

CLAIM OF BENEFICIAL USE for Ground Water Permits claiming 0.1 cfs or less



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 28 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.

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>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-17423	PERMIT # (IF APPLICABLE) G-16867	PERMIT AMENDMENT # (IF APPLICABLE)
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Fayechoy Phan		PHONE NO. (971) 218-7565	ADDITIONAL CONTACT NO.	
ADDRESS 7452 Alexandra Way SE				
CITY Salem	STATE OR	ZIP 97317	E-MAIL fphan971@gmail.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 Fayechoy Phan		
ADDRESS 5062 Swegle Rd.		
CITY Salem	STATE OR	ZIP 97301

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

9/12/2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Fayechoy Phan	9/12/2024	Owner

6. County:

Marion

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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OCT 28 2024

Salem, OR

**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.



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OCT 28 2024
Salem, OR

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

Permit Holder's of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Faye Pham	owner	10/28/24

SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
POA 1	MARI 63887	L-107633

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

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
POA 1	Irrigation	landscape, lawn, various vegetable and berry crops	Mar. 1 – Oct. 31	49 GPM
Total Quantity of Water Used				49 GPM

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

Water is pumped from the well by a 7.5 HP submersible pump and delivered to the POU through 2" PVC buried mainline. Water is applied to the POU by drip tape and impact sprinklers.

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

4. Variations:

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

YES **NO**

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

The permitted acreage varied slightly from what was able to be developed within the taxlot and QQs. The permitted acres were 2.25 in the SWNE and 5.75 in the NWSE. The developed acres were 3.0 in the SWNE and 5.0 in the NWSE.

5. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
POA 1	0.1 cfs	0.2 cfs	*	Irrigation	8.0	8.0

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

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OCT 28 2024

Salem, OR

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 1

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES 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:

½" threaded access port on SW 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 MARI 63887.

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. Appropriation and Delivery System Information

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

1. Is a pump used? YES NO

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

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OCT 28 2024

Salem, OR

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
The owner nor the pump installer could give us more info other than the HP and type.			Submersible

3. 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)
7.5	90	0'	29'	0.20

4. Provide pump calculations:

$Q = (7.5 * 7.04) / (228.6 + 29) = 0.20 \text{ cfs}$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
System not running at time of site inspection.			

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

6. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1/8" nozzle	60	4.2	2	1	0.01

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

7. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

8. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
8	0.0045	29,040'	29,040'	0.109	

E. Storage

1. Does the distribution system include in-system storage (i.e. 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:

Received by OWRD
OCT 28 2024
Salem, OR

OCT 28 2024

Salem, OR

**SECTION 5
CONDITIONS**

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	9/14/2011		
BEGIN CONSTRUCTION (A)	N/A	N/A	N/A
COMPLETE CONSTRUCTION (B)	9/14/2016	April 2012	Drilled well, installed pump, & meter.
COMPLETE APPLICATION OF WATER (C)	9/14/2016	May 2012	Irrigated all authorized 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?

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

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
March SWL measurements for 2013, 2015, 2016, 2017, and 2019 show in WRIS. 2020 is attached.			

5. Pump Test:

a. Is a pump test required? 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.

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For additional information regarding pump tests see:

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

OCT 28 2024

Salem, OR

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

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

6. Measurement Conditions:

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

b. Has a meter been installed? YES NO

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA 1	DLJ Meter	11010350	Not*	33063665	Sep. 2011

***Meter was recently damaged and out of service, but will be repaired soon.**

7. Recording and reporting conditions:

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

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 a Well Identification Number (Well ID tag) assigned and attached YES NO

to the well?

WELL ID #	DATE ATTACHED TO WELL
L-107633	9/15/2011

d. 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):

Restoration of disturbed riparian areas – *No riparian areas disturbed.*

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Well Log	MARI 63887
Pictures (x11)	Taken at 9/12/2024 site inspection
March SWL Measurement	Missing measurement taken 3/26/2020
Pump Test	Done by Jones Pump Co. LLC on 10/22/2024

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OCT 28 2024

Salem, OR

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: 2/3/2024

Map Checklist

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

- Map on polyester film.
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- 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

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OCT 28 2024

Salem, OR

MARI 63887

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 107633

START CARD # 1014859

(1) LAND OWNER Owner Well I.D. 5200

First Name Faye Last Name Phan
 Company _____
 Address 7452 Alexandra Way SE
 City Salem State OR Zip 97317

(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 130 ft.

