

Application for a Permit to Use  
**Groundwater**

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

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

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Applicant

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NAME Patterson Nursery Sales, Inc.		PHONE (HM)	
PHONE (WK) (503)668-6000	CELL (503)519-2902	FAX	
ADDRESS P.O. Box 68			
CITY Eagle Creek	STATE OR	ZIP 97022	E-MAIL* alan@pattersonnurserysales.com

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Organization

NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL*

Agent – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME Steven P. Applegate Consulting		PHONE (503)362-4040	FAX
ADDRESS 3395 Huckleberry Ct S			CELL
CITY Salem	STATE OR	ZIP 97302	E-MAIL* steve.applegasp@gmail.com

Note: Attach multiple copies as needed

\* By providing an e-mail address, consent is given to receive all correspondence from the Department electronically. (Paper copies of the proposed and final order documents will also be mailed.)

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.



I (we) affirm that the information contained in this application is true and accurate.

Bill Patterson      Bill Patterson, Owner      3/14/2022  
Applicant Signature      Print Name and Title if applicable      Date

\_\_\_\_\_  
Applicant Signature      Print Name and Title if applicable      Date

**SECTION 2: PROPERTY OWNERSHIP**

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Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

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- YES, there are no encumbrances.
- YES, the land is encumbered by easements, rights of way, roads or other encumbrances.
- NO, I have a recorded easement or written authorization permitting access.
- NO, I do not currently have written authorization or easement permitting access.
- NO, written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
- NO, because water is to be diverted, conveyed, and/or used only on federal lands.

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**Affected Landowners:** List the names and mailing addresses of all owners of any lands that are not owned by the applicant and that are crossed by the proposed ditch, canal or other work, even if the applicant has obtained written authorization or an easement from the owner. *(Attach additional sheets if necessary).*

All affected lands are wholly owned by Patterson Nursery Sales, <sup>INC.</sup> See attached deed.

**Legal Description:** You must provide the legal description of: 1. The property from which the water is to be diverted, 2. Any property crossed by the proposed ditch, canal or other work, and 3. Any property on which the water is to be used as depicted on the map.

**SECTION 3: WELL DEVELOPMENT**

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
1	Eagle Creek	1500'	+140'
2	"	1800'	"
3	"	2650'	"
4	"	1600'	"
5	"	3100'	"
7	"	1600'	"

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials *(attach additional sheets if necessary).*

*SEE ATTACHED WELL LOGS. ALL WELLS ARE SEALED TO A MINIMUM DEPTH OF 150' TO AVOID CONTACT WITH THE FLOWS IN EAGLE CREEK.*

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SECTION 3: WELL DEVELOPMENT, continued

Total maximum rate requested: 0.11 (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner to obtain the necessary information.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CLACK54178	<input type="checkbox"/>	12		240-280		(1998)122'	Troutdale	280	40	
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56492	<input type="checkbox"/>	14		0		(2001)122'	"	280	80	
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75335	<input type="checkbox"/>	12		290-380		178'	"	380	100	
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75720	<input type="checkbox"/>	12		249-329		141'	"	329	120	
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72846	<input type="checkbox"/>	20		227-242		138'	"	446	65	
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75843	<input type="checkbox"/>	12		250-360		137.3'	"	400	180	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									2-4 AF
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>									/acre

\* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.  
 \*\* A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.  
 \*\*\* Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

*NOTE: THESE WELLS SUPPLY WATER FOR NURSERY OPERATIONS USE ON APPROXIMATELY 170 ADJACENT ACRES. THIS APPLICATION IS FOR A PERMIT TO SUPPLY WATER TO AN ADDITIONAL 90 ACRES.*

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**SECTION 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST INFORMATION**

This information must be provided for your application to be accepted as complete. The Water Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species if your proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters.

To answer the following questions, use the map provided in [Attachment 3](#) or the link below to determine whether the proposed point of appropriation (POA) is located in an area where the Upper Columbia, the Lower Columbia, and/or the Statewide public interest rules apply.

