"	~5,830'	PVC	Buried
6"	~3,200	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3"x40'	4,000'	Aluminum	Above Ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
Handline: 3/16" nozzle	60	7.9	100	100	1.76
Ehco 125 Reel w/ Nelson Big Gun: 1.2" nozzle	90	405	2	2	1.80

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

11. Drip Emitter Information:

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

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
N/A					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
N/A				

E. Storage

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

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**

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? YES **NO**

H. Additional notes or comments related to the system:

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

POA 9

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
See attached tables.									
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:

1 ¾" threaded port on N edge of well cap

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See attached well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

C. Groundwater Source Information (Sump)

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

D. 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.

POA 9								
Use	Twp	Rng	Sec	QQ	DLC/Lot	Taxlot	Acres	Acres Split by QQ
IR	4S	2W	19	SESW	62	800	0.5	
IR	4S	2W	19	SESW	63	100	0.1	0.6
IR	4S	2W	19	NESE	75	2600	1.8	
IR	4S	2W	19	NESE	3	1200	0.5	2.3
IR	4S	2W	19	SWSE	62	800	2.8	
IR	4S	2W	19	SWSE	63	100	0.1	
IR	4S	2W	19	SWSE	63	300	0.1	3.0
IR	4S	2W	19	SESE	4	1200	3.7	3.7
IR	4S	2W	20	NWSW	4	1200	0.3	0.3
IR	4S	2W	20	SWSW	5	1200	1.2	1.2
IR	4S	2W	28	NWNW	59	100	9.8	9.8
IR	4S	2W	28	SWNW	59	100	3.0	3.0
IR	4S	2W	29	NENE	94	100	9.8	
IR	4S	2W	29	NENE	59	100	8.8	18.6
IR	4S	2W	29	SENE	59	100	3.2	
IR	4S	2W	29	SENE	94	100	4.5	7.7
IR	4S	2W	30	NENE	94	1100	1.6	1.6
IR	4S	2W	30	NWNE	63	300	3.5	
IR	4S	2W	30	NWNE	63	500	2.9	
IR	4S	2W	30	NWNE	63	100	0.4	6.8
IR	4S	2W	30	SWNE	63	300	0.7	0.7
IR	4S	2W	30	NENW	63	100	0.1	0.1
IR	4S	2W	30	SENW	63	500	0.4	
IR	4S	2W	30	SENW	63	300	0.8	1.2
						Total IR		60.6
DIR	4S	2W	19	SESW	63	100	0.8	0.8
DIR	4S	2W	19	SWSE	63	300	1.9	1.9
DIR	4S	2W	19	SESE	63	300	1.3	
DIR	4S	2W	19	SESE	94	1100	9.1	10.4
DIR	4S	2W	20	SWSW	94	1100	23.4	23.4
DIR	4S	2W	20	SESW	94	1100	24.2	24.2
DIR	4S	2W	20	NESE	86	700	17.8	
DIR	4S	2W	20	NESE	86	900	16.6	34.4
DIR	4S	2W	20	NWSE	86	700	2.0	
DIR	4S	2W	20	NWSE	86	900	2.0	4.0
DIR	4S	2W	20	SWSE	86	900	1.8	
DIR	4S	2W	20	SWSE	94	1100	22.5	
DIR	4S	2W	20	SWSE	94	1000	2.3	26.6
DIR	4S	2W	20	SESE	86	900	14.6	
DIR	4S	2W	20	SESE	94	1000	20.4	35.0
DIR	4S	2W	29	NENE	94	1000	8.6	8.6
DIR	4S	2W	29	NWNE	94	1000	1.1	
DIR	4S	2W	29	NWNE	94	1100	9.9	11.0
DIR	4S	2W	29	NENW	94	1100	10.8	
DIR	4S	2W	29	NENW	94	400	1.1	11.9

DIR	4S	2W	29	NWNW	94	1100	10.8	10.8
DIR	4S	2W	29	SENW	94	400	0.2	0.2
DIR	4S	2W	30	NENE	94	1100	4.0	
DIR	4S	2W	30	NENE	63	201	2.0	
DIR	4S	2W	30	NENE	63	300	18.2	24.2
DIR	4S	2W	30	NWNE	63	300	33.1	
DIR	4S	2W	30	NWNE	63	500	0.7	33.8
DIR	4S	2W	30	SWNE	63	300	8.0	8.0
DIR	4S	2W	30	SENE	63	300	1.8	
DIR	4S	2W	30	SENE	63	201	0.2	2.0
DIR	4S	2W	30	NENW	63	100	7.5	
DIR	4S	2W	30	NENW	63	500	10.3	17.8
DIR	4S	2W	30	SENW	63	500	0.4	0.4
						Total DIR		289.4
NU	4S	2W	19	SESE	94	1100	9.1	9.1
NU	4S	2W	20	SWSW	94	1100	23.4	23.4
NU	4S	2W	20	SESW	94	1100	24.2	24.2
NU	4S	2W	20	NESE	86	700	17.8	
NU	4S	2W	20	NESE	86	900	16.6	34.4
NU	4S	2W	20	NWSE	86	700	2.0	
NU	4S	2W	20	NWSE	86	900	2.0	4.0
NU	4S	2W	20	SWSE	86	900	1.8	
NU	4S	2W	20	SWSE	94	1100	22.5	
NU	4S	2W	20	SWSE	94	1000	2.3	26.6
NU	4S	2W	20	SESE	86	900	14.6	
NU	4S	2W	20	SESE	94	1000	20.4	35.0
NU	4S	2W	29	NENE	94	100	17.8	
NU	4S	2W	29	NENE	94	400	2.1	
NU	4S	2W	29	NENE	94	1000	8.6	28.5
NU	4S	2W	29	NWNE	94	1000	1.1	
NU	4S	2W	29	NWNE	94	1100	9.9	
NU	4S	2W	29	NWNE	94	400	21.6	32.6
NU	4S	2W	29	SWNE	94	400	9.7	9.7
NU	4S	2W	29	SENE	94	100	6.1	
NU	4S	2W	29	SENE	94	400	0.6	6.7
NU	4S	2W	29	NENW	94	1100	10.8	
NU	4S	2W	29	NENW	94	400	17.6	28.4
NU	4S	2W	29	NWNW	94	1100	10.8	
NU	4S	2W	29	NWNW	94	400	15.5	26.3
NU	4S	2W	30	NENE	94	1100	4.0	4.0
						Total NU		292.9

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
Gould	10RJLC-3	MG4073	Submersible		8"

3. Motor Information:

Manufacturer	Horsepower
Franklin Electric	125

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)
125	55	0'	25.5'	5.33

5. Provide pump calculations:

Q = (125*7.04) / (139.7+25.5) = 5.33 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)
System not running at time of site inspection			

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
10"	~700'	PVC	Buried
8"	~12,410'	PVC	Buried
6"	~4,520'	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3"x40'	42,400'	Aluminum	Above Ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
Handline: 5/32" nozzle	60	5.5	60	60	0.73 cfs
Handline: 3/16" nozzle	60	7.9	1,000	120	2.11 cfs
Ehco 125 Reel w/ Nelson Big Gun: 1.2" nozzle	90	405	3	3	2.71 cfs
Linear: 1260' w/ Nelson 31 nozzles	20	7.14	70	70	1.11 cfs
Nursery: 7 GPH spray sticks	25	0.1167	140,000	7,800	2.03 cfs

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
Hazelnuts: Uniram AS XR 820 060	55	0.01	308,405	104,544	2.33 cfs

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
N/A					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
N/A				

E. Storage

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

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? YES NO

H. Additional notes or comments related to the system:

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	9/15/2020		
Begin construction (A)	9/15/2025	8/25/2021	Began construction of POA 9.
Complete construction (B)	N/A	N/A	N/A
Complete application of water (C)	9/15/2025	Aug. 2022	Completed application of water on all claimed areas.

