CLAIM OF BENEFICIAL USE for Transfer with Multiple Changes – Surface Water and Groundwater

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

A fee of $230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Received
OCT 29 2024
OWRD

SECTION 1

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes. **YES**

Mark all that apply:

1. ☒ Change in POD(s) or Additional POD(s)
2. ☒ Change in POA(s) or Additional POA(s)
3. ☒ Change in Place of Use
4. ☐ Change in Character of Use
5. ☐ Change in Character of Use – Reservoir

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION #
T-13112

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Robert Gabriel			
ADDRESS			
8474 Hazelgreen Rd			
CITY	STATE	ZIP	E-MAIL
Silverton	**OR**	**97381**	

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

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

TRANSFER HOLDER OF RECORD		
Robert Gabriel		
ADDRESS		
8474 Hazelgreen Rd		
CITY	STATE	ZIP
Silverton	**OR**	**97381**

4. **Date of Site Inspection:**

September 30, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bob Gabriel	**September 30, 2024**	**Owner / Operator**

6. **County**

Clackamas

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

OWNER OF RECORD **NA**		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

Seal and Signature

CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: June 30, 2025

Received
OCT 29 2024
OWRD

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

Transfer Holder of Record Signature or Acknowledgement

Each *transfer 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
	Robert Hall	owner	10/24/24

Received
OCT 29 2024
OWRD

SECTION 3

Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

New or Additional Point of Diversion

Change in POD(s) or Additional POD(s)

Did the transfer order authorize a change in the points of diversion or additional points of diversion? **YES**

*If "**NO**", this Section can be deleted.*

1. New or additional point of diversion name or number:

CERTIFICATE TRANSFERRED	POINT OF DIVERSION (POD) NAME OR NUMBER (CORRESPOND TO MAP)	SOURCE
Certificate 15413	**POD 3**	**Pudding River, a tributary of Molalla River**
Certificate 54224		

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

(e.g. *"The order allowed three new/additional points of diversion. The water user only developed one of the points."*)

None

3. Claim Summary:

CERTIFICATE TRANSFERRED	NEW OR ADDITIONAL POD NAME OR #	MAXIMUM RATE AUTHORIZED IN ORDER	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Certificate 15413	**POD 3**	**0.11 cfs**	**1.19 cfs**	**Not measured**
Certificate 54224		**0.69 cfs**		

System Description

Are there multiple new or additional Points of Diversion (POD)? **NO**

If *"YES"* you will need to copy and complete Sections A, B, or C in this Section for each POD.

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

POD 3

A. POD System Information

Provide the following information concerning the point of diversion. Information provided must describe the equipment used to appropriate water from the point of diversion.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Paco Pump	**G PC259 57LC-60**	**80PP052416**	**Centrifugal pump**	**8 inch reduced to 3 inch**	**3 inch increased to 8 inch**

2. Motor Information

MANUFACTURER	HORSEPOWER
Baldor-Reliancer	**60 Hp**

3. Theoretical Pump Capacity

Horsepower	Operating PSI	Lift from Source to Pump	Lift from Pump to Place of Use	Total Pump Output (in cfs)
60 Hp	**95 psi**	**12 feet**	**80 feet**	**1.19 cfs**

4. Provide pump calculations:

Q Pump = $\frac{(60\ Hp) \times (6.61\ ft^4/sec\ Hp)}{(92\ ft\ lift + 241.3\ ft\ pressure\ head)}$ = 1.19 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)
No meter to measure			

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

B. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the diversion involve a gravity flow pipe? **NO**

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

C. Gravity Flow Canal or Ditch

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

1. Does the diversion involve a gravity flow ditch or canal? **NO**

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

D. Additional notes or comments related to the system:

None

Change #2

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

*If "**NO**", this Section can be deleted.*

1. New or additional point of appropriation name or number:

Certificate transferred	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)	Source (If Listed In Transfer Final Order)
Certificate 54225	**Well 2**	**MARI 67037**	**L-127210**	**A well in tributary of Pudding River**
	Well 5	**CLAC 59086**	**L-61589**	
	Well 7	**CLAC 77182**	**L-141575**	

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

Received
OCT 29 2024
OWRD

If well logs are available, items A and B below can be deleted

2. Variations:
Was the use developed differently from what was authorized by the transfer final order, or extension final? **YES**
If yes, describe below.
(e.g. *"The order allowed three new/additional points of appropriation. The water user only developed one of the points."*)

1. **The authorized Wells 3 and 4 were not performing well and have not been used; therefore, Wells 3 and 4 are not included in this Claim of Beneficial Use.**

2. **The authorized Well 6 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.**

3. Claim Summary:

Certificate transferred	New or Additional POA name or #	Maximum rate authorized	Calculated theoretical rate based on system	Amount of water measured
Certificate 54225	**Well 2**	**1.09 cfs**	**0.73 cfs**	**0.39 cfs not running full capacity**
	Well 5		**0.46 cfs**	**Not measured**
	Well 7		**0.50 cfs**	**Not measured**

System Description – 1 of 3

Are there multiple new or additional Points of Appropriation (POA)? **YES**

If *"YES"* you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 2

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Wolf	**6MM8V-6**	**PP102517**	**Submersible**	**4 inch**	**6 inch**

2. Motor Information

[illegible]	Horsepower
Yaskawa/Flow Wise	**30 Hp**

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)
30 Hp	**80 psi**	**86.0 feet (from pump test recorded on well log)**	**0 feet**	**0.73 cfs**

4. Provide pump calculations:

Q Pump = $\frac{(30\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(86.0\ ft\ lift + 203.2\ ft\ pressure\ head)}$ = 0.73 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)
From meter reading – 175 gpm			**0.39 cfs not running full capacity**

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

B. Groundwater Source Information (Well and Sump)

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

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

C. Additional notes or comments related to the system:

Access port: 1.75 inch vent/access port through the well seal on the north side of the well with a 3/4 inch PVC dedicated measuring tube installed.