For more detailed information, click on the following link and enter the TRSQQ or the Lat/Long of a POA and click on "Submit" to retrieve a report that will show which section, if any, of the rules apply:

[https://apps.wrd.state.or.us/apps/misc/lkp\\_trsqq\\_features/](https://apps.wrd.state.or.us/apps/misc/lkp_trsqq_features/)

If you need help to determine in which area the proposed POA is located, please call the customer service desk at (503) 986-0801.

**Upper Columbia - OAR 690-033-0115 thru -0130**

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Is the well or proposed well located in an area where the Upper Columbia Rules apply?

Yes  No

If yes, you are notified that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use.

If yes, and if the Department determines that proposed groundwater use has the potential for substantial interference with nearby surface waters:

- I understand that the permit, if issued, will not allow use during the time period April 15 to September 30, except as provided in OAR 690-033-0140.
- I understand that the Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.
- I understand that I will install and maintain water use measurement and recording devices as required by the Water Resources Department, and comply with recording and reporting permit condition requirements.

**Lower Columbia - OAR 690-033-0220 thru -0230**

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Is the well or proposed well located in an area where the Lower Columbia rules apply?

Yes  No

If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified that the Water Resources Department will determine, by reviewing

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recovery plans, the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to threatened or endangered fish species, in coordination with state and federal agencies, as appropriate, whether the proposed use is detrimental to the protection or recovery of a threatened or endangered fish species and whether the use can be conditioned or mitigated to avoid the detriment.

If a permit is issued, it will likely contain conditions to ensure the water use complies with existing state and federal water quality standards; and water use measurement, recording and reporting required by the Water Resources Department. The application may be denied, or if appropriate, mitigation for impacts may be needed to obtain approval of the proposed use.

If yes, you will be required to provide the following information, if applicable.

Yes  No The proposed use is for more than one cubic foot per second (448.8 gpm) and is not subject to the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).

If yes, provide a description of the measures to be taken to assure reasonably efficient water use:

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**Statewide - OAR 690-033-0330 thru -0340**

Is the well or proposed well located in an area where the Statewide rules apply?

Yes  No

If yes, and the proposed groundwater use is determined to have the potential for substantial interference with nearby surface waters you are notified that the Water Resources Department will determine whether the proposed use will occur in an area where endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agriculture will recommend conditions required to achieve "no loss of essential habitat of threatened and endangered (T&E) fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be identified that meet the standards of no loss of essential T E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm the species.

**SECTION 5: WATER USE**

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Nursery Operations	year around	2-4 AF/acre

**For irrigation use only:**

Please indicate the number of primary, supplemental and/or nursery acres to be irrigated (*must match map*).

Primary: Acres Supplemental: Acres Nursery Use: 9.0 Acres

If you listed supplemental acres, list the Permit or Certificate number of the underlying primary water right(s):

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 25

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: (Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.)
- If the use is **mining**, describe what is being mined and the method(s) of extraction (*attach additional sheets if necessary*):

**SECTION 6: WATER MANAGEMENT**

**A. Diversion and Conveyance**

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): **SUBMERSIBLES - TOTAL 70 HP**
- Other means (describe):

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. **TYPICAL WELL HEAD CONSTRUCTION. ALL DUMP INTO COMMON MAINLINE & DELIVERY SYSTEM FOR PROPERTIES.**

**B. Application Method**

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) (*attach additional sheets if necessary*)

This will be an extension of the solid set, buried system for the adjacent 170 acres.

**C. Conservation**

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters (*attach additional sheets if necessary*).

All usual means including irrigation, temp. control, chemical application to plants. **RECAPTURE/REUSE OF ANY WASTE WATER. FLOWMETERS ON ALL WELLS**

**SECTION 7: PROJECT SCHEDULE**

- a) Date construction will begin: upon approval
- b) Date construction will be completed: 10/25
- c) Date beneficial water use will begin: 10/25

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**SECTION 8: RESOURCE PROTECTION**

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In granting permission to use water the state encourages, and in some instances requires, careful control of activities that may affect adjacent waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources.

