

**CLAIM OF
BENEFICIAL USE**
for Transfer New or Additional
POA Only



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.

**SECTION 1
GENERAL INFORMATION**

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

If additional changes were authorized, you will need to select a different form.

1. File Information

APPLICATION #

T-12560

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Oregon State University		PHONE NO. 503-678-1264	ADDITIONAL CONTACT NO.
ADDRESS 15210 NE Miley Rd			
CITY Aurora	STATE OR	ZIP 97002	E-MAIL

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 Oregon State University North Willamette Research and Extension Center (NWREC)			
ADDRESS 15210 NE Miley Rd			
CITY Aurora	STATE OR	ZIP 97002	

4. Date of Site Inspection:

August 1, 2024
November 4, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Marc Anderson	August 1, 2024 November 4, 2024	Farm and Facility Manager

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.



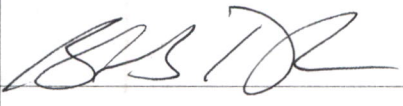
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CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

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
	Shawn Donkin	Director (interim) NWREC.	12/3/2024

SECTION 3 CLAIM DESCRIPTION

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Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

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

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)
Well 1 (added to Certificate 38511)	CLAC 8581	NA	A well, tributary of the Willamette River
Well 4 (added to Certificate 29298 and 38511)	CLAC 74247	L-128926	A well, tributary of the Willamette River

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

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 Well 3 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.**
- 2. The authorized Well 2 (CLAC 8580, 8553) for former Certificate 38511 has been abandoned (abandonment log CLAC 76549).**

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	WATER RIGHT	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 1	Former Certificate 29298	0.64 cfs	0.66 cfs	Not measured
	Former Certificate 38511	0.25 cfs		
Well 4	Former Certificate 29298	0.64 cfs	1.05 cfs	Not measured
	Former Certificate 38511	0.25 cfs		

SECTION 4a of 4b

SYSTEM DESCRIPTION

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

YES

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

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

Well 1

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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
Berkeley	8K4H-10	5900987	Submersible	4 inch	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	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	61.5 feet (from pump test recorded on well log)	0 feet	0.66 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(25 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(61.5 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.66 \text{ cfs}$$

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)
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)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

1. Well 1 supplies both water rights, former Certificates 29298 and 38511.
2. Note: Well 1 has a voluntary meter installed (McCrometer SN 20-02268-06, reading 8-1-24: 45,518,200 gallons).
3. Well 1 access port is a 1.5-inch angled vent port on the south side of the well casing below the base plate of the turbine pump attached to the well.

SECTION 4b of 4b

SYSTEM DESCRIPTION

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

NO

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

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

Well 4

A. POA System Information

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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	8LL8V-3	Unknown	Submersible	4 inch	6 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Hitachi	40 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)
40 Hp	80 psi	65.0 feet (from pump test recorded on well log)	0 feet	1.05 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(40 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(65 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.05 \text{ cfs}$$

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)
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)

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

NO

If "NO", items 4 through 6 relating to this section may be deleted.

C. Additional notes or comments related to the system:

- Well 4 supplies both water rights, former Certificates 29298 and 38511.
- Note: Well 4 conveys water through four 119-gallon pressure tanks which then provide pressurized water for the various irrigation systems.
- Note: Well 4 has a voluntary meter installed (McCrometer SN 20-02267-04, reading 11-4-24: 20,146,100 gallons).
- Well 4 access port is a ½-inch PVC plug on the south south-west side of the sanitary seal.

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SECTION 5
CONDITIONS

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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 NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	August 4, 2017	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2018 Extended to October 1, 2021	Summer 2020

* 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)?

YES

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

If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO
113	947	October 1, 2021

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. 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):

e) Condition:

Water shall be acquired from the same aquifer (water source) as the original point of

appropriation.

Compliance:

Certificate 29298 Authorized Well 1 (CLAC 8581) develops within the perforated depth intervals of 115.8 feet to 130.5 feet, 146 feet to 148 feet, and 152.5 feet to 154.5 feet in layers of sand and gravel with some wood debris.

Certificate 38511 Authorized Well 2 (CLAC 8580) develops within the screened depth interval of 105 feet to 114 feet in layers of sand and gravel.

Well 4 (CLAC 74247) develops water within the screened depth intervals of 105 feet to 137 feet and 147 feet to 158 feet in layers of sand and gravel.