BORE HOLE			SEAL		sacks/	
Dia	From	To	Material	From	To	Amt lbs
10	0	42	Bentonite	0	42	18 S
6	42	130				

How was seal placed: Method A B C D E

Other Poured dry

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	119	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air perforator

Screens Type _____ Material _____

Perf	Casing	Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
				99	117		.375	1	1,440	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		80	1

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 2 W E/W WM
 Sec 20 SW 1/4 of the NE 1/4 Tax Lot 2000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

5062 Sweogle Rd. NE, Salem, OR 97317

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>09-15-2011</u>		<u>32</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 47

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>09-15-2011</u>	<u>47</u>	<u>68</u>	<u>20</u>		<u>32</u>
<u>09-15-2011</u>	<u>94</u>	<u>130</u>	<u>100</u>		<u>32</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil <u>Received by OWR</u>	0	2
Brown clay	2	20
Blue clay <u>OCT 28 2024</u>	20	47
Black sandy gravel	47	68
Brown clay & gravel	68	74
Brown cemented gravel <u>Salem, OR</u>	74	94
Brown gravel cemented	94	130

Do not set pump below 119' Hole is unstable

RECEIVED

JONES DRILLING CO., INC. SEP 21 2011

29400 SANTIAM HWY

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-15-2011

Completed 09-15-2011

(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 1411

Date 09-19-2011

Password : (if filing electronically)

Signed K. J. Jones

(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 1684

Date 09-19-2011

Password : (if filing electronically)

Signed _____

Contact Info (optional) jonesdrilling@hotmail.com

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



Phan COBU 9-12-2024
Irrigated crops

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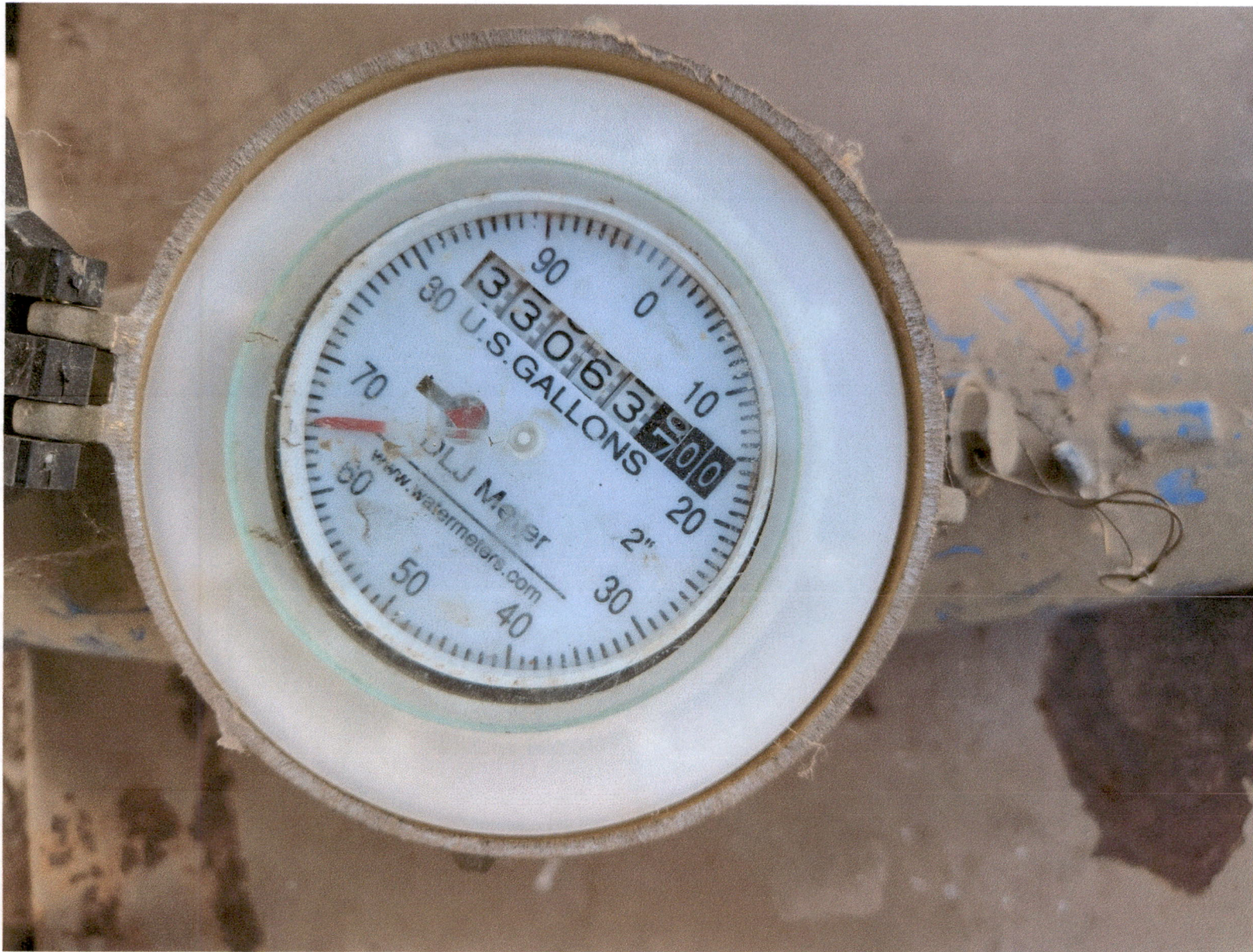