* must be within period between permit, or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? YES [NO]

3. Initial Water Level Measurements:

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

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

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

March

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

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

Date of Measurement	Measurement Made By	Method	Measurement

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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
POA 8	Seametrics	06200478	Working	16344452	April 2021
POA 9	McCrometer	22-02402-08	Working	15847700	April 2022

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

WELL ID #	DATE ATTACHED TO WELL
POA 8: L-141736	April 2021
POA 9: L-143577	October 2021

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):

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Logs (x2)	POA 8 MARI 1441 (5 pgs), POA 9 MARI 70279 (3 pgs)
Pictures (x15)	Taken at 3/19/2024 COBU site inspection
Pump Test	POA 9 pump test (4 pgs) w/ POA 9 well log (3 pgs)
Pump Test Exemption Request	POA 8 multiple well exemption request w/ POA 8 well log (5 pgs)

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 4/29/2023

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ 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

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

MARI 1441
WATER WELL REPORT
STATE OF OREGON

(Please type or print)

(Do not write above this line)

MARI 1441

POA 8

State Well No. 4S/3W-24

State Permit No.

(1) OWNER:

Name Harold Brentano

Address Star Rt., Box 48
St. Paul, Ore. 97137

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

Rev

) CASING INSTALLED: Threaded ☐ Welded ☒

16 " Diam. from +2 ft. to 106'6½ ft. Gage .250
16 " Diam. from 106'6½ ft. to 188'1½ ft. Gage .375
5 " Diam. from 188'1½ ft. to 205'5½ ft. Gage .250
6 " Diam. from +2 ft. to 62'10" ft. Gage .250

) PERFORATIONS: Perforated? ☒ Yes ☐ No.

Type of perforator used cutting torch

Size of perforations 3/8 in. by 6 in.

1240 perforations from 106'6½" ft. to 188'1½" ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? ☐ Yes ☐ No

Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom?

d: gal./min. with ft. drawdown after hrs.
" See sheet attached " "
" " " "

Bailer test gal./min. with ft. drawdown after hrs.

esian flow g.p.m.

emperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION: Pressure grouted zonolite, intrusion aid

Well seal—Material used cement & admix

Well sealed from land surface to 0 to 24 & 33 to 62 ft.

Diameter of well bore to bottom of seal 36 in.

Diameter of well bore below seal 36 in.

Number of sacks of cement used in well seal 68 sacks

Number of sacks of ~~bentonite~~ used in well seal aggregate 42 sacks

Brand name of ~~bentonite~~ aggregate zonolite

Number of pounds of bentonite per 100 gallons of water - lbs./100 gals.

Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? - depth of strata -

Method of sealing strata off -

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/4 - 1½

Gravel placed from 62 ft. to bottom ft.

(10) LOCATION OF WELL:

County Marion Driller's well number 7601

¼ ¼ Section 24 T. 4S R. 3W W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 46 ft.

Static level 31 ft. below land surface. Date 1-2-76

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing -

Depth drilled 203 ft. Depth of completed well 205 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. *Report each change in position of Static Water Level and indicate principal water-bearing strata.*

MATERIAL	From	To	SWL
See sheet attached			
* Gravel feed			

Received by OWRD
OCT 28 2024
Salem, OR

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APR 6 1976
WATER RESOURCES DEPT
SALEM, OREGON

Received by OWRD
OCT 28 2024
Salem, OR

Work started 10-24 19 75 Completed 3-18- 19 76

Date well drilling machine moved off of well 3-1 19 76

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Mike Schneider (Drilling Machine Operator) Date 3-19, 19 76

Drilling Machine Operator's License No. 212

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Schneider Equipment, Inc. (Person, firm or corporation) (Type or print)

Address Star Rt., Box 97, St. Paul, Ore.

[Signed] Mike Schneider (Water Well Contractor)

Contractor's License No. 387 Date 3-19, 19 76

(USE ADDITIONAL SHEETS IF NECESSARY)

HARO BRENT
Well test January 16 1976
Received by OWRD
OCT 23 2024
Salem, OR
MARI 1441
Pumping Level - Depth in Feet
60
80
100
120
140
160
180
gallons per minute
400
600
800
1000
1200

PDA 8

MARI 1441

POA B

7601

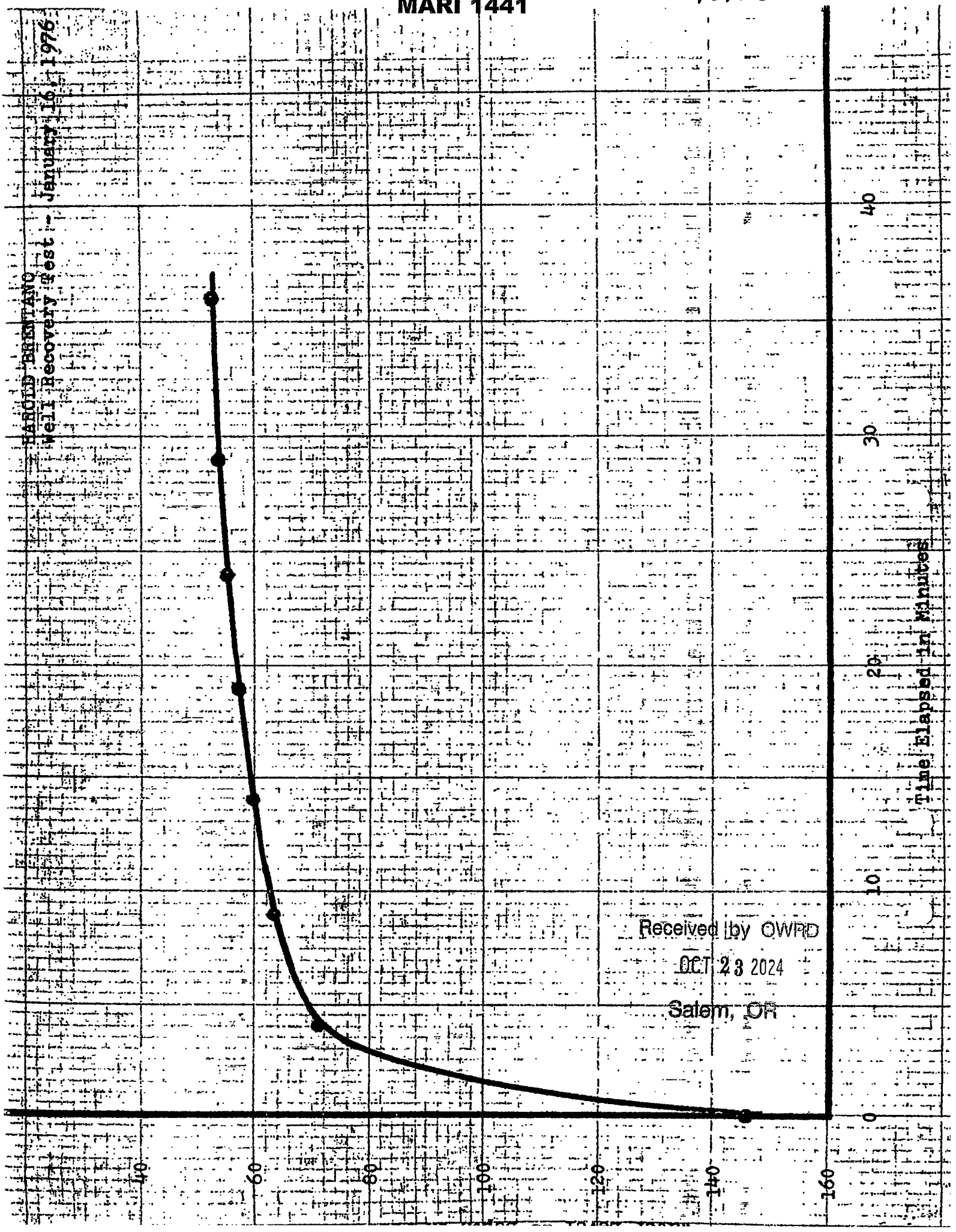
Harold Brentano

Material	From	To
Top soil	0	4
Brown clay	4	17
Light gray clayt	17	20
Brown sandy clay	20	28
Fine brown sand	28	43
Coarse gravel (to 5")	43	46
Gray clay	46	48
Dark gray sandy clay	48	56
Brown sandy clay	56	63
Coarse black sand to ¼"	63	66
Brown sandy clay	66	70
Gray sandy clay	70	71
Coarse black sand	71	72
Blue clay	72	81
Gray clay	81	85
Gray sandy clay w/ wood fibre & small amounts of medium sand	85	90
Gray clay	90	96
Sandy gray clay	96	107
Black sand (medium to coarse w/ some gray clay	107	115
Black sand w/ small pebbles .08 -.3	115	126
Gray clay	126	136
Dark gray sandy clay - large amounts medium sand	136	140
Black sand - coarse w/ wood fibre & small pebbles .08 - .3	140	156
Gravel fine to coarse .08 - 5"	156	183
Gray clay	183	203