- Water quality will be protected by preventing erosion and run-off of waste or chemical products.  
Describe: **Highly efficient drip and overhead systems. All wastewater recaptured/reuse**

- Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.  
**Note: If disturbed area is greater than one acre, applicant should contact the Oregon Department of Environmental Quality to determine if a 1200C permit is required.**

Describe planned actions and additional permits required for project implementation:

N/A

- Other state and federal permits or contracts required and to be obtained, if a water right permit is granted:  
List: **None**

**SECTION 9: WITHIN A DISTRICT**

Check here if the point of appropriation (POA) or place of use (POU) are located within or served by an irrigation or other water district.

Irrigation District Name N/A	Address	
City	State	Zip

**SECTION 10: REMARKS**

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

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As stated earlier, this will be a 9.0 acre addition to the adjacent 170 acres of nursery **ACRES.**  
**MAINLINES TO BE EXTENDED TO THIS NEW 9.0 ACRE AREA.**

10/10/18

1. The first part of the text is a list of names of people who have been involved in the project.

2. The second part of the text is a list of names of people who have been involved in the project.



# Land Use Information Form



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

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**Applicant**

NAME <i>Patterson Nursery Sales, LLC</i>		PHONE (HM) <i>(503) 519-2902</i>	
PHONE (WK) <i>(503) 668-6000</i>	CELL	FAX	
ADDRESS <i>P.O. Box 68</i>			
CITY <i>Eagle Creek</i>	STATE <i>OR</i>	ZIP <i>97022</i>	E-MAIL* <i>alan@pattersonnurserysales.com</i>

**A. Land and Location**

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<i>2S</i>	<i>4E</i>	<i>31</i>	<i>E ½ NW N ½ NE</i>	<i>800</i>	<i>EFU</i>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<i>Nursery Ops</i>
		<i>31</i>	<i>ALL</i>	<i>2700 4000 3900 5100 900 1400 2800</i>	<i>EFU</i>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	<i>.1'</i>
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

*Clackamas Co.*

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**B. Description of Proposed Use**

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
- Water Right Transfer
- Permit Amendment or Groundwater Registration Modification
- Limited Water Use License
- Allocation of Conserved Water
- Exchange of Water

Source of water:  Reservoir/Pond  Groundwater  Surface Water (name) \_\_\_\_\_

Estimated quantity of water needed: *0.11*  cubic feet per second  gallons per minute  acre-feet

Intended use of water:  Irrigation  Commercial  Industrial  Domestic for \_\_\_\_\_ household(s)  
 Municipal  Quasi-Municipal  Instream  Other \_\_\_\_\_

Briefly describe: *Application is for a permit to provide Nursery Uses on 9.0 additional acres adjacent to existing 170 ac Nursery operation*

**Note to applicant:** If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

## For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land use plan. Do not include approval for activities such as building or grading permits.

**Please check the appropriate box below and provide the requested information**

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): Section 401 - Farm Uses allowed outright.
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land use approvals as listed in the table below. (Please attach documentation of applicable land use approvals which have already been obtained. Record of Action/land use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	<b>RECEIVED</b>	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	<b>APR 04 2022</b>	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	<b>OWRD</b>	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

NAME <b>ANDREW YADEN</b>	TITLE: <b>PLANNER I</b>
SIGNATURE 	PHONE: <b>503 742-4500</b> DATE: <b>3/17/2022</b>
GOVERNMENT ENTITY <b>CLACKAMAS COUNTY</b>	

**Note to local government representative:** Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

**Receipt for Request for Land Use Information**

Applicant name: \_\_\_\_\_

City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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After recording return to:  
Patterson Real Estate Holdings, LLC  
29290 SE Burnett Road  
Eagle Creek, OR 97022

Until a change is requested all tax  
statements shall be sent to the  
following address:  
Patterson Real Estate Holdings, LLC  
29290 SE Burnett Road  
Eagle Creek, OR 97022