It appears this well obtains water from the alluvial aquifer; therefore, this condition has been met.

**SECTION 6
ATTACHMENTS**

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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 29298
Claim of Beneficial Use Map	Claim of Beneficial Use Map for former Certificate 38511
State Water Well Report – CLAC 8581	Well log and driller's notes for CLAC 8581 – Well 1
State Water Well Report – CLAC 74247	Well log and driller's notes for CLAC 74247 – Well 4
BLM Cadastral Map	BLM Cadastral Map T. 3S. R. 1W. showing DLC and Government Lot locations

**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 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map 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 map 3 1W 25, 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>

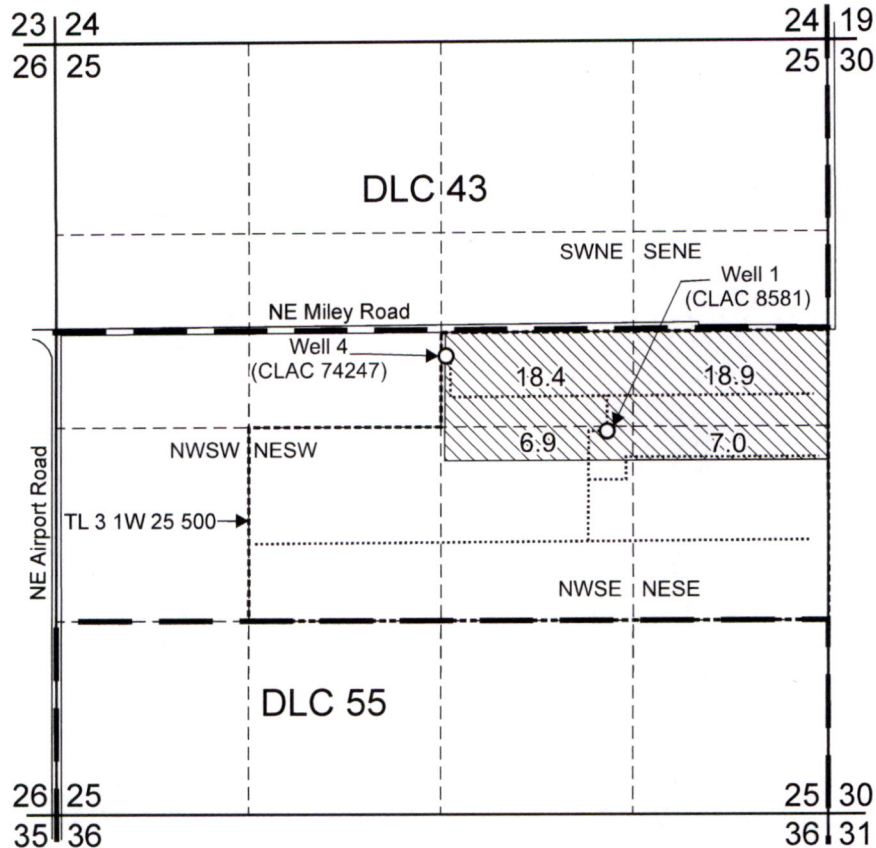
Map Checklist

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.) ***Not required for this type of Claim of Beneficial Use**
- ☒ 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


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T.3S. R.1W. Section 25, W.M.



Well 1 (CLAC 8581) is located 10 ½ chains south and 22 ¾ chains west from the SE corner, DLC 43.

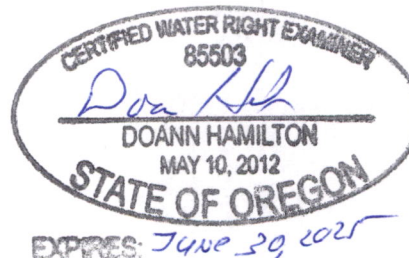
Well 4 (CLAC 74247) is located 480 feet north and 2,610 feet west from the E ¼ corner, Section 25.

 Area (51.2 Acres) irrigated under T-12560, formerly Certificate 29298, priority date: 8-26-1958.

----- Tax lot boundary

— — — — — DLC boundary

..... Irrigation mainline

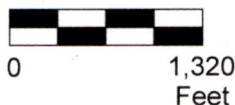


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Scale: 1" = 1,320'



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.