MARI 1441

POA B

HAROLD BRENTANO
Well Recovery Test - January 16, 1976



MARI 1441

POA 8

OREGON WATER RESOURCES DEPARTMENT

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www. oregon.gov/owrd

Application for Well ID Number

RECEIVED

MAR 04 2021

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: Harold C. Brentano

Mailing Address: 3217 Horseshoe Lake Rd. NE

City, State, Zip: St. Paul, OR 97137

Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: C & E Brentano Family LP, 5009 Davidson Rd. NE

City, State, Zip: St. Paul, OR 97137

II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 4S (North / South) Range: 3W (East / West) Section: 24 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Marion

GPS Coordinates: Lat: 45.21152497, Lon: -123.01194809

Street Address of Well, City: 2432 Horseshoe Lake Rd. NE, St. Paul

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Report, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 3-18-1976 Total Well Depth: 203' Casing Diameter: 16"

Owner at time the well was constructed (if known): Harold Brentano Well Report # (if known): MARI 1441

Other Information:

SUBMITTED BY *(please print)*: William E. McGill, CWRE

PHONE: (503) 510-3026 **EMAIL &/or FAX:** willmcgill.surveying@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Report Number:	Well Identification #:
3-4-21	MARI 1441	L-141736

Received by OWRD

OCT 23 2024

Salem, OR

MARI 70279

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

POA 9

WELL I.D. LABEL# L 143577
START CARD # 216502
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 9
First Name _____ Last Name _____
Company Brentano Farms LLC
Address PO Box 275
City St. Paul State OR Zip 97137

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 365 ft.

BORE HOLE

Dia	From	To
20	0	218
16	218	387

SEAL

Material	From	To	Amt	sacks/lbs
3/8 bentonite chip	0	60	140	sks
		Calculated	120	
Cement	60	218	180	sks
		Calculated	100	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Pour and probe bentonite chips
Backfill placed from 365 ft. to 387 ft. Material Slough&silica sand
Filter pack from 189 ft. to 365 ft. Material Silica Sand Size 6x9
Explosives used: [ ] Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	16	+	2	218	.375	●	○	X	
○	●	12		189	212	.375	●	○	X	
○	●	12x10		212	213	.375	●	○	X	
○	●	10		243	276	.375	●	○	X	
○	●	10		281	312	.375	●	○	X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type V-shaped wire wrap Material 304SS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Scrn	Liner	10	213	243	40			PS
Scrn	Liner	10	276	281	40			PS
Scrn	Liner	10	312	342	40			PS
Scrn	Liner	10	350	355	40			PS

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

[●] Pump [ ] Bailer [●] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1008	121	210	4

Temperature 55 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 4 S N/S Range 2 W E/W WM
Sec ~~20~~ 29 ~~SE NE~~ 1/4 of the ~~SE~~ NE 1/4 Tax Lot 042W290000100
Tax Map Number 04 2W 29 Lot _____
Lat ° ' " or _____ DMS or DD
Long ° ' " or _____ DMS or DD
(●) Street address of well ( ) Nearest address
5009 Davidson Rd NE St. Paul OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-18-2021			74

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES — Depth water was first found 59

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-18-2021	59	197	1000+			74

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(11) WELL LOG

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OWRD
Salem, OR

Ground Elevation _____

Material	From	To
Topsoil	0	3
Clay, brown,soft-medium, silty	3	29
Clay, blue, soft to medium, silty	29	45
Clay, grey, soft to medium, silty	45	59
Sand, grey, fine to medium, some wood	59	77
Clay, grey, medium, lenses of firm, sandy	77	92
Sand, grey, fine, some lenses of clay	92	100
Sand, grey, fine, some lenses of gravel, 3/4" minus	100	102
Clay, grey, medium, silty	102	110
Clay, grey, medium, silt, brown	110	125
Sand, grey, fine to medium	125	135
Sand, grey, fine to medium, gravel, 3/4" minus	135	145
Sand, grey, multi colored, coarse to fine, gravel 3/4" minus	145	155
Sand, dark grey, fine	155	157
Claystone, grey, medium hard, lenses of clay	157	166
Clay, green, medium, silty	166	187
Sand, dark grey, medium, lenses of clay	187	197
Clay, green and grey, medium, lenses of silt, brown	197	206
Clay, brown, medium, soft, silty	206	213

Date Started 8-25-2021 Completed 10-18-2021

(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 2034 Date 11/12/2021
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 1988 Date 11/12/2021
Signed _____
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

MARI 70279

POA 9

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L 143577
START CARD # 216502
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	10		342	350	.375	◉	○	✘	
◉	10		355	365	.375	◉	○	✘	
○						○	○		
○						○	○		
○						○	○		
○						○	○		
○						○	○		
○						○	○		
○						○	○		

(11) WELL LOG

Material	From	To
Clay, green, medium, sandy	213	218
Sand, black, fine to medium, some cementation, occ. gravel blk	218	238
Clay, grey, silty, some sand	238	276
Sand, black, medium	276	280
Clay, blue grey, medium, some clay brown	280	314
Gravel 2" minus with some sand, medium to coarse	314	331
Gravel, 1" minus, some sand	331	339
Claystone, white, some sand coarse	339	343
Clay, blue, medium, soft with some gravel and sand	343	351
Clay, grey, with some layers of claystone	351	352
Gravel, 1/2" minus with sand and some wood	352	353
Clay, grey and blue, soft	353	380
Cly, grey, medium to hard	380	387

RECEIVED
NOV 18 2021
OWRD

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/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)

Comments/Remarks

3/8" steel plate on bottom of screen assembly at 365'

Received by OWRD
OCT 23 2024
Salem, OR

PDA 9

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

LOCATION OF WELL

Latitude: 45.20083300 Datum: WGS84
Longitude: -122.950997
Township/Range/Section/Quarter-Quarter Section:
WM 4S 2W 29 NENE
Address of Well:
5009 DAVIDSON RD NE
Revised: 5009 DAVIDSON RD NE, ST PAUL