File No.: 7001-2550358 (RC)  
Date: October 29, 2015

FIRST AMERICAN 2550358-ST

THIS SPACE RESERVED FOR RECORDER'S USE

Clackamas County Official Records	<b>2015-077379</b>
Sherry Hall, County Clerk	11/20/2015 09:38:49 AM
D-D                      Cnt=1 Str=4 JANIS	
\$15.00 \$16.00 \$10.00 \$22.00	<b>\$63.00</b>

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### STATUTORY WARRANTY DEED

**Albert L. Bradley and Margie J. Bradley and Albert L. Bradley, Jr., not as tenants in common but with the right of survivorship**, Grantor, conveys and warrants to **Patterson Real Estate Holdings, LLC, an Oregon limited liability company**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Clackamas, State of Oregon, described as follows:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

**Subject to:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$415,000.00**. (Here comply with requirements of ORS 93.030)

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**EXHIBIT A**

**LEGAL DESCRIPTION:** Real property in the County of Clackamas, State of Oregon, described as follows:

**PART OF THE PHILIP FOSTER DONATION LAND CLAIM IN SECTION 31, TOWNSHIP 2 SOUTH, RANGE 4 OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF CLACKAMAS AND STATE OF OREGON AND BEING A PART OF THE SECONDLY DESCRIBED TRACT IN DEED TO DESTON D. LAKE ET UX, RECORDED JANUARY 3, 1963, IN BOOK 615, PAGE 682, MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**BEGINNING AT THE NORTHWEST CORNER OF C. JACQUES LAND IN THE CENTER OF MILWAUKIE ROAD; THENCE RUNNING WESTERLY ON THE NORTHERLY LINE OF SAID DONATION LAND CLAIM TO A POINT 660 FEET EAST OF THE NORTHWEST CORNER OF SAID LAKE TRACT, WHEN MEASURED ALONG SAID NORTHERLY LINE; THENCE SOUTHERLY, PARALLEL WITH THE WESTERLY LINE OF SAID LAKE TRACT, 660 FEET TO THE SOUTHEASTERLY LINE OF SAID LAKE TRACT; THENCE NORTHEASTERLY ALONG SAID SOUTHEAST LINE TO THE SOUTHWEST CORNER OF JACQUES; THENCE NORTHERLY ALONG THE CENTER OF SAID ROAD 660 FEET TO THE POINT OF BEGINNING.**

**NOTE: This Legal Description was created prior to January 01, 2008.**

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**(1) LAND OWNER**  
 Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company PATTERSON NURSERY SALES  
 Address P.O. BOX 68  
 City EAGLE CREEK State OR Zip 97022

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

**(2a) PRE-ALTERATION**  
 Dia + From To Gauge Stl Plstc Wld Thrd  
 Casing: \_\_\_\_\_  
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 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 329.00 ft.  
**BORE HOLE**  
 Dia From To Material SEAL To Amt sacks/lbs

12	0	190	Cement w/2% Bentonit	0	190	11566	P
8	190	329				Calculated	133.76
						Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	261	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Shoe  Inside  Outside  Other Location of shoe(s) 261  
 Temp casing  Yes Dia 12 From +  2 To 71

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type factory slotted Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
	Liner	6	249	329	.32			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120	105	252	1

Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 109 ppm  
 From To Description Amount Units

--	--	--	--	--

**(9) LOCATION OF WELL (legal description)**  
 County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM  
 Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
 29105 SE WIETZ LN

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	4/15/2020		141

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 50.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
4/9/2020	50	64	20		22
4/15/2020	260	315	120		141

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
top soil	0	1.5
cobbles & brown clay	1.5	12
gravel w/ cobbles	12	64
gray clay	64	120
blue / gray sandy clay	120	148
blue / gray clay	148	217
blue/ gray claystone	217	252
brown sandstone	252	260
coarse black sandstone w/ pumice w/b	260	281
blue/ gray claystone w/ coarse black s.s	281	315
blue/gray clay	315	329

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 APR 05 2022 APR 04 2022  
 OWRD OWRD  
 Date Started 4/7/2020 Completed 4/15/2020