Claim of Beneficial Use Map
T-12560, formerly Certificate 29298

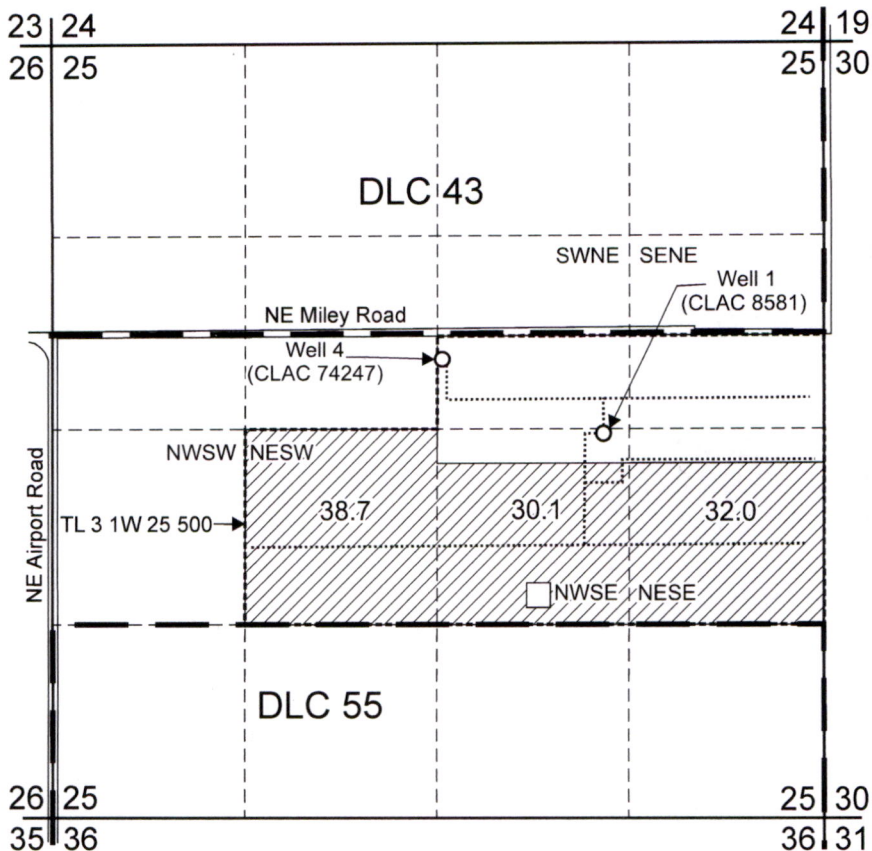
Pacific Hydro-Geology Inc.

11/2024

Oregon State University
North Willamette Research and Extension Center
T.3S. R.1W. Section 25, W.M.

T.3S. R.1W. Section 25, W.M.

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Well 1 (CLAC 8581) is located $10 \frac{1}{2}$ chains south and $22 \frac{3}{4}$ chains west from the SE corner, DLC 43.

Well 4 (CLAC 74247) is located 480 feet north and 2,610 feet west from the E $\frac{1}{4}$ corner, Section 25.

Area (100.8 Acres) irrigated under T-12560, formerly Certificate 38511, priority date: 4-12-1967.

Tax lot boundary

DLC boundary

Irrigation mainline

Scale: 1" = 1,320'



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.

Claim of Beneficial Use Map
T-12560, formerly Certificate 38511

Pacific Hydro-Geology Inc.

Oregon State University
North Willamette Research and Extension Center
T.3S. R.1W. Section 25, W.M.

11/2024

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OBSERVATION WELL

JUN 18 1959

STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT

STATE OF OREGON

08584

3/1W -25 K(1)

State Well No.

State Permit No.