Well Label: L143577
Well Log: MARI 70279
Printed: May 24, 2022

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

Provided by landowner

Brentano
3/19/24
Well 8

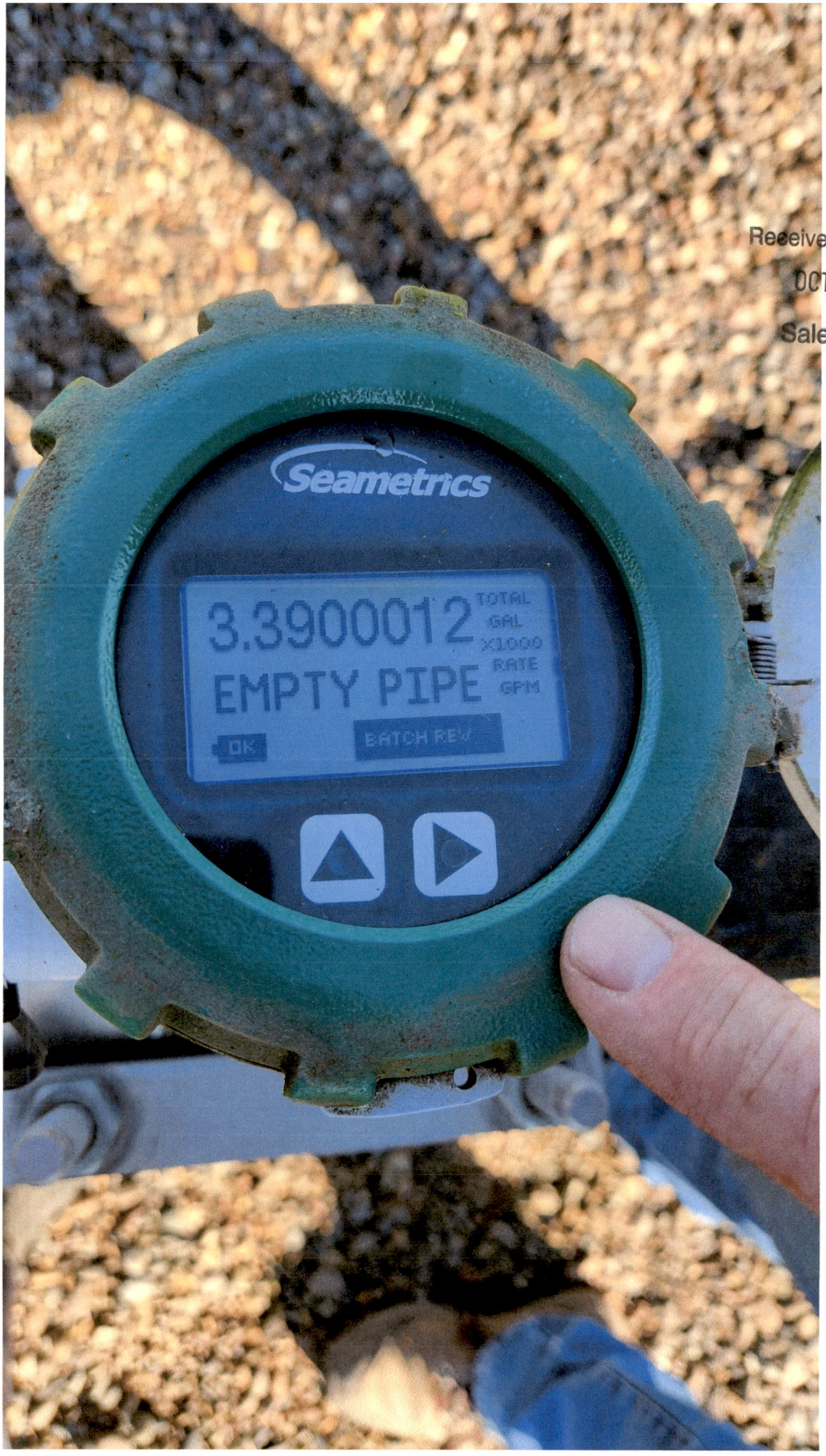
Brentano 3/19/24 — Well 8 motor tag

Brentano
3/19/24

Well 8
pump tag

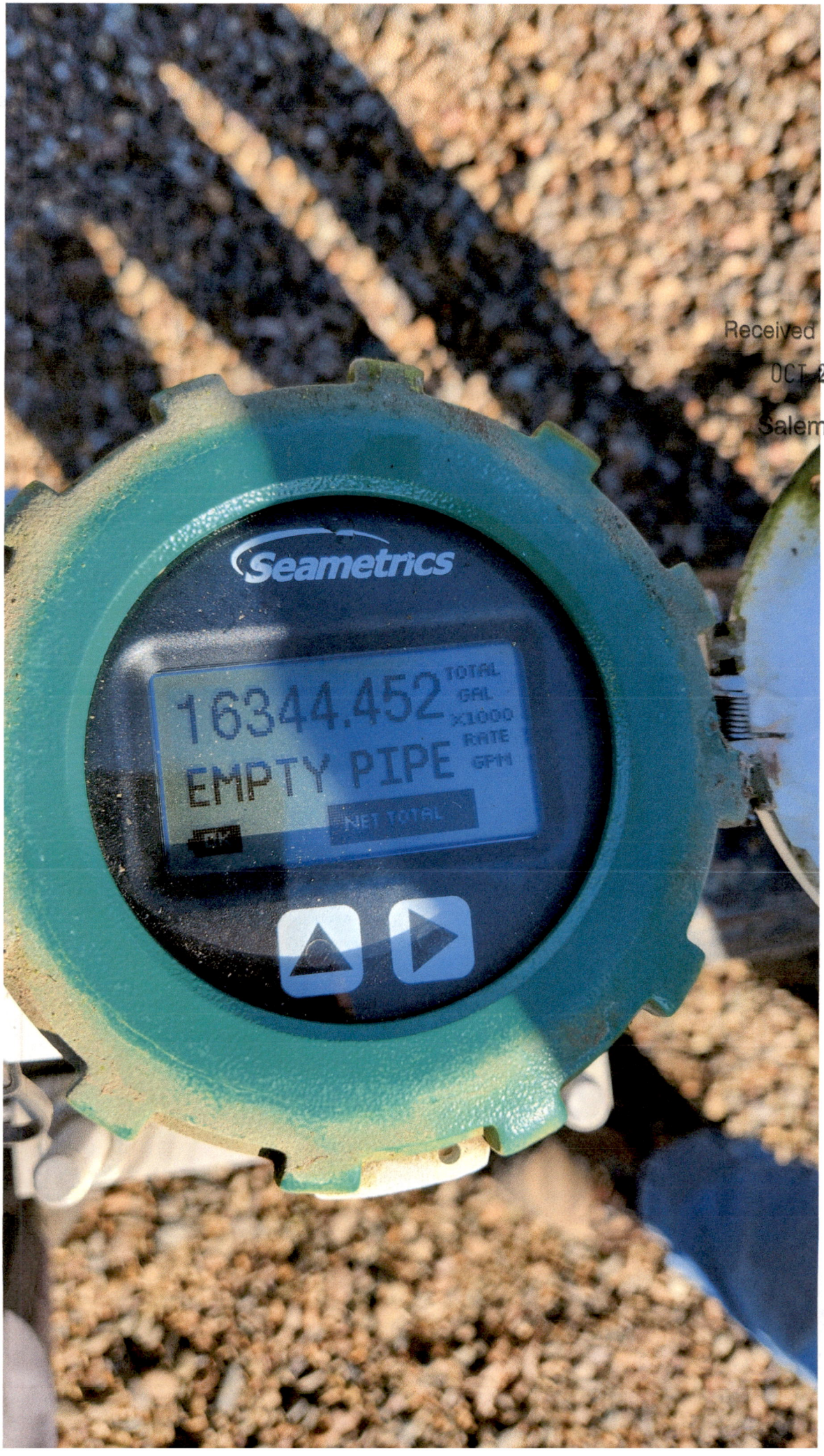
Brentano
3/19/24

Flow meter tag @ POA B



Brentano
3/19/24

Flow meter @ POA 0



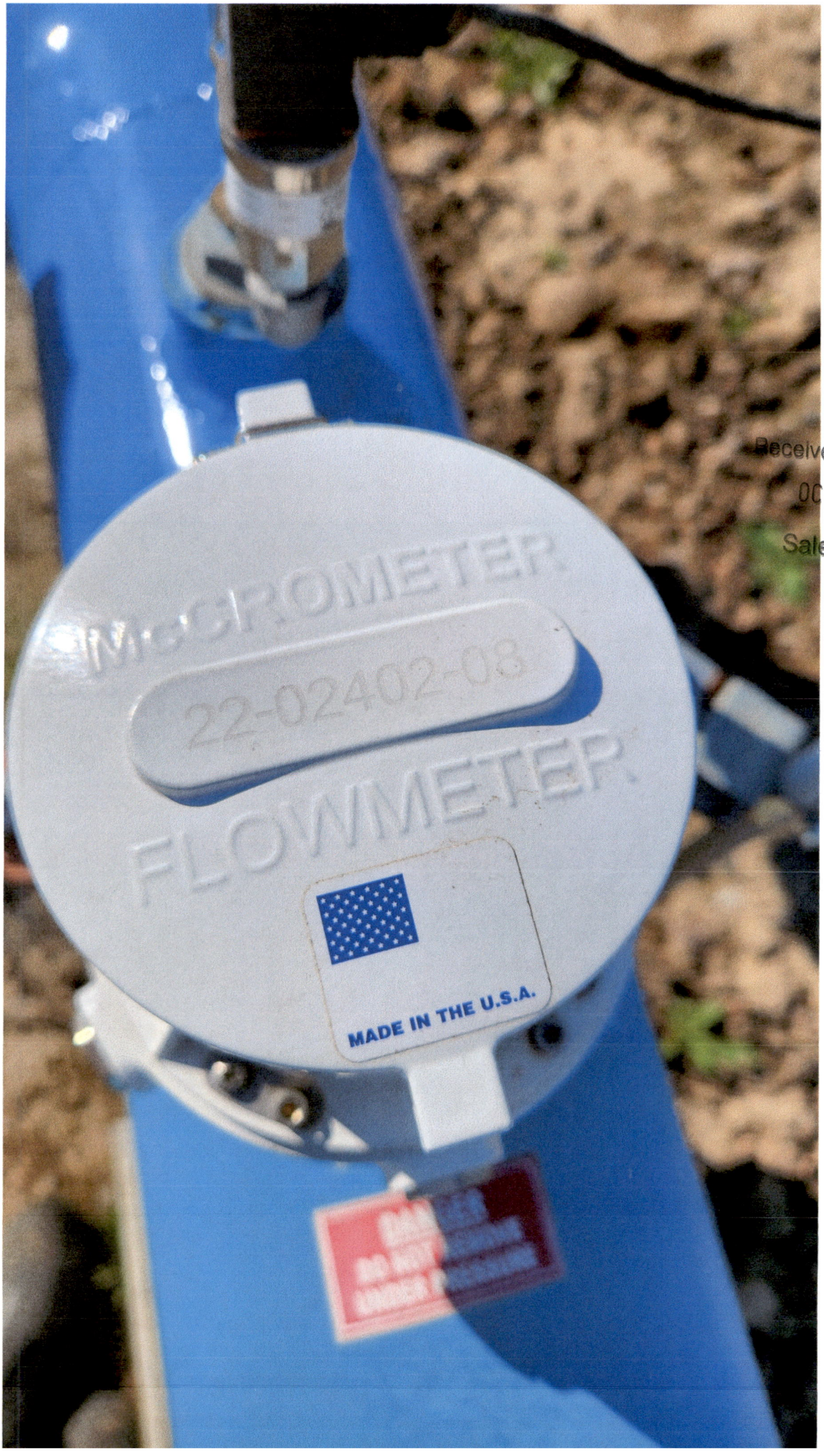
Brentano
3/19/24

Flow Mete
@ POA 0
2nd pg.

