

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



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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. Begin each new claim by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month.

For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

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1. File Information:

| | | |
|---------------------------------|--|------------------------------------|
| APPLICATION # G-17281 | PERMIT # (IF APPLICABLE) G-16705 | PERMIT AMENDMENT # (IF APPLICABLE) |
|---------------------------------|--|------------------------------------|

2. Property Owner (current owner information):

| | | | |
|---|--------------------|------------------------------------|--------------------------------------|
| APPLICANT/BUSINESS NAME Foo Yoon Chen | | PHONE NO. (503) 806-4838 | ADDITIONAL CONTACT NO. |
| ADDRESS 10720 SE Knapp Circle | | | |
| CITY Portland | STATE OR | ZIP 97266 | E-MAIL fooy.chen@gmail.com |

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

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

| | | |
|---|--------------------|---------------------|
| PERMIT HOLDER OF RECORD Foo Yoon Chen | | |
| ADDRESS 9495 SW 165th Ave. | | |
| CITY Beaverton | STATE OR | ZIP 97007 |

| | | |
|------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|----------------------|------------------|------------------------------|
| Foo Yoon Chen | 11/6/2024 | Owner |

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

| | | |
|-----------------|-------|-----|
| OWNER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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



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

Permit Holder's of Record Signature or Acknowledgement

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

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

| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|----------------------|--------------------|-------|---------|
| <i>for youn thir</i> | FOO YOON CHEN | owner | 12/6/24 |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 3

CLAIM DESCRIPTION

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

| POA NAME OR NUMBER (CORRESPOND TO MAP) | WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE) | WELL TAG # (IF APPLICABLE) |
|---|--|-------------------------------|
| POA 1 | MARI 63638 | L-103969 |

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

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

| POA NAME OR NUMBER | USES | IF IRRIGATION, LIST CROP TYPE | SEASON OR MONTHS WHEN WATER WAS USED | ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF) |
|-------------------------------------|-------------------|---|--|---|
| POA 1 | Irrigation | Cane berries, strawberries, vegetables, flowers, herbs | Mar. 1 – Oct. 31 | 0.0978 cfs |
| Total Quantity of Water Used | | | | 0.0978 cfs |

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

Water is pumped from the well by a 3 HP submersible pump and delivered to the POU through 3" and 2" buried PVC pipe. Water is applied to the POU by drip tape.

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

4. Variations:

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

YES **NO**

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

The permit authorized 16.5 acres of irrigation, only 14.3 acres were developed.

5. Claim Summary:

| POD / POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|------------------------|----------------------------|---|--------------------------------|-------------------|-----------------------|-------------------------|
| POA 1 | 0.0978 cfs | 0.17 cfs | * | Irrigation | 16.5 | 14.3 |

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

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES ☒ NO

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

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

POA 1

A. Place of Use

Attach Claim of Beneficial Use map.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES ☒ NO

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

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

3/4" x 16" tall galvanized pipe on N edge of well cap

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

| CASING DIAMETER | CASING DEPTH | TOTAL DEPTH | COMPLETION DATE OF ORIGINAL WELL | COMPLETION DATES OF ALTERATIONS | WHO THE WELL WAS DRILLED FOR | WELL DRILLED BY |
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|--------------------|
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|--------------------|

See attached well log MARI 63638.

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

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

YES ☒ NO

D. Appropriation and Delivery System Information

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

1. Is a pump used?

YES ☒ NO

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

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2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) |
|--------------|--------|---------------|--|
| Franklin | 35SDQP | None found | Submersible |

3. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 3 | 40 | 0' | 22.5' avg. | 0.17 |

4. Provide pump calculations:

$$Q = (3 * 7.04) / (101.6 + 22.5) = 0.17 \text{ cfs}$$

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

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

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

6. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|------------------|------------------------------|-------------------------------|------------------------|---------------------------------|
| N/A | | | | | |

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

7. Drip Emitter Information:

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

8. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------------|---------------------|----------------------------|-----------------------------------|-------------------------------|------------------------|
| 4" | 1.251 | 132,400' | 3,520' | 0.098 | |
| 12" | 0.417 | 10,550' | 4,620' | 0.098 | |

E. Storage

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

YES ☐ NO ☒

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES

☒ NO

G. Gravity Flow Canal or Ditch

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

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

YES

☒ NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

| | DATE FROM PERMIT | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|------------------|--------------------|---|
| ISSUANCE DATE | 5/4/2010 | | |
| BEGIN CONSTRUCTION (A) | N/A | N/A | N/A |
| COMPLETE CONSTRUCTION (B) | 5/4/2015 | Oct. 2013 | Drilled well, installed totalizing flow meter, mainline, and drip system. |
| COMPLETE APPLICATION OF WATER (C) | 5/4/2015 | Oct. 2013 | Irrigated all authorized areas being claimed. |