Phan COBU 9-12-2024
Flow Meter

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Phan COBU 9-12-2024
Flow Meter Reading

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Salem, OR



Phan COBU 9-12-2024
Flow Meter Serial #

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OCT 28 2024
Salem, OR



Phan COBU 9-12-2024
MARI 63887 Well Head

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OCT 28 2024

Salem, OR



Phan COBU 9-12-2024
Well Access Port

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OCT 28 2024

Salem, OR



Phan COBU 9-12-2024
Well ID Tag

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OCT 28 2024

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Phan COBU 9-12-2024
Drip Tape Roll

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Phan COBU 9-12-2024
Intelligent Pump Controller



ONES PUMP CO.
WELLS & PUMP SYSTEMS
CCB# 42261
29400 Santiam HWY
Lebanon, OR 97355
451-2686
367-2560 967-8388

YASKAWA
Varispeed
P7
WARNING
Risk of electric shock.
Read manual before installing.
Wait 5 minutes for capacitor discharge after disconnecting power supply.
AVERTISSEMENT
Risque de décharge électrique.
Lire le manuel avant l'installation.
Attendez 5 minutes après la coupure de l'alimentation pour permettre la décharge des condensateurs.

YASKAWA
Drives Technical Support (USA):
1-800-927-5292
Technical Manuals / Online Support:
www.yaskawa.com
Parts • Service • Repairs • Upgrades
Assembled in USA

iQ PUMP
Intelligent Pump Controller

240V - 59.4A
MODEL: CIMR-P7U2015
SPN: 20151A-U8901P7

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Phan COBU 9-12-2024
Impact Sprinkler

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Phan COBU 9-12-2024
Drip Tape Used on Strawberries

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Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

Well owner:

Name	Application:	
Address	Permit:	
City/State/Zip	Certificate:	
Phone/Fax/Cell	Userid:	
Email	Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):	
Permit number(s):	
Certificate number(s):	

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:		Owner's well name:	
Well ID (Well Tag) on Well: L-		Well drilled by:	
Well ID (Well Tag) on Well Log: L-		Total depth	Casing diameter (inches):
Start Card # on Well Log:		Owner on well log:	
Date drilled:			

Water-Level Measurement

Date of measurement: 3-26-20 Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	14' 4"	Airline length or transducer depth:	
Measuring point height <u>above</u> below land surface:	11"	Airline pressure:	psi x 2.31=
Depth to water below land surface:	13' 5"	Shut-in pressure:	psi x 2.31=

Measurement Status: Static Pumping Rising Flowing Other

Measurement Method: E-tape Airline Other

Length of time well was idle prior to measurement: _____

Measuring point description: 1/2 access port in well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments:

When did water use begin for this well under this permit? Month _____ Year _____

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Glenda Hubbard Received by OWRD

Signature of measurer: [Signature] OCT 28 2024

Company: Jones Pump Co. Salem, OR

Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): _____

Daytime phone number: 541-367-2560 netmail.com

Email address: jonespumpco@jonesdrilling@gmail.com



Water-Level Measurement Method: _____ *Verify here: { Airline: _____ psi _____ feet. E-Tape: _____ feet.