System Description – 2 of 3

Are there multiple new or additional Points of Appropriation (POA)? **YES**

If *"YES"* you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 5

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	**Unknown**	**Unknown**	**Submersible**	**4 inch**	**4 inch**

2. Motor Information

[illegible]	[illegible]
Unknown	**25 Hp**

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)
25 Hp	**80 psi**	**177.0 feet (from pump test recorded on well log)**	**0 feet**	**0.46 cfs**

4. Provide pump calculations:

Q Pump = $\frac{(25\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(177.0\ ft\ lift + 203.2\ ft\ pressure\ head)}$ = 0.46 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)
Not running during site visit			

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

B. Groundwater Source Information (Well and Sump)

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

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

C. Additional notes or comments related to the system:

½ inch copper pipe through the sanitary seal on the south side of the well casing.

System Description – 3 of 3

Are there multiple new or additional Points of Appropriation (POA)? **YES**

If *"YES"* you will need to copy and complete either Section A or B in this Section for each POA.

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

Well 7

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos	**150S200-9**	**PP8011623-7**	**Submersible**	**4 inch**	**4 inch**

2. Motor Information

MANUFACTURER	HORSEPOWER
Siemans	**20 Hp**

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)
20 Hp	**80 psi**	**79.67 feet (from pump test recorded on well log)**	**0 feet**	**0.50 cfs**

4. Provide pump calculations:

$$Q\ Pump = \frac{(20\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(79.67\ ft\ lift + 203.2\ ft\ pressure\ head)} = 0.50\ cfs$$

Received
OCT 29 2024
OWRD

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)
No meter to measure			

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

B. Groundwater Source Information (Well and Sump)

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

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

C. Additional notes or comments related to the system:

Access port: ½ inch plastic plug through the sanitary seal on the east side of the well casing.

Change #3

Change in Place of Use

Did the transfer order authorize a change in the place of use? **YES**

*If "**NO**", this Section can be deleted.*

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

Certificate Transferred	The # of Acres Allowed	The # of Acres Developed
Certificate 15413	**8.4**	**8.4**
Certificate 54224	**55.2**	**55.2**
Certificate 54225	**55.2 IS**	**55.2 IS**

If the new use(s) was not irrigation or nursery:

New Use(s)	Was the new place of use developed to the full extent authorized under the order? (Include the location of the developed place use on the Claim map)
NA	**NA**
NA	**NA**

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. *"The order authorized a change in place of use for 40 acres. The water user only developed 38 acres."*)

None

Change #4

Change in Character of Use

Did the transfer order authorize a change in character of use? **NO**

*If "**NO**", this Section can be deleted.*

Change #5

Change in Character of Use – Reservoir

Did the transfer order authorize a change in character of use for a reservoir? **NO**

*If "**NO**", this Section can be deleted.*

SECTION 4

CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	**June 30, 2021**	
COMPLETENESS DATE FROM ORDER (C)	**October 1, 2024**	**September 16, 2024**

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? **NO**

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

4. Recording and reporting conditions

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

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

5. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **YES**

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

Reminder: If fish screening devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Has the fish screening been installed? **YES**

c. When was the fish screening installed?

DATE	BY WHOM
2022	**Stettler Supply company**

Reminder: If the permit or transfer final order was issued on or after February 1, 2011, the fish screen is required to be approved by the Oregon Department of Fish and Wildlife regardless of the rate of diversion.

d. If the diversion **involves a pump** *and* the **total** diversion rate of all rights at the point of diversion is less than 225 gpm (0.5 cfs) and the permit was issued prior to February 1, 2011:

- Has the self-certification form previously been submitted to the Department? **NA**

If not, go to https://www.oregon.gov/OWRD/Forms/Pages/default.aspx , complete and attach a copy of the 'ODFW Small Pump Screen Self Certification' form to this claim, and send a copy of it to the Oregon Department of Fish and Wildlife (ODFW).

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. The ODFW self-certification form needs to have been previously submitted or be attached to this form.

e. If the diversion does **not involve a pump** *or* the **total** diversion rate of all rights at the point of diversion is 225 gpm (0.5 cfs) or greater:

- Has the ODFW approval been previously submitted? **YES**

If not, contact and work with ODFW to ensure compliance. To demonstrate compliance, provide signed documentation from ODFW. A form is available at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Reminder: Failure to submit evidence of a timely installed fish screen may result in an unfavorable determination. In order to receive a favorable approval, the ODFW/WRD "Fish Screen Inspection" form needs to have been previously submitted or be attached to this form.

6. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **YES**

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

Reminder: If by-pass devices were required, the COBU map must indicate their location in relation to the point of diversion.

b. Have by-pass devices been installed? **NO**

c. Describe the diversion works as related to whether a by-pass device is installed or unnecessary:

(Provide a letter from ODFW indicating the device is approved or is unnecessary. If there is no letter from ODFW, explain whether or not a by-pass device is necessary.)

DESCRIPTION (E.G. "ODFW HAS APPROVED THE BY-PASS DEVICE" OR "NO BY-PASS DEVICE IS NECESSARY BECAUSE THERE IS A DIRECT DIVERSION FROM THE STREAM VIA A PUMP ON RIVER LEFT STREAM BANK WITH FOOT VALVE DESCENDING DIRECTLY INTO NATURAL POOL.") IN ADDITION, YOU MAY ATTACH PHOTOS TO THIS CLAIM.	IF INSTALLED (DATE)	IF INSTALLED, BY WHOM
Per ODFW letter dated April 1, 2022 a by-pass device is not required at this point of diversion as this is an end of pipe screen	**NA**	**NA**

7. Other conditions required by the transfer final order or extension final order:

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

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

c. Other conditions? **YES**

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

c1) Condition:
Partial Cancellation of a Water Right, Permit G-17557.

Compliance:
Per the conditions of this transfer 53.36 acres of the permitted 211.57 acres were cancelled resulting in a remaining 158.21 acres of primary irrigation.

c2) Condition:
Partial Diminution of a Water Right, Permit G-17557.

Compliance:
Per the conditions of this transfer 8.4 acres of the permitted 158.24 acres (after cancellation of 53.36 acres) were diminished to supplemental resulting in a remaining 149.81 acres (25.44 IR and 124.37 IR to make up in deficiency in rate) of primary irrigation and 8.4 acres of supplemental irrigation. Permit G-17557 was subsequently amended under Permit Amendment T-13866, resulting in issuance of Permit G-18878.

SECTION 5

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	**Claim of Beneficial Use Map for former Certificate 15413**
Claim of Beneficial Use Map	**Claim of Beneficial Use Map for former Certificate 54224**
Claim of Beneficial Use Map	**Claim of Beneficial Use Map for former Certificate 54225**
State Water Well Report – MARI 67037	**Well log and driller's notes for MARI 67037 – Well 2**
State Water Well Report – CLAC 59086	**Well log and driller's notes for CLAC 59086 – Well 5**
State Water Well Report – CLAC 77182	**Well log and driller's notes for CLAC 77182 – Well 7**
BLM Cadastral Map	**BLM Cadastral Map T. 3S. R. 1E. showing DLC and Government Lot locations**
Letter from ODFW, April 1, 2022	**Letter stating a fish screen meets current fish screening criterial up to 1,000 gpm and no by-pass devise is required at the end of pipe screen.**

SECTION 6

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 polyester 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.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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

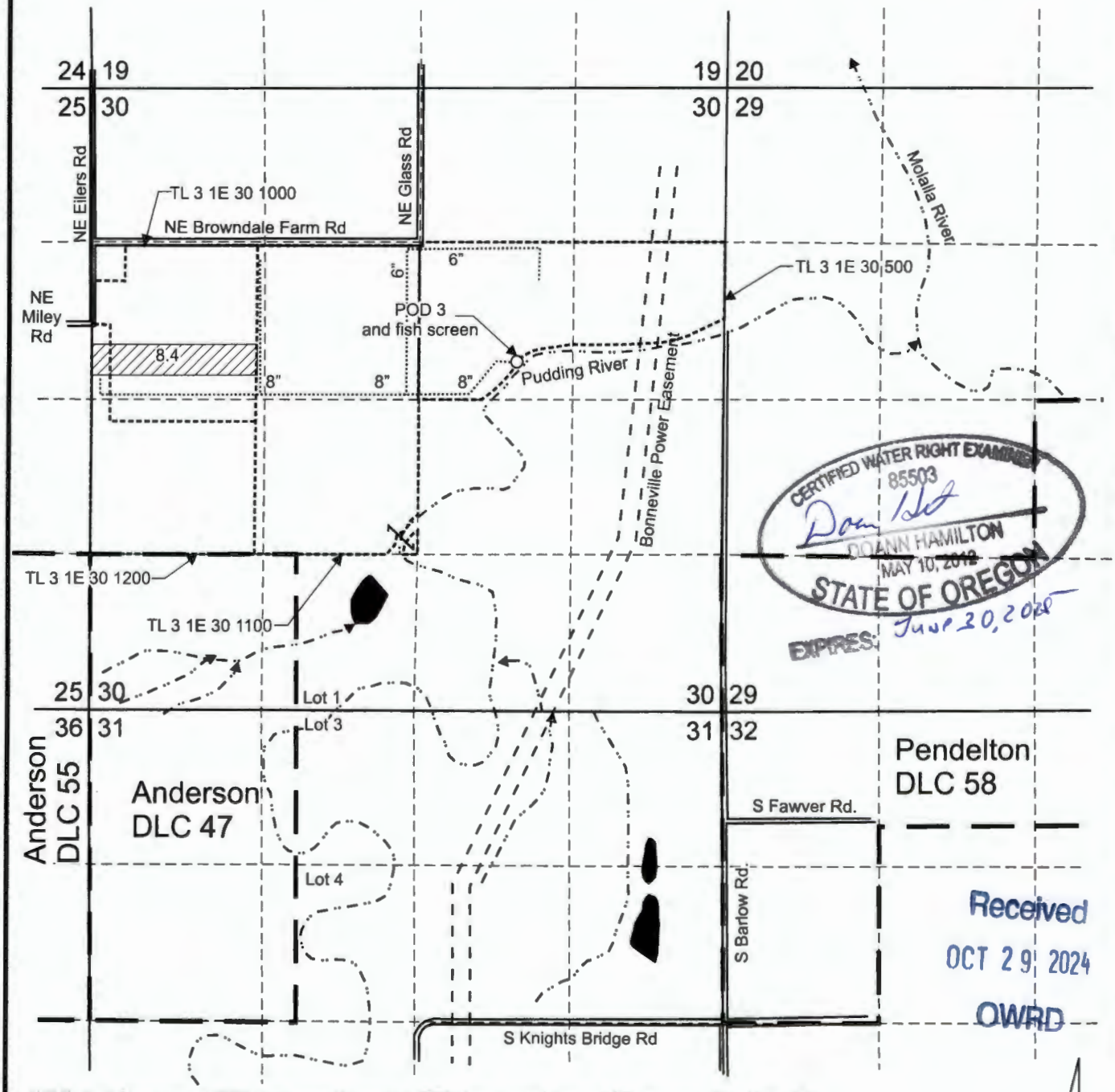
The COBU map was prepared using tax assessor's maps 3 1E 29, 30 and 31, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata: http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html.