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

2. Is there an extension final order(s)?

YES ☒ NO ☐

3. Initial Water Level Measurements:

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

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

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

March

c. Was the measurement submitted to the Department? YES ☒ NO ☐

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| | | | |

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES ☒ NO ☐

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

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b. Provide the month, or months, in which the static water level measurement(s) were to be made:

March

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

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

***7 consecutive SWL measurements completed, the permit holder requests that OWRD stop sending March SWL notices unless a measurement is necessary.**

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| | | | |

5. Pump Test:

a. Is a pump test required? ☒ YES ☐ NO

Ground water permits with priority dates on or after December 20, 1988, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? ☒ YES ☐ NO

c. Is the pump test attached to this claim? ☒ YES ☐ NO

d. Has the pump test been approved by the Department? ☒ YES ☐ NO

e. Has a pump test exemption been approved by the Department? ☒ YES ☐ NO

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? ☒ YES ☐ NO

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? ☒ YES ☐ NO

c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|--------------|----------|----------------------------|-----------------------|----------------|
| POA 1 | Hays | 21000231 | working | 34334627 | May 2011 |

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7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

☒ YES ☐ NO

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

b. Have the reports been submitted?

☒ YES ☐ NO

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

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

a. Were there special well construction standards?

☒ YES ☐ NO

b. Was submittal of a ground water monitoring plan required?

☒ YES ☐ NO

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

☒ YES ☐ NO

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| L-103969 | 4/26/2011 |

d. Other conditions?

☒ YES ☐ NO

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

- a. Produce groundwater from alluvial reservoir – see attached well log MARI 63638
d. Restore POA 1 disturbed riparian areas – No riparian areas were disturbed

SECTION 6

ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|------------------------------------|
| Well Log | MARI 63638 |
| Pictures (x8) | Taken at 11/6/2024 site inspection |

SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 3/16/2023

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

(Reminder: Incomplete maps and/or claims may be returned.)

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

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 103969

START CARD # 207068

(1) LAND OWNER

Owner Well I.D. _____

First Name Foo Yoon

Last Name Chen

Company _____

Address 9495 SW 165th Avenue

City Beaverton

State OR

Zip 97007

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 134 ft.

| BORE HOLE | | | SEAL | | | sacks/ lbs |
|-----------|------|-----|-----------|------|----|---------------|
| Dia | From | To | Material | From | To | |
| 12 | 0 | 134 | Bentonite | 0 | 3 | 2 S |
| | | | Cement | 3 | 80 | 25 S |
| | | | | | | |
| | | | | | | |

How was seal placed:

Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other Pour into annular

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

Filter pack from 80 ft. to 134 ft. Material Gravel/Sand Size 1/4-3/8#8

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | <input checked="" type="checkbox"/> | 2 | 121 | .250 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 131 | 134 | .250 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Wirewound Material S.S.

| Perf/S | Casing/Screen | Liner | Dia | From | To | Scr/slot width | Slot length | # of slots | Tele/pipe size |
|--------|---------------|-------|-----|------|------|----------------|-------------|------------|----------------|
| Screen | Casing | 8 | 121 | 131 | .060 | | | | PIPE |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

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

| | | | |
|----|----|--|-----|
| 48 | 35 | | 1.5 |
| | | | |
| | | | |

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

| From | To | Description | Amount | Unit |
|------|----|-------------|--------|------|
| | | | | |
| | | | | |

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APR 29 2011

(9) LOCATION OF WELL (legal description)

County MARION Twp 5 S N/S Range 1 W E/W WM

Sec 22 NW 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

13841 Wilco Hwy., Woodburn, OR 97071

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

| | | | |
|------------------------------|------------|--|----|
| Existing Well / Predeepening | | | |
| Completed Well | 04-26-2011 | | 21 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 121

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 04-26-2011 | 121 | 131 | 48 | | 21 |
| | | | | | |
| | | | | | |
| | | | | | |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|--|------|-----|
| Topsoil | 0 | 1 |
| Brown clay | 1 | 5 |
| Brown silty clay | 5 | 66 |
| Fine gray sand | 66 | 68 |
| Sticky gray clay | 68 | 84 |
| Cemented brown sand & gravel | 84 | 95 |
| Fine to med brown gravel with fine brown sand | 95 | 103 |
| Gray sandy clay | 103 | 109 |
| Fine gray sand | 109 | 113 |
| Fine to medium black gravel with trace of fine gray sand-loose | 113 | 131 |
| Soft gray clay | 131 | 134 |
| Received by OW/AD | | |
| DEC 06 2024 | | |
| Salem, OR | | |

Date Started 04-13-2011

Completed 04-26-2011

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Password : (if filing electronically) _____

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 1266 Date 04-27-2011

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

ORIGINAL WATER RESOURCES DEPT

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

Form Version: 0.95



Chen COBU 11-6-2024 Various Crops

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Chen COBU 11-6-2024 Blueberry crop.

