

**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-14163

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2a. Property Owner (current owner information)

TL 5 1W 01 2301, 2604, 2605, 2606

APPLICANT/BUSINESS NAME Jack and Deanna Bigej Trust, Jack and Deanna Bigej Trustees		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 30851 S Dee Jay Way			
CITY Hubbard	STATE OR	ZIP 97032	E-MAIL

2b. Property Owner (current owner information)

TL 5 1W 02 101

APPLICANT/BUSINESS NAME Jack and Deanna Bigej Trust, Mark and Amy Bigej Trustees		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS No Mailing address			
CITY	STATE	ZIP	E-MAIL

2c. Property Owner (current owner information)

TL 5 1W 02 100

APPLICANT/BUSINESS NAME KDB Investments LLC		PHONE NO.	ADDITIONAL CONTACT No.	
ADDRESS 1220 N Pacific Hwy				
CITY Woodburn	STATE OR	ZIP 97071	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 Jack Bigej				
ADDRESS 1220 N Pacific Hwy				
CITY Woodburn	STATE OR	ZIP 97071		

4. Date of Site Inspection:

July 1, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Dorothy Russo	July 1, 2024	Chief of Growing Operations

6. County

Clackamas County

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		

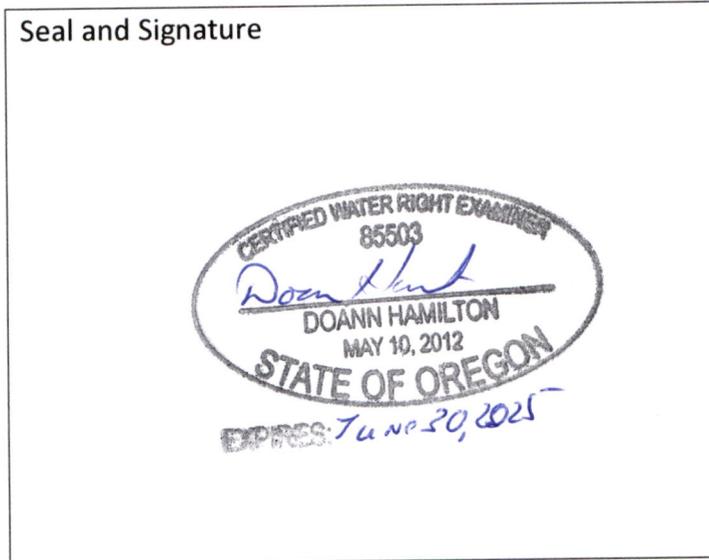
Add additional tables for owners of record as needed

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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 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		

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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
	Jack R. Bigej	Owner	1-6-25

SECTION 3

CLAIM DESCRIPTION

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 4	CLAC 2008	NA	Well within the Pudding River Basin

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

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2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final?

NO

If yes, describe below.

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

None

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 4	0.52 cfs	0.52 cfs	Not Measured

SECTION 4

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

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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
Unknown	Unknown	Unknown	Submersible	Unknown	4 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Unknown	20 Hp

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
20 Hp	65 psi	104 feet (from pump test recorded on well log)	0 feet	0.52 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(20 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(104 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.52 \text{ cfs}$$

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:

There are three pressure tanks (two fiberglass tanks, 119 gallons each, and the other metal tank holding 85 gallons) in line with this well.

This well also supplies the house to the west but the domestic use is not metered.

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**SECTION 5
CONDITIONS**

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

1. Time Limits:

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

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	June 14, 2024	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2025	June 15, 2024

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

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

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

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 YES

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?

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

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	McCrometer	03-08301	Working	955 023 cubic feet (July 1, 2024)	2003
Well 3	McCrometer	21-01589-03	Working	3,790,530 gallons (July 1, 2024)	Replacement meter: 2022
Well 4	McCrometer	23-04275-04	Working	858,000 gallons (July 1, 2024)	April 2024

If a meter has been installed, items d 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 points of appropriation.

Compliance:

Original Well 1 (CLAC 2012) develops within the screened interval of 140 to 150 feet in layers of dark sand.

Original Well 3 (CLAC 60252) develops water within the screened intervals of 140 to 149 feet and 151 to 158 feet in a layer of cemented gravel.

Approved Well 4 (CLAC 2008) develops water within the perforated interval of 112 to 129 feet in

layers of black sand and gravel.

It appears all three of these wells obtain 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 this transfer
State Water Well Report – CLAC 2012	Well log and driller’s notes for CLAC 2012 – Well 1
State Water Well Report – CLAC 60252	Well log and driller’s notes for CLAC 60252 – Well 3
State Water Well Report – CLAC 2008	Well log and driller’s notes for CLAC 2008 – Well 4
BLM Cadastral Map	BLM Cadastral Map T. 5S. 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 maps 5 1W 01 and 02, 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

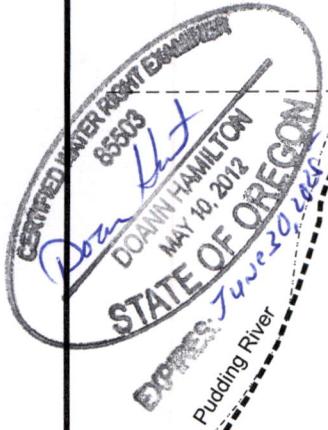
Please be sure that the map you submit includes ALL the items listed below.

(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.5S. R.1W. Sec. 1 & 2, W.M.