Map Checklist

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

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

T.3S. R.1E. Sect. 29, 30, & 31, W.M.



CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: June 30, 2025

Received
OCT 29 2024
OWRD

POD 3 is located 2,330 feet south and 1,790 feet west from NE corner, Section 30.

Area (8.4 Acres) of primary irrigation under T-13112, formerly Certificate 15413, priority date: 8-15-1939.

Tax lot boundary — Donation Land Claim boundary ..... Water main line

Scale: 1" = 1,320'

0 1,320 Feet

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Pacific Hydro-Geology Inc.

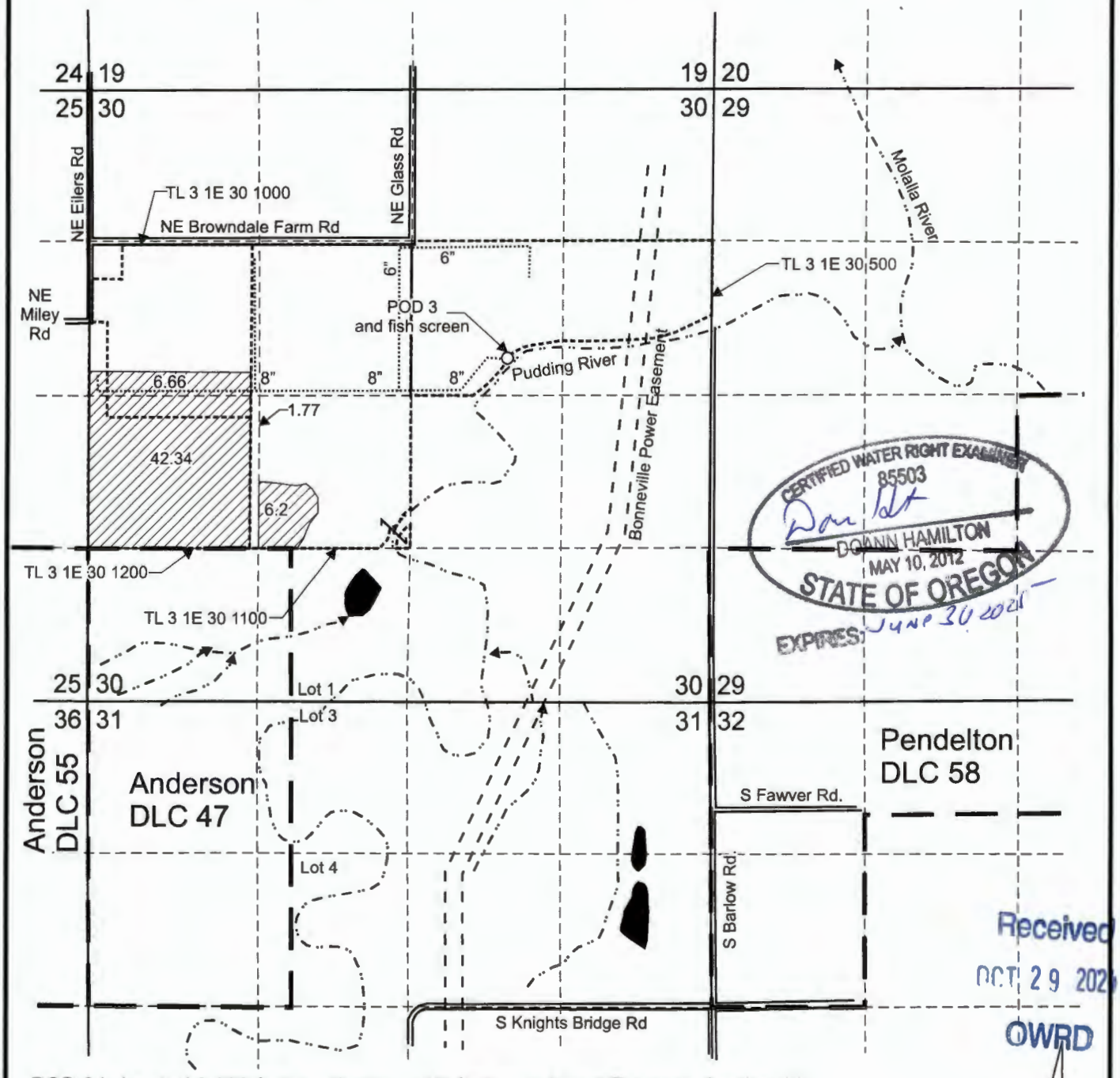
Claim of Beneficial Use Map
T-13112, formerly Certificate 15413

Bob Gabriel
T.3S. R.1E. Sect 29, 30, & 31 W.M.