Length of air line (if used): _____ *Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____ Date Last Calibrated: _____ Units: _____

Pump Type: _____ HP: _____ Pump set at: _____ feet. Pump idle time: _____

Discharge Measurement Method: _____

Flowmeter (if used):

Manufacturer: _____ Serial #: _____ Date Last Calibrated: _____ Units: _____

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 _____ feet.

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

Time pump turned on: Date 10/22/24 Time 10am
Time pump turned off: Date 10/22/24 Time 2 pm
Total pumping time: 4 hours 0 minutes.

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OCT 28 2024

Salem, OR

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

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

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

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

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

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID OARD=1BdwLynsYAPNSQW330ZiSFZuM scp4Hfil-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: 10/28/24
OWNER SIGNATURE: [Signature] DATE: 10/28/2024



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
mari63887	L- 107633	Faye Phan	130'	Faye Phan	09/15/2011	10/22/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/22/24	900		257"	0	Pre-test			
	930		257"	0	Pre-test			
	1000		257"	0	Pre-test			
	1001		43'	85	Pumping			
	1002		44'1"	85	Pumping			
	1003		44'10"	85	Pumping			
	1004		45'1"	85	Pumping			
	1005		45'6"	85	Pumping			
	1006		45'11"	85	Pumping			
	1007		46'1"	85	Pumping			
	1008		46'2"	85	Pumping			
	1009		46'3"	85	Pumping			
	1010		46'4"	85	Pumping			
	1015		47'	85	Pumping			
	1020		47'6"	85	Pumping			
	1025		47'7"	85	Pumping			
	1030		47'11"	85	Pumping			
	1045		48'11"	85	Pumping			
	1100		48'11"	85	Pumping			
	1115		49'	85	Pumping			
	1130		49'3"	85	Pumping			
	1145		49'6"	85	Pumping			
	1200		49'7"	85	Pumping			
	1215		49'10"	85	Pumping			
	1230		49'10"	85	Pumping			
	1245		49'11"	85	Pumping			
	100		50'	85	Pumping			
	115		50'1"	85	Pumping			
	130		50'1"	85	Pumping			
	145		50'2"	85	Pumping			
	200		50'2"	85	Pumping			
	201		30'8"		Recovery			
	202		30'6"		Recovery			
	203		30'2"		Recovery			
	204		29'11"		Recovery			
	205		29'9"		Recovery			
	206		29'6"		Recovery			
	207		29'3"		Recovery			
	208		29'1"		Recovery			



Owner Information:

OWNER NAME/BUSINESS NAME: Faye Phan	PHONE No.: 971-218-7565	ADDITIONAL CONTACT No.:
ADDRESS: 7452 Alexandra Way SE		
CITY: Salem	STATE: OR	ZIP: 97317
E-MAIL: FPhan971@gmail.com		

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Justin Jones	QUALIFICATION: (SELECT) Pump installer	LICENSE #: 249934
COMPANY: Jones Pump Company LLC	PHONE No.: 541-367-2560	ADDITIONAL CONTACT No.:
ADDRESS: 29404 Santiam Hwy		
CITY: Lebanon	STATE: OR	ZIP: 97355
E-MAIL: Jonesdallunge@hotmail.com		

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-99999)	WELL NAME OR # POA 1	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Mari163887	L-107633	Faye Phan	130'	Faye Phan	9-15-2011	10/22/24

(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)
7S	2W	20	SW NE	155' N. & 225' E. from C/4 Cor. Sec. 20.		

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-17423	G-16867	T-		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

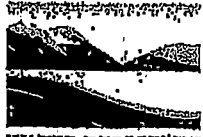
Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
 If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
 If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: _____ ft.
 Well elevation is above the surface water body. Approximate elevation difference: _____ ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: _____
 How far from the pumped well was water discharged? _____ Received by OWRD ft.

OREGON



WATER RESOURCES
DEPARTMENT

Received by OWRD

OCT 28 2024

Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Fayechoy Phan

7452 Alexandra Way SE, Salem OR 97317

Transaction Type: Claim

Fees Received: \$ 230.00

Cash

Check; Check No. 2331

Name(s) on Check: Will McGill Surveying

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: Corie Lowman
(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.