

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

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

**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 # <b>G-18438</b>	PERMIT # (IF APPLICABLE) <b>G-17921</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Michael C. Baggs &amp; Georgia J. Baggs</b>		PHONE NO. <b>503-318-8076</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>20036 White Ln</b>			
CITY <b>Oregon City</b>	STATE <b>OR</b>	ZIP <b>97045</b>	E-MAIL <b>mikebaggs@me.com</b>

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 <b>Same</b>		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>7-16-2024</b>
------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Michael C. Baggs</b>	<b>7-16-2024</b>	<b>Owner</b>

**6. County:**

<b>Clackamas</b>
------------------

**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 <b>n/a</b>		
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.



CWRE NAME <b>Bryce Michael Withers</b>		PHONE NO. <b>541-408-1400</b>	ADDITIONAL CONTACT NO. <b>John Short 541-389-2837</b>
ADDRESS <b>PO Box 1830</b>			
CITY <b>BEND</b>	STATE <b>OR</b>	ZIP <b>97709</b>	E-MAIL <b>brycewrs@gmail.com &amp; johnshort@usa.com</b>

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
	<b>Michael C. Baggs</b>	<b>Owner / Permit Holder</b>	<b>10-25-2024</b>
	<b>Georgia J. Baggs</b>	<b>Owner / Permit Holder</b>	<b>10-25-2024</b>

**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)
<b>Well #1</b>	<b>CLAC 9173</b>	<b>L-128606</b>

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)
<b>Well #1</b>	<b>NU</b>	<b>Cannabis / Christmas Trees</b>	<b>Year-round</b>	<b>0.07 CFS</b>
<b>Total Quantity of Water Used</b>				<b>0.07 CFS</b>

**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 well to above gallon storage tanks and to a drip irrigation system.**

**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 water user developed 5.7 acres of the allowed 14.4.**

**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
<b>Well #1</b>	<b>0.25 CFS</b>	<b>0.07 cfs</b>	<b>n/a</b>	<b>NU</b>	<b>14.4</b>	<b>5.7</b>

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**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs? YES NO

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

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

**Well #1 CLAC 9173 / L-128606**

**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:

**¾" capped pipe in top of sanitary seal**

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
n/a						

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

n/a

**C. Groundwater Source Information (Sump)**

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

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

**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.

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1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Grundfos			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)
1.5	10	123'	2'	0.07 cfs

4. Provide pump calculations:

See attached OWRD pump capacity calculations.

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)
			n/a

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)

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)
		0.017	2300	2300	0.09 cfs

8. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION

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### E. Storage

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

YES    NO

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

If "YES" is it a:            Storage Tank  
   Bulge in System / Reservoir

YES    NO  
YES    NO

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

#### 2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Plastic	10 x 550 gal = 5,500 gal	Above

### F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES    NO

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

### G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES    NO

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

### H. Additional notes or comments related to the system:

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**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

Permits and 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	12/7/2017		
BEGIN CONSTRUCTION (A)	12/7/2022	12/7/2017	Well was constructed prior to permit issuance
COMPLETE CONSTRUCTION (B)	12/7/2022	12/7/2017	Well was constructed prior to permit issuance
COMPLETE APPLICATION OF WATER (C)	12/7/2022	12/7/2022	Complete application of water to beneficial use

\* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

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

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**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.

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

**\*\*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
Well #1	DAC	005665	Working	12095	2017

*If a meter has been installed, items d through f relating to this section may be deleted.*

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? **YES** **NO**

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

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

a. Were there special well construction standards? **YES** **NO**

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

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

WELL ID #	DATE ATTACHED TO WELL
<b>L-128606</b>	<b>2017</b>

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):

**There was no riparian area disturbed.**

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>CBU Map</b>	<b>Claim of Beneficial Use Map</b>
<b>Pump Calcs</b>	<b>OWRD Pump Capacity Calculations</b>
<b>Well Log</b>	<b>CLAC 9173</b>
<b>Pump Test Exemption</b>	<b>Pump Test Exemption Request</b>

**SECTION 7**  
**CLAIM OF BENEFICIAL USE MAP**

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

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

**On-site direct measurement and NAIP Imagery.**

**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

<b>Pump Capacity Calculation Sheet</b>		<b>WELL CLAC 9173</b>	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
<b>Data Entry (fill in underlined blanks)</b>			
HP =	<u>1.5</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>125</u>		
PSI =	<u>10</u>		
<b>Results Calculated</b>			
$(hp)(\text{efficiency}) =$	<u>10.56</u>		
Head based on psi =	<u>25.4</u>		
Total dynamic head =	<u>150.4</u>		
(head + lift)			
<b>Pump Capacity =</b>	<b>0.07</b>	<b>feet per second</b>	

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NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

RECEIVED JUN 10 1963 STATE ENGINEER SALEM, OREGON

WATER WELL REPORT

STATE OF OREGON (Please type or print)

CLAC 009173

State Well No. 3/1-13

State Permit No.

(1) OWNER:

Name Lloyd Clark, Sr. Address Rt. 1, Box 545 Oregon City, Ore.

(2) LOCATION OF WELL: See card

County Clackamas Driller's well number 1/4 Section T. R. W.M. Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ] abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic [X] Industrial [ ] Municipal [ ] Irrigation [ ] Test Well [ ] Other [ ]

(5) TYPE OF WELL:

Rotary [ ] Driven [ ] Cable [X] Jetted [ ] Dug [ ] Bored [ ]

(6) CASING INSTALLED:

6 5/8 OD - Diam. from 0 ft. to 161-7 ft. Gage 17.02 lbs. Threaded [ ] Welded [X]

(7) PERFORATIONS:

Perforated? [X] Yes [ ] No Type of perforator used cutting torch Size of perforations 1/4 in. by 12 in. 2 rows perforations from 120 ft. to 140 ft. 4 rows perforations from 140 ft. to 161 ft.