10/2024

GabrielAuroraCanbyCert15413TransMap.cdr

T.3S. R.1E. Sect. 29, 30, & 31, W.M.



CERTIFIED WATER RIGHT EXAMINER
85503
DONN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: JUNE 30 2025

Received
OCT 29 2024
OWRD

POD 3 is located 2,330 feet south and 1,790 feet west from NE corner, Section 30.

Area (55.2 Acres) of primary irrigation under T-13112, formerly Certificate 54224, priority date: 4-11-1974.

Tax lot boundary — Donation Land Claim boundary ..... Water main line

Scale: 1" = 1,320'

0 1,320 Feet

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Pacific Hydro-Geology Inc.

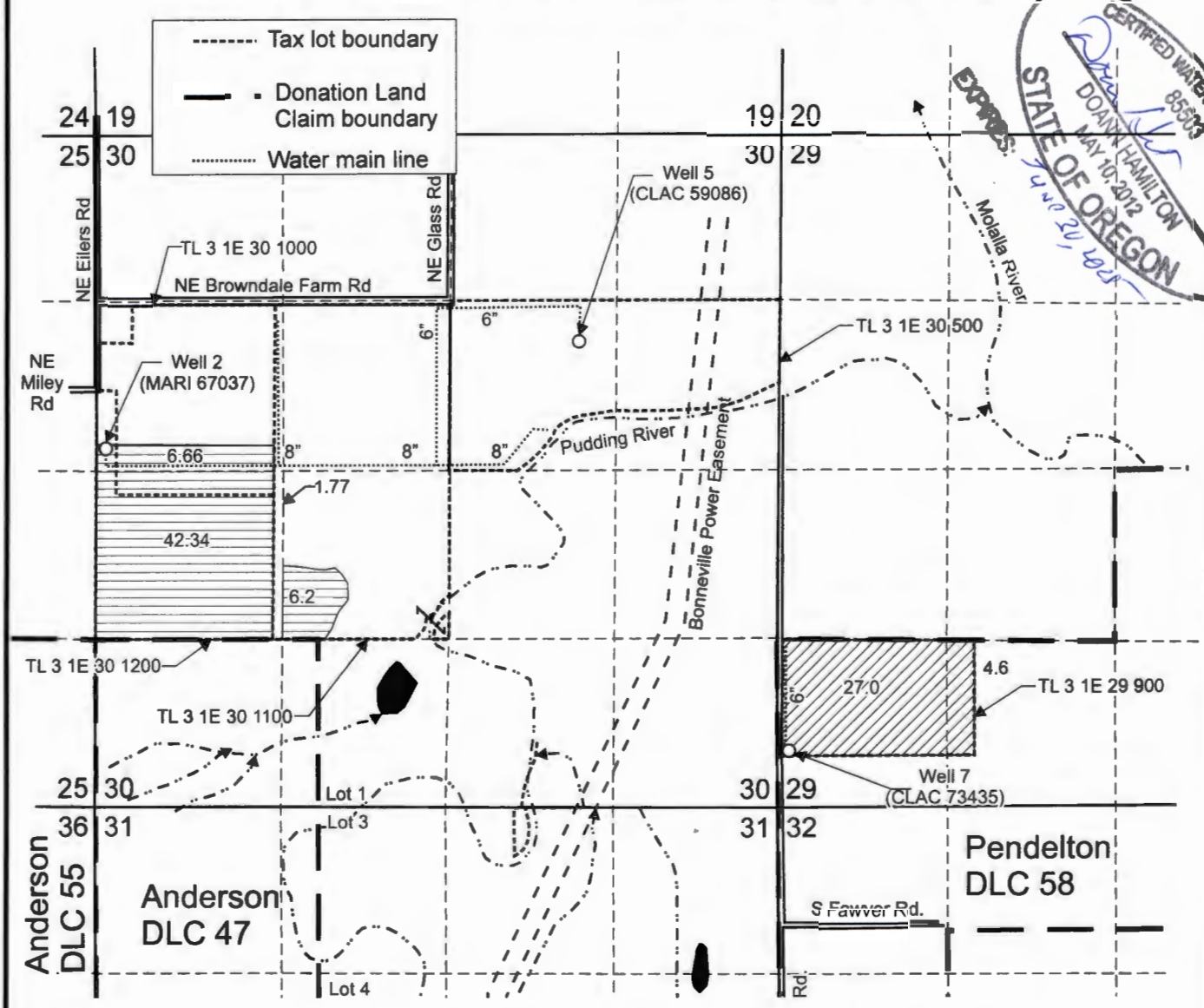
Claim of Beneficial Use Map
T-13112, formerly Certificate 54224

Bob Gabriel
T.3S. R.1E. Sect 29, 30, & 31 W.M.