Brentano
3/19/24

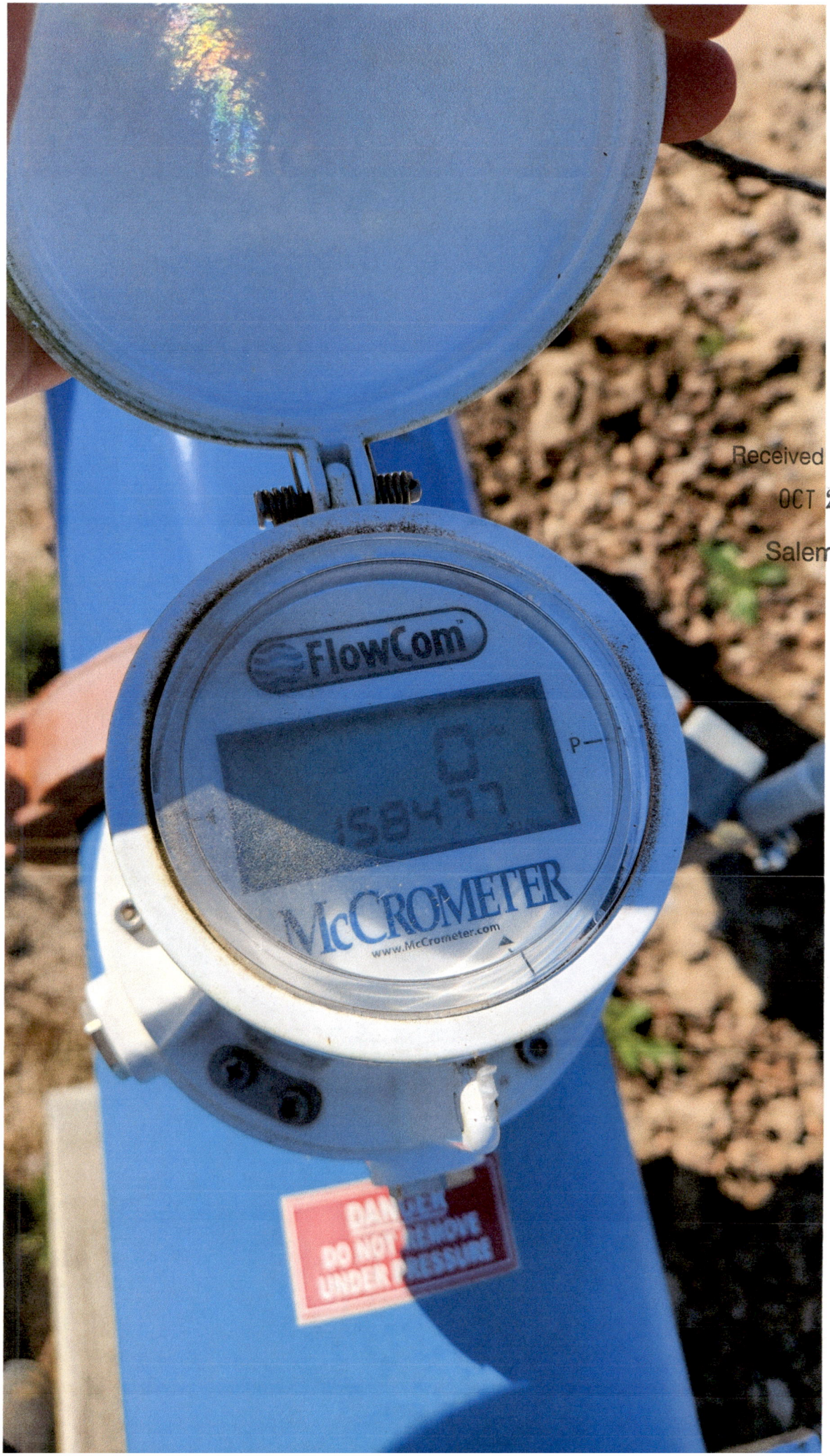
—

POA 9



Brentano
3/19/24

Flow Meter cap @ PoA 9



Brentano
3/19/24

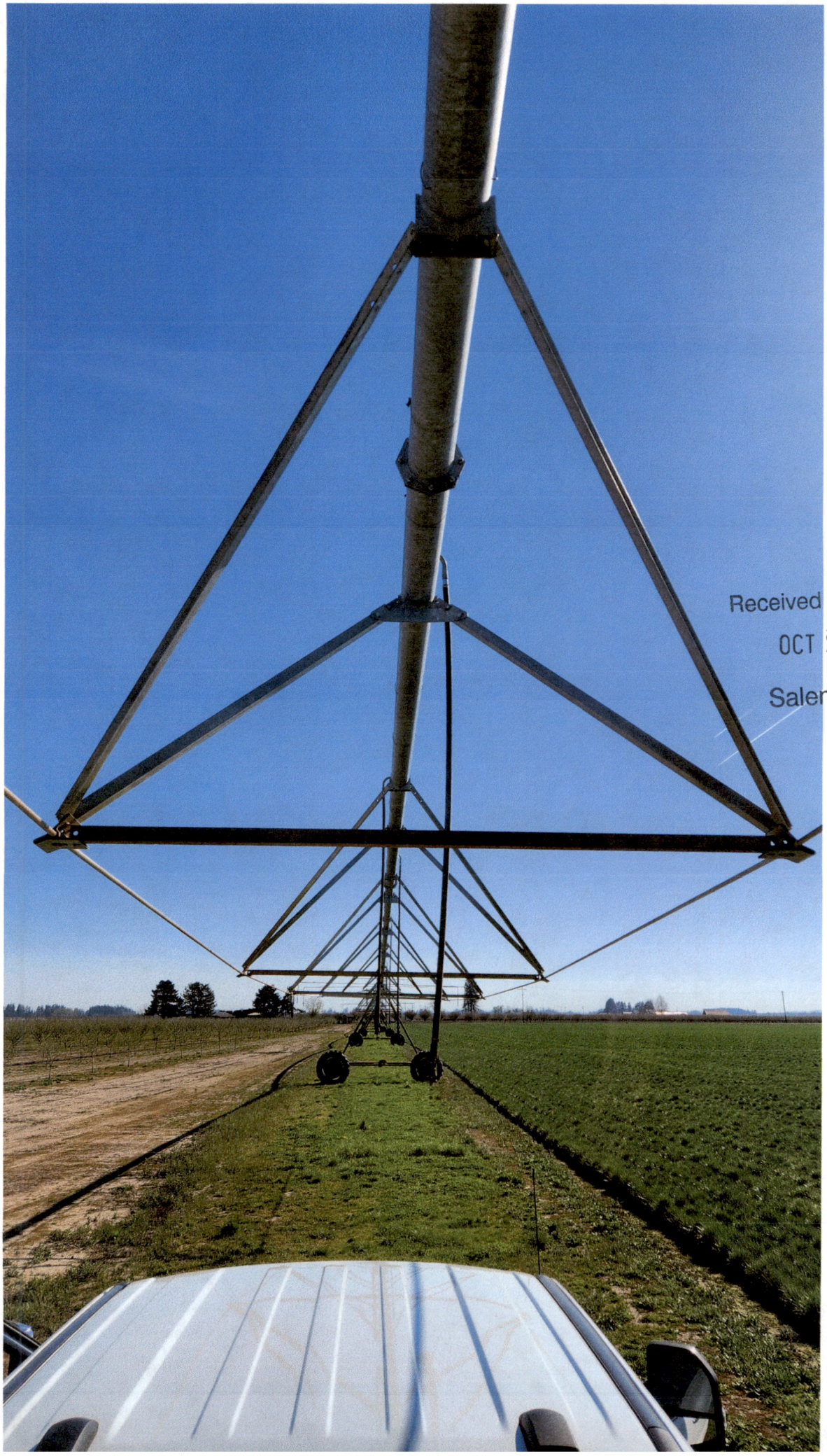
Flow meter @ PoA 9

Brentano 3/19/24 — Drip 0.61 gph 30 in. spacing

Brentano 3/19/24 — Pot-in-pot Irrigation on Nursery crops

Brentano 3/19/24 - handlines

Brentano 3/19/24 — Spray stick emitters in pot-in-pot system



Brentano
3/19/24

—

1,260'
linear
18' spacing

Brentano
3/19/24

—

Linear
nozzles
Nelson 31
20 psi
regulated

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date of well completion.

MARI 1441
WATER WELL REPORT
STATE OF OREGON

(Please type or print)

(Do not write above this line)

MARI 1441

POA B

State Well No. 4S/3W-24

State Permit No.

(1) OWNER:

Name Harold Brentano

Address Star Rt., Box 48
St. Paul, Ore. 97137

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

) CASING INSTALLED: Threaded ☐ Welded ☒

6 " Diam. from +2 ft. to 106'6½ Gage .250
16 " Diam. from 106'6½ ft. to 188'1½ Gage .375
6 " Diam. from 188'1½ ft. to 205'5½ Gage .250
6 " Diam. from +2 ft. to 62'10" Gage .250

) PERFORATIONS: Perforated? ☒ Yes ☐ No.

Type of perforator used cutting torch

Size of perforations 3/8 in. by 6 in.

1240 perforations from 106'6½" ft. to 188'1½" ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? ☐ Yes ☐ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom?

d: gal./min. with ft. drawdown after hrs.
" See sheet attached " "
" " " "

Bailer test gal./min. with ft. drawdown after hrs.

esian flow g.p.m.

emperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION: Pressure grouted zonolite, intrusion aid

Well seal—Material used cement & admix