(8) SCREENS:

Well screen installed [ ] Yes [X] No Manufacturer's Name Model No. Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal-Material used in seal cement and bentonite Depth of seal 45 ft. Was a packer used? no Diameter of well bore to bottom of seal 8 in. Were any loose strata cemented off? [ ] Yes [X] No Depth Was a drive shoe used? [ ] Yes [X] No Was well gravel packed? [X] Yes [ ] No Size of gravel: 1/4 to 1/2 Gravel placed from 161 ft. to 45 ft. Did any strata contain unusable water? [ ] Yes [X] No Type of water? Depth of strata Method of sealing strata off

(10) WATER LEVELS:

Static level 115 ft. below land surface Date May 14-63 Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [ ] Yes [X] No If yes, by whom? Yield: gal./min. with ft. drawdown after hrs. Baller test 18 gal./min. with 12 ft drawdown after 1 hrs. Artesian flow a.p.m. Date Temperature of water Was a chemical analysis made? [ ] Yes [ ] No

(12) WELL LOG:

Diameter of well below casing 6 Depth drilled 166 ft. Depth of completed well 161 ft. Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns MATERIAL, FROM, TO. Rows include top soil, red clay, medium hard brown basalt, blue clay, red clay, blue clay, light gray clay, brown clay with some fine sand, dark gray clay, blue clay sticky (4 gal permin), blue clay silt, blue sand silt, hard packed blue sand(water here), blue sand silt, blue clay.

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Work started May 8 1963. Completed May 15 1963 Date well drilling machine moved off of well May 15 1963

(13) PUMP:

Manufacturer's Name Type: H.P.

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 MEEKER WELL DRILLING

(Person, firm or corporation) (Type or print) Address 2902 Portland Rd., Newberg, Ore.

Drilling Machine Operator's License No. 50

[Signed] John A. Meeker (Water Well Contractor)

Contractor's License No. 111 Date May 15 1963



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CLAC 9173



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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

OCT 13 2017

I. OWNER INFORMATION

Current Owner Name (please print): Michael C. & Georgla J. Baggs, Husband & Wife SALEM, OR
Mailing Address: 20036 White Lane
City, State, Zip: Oregon City, OR 97045
Mail Well ID Tag to: [X] SAME AS ABOVE [ ] In Care Of (C/O)
Name & Address:
City, State, Zip:

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

Township: 3 South (North / South) Range: 1 East (East / West) Section: 13 NE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): TL 300 County Clackamas
GPS Coordinates: 45-18-52 N, 122-37-16 W
Street Address of Well, City: 20036 White Lane, Oregon City
If the property had a different street address in the past: Rt. 1 Box 545, Oregon City

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

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic, Application G-18438 pending for irrigation
Date Well Constructed (or property built): 1963/05/15 Total Well Depth: 161ft Casing Diameter: 6-5/8" OD
Owner at time the well was constructed (if known): Lloyd Clark, Sr. Well Log # (if known): Clac 009173
Other Information:

SUBMITTED BY (please print): J. H. Greenman, CWRE HR+S, PC 2895 Beaver creek Rd Ste 101 OR City
PHONE: 503-657-1384 EMAIL &/or FAX: jimg@hrs-engrs.com 97045

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 10-13-17 Well Log Number: CLAC 9173 Well Identification #: L-128606

Last Update: 8/1/16

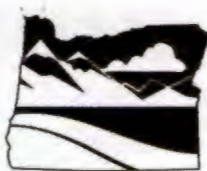
Well I.D. Number/2

WCC

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**PUMP TEST UNREASONABLE BURDEN  
EXEMPTION REQUEST FORM**

<b>OWNER NAME/BUSINESS NAME:</b> Michael Baggs & Georgia Baggs		<b>PHONE No.:</b> 503-318-8076	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 20036 White Ln			
<b>CITY:</b> Oregon City	<b>STATE:</b> OR	<b>ZIP:</b> 97045	<b>E-MAIL:</b> mikebaggs@me.com

*If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).*

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	<b>WELL LOG #</b> <small>(EX. MARI 99999)</small>	<b>WELL TAG #</b> <small>(EX. L-999999)</small>	<b>WELL NAME OR #</b>	<b>APPLICATION</b>	<b>PERMIT</b>	<b>TRANSFER</b>
a	CLAC 9173	L- 128606	Well	G-18438	G-17921	T-
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	<b>TWP</b> <small>(EX. 25S)</small>	<b>RNG</b> <small>(EX. 31E)</small>	<b>SEC</b> <small>(EX. 12)</small>	<b>QQ</b> <small>(EX. SE/SW)</small>	<b>SURVEYED LOCATION</b> <small>(EX. 100 ft N &amp; 735 ft E fr SE cor, sec 5)</small>	<b>LATITUDE</b> <small>(EX. 44.94473859)</small>	<b>LONGITUDE</b> <small>(EX. -123.02787000)</small>
a	3S	1E	13	NENE	930' S, 290' W OF NE COR SEC 13	45.314514	-122.621192
b							
c							
d							
e							

2. Please explain why the test cannot be performed:

CLAC 9173 is used for exempt domestic use in addition to supplying water for Permit G-17921. The well supplies water to a household and several outbuildings on the property directly without a storage system or bulge, so the burden of not having the use of water prior to and during the drawdown test is significant. Additionally, we care for a family member in the household with severe Parkinson's disease. We respectfully request an exemption.

RECEIVED

OCT 28 2024

OWRD

I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE:

*Michael Baggs Georgia Baggs*

DATE:

*10-25-2024*