**(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 \_\_\_\_\_ Date \_\_\_\_\_  
 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 1771 Date 4/16/2020  
 Signed GEORGE YOUNGBERG (E-filed)  
 Contact Info (optional) Youngberg Pump and Well Drilling ph. 503-630-3970

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company PATTERSON NURSERY SALES  
 Address PO BOX 99  
 City BORING State OR Zip 97009

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

**(2a) PRE-ALTERATION**  
 Dia + From To Gauge Stl Plstc Wld Thrd  
 Casing: \_\_\_\_\_  
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 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 380.00 ft.  
**BORE HOLE**  
 Dia From To Material From To Amt sacks/lbs  

12	0	161	Cement	0	161	80	S
6	161	380				Calculated	25
						Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	161	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	161	290	.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) 380  
 Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type Johnson Material Stainless steel  

Perf/ Screen	Casing/ Liner Dia	From	To	Sern/slot width	Slot length	# of slots	Tele/ pipe size
Screen Casing	6	290	380	12			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		380	2.5

  
 Temperature 55 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 57 ppm  

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM  
 Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
 29300 SE BURNETT RD EAGLE CREEK OR 97022

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	9/30/2019		178

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 365.00  

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/30/2019	365	380	100		178

**(11) WELL LOG** Ground Elevation \_\_\_\_\_  

Material	From	To
Brown clay w/ cobbles/boulders	0	64
Gray clay	64	81
Blue clay	81	89
Brown clay	89	110
Gray clay	110	125
Brown clay	125	138
Gray clay	138	164
Brown clay	164	210
Gray clay	210	263
Small white gravel w/ wood	263	365
Gray gravel w/ seams of blue clay	365	375
Gray gravel w/ seams of blue clay	365	375
Brown sandstone	375	380

  
 Date Started 8/2/2019 Completed 9/30/2019

**(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 1738 Date 10/18/2019  
 Signed VANCE WAGNER (E-filed)

**(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 1738 Date 10/18/2019  
 Signed VANCE WAGNER (E-filed)  
 Contact Info (optional) \_\_\_\_\_



WELL 2

(1) OWNER: Well No. L44582  
Name PATTERSON NURSERY SALES  
Address 14990 SE ORIENT DRIVE  
City BORING St OR Zip 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:  
Special Construction Approval NO Depth of Compl. Well 280 ft  
Explosives used NO Type Amount  
HOLE SEAL  
Diam. From To Material From To Amount  
14 0 62 CEMENT 0 62 39 SACKS  
12 62 195 CEMENT 175 195 42 SACKS  
8 195 280

Seal placement method C  
Backfill: from \_\_\_ ft to \_\_\_ ft Material  
Gravel: from \_\_\_ ft to \_\_\_ ft Size

(6) CASING/LINER:  
Diam. From To Gauge Material Connection  
Casing 10 +1 195 .250 STEEL WELDED  
8 +2 210 .250 STEEL WELDED

Liner  
Final Location of shoe(s) 195' 9 1/2" TUBEX

(7) PERFORATIONS/SCREENS:  
[ ] Perf. Method  
[ ] Screens Type Material  
From To Slot Size Number Diam. Tele/pipe Size Casing/liner

(8) WELL TESTS: Minimum testing time is 1 hour  
Test type AIR  
Yield GPM Draw-down Drill stem at Time  
80 \_\_\_\_\_ 280 1 hr.  
80 \_\_\_\_\_ 280 2 hr.