Well sealed from land surface to 0 to 24 & 33 to 62 ft.

Diameter of well bore to bottom of seal 36 in.

Diameter of well bore below seal 36 in.

Number of sacks of cement used in well seal 68 sacks

Number of sacks of ~~bentonite~~ aggregate used in well seal 42 sacks

Brand name of ~~bentonite~~ aggregate zonolite

Number of pounds of bentonite per 100 gallons of water - lbs./100 gals.

Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? - depth of strata -

Method of sealing strata off -

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/4 - ½

Gravel placed from 62 ft. to bottom ft.

(10) LOCATION OF WELL:

County Marion Driller's well number 7601

¼ ¼ Section 24 T. 4S R. 3W W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 46 ft.

Static level 31 ft. below land surface. Date 1-2-76

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing -

Depth drilled 203 ft. Depth of completed well 205 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. *Report each change in position of Static Water Level and indicate principal water-bearing strata.*

MATERIAL	From	To	SWL
See sheet attached * Gravel feed			

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SALEM, OREGON

Work started 10-24 19 75 Completed 3-18- 19 76

Date well drilling machine moved off of well 3-1 19 76

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Mike Schneider (Drilling Machine Operator) Date 3-19, 19 76

Drilling Machine Operator's License No. 212

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Schneider Equipment, Inc.
(Person, firm or corporation) (Type or print)

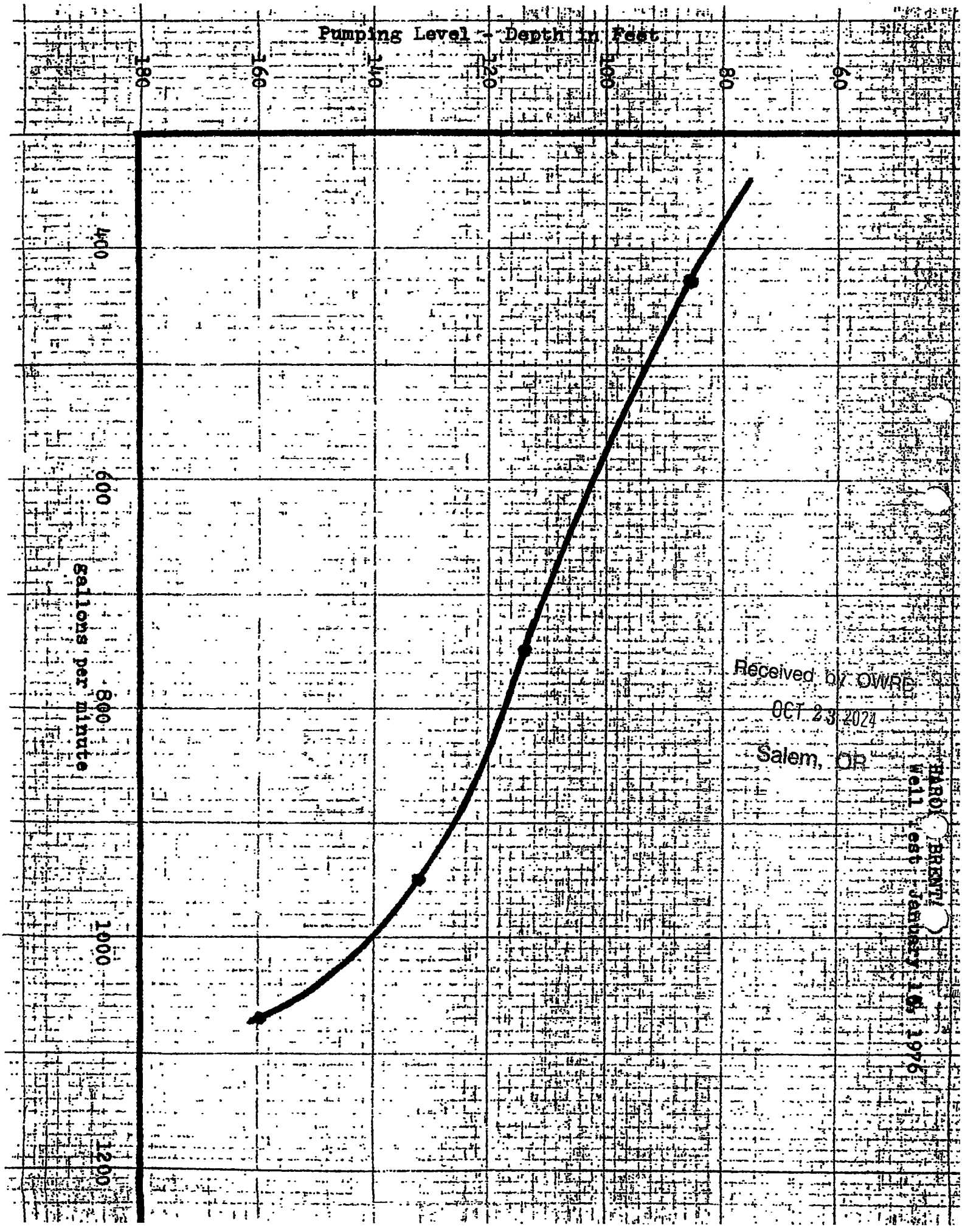
Address Star Rt., Box 97, St. Paul, Ore.