10/2024

GabrielAuroraCanbyCert54224TransMap.cdr

T.3S. R.1E. Sect. 29, 30, & 31, W.M.



CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: June 30, 2025

Well 2 (MARI 67037) is located 2,470 feet south and 75 feet east from the NW corner, Section 30.

Well 5 (CLAC 59086) is located 1,645 feet south and 1,605 feet west from the NE corner, Section 30.

Well 7 (CLAC 77182) is located 450 feet north and 90 feet east from the SW corner, Section 29.

Area (55.2 Acres) supplemental irrigation using Wells 2 and 5 under T-13112, formerly Certificate 54225, priority date: 3-6-1979.

Area (31.6 Acres) primary irrigation using Well 7 only under T-13112, formerly Certificate 54225, priority date: 3-6-1979.

Received
OCT 29 2024
OWRD

N

Scale: 1" = 1,320'

0 1,320 Feet

This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

Pacific Hydro-Geology Inc.

Claim of Beneficial Use Map
T-13112, formerly Certificate 54225

Bob Gabriel
T.3S. R.1E. Sect 29, 30, & 31 W.M.

10/2024

GabrielAuroraCanbyCert54225TransMap.cdr

MARI 67037

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

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

WELL I.D. LABEL# L 127210
START CARD # 214193
ORIGINAL LOG #

MARI 67037

(1) LAND OWNER Owner Well I.D. #1
First Name Robert Last Name Gabriel
Company
Address 8474 Hazelgreen Rd
City Silverton State OR Zip 97381

(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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] 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 160 ft.

BORE HOLE

Dia	From	To
16	0	46
12	46	163
6	163	236

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	32	468	S
		Calculated	22	
Cement	32	46	105	S
		Calculated	7	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other bent: placed dry
Backfill placed from 175 ft. to 236 ft. Material cement
Filter pack from 97 ft. to 175 ft. Material css Size 6/9
Explosives used: [ ] Yes Type Amount

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	12	X	2	97	250	●	○	X	
○	●	8		55	95	250	●	○	X	
○	●	8		155	160	250	●	○	X	
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 16
Temp casing [X] Yes Dia 16 From + [X] 1 To 46

(7) PERFORATIONS/SCREENS
Perforations Method v wire
Screens Type Material stainless

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		8	95	155	.065			8

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400	43		6

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 117 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 1000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
25130 Eilers Rd., Aurora

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	09-06-2017			43

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 43

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
			400			43
all water bearing zones below SWL						

(11) WELL LOG Ground Elevation

Material	From	To
soil brown	0	1
silt brown	1	20
sand brown with some gravel	20	24
silt brown	24	35
sand brown	35	38
silt brown	38	48
silt & sand brown	48	63
sand brown fine	63	84
sand brown with gravel	84	89
sand black with gravel	89	112
packed silt grey hard	112	116
clay green	116	118
sand grey blue	118	128
sand grey & green	128	141
packed silt grey	141	145
sand grey	145	154
clay grey with sand	154	156
clay green & grey sticky	156	174
clay brown & grey	174	200

RECEIVED BY OWRD OCT 02 2017 SALEM, OR

Date Started 06-07-2017 Completed 09-06-2017

(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 1358 Date 09-22-2017
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 1688 Date 09-22-2017
Signed Steven N. Studer
Contact Info (optional)

RECEIVED BY OW NOV 13 2017

Received OCT 29 2024

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
SALEM, OR

MARI 67037

WATER SUPPLY WELL REPORT - continuation page

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

WELL I.D. LABEL# L 127210
START CARD # 214193
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(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

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner	Screen 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)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To
clay green & brown sticky	200	205
clay grey	205	230
silt green & grey	230	236

RECEIVED BY OWRD
OCT 02 2017
SALEM, OR

Comments/Remarks

Received
OCT 29 2024
OWRD

CLAC 59086

STATE OF OREGON Arrow 03-009-A
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL ID # L 61589
START CARD # 153779

(1) LAND OWNER:
Well Number: _____
Name: Thomas L. Thomsen
Address: 25355 NE Glass Road
City: Aurora State: OR Zip: 97002

(2) TYPE OF WORK: (repair/recondition)
☒New Well ☐Deepening ☐Alteration ☐Abandonment

(3) DRILL METHOD:
☒Rotary Air ☐Rotary Mud ☒Cable ☐Auger
☐Other: _____

(4) PROPOSED USE:
☐Domestic ☐Community ☐Industrial ☒Irrigation
☐Thermal ☐Injection ☐Livestock ☐Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐Yes ☒No
Depth of Completed Well 263.2
Explosives Used ☐Yes ☒No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	sacks or pounds
16"	0	150	bent chps	0	1	2 bags
			cement	1	150	120 bags
12"	150	280				

How was seal placed: Method ☐A ☐B ☒C ☐D ☐E
☒ Other bent chips poured-probed
Backfill placed from _____ to _____ Material _____
Gravel placed from 177 to 280 Size of gravel 8-12 sand

(6) CASING/LINER:
CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12"	+18"	185	.375	☒	☐	☒	☐
8"	176.6	180.6	.250	☒	☐	☒	☐
8"	183.1	186.1	.250	☒	☐	☒	☐
8"	196.6	226.6	.250	☒	☐	☒	☐