Temperature of water 54F Depth Artesian Flow Found \_\_\_\_\_  
Was water analysis done? NO By whom \_\_\_\_\_  
Reason for water not suitable for use \_\_\_\_\_  
Depth of strata \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County CLACK Lat. ° ' " Long. ° ' "  
Township 2 S Range 4 E WM.  
Section 31 NW 1/4 SE 1/4  
Tax Lot 3900 Lot Block Subdivision  
Street Address of Well (or nearest Address)  
29105 SE WEITZ ROAD EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:  
122 ft. below land surface. Date 1/25/01  
Artesian pressure \_\_\_ lb per square in. Date

(11) WATER BEARING ZONES:  
Depth at which water was first found 20  
From To Est Flow Rate SWL  
20 54 20+ GPM 18  
240 260 80+ GPM 122

(12) WELL LOG:  
Material Ground elevation From To SWL  
TOP SOIL 0 2  
SOIL & CLAY 2 4  
BROWN CLAY 4 10  
GRAVEL, BOULDERS & SAND 10 54 18  
BLUE CLAY 54 90  
GRAY SAND & CLAY 90 111  
BLUE CLAY 111 146  
GRAY CLAY 146 192  
BLUE CLAY 192 240  
BLUE CLAY WITH SEAMS OF COARSE CEMENTED SAND 240 260 122  
BLUE CLAY 260 280

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WATER RESOURCES DEPT.  
SALEM, OREGON  
Date started 1/16/01 Completed 1/25/01

(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 my best knowledge and belief.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
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.

Signed *Tea Williams* WWC Number 616  
Date 1/30/01

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#1

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

APR 04 2022

WELL I.D. # 28524  
START CARD # 120449

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

(1) OWNER: Well Number #1  
Name Bill Patterson  
Address P.O. Bx 99  
City Boring State Or. Zip 97009

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 280 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
12"	0 65	Cement	0 193 51 Sacks
10"	65 193		
8"	193 280		

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8"	+2	195	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	180	240	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type 1026T Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	280	1026T		6"	4-70'	<input type="checkbox"/> screen	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40'	3'		1 hr.

Temperature of water 56 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Clatsop Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 28 N or S Range 4E E or W. WM.  
Section 31 NW 1/4 SE 1/4  
Tax Lot 3900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 29105 SE WEITZ Ln  
Eagle Creek Or. 97022

(10) STATIC WATER LEVEL:  
248 ft. below land surface. Date 12-17-98  
Artisan pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 248

From	To	Estimated Flow Rate	SWL
35	58	Sealed OFF	22
248	256	46'	

(12) WELL LOG: Ground Elevation \_\_\_\_\_ WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
Top Soil	0	2	
Clay + Boulders	2	35	
Gravel & Boulders	35	58	22
Clay Blue	58	65	
Clay Gray	65	160	
Clay Blue	160	170	
Clay Gray	170	210	
Clay Blue	210	215	
Clay Gray	215	235	
Clay Blue	235	248	
Sand Multi Colored	248	256	122
Clay Gray	256	270	
Clay Blue	270	280	

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Well 5 -  
Pg 3 of 3

Patterson - Well # 5 Replacement  
Start Card # 212551 - Well Tag ID # L 118532  
Formation Log  
by Schneider Water Services

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
0	2	Topsoil
2	7	Cobbles and gravel, with clay, tan soft, with sand brown, medium-fine
7	49	Cobbles and gravel, with sand brown, medium-fine
49	51	Clay, brown, medium, sandy
51	90	Clay, blue-grey, soft-medium, sticky
90	133	Sand, grey and black, fine
133	193	Clay, green, medium
193	204	Clay, dark grey, soft-medium, sticky
204	216	Clay, grey, medium
216	224	Clay, dark brown, soft-medium
224	229	Clay, dark grey, with sand, dark grey, cemented, hard
229	232	Sand, dark grey, fine
232	234	Clay, green, soft
234	236	Sand, black, medium-coarse, occasional gravel, 1/4" minus
236	238	Clay, grey, medium
238	240	Claystone, light grey, with sand, medium-coarse
240	250	Clay, green, medium
250	260	Clay, grey, soft-medium, silty
260	284	Clay, green medium
284	292	Clay, grey, medium
292	293	Clay, green, medium
293	301	Clay, blue, medium
301	310	Clay, brown, medium, sticky
310	313	Clay, multicolored, soft
313	315	Clay, red, soft-medium
339	349	Clay, brown, medium, some sand, brown, fine-medium
349	351	Pumice, grey, medium
351	358	Clay, brown, medium
358	363	Sand, grey, medium-fine
363	367	Clay, light brown, medium
367	372	Clay, brownish red, soft-medium, with cemented sand, grey, medium-fine
372	390	Sand, multicolored, fine-course
390	411	Siltstone, brown, hard, with some rock
411	422	Sandstone, grey, soft-hard, with some rock
422	442	Rock, grey, medium, some fractures, some weathering, occasional rock, brown, medium
442	444	Rock, brown and grey, soft-medium, with clay, grey hard
444	446	Rock, grey & brown, soft-medium, with clay grey hard