[Signed] Mike Schneider (Water Well Contractor)

Contractor's License No. 387 Date 3-19, 19 76

POA 8

MARI 1441



MARI 1441

POA B

7601

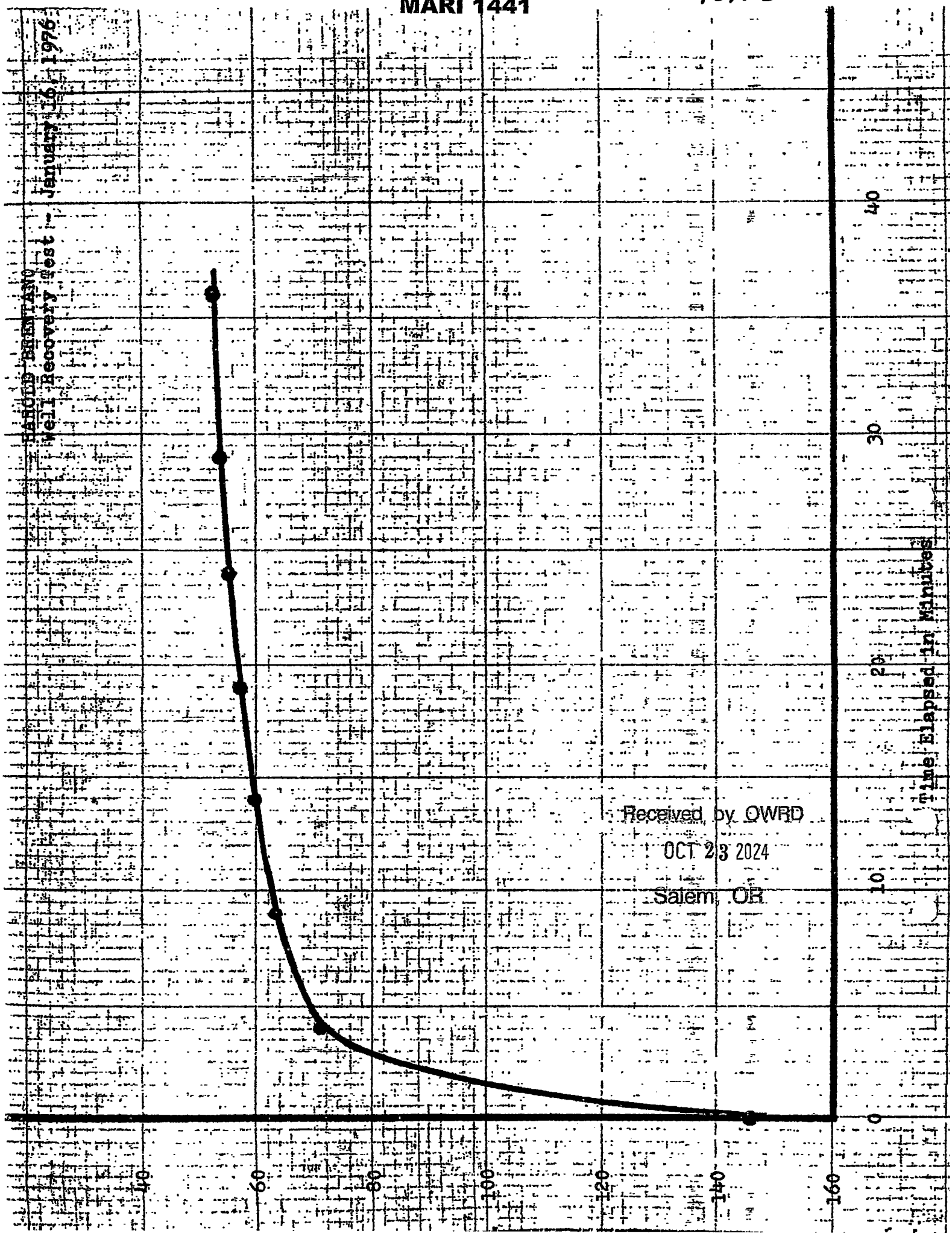
Harold Brentano

Material	From	To
Top soil	0	4
Brown clay	4	17
Light gray clayt	17	20
Brown sandy clay	20	28
Fine brown sand	28	43
Coarse gravel (to 5")	43	46
Gray clay	46	48
Dark gray sandy clay	48	56
Brown sandy clay	56	63
Coarse black sand to ¼"	63	66
Brown sandy clay	66	70
Gray sandy clay	70	71
Coarse black sand	71	72
Blue clay	72	81
Gray clay	81	85
Gray sandy clay w/ wood fibre & small amounts of medium sand	85	90
Gray clay	90	96
Sandy gray clay	96	107
Black sand (medium to coarse w/ some gray clay	107	115
Black sand w/ small pebbles .08 -.3	115	126
Gray clay	126	136
Dark gray sandy clay - large amounts medium sand	136	140
Black sand - coarse w/ wood fibre & small pebbles .08 - .3	140	156
Gravel fine to coarse .08 - 5"	156	183
Gray clay	183	203

MARI 1441

POA B

HAROLD BRENTANO
Well Recovery Test - January 16, 1976



MARI 1441

POA 8

OREGON WATER RESOURCES DEPARTMENT

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www. oregon.gov/owrd

Application for Well ID Number

RECEIVED

MAR 04 2021

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name *(please print)*: Harold C. Brentano

Mailing Address: 3217 Horseshoe Lake Rd. NE

City, State, Zip: St. Paul, OR 97137

Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: C & E Brentano Family LP, 5009 Davidson Rd. NE

City, State, Zip: St. Paul, OR 97137

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II. WELL LOCATION INFORMATION *(Please fill out as completely as possible)*

Township: 4S (North / South) Range: 3W (East / West) Section: 24 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Marion

GPS Coordinates: Lat: 45.21152497, Lon: -123.01194809

Street Address of Well, City: 2432 Horseshoe Lake Rd. NE, St. Paul

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION *(Please fill out as completely as possible, AND attach copy of Well Report, if available)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 3-18-1976 Total Well Depth: 203' Casing Diameter: 16"

Owner at time the well was constructed (if known): Harold Brentano Well Report # (if known): MARI 1441

Other Information:

SUBMITTED BY *(please print)*: William E. McGill, CWRE

PHONE: (503) 510-3026 **EMAIL &/or FAX:** willmcgill.surveying@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Report Number:	Well Identification #:
3-4-21	MARI 1441	L-141736

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
BRENTANO TREE FARM		(503) 932-2371	
Address: PO BOX 275			
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: danb@stpaultel.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:	Qualification:	License #:
CODY GRIFFITH	(SELECT) WWC	2034
Company: SCHNEIDER WATER SERVICES	Phone No.: (503) 633-2666	Additional Contact No.: ERIC SCHNEIDER
Address: 21881 RIVER RD NE		
City: SAINT PAUL	State: OR	Zip: 97137	E-Mail: ERIC@SCHNEIDERWATER.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
MARI 70279	L- 143577	WELL NO. 9	365 FT	SAME	10/18/2021	10/7/2021

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
4S	2W	20	SE/SE	350' S and 260' W from NE Corner, Section 29	45.200833	-122.950997

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-18690	G-18485	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.*

[No] Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

Well Log # (Ex: MARI 99999)	Bearing & Distance from Pumped Well (ft)	Date & Time Pump On	Date & Time Pump Off	Pumping Rate (GPM)

[No] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

[ ] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: GROUND
How far from the pumped well was water discharged? 600+ AWAY ft.

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: *Airline:* ____ psi ____ feet. *E-Tape:* POWERS SOUNDER 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: ____ *Serial #:* ____
Date Last Calibrated: ____ *Units:* ____

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCROMETER *Serial #:* 97-06050
Date Last Calibrated: 2019 *Units:* GPM

Pump Type: Submersible
HP: 100 Pump set at: 210 feet.
Pump idle time: 17 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 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) TOP OF CASING

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Time pump turned on: Date 10/7/2021 Time 8:45 AM
Time pump turned off: Date 10/7/2021 Time 2:00 PM
Total pumping time: 5 hours 15 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.
- [ ] 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_ROSs!-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: [signature] DATE: 4-23-24