LINER:

8"	247.1	263.2	.250	☒	☐	☒	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of Shoe(s): 280' cut off

(7) PERFORATIONS/SCREENS:
☐Perforations Method: _____
☒Screen Type: v-wire Material: stainless 304

From	To	Slot Size	No.	Tele/pipe Diameter	size	Casing	Liner
180.6	183.1	60		8"	pipe	☐	☒
186.1	196.6	50		8"	pipe	☐	☒
226.6	247.1	50		8"	pipe	☐	☒
						☐	☐

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

Yield gpm	Drawdown	Drill Stem at	Time
226	52'		1 hr.
216	67'		4 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? ____ By whom: _____
Did any strata contain water not suitable for intended use? (explain)
_____
Depth of Strata:_____

ARROW DRILLING 503-538-4422

(9) LOCATION OF WELL by legal description:
County: clack Latitude: _____ Longitude: _____
Township: 3S Range: 1E
Section: 30 SW ¼ NE ¼
Tax Lot: 500 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) intersection of Browndale and Glass Roads

(10) STATIC WATER LEVEL:
110 Ft. below land surface Date 4/19/03
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90'

From	To	Est. Flow Rate	SWL
90	112	10 to 15 gpm	dnm
187	194	100 to 150 gpm	110
238	246	50 to 100 gpm	110

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
top soil	0	1	
brown silty sand	1	112	
green/blue clay	112	118	
tan clay w/tan sandstone	118	133	
tan sandstone w/a lot of wood	133	187	
course sand black w/small gravel	187	194	
blue gray clay sticky	194	221	
gray clay w/sand and small gravel	221	238	
sand gray	238	246	
clay gray stiff	246	280	

Received
OCT 29 2024
OWRD

RECEIVED
JUL 08 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 3/13/03 Completed: 4/19/03

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1483
Signed _____ Date 7/5/03

ORIGINAL - Water Resources Department FIRST COPY - Constructor SECOND COPY - Customer

CLAC 77182

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

WELL I.D. LABEL# L 141575
START CARD # 218462
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Robert Last Name Gabriel
Company
Address 8474 Hazelgreen Rd
City Silverton State OR Zip 97381

(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
[X] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] 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 183.5 ft.

BORE HOLE

Dia	From	To
16	0	184

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	8	34	S
		Calculated	16	
Cement	8	68	64	S
		Calculated	29	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other
Backfill placed from ft. to ft. Material
Filter pack from 21 ft. to 184 ft. Material CSS Size 6/9
Explosives used: [ ] Yes Type Amount

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

(6) CASING/LINER

	Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	(•)	( )	12	[X]	2	68	250	(•)	( )	[X]	[ ]
*	( )	(•)	10	[X]	2.25	183.5	250	( )	( )	[ ]	[ ]
	( )	( )		[ ]				( )	( )	[ ]	[ ]
	( )	( )		[ ]				( )	( )	[ ]	[ ]
*(Except Screens)	( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 184
Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type V-Wire Material Stainless Steel

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen		10	72	85	.065			PS
Screen		10	91.5	111.5	.065			PS
Screen		10	127	153	.065			PS
Screen		10	157.5	178.5	.065			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)
200	64		5

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 131 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
Sec 29 SW 1/4 of the SW 1/4 Tax Lot 900
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well ( ) Nearest address
Open field at very end of Barlow Rd Approx 1/4 mile north of Fawver Rd.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	03-17-2022			15.67

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-03-2021	45	54	50-60			10.75
09-06-2021	72	178	200			15.67

(11) WELL LOG
Ground Elevation

Material	From	To
Soil	0	1
Clay Brown Dense	1	5
Cemented Gravel	5	22
Gravel Brown	22	28
Dirty Brown Sand & Gravel	28	32
Gravel Brown	32	36
Gravel Brown & Grey	36	45
Gravel Medium Loose	45	54
Tightly Cemented Gravel	54	57
Clay Grey with Some Gravel	57	65
Clay Grey & Green	65	68
Silt Grey-Green	68	72
Gravel Medium	72	85
Silt Grey	85	92
Sand Black	92	100
Sand & Silt	100	107
Cemented Gravel	107	111
Clay Blue	111	118
Silt Blue	118	122

RECEIVED
APR 28 2022
OWRD

Date Started 09-03-2021 Completed 03-22-2022

(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 1858 Date 04-01-2022
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 688 Date 04-12-2022
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 0-93
New exempt use wells must be submitted with a map and recording fee.