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

CLAC 75843  
6/24/2020

WELL I.D. LABEL# 137486  
START CARD # 1047542  
ORIGINAL LOG # WELL 7

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company PATTERSON NURSERY SALES  
Address PO BOX 68  
City EAGLE CREEK State OR Zip 97022

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

(2a) PRE-ALTERATION  
Casing: 

Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
Seal: 

Material	From	To	Amt	sacks/lbs

(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 400.00 ft.  
BORE HOLE  

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	161	Cement w/2% Bentonite	0	80	4700	P
							Calculated 2161.58
8	161	400	Bentonite Chips	80	161	48	S
							Calculated 45.93

How was seal placed: Method  A  B  C  D  E  
 Other POURED & HYDRATED  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	3	363	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	246	306	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	384	390	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
Shoe  Inside  Outside  Other Location of shoe(s) 363  
Temp casing  Yes Dia 12 From +  1 To 80

(7) PERFORATIONS/SCREENS  
Perforations Method push down perforator  
Screens Type factory slot Material pvc  

Perf/Screen	Casing/Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	8	250	360	.25		1	2040
Screen	Liner	6	306	346	.32			
Screen	Liner	6	346	366	.35			
Screen	Liner	6	366	384	.1			
Screen	Liner	6	390	400	.1			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
180	62	336	8

  
Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 112 ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM  
Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

29105 SE WIETZ LN

(10) STATIC WATER LEVEL  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	6/18/2020		137.3

  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 250.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/18/2020	250	360	180		137.3

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
brown clay	0	6
gravel & cobbles	6	68
blue/gray clay	68	86
gray gritty clay	86	105
blue / gray claystone	105	179
gray claystone	179	211
blue claystone	211	258
sandstone w/ pumice	258	317
sanstone coarse	317	365
cemented gravel	365	391
gray claystone	391	400

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RECEIVED APR 25 2022  
OWRD OWRD

Date Started 6/3/2020 Completed 6/18/2020

(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 \_\_\_\_\_ Date \_\_\_\_\_  
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 1771 Date 6/24/2020  
Signed GEORGE YOUNGBERG (E-filed)  
Contact Info (optional) Youngberg Pump & Well Drilling ph. 503-630-3970

## Minimum Requirements Checklist

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

### Include this checklist with the application

**Check that each of the following items is included.** The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

- SECTION 1: Applicant Information and Signature
- SECTION 2: Property Ownership
- SECTION 3: Well Development
- SECTION 4: Sensitive, Threatened or Endangered Fish Species Public Interest Information
- SECTION 5: Water Use
- SECTION 6: Water Management
- SECTION 7: Project Schedule
- SECTION 8: Resource Protection
- SECTION 9: Within a District
- SECTION 10: Remarks

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#### Include the following additional items:

- Land Use Information Form with approval and signature of local planning department (*must be an original*) or signed receipt.
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- Fees - Amount enclosed: \$ 5,050 =  
See the Department's Fee Schedule at [www.oregon.gov/owrd](http://www.oregon.gov/owrd) or call (503) 986-0900.
- Map that includes the following items:
  - Permanent quality and drawn in ink
  - Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
  - North Directional Symbol
  - Township, Range, Section, Quarter/Quarter, Tax Lots
  - Reference corner on map
  - Location of each diversion, by reference to a recognized public land survey corner (distances north/south and east/west)
  - Indicate the area of use by Quarter/Quarter and tax lot identified clearly.
  - Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
  - Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)