OWNER SIGNATURE: [signature] DATE: 4-23-24

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

OWRD 20200115

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
MARI 70279	L- 143577	WELL NO. 9	365 FT	BRENTANO	10/18/2021	10/7/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, SPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/7/2021	7:45		82.2	0	Pre-test	N/A		
	8:05		82.2	0	Pre-test			
	8:25		82.2	0	Pre-test		52935750	TOTALIZER
10/7/2021	8:45	0	82.2		Pumping			START TEST
	8:47	2	182		Pumping			
	8:49	4	185	1,000	Pumping			
	8:51	6	185		Pumping			
	8:53	8	185		Pumping			
	8:55	10	185		Pumping			
	9:00	15	187		Pumping			
	9:05	20	189		Pumping			
	9:10	25	191		Pumping			
	9:15	30	193	1,000	Pumping			
	9:30	45	195		Pumping			
	9:45	60	197	1,000	Pumping			
	10:00	75	197.9		Pumping			
	10:15	90	198.2		Pumping			
	10:30	105	201	1,000	Pumping			
	10:45	120	201.3		Pumping			
	11:00	135	201.7		Pumping			
	11:15	150	202	1,000	Pumping			
	11:30	165	202.3		Pumping			
	11:45	180	202.2	1,000	Pumping			
	12:00	195	202.4		Pumping			
	12:15	210	202.7		Pumping			
	12:30	225	203.1	1,000	Pumping			
	12:45	240	203.3		Pumping			
	13:00	255	203.5		Pumping			
	13:15	270	203.6	1,000	Pumping			
	13:30	285	203.8		Pumping			
	13:45	300	204		Pumping			
	14:00	315	204.1	1,000	Pumping		53251800	STOPPED PUMP
	14:01	1	113		Recovery			
	14:02	2	104		Recovery			
	14:03	3	100		Recovery			
	14:04	4	98		Recovery			
	14:05	5	96.5		Recovery			
	14:06	6	95.4		Recovery			
	14:08	8	94.1		Recovery			

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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
MARI 70279	L- 143577	WELL NO. 9	365 FT	BRENTANO	10/18/2021	10/7/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, SPM)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/72021	14:10	10	93.2		Recovery	N/A		
	14:15	15	91.9		Recovery			
	14:20	20	91.1		Recovery			
	14:25	25	90.4		Recovery			
	14:30	30	89.9		Recovery			

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MARI 70279

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

POA 9

WELL I.D. LABEL# L 143577
START CARD # 216502
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 9
First Name ____ Last Name ____
Company Brentano Farms LLC
Address PO Box 275
City St. Paul State OR Zip 97137

(2) TYPE OF WORK [x] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[x] Reverse Rotary [ ] Other ____

(4) PROPOSED USE [ ] Domestic [x] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other ____

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 365 ft.

BORE HOLE

Dia	From	To
20	0	218
16	218	387

SEAL

Material	From	To	Amt	sacks/lbs
3/8 bentonite chip	0	60	140	sks
		Calculated	120	
Cement	60	218	180	sks
		Calculated	100	

How was seal placed: Method [ ] A [ ] B [x] C [ ] D [ ] E
[x] Other Pour and probe bentonite chips
Backfill placed from 365 ft. to 387 ft. Material Slough&silica sand
Filter pack from 189 ft. to 365 ft. Material Silica Sand Size 6x9
Explosives used: [ ] Yes Type ____ Amount ____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount ____ Actual Amount ____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	16	+	2	218	.375	●	○	x	
○	●	12		189	212	.375	●	○	x	
○	●	12x10		212	213	.375	●	○	x	
○	●	10		243	276	.375	●	○	x	
○	●	10		281	312	.375	●	○	x	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) ____
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS
Perforations Method ____
Screens Type V-shaped wire wrap Material 304SS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Scrn	Liner	10	213	243	40			PS
Scrn	Liner	10	276	281	40			PS
Scrn	Liner	10	312	342	40			PS
Scrn	Liner	10	350	355	40			PS

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1008	121	210	4

Temperature 55 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below) TDS amount ____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Marion Twp 4 S N/S Range 2 W E/W WM
Sec ~~20~~ 29 ~~SEX NE~~ 1/4 of the ~~XSE~~ NE 1/4 Tax Lot 042W290000100
Tax Map Number 04 2W 29 Lot ____
Lat ____ ° ____ ' ____ " or ____ DMS or DD
Long ____ ° ____ ' ____ " or ____ DMS or DD
(●) Street address of well ( ) Nearest address
5009 Davidson Rd NE St. Paul OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-18-2021			74

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 59

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-18-2021	59	197	1000+			74

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(11) WELL LOG Ground Elevation ____

Material	From	To
Topsoil	0	3
Clay, brown,soft-medium, silty	3	29
Clay, blue, soft to medium, silty	29	45
Clay, grey, soft to medium, silty	45	59
Sand, grey, fine to medium, some wood	59	77
Clay, grey, medium, lenses of firm, sandy	77	92
Sand, grey, fine, some lenses of clay	92	100
Sand, grey, fine, some lenses of gravel, 3/4" minus	100	102
Clay, grey, medium, silty	102	110
Clay, grey, medium, silt, brown	110	125
Sand, grey, fine to medium	125	135
Sand, grey, fine to medium, gravel, 3/4" minus	135	145
Sand, grey, multi colored, coarse to fine, gravel 3/4" minus	145	155
Sand, dark grey, fine	155	157
Claystone, grey, medium hard, lenses of clay	157	166
Clay, green, medium, silty	166	187
Sand, dark grey, medium, lenses of clay	187	197
Clay, green and grey, medium, lenses of silt, brown	197	206
Clay, brown, medium, soft, silty	206	213

Date Started 8-25-2021 Completed 10-18-2021

(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 2034 Date 11/12/2021
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 1988 Date 11/12/2021
Signed ____
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

MARI 70279

POA 9

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L	143577
START CARD #	216502
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	◉	10		342	350	.375	◉	○	X	
○	◉	10		355	365	.375	◉	○	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

(11) WELL LOG

Material	From	To
Clay, green, medium, sandy	213	218
Sand, black, fine to medium, some cementation, occ. gravel blk	218	238
Clay, grey, silty, some sand	238	276
Sand, black, medium	276	280
Clay, blue grey, medium, some clay brown	280	314
Gravel 2" minus with some sand, medium to coarse	314	331
Gravel, 1" minus, some sand	331	339
Claystone, white, some sand coarse	339	343
Clay, blue, medium, soft with some gravel and sand	343	351
Clay, grey, with some layers of claystone	351	352
Gravel, 1/2" minus with sand and some wood	352	353
Clay, grey and blue, soft	353	380
Cly, grey, medium to hard	380	387

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(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/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)

Comments/Remarks

3/8" steel plate on bottom of screen assembly at 365'

Received by OWRD

OCT 23 2024

Salem, OR

PDA 9

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

OREGON WATER RESOURCES DEPARTMENT

LOCATION OF WELL

Latitude: 45.20083300 Datum: WGS84

Longitude: -122.950997

Township/Range/Section/Quarter-Quarter Section:
WM 4S 2W 29 NENE

Address of Well:
5009 DAVIDSON RD NE

Revised: 5009 DAVIDSON RD NE, ST PAUL

Well Label: L143577

Well Log: MARI 70279

Printed: May 24, 2022

Salem, OR

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

Provided by landowner

Received by OWRD
OCT 23 2024

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

Owner Name/Business Name	Phone No.	Additional Contact No.
C & E Brentano Family LP	(503) 932-2371	
Address		
5009 Davidson Rd. NE		

City	State	Zip	E-Mail
St. Paul	OR	97137	danb@stpaultel.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
MARI 70279	L-143577	POA 9	10/7/2021	G-18690	G-18485	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)
4S	2W	29	NENE	350' S & 260' W from NE corner, sec. 29		

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	MARI 1441	L-141736	POA 8	G-18690	G-18485	T-
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		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	4S	3W	24	SWNW	1060' N & 30' E from W ¼ cor., sec. 24		
b							
c							
d							
e							

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: William E. McGill Date: 10-18-2024 License #: 30680

Printed Name: William E. McGill (Circle One): Owner, Employee, CWRE, RG, PE, WWC, Pump Installer

Phone: (503) 510-3026 Email: willmcgill.surveying@gmail.com

OREGON
WATER RESOURCES DEPARTMENT

Received by OWRD
OCT 23 2024
Salem, OR
Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: C & E Bontano Family Lp
5009 Davidson Rd. NE 97137

Transaction Type: CRU

Fees Received: $ 230.00

☐ Cash ☑ Check: **Check No.** 2330

Name(s) on Check: Will McGill Surveying LLC

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

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

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

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

Sincerely,
OWRD Customer Service Staff

Submission received by: Nick Reece
(Name of OWRD staff)

Instructions for OWRD staff:

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

OREGON
WATER RESOURCES DEPARTMENT

Received by OWRD
OCT 23 2024
Salem, OR
Date Received (Date Stamp Here)

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5009 Davidson Rd. NE 97137

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Sincerely,
OWRD Customer Service Staff

Submission received by: Nick Reese
(Name of OWRD staff)

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