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Chen COBU 11-6-2024

POA 1

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Chen COBU 11-6-2024

Pump Controller and pressur tank.

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Chen COBU 11-6-2024 Flow Meter S/N

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Chen COBU 11-6-2024

Flow meter current reading.

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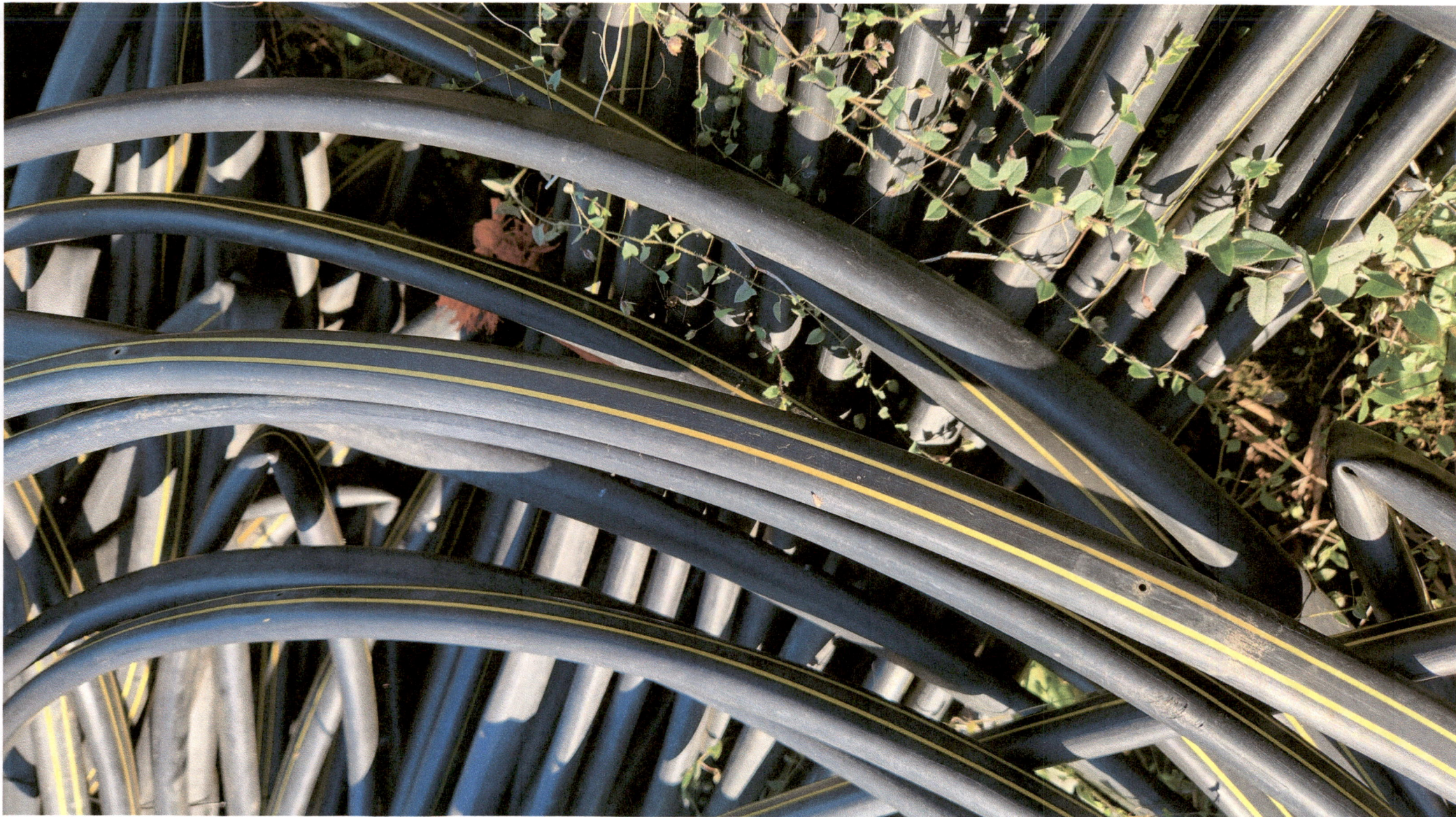
Chen COBU 11-6-2024

Drip Tape - 4" Dripper Spacing

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Chen COBU 11-6-2024 Drip Tape - 12" Dripper Spacing

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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address:

Foo Yoon Chen
10720 SE Knapp Circle, Portland OR 97206

Transaction Type:

Claim

Fees Received: \$

230.00

☐ Cash

☒ Check:

Check No.

2340

Name(s) on Check:

Will McMill Surveying

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

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

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

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

Sincerely,

OWRD Customer Service Staff

Submission received by:

Corie Lowman
(Name of OWRD staff)

Instructions for OWRD staff:

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