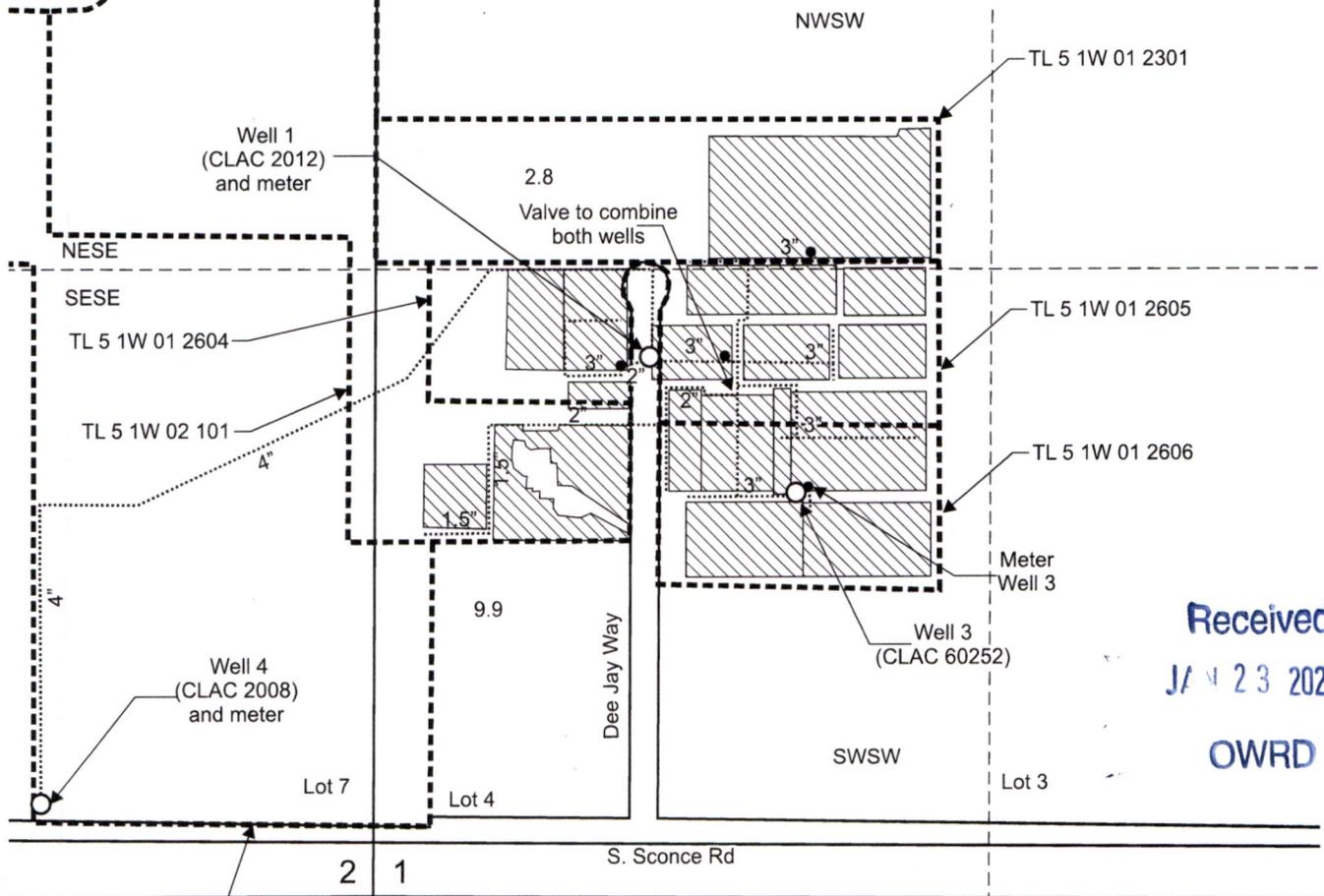


Well 1 (CLAC 2012) is located 1,120 feet north and 585 feet east from the SW corner, Section 1.

Well 3 (CLAC 60252) is located 835 feet north and 895 feet east from the SW corner, Section 1.

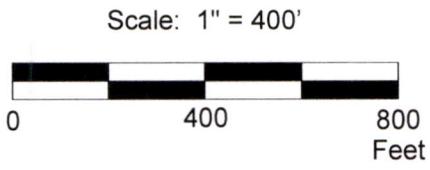
Well 4 (CLAC 2008) is located 190 feet north and 700 feet west from the SE corner, Section 2.

 Area (12.7 Acres) of agricultural use (nursery use) and irrigation under T-14163, formerly Certificate 96771.



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-  Tax lot boundary
-  Irrigation mainlines
-  Injection locations



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-14163, formerly Certificate 96771

Pacific Hydro-Geology Inc.

Jack Bigej
T.5S. R.1W. Sec. 1 & 2, W.M.

01/2025

AIGardenT-14163COBUMap.cdr

NOTICE TO WATER WELL CONTRACTOR

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

WATER RESOURCES DEPARTMENT

SALEM, OREGON 97310
within 30 days from the date of well completion.

RECEIVED WATER WELL REPORT

JUN 23 1980

STATE OF OREGON

(Please type or print)

WATER RESOURCES DEPT

CLAC
02012

State Well No. 5s/1w-1cc

State Permit No. _____

(1) OWNER: SALEM, OREGON

Name Jack R. Bigel
Address Rt 1 Box 246 A
Hubbard Ore.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):

Rotary Driven
Cable Jetted
 Bored Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED: Threaded Welded

8" Diam. from 0 ft. to 155 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS: Perforated? Yes No.

Type of perforator used _____