Received
OCT 29 2024
OWRD

CLAC 77182

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L 141575
START CARD # 218462
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

(11) WELL LOG

Material	From	To
Cemented Sand with Small Gravel	128	142
Packed Silty & Sand	142	153
Clay Blue with Gravel	153	158
Siltstone Grey with Packed Sand	158	178
Siltstone Grey & Brown with Wood	178	184

RECEIVED
APR 28 2022
OWRD

Received
OCT 29 2024

(7) PERFORATIONS/SCREENS

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

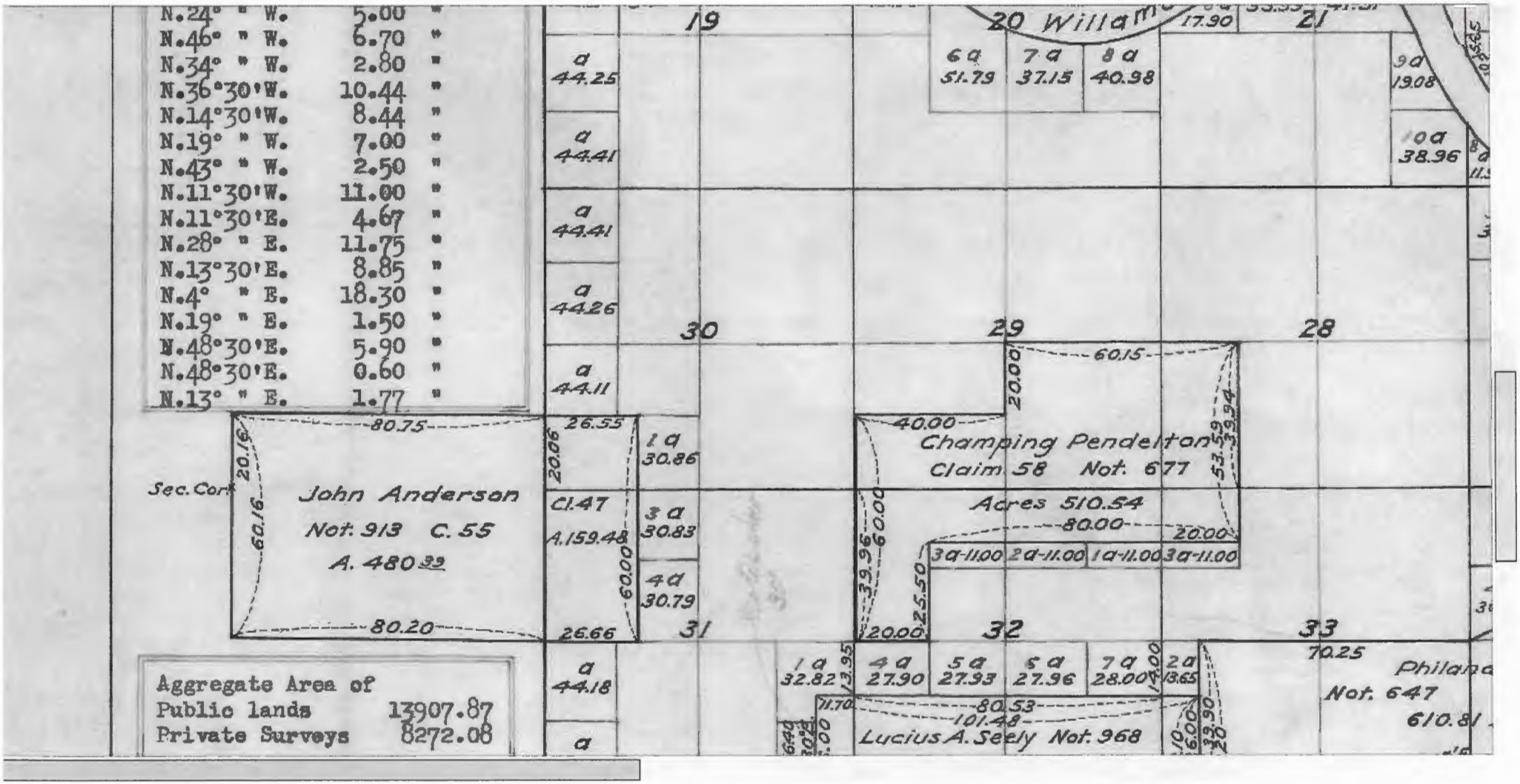
(8) WELL TESTS: Minimum testing time is 1 hour

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

Comments/Remarks

OWRD

16" drive shoe cut off at 184 ft
This well is a transfer for a new POA from Permit # G-17557



Oregon
Kate Brown, Governor

Department of Fish and Wildlife
The Dalles Screen Shop
3561 Klindt Drive
The Dalles, OR 97058
(541) 296-8026
FAX (541) 296-7889
odfw.com

April 01, 2022

Attn. Robert Gabriel
8474 Hazelgreen Rd NE
Silverton, OR 97381

RE: Transfer T-13112

To whom it may concern,

Oregon Department of Fish and Wildlife has reviewed the fish screen associated with your point of diversion on the Pudding River, transfer T-13112. This site was inspected virtually with photos submitted by the landowner.

The fish screen that is in use at this point of diversion is a Pump-Rite U1000. This model of self-cleaning screen, when installed and maintained properly is capable of screening up to 2.23 cfs or 1000 gpm, while protecting all age classes of anadromous salmonids from entrapment and impingement. ODFW concludes that this screen will meet current state and federal fish screening criteria set forth by National Marine Fisheries Service for a maximum withdraw rate of 2.23 cfs (1000 gpm) under transfer T-13112. A by-pass device is not required at this point of diversion as this is an end of pipe screen.

This approval is contingent on the following: the screen is installed prior to any withdraw of water, the screen is installed so that the effective screen area is submerged during operation, and the screen is regularly inspected and maintained to ensure it remains in working order, including removing debris as necessary, and the screen is annually inspected when it is not in use.

If there are any questions regarding the approval of the screen for transfer T-13112, please call me at 541-967-2162.

Sincerely,

Bryce Macnab

Fish Screens and Passage Coordinator