G-966

(1) OWNER:

Name Oregon State Experimental Station
Address Rt. 2 Box 254
Aurora, Oregon

(2) LOCATION OF WELL:

County Clatsop Owner's number, if any—
NW 1/4 SE 1/4 Section 25 T. 35 R. 1W W.M.
Bearing and distance from section or subdivision corner
2725 ft. South and 1526 ft.
West of N.E. Corner
Sec. 15; T. 35; R. 1W;

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
Abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☒
10 3/4" Diam. from 2/340 ft. to 155 ft. Gage 279
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? ☒ Yes ☐ No

Type of perforator used Mills
SIZE of perforations 5/16 in. by 1 3/4 in.
184 perforations from 115 5/6 ft. to 130 1/2 ft.
60 perforations from 146 ft. to 148 ft.
perforations from 152 1/2 ft. to 154 1/2 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed ☐ Yes ☒ No

Manufacturer's Name _____ Model No. _____
Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 1/2"
Gravel placed from 173 ft. to 155 ft.
Was a surface seal provided? ☐ Yes ☒ No To what depth? _____ ft.
Material used in seal—
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 4 1/4 ft. below land surface Date 2/7/59
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by:

[Signed] Don Bellock Date 9 February 1959
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom?

Yield: 270 gal./min. with 9 ft. drawdown after 1 1/2 hrs.
" 350 " 11 " 27 "
" 500 " 17 1/2 " 5 1/2 "

Bailer test gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow g.p.m. Date _____

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ No

(12) WELL LOG:

Diameter of well 10 inches.Depth drilled 200 ft. Depth of completed well 155 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top soil & yellow silt	0	10
Firm silty sand	10	30
Fine sand, brwn	30	38 1/2
Pea gravel	38 1/2	40
Yellow clay	40	64
Brwn sand, (dirty)	64	95
Small gravels with compacted yellow clay	95	100
Dark grey clay with leaves	100	103
Black sand (fine)	103	108
Brwn sand (dirty)	108	114
Brwn sand & small gravel with some clay	114	129
Small gravel with ylw clay	129	132
Yellow brwn sand	132	142
Brwn sand, coarser	142	145
Blk sand & small gravel	145	147
Blk sand & wood fragments	147	151
Sand & gravel	151	153
Blue clay or shale	153	180
Yellow clay	180	190
Blue shale	190	200

Possible layer of sand below 173 ft that did not show while drilling.

Work started 1/26 1959 Completed 2/9 1959

(13) PUMP:

Manufacturer's Name Berkley Installed 16 June 59
Type: Deep Well Turbine H.P. 25

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Robinson Drilling & Supply
(Person, firm, or corporation) (Type or print)

Address 140 Pine St. N.E. Salem

Driller's well number _____

[Signed] Harry A. Robinson
(Well Driller)License No. 22 Date 2/9, 1959

(USE ADDITIONAL SHEETS IF NECESSARY)

Revised

CLAC 74247

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL I.D. LABEL# L

128926

START CARD #

1038427

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 5884

First Name _____ Last Name _____

Company Oregon State University

Address 644 SW 13th St.

City Corvallis State OR Zip 97333

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ AlterationAlteration (complete 2a & 10) ☒ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Pipe Wild Thrd

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 158 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	158	Cement	2	95	83	S
						Calculated	50
			Bentonite	0	2	2	S
						Calculated	2

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other Poured dry

Backfill placed from 95 ft. to 98 ft. Material Fine sand

Filter pack from 0 ft. to 158 ft. Material Sand Size 10-20

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	Wild	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/> 1	102	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> 1.5	105	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> 1.37	147	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type V-wire

Material Stainless steel

Perf/S	Casing/Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Screen		10	147	158	.02			
Screen		10	105	137	.02			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	29	117	4

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 260

From To Description Amount Units

RECEIVED	RECEIVED
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JUL 27 2018

ORIGINAL - WATER RESOURCES DEPARTMENT

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

FEB 24 2020

OWRD

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 3 S N/S Range 1 W E/W WM

Sec 25 SW 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

15210 NE Miley Rd. - Aurora, OR 97002

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)

Existing Well / Pre-Alteration _____

Completed Well 6-25-18 36

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 36

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

06-25-2018	36	50			
06-25-2018	105	137	800		36
06-25-2018	151	155	300		36

(11) WELL LOG

Ground Elevation _____

Material	From	To
Loam	0	4
Brown silty sand wet	4	25
Sandy silt	25	35
Brown sandy gravel	35	50
Grey clay	50	56
Dark brown sandy - small gravel	56	65
Grey clay	65	73
Yellow clay	73	75
Brown dirty gravel & sand	75	85
Grey silty sand very fine	85	105
Grey sand	105	112
Grey sand 1" gravel	112	120
Grey sand to 1-1/2" gravel	120	128
Grey sand	128	137
Green clay conglomerate	137	139
Blue clay fine	139	151
Blue sand	151	155
Blue clay	155	158

Date Started 06-06-2018

Completed 06-25-2018

(unbonded) Water Well Constructor Certification

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

License Number 1411

Date 07-20-2018

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 1684

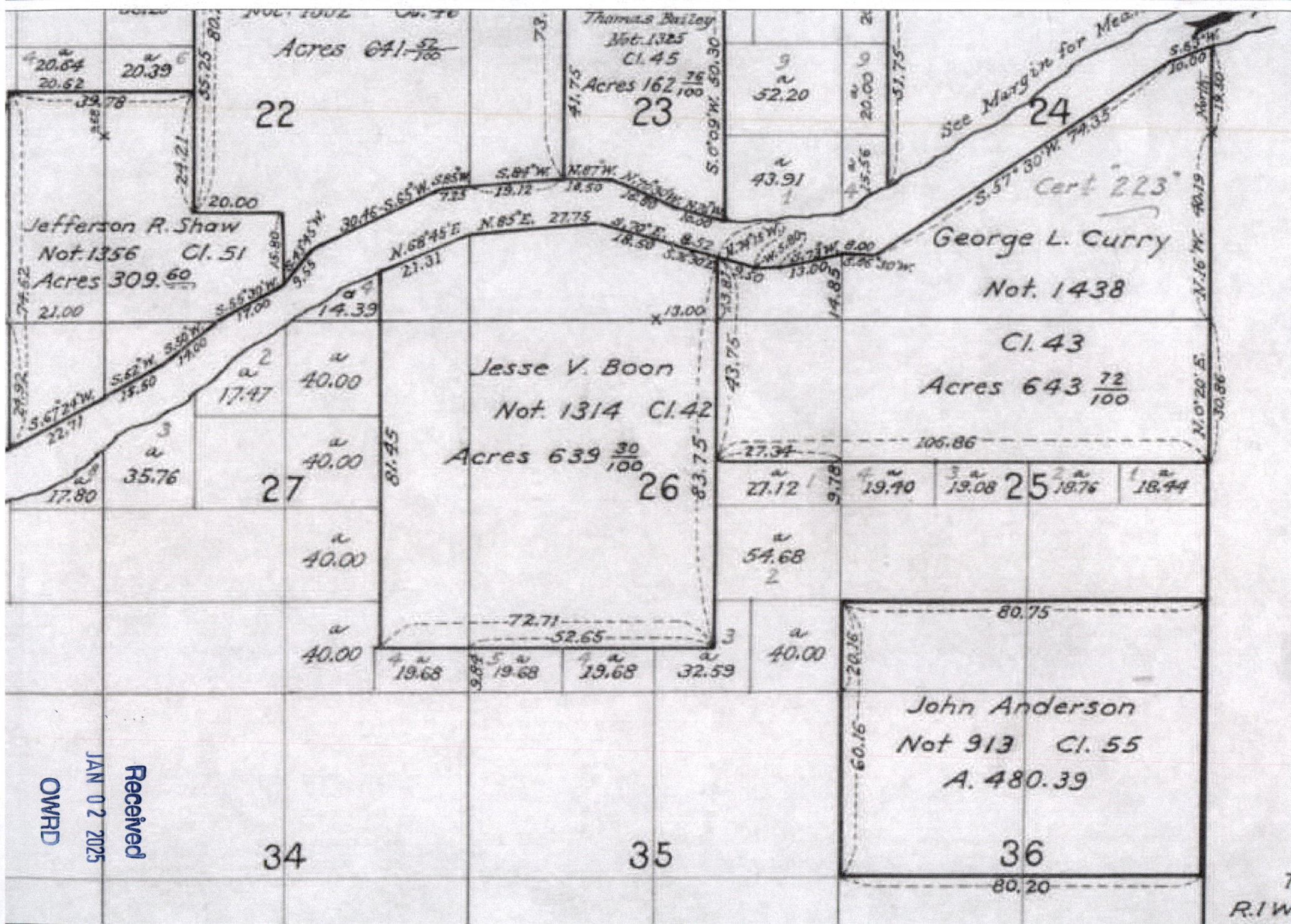
Date 07-20-2018

Signed

Contact Info (optional) jonesdrilling@gmail.com

Received

JAN 02 2025



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JAN 02 2025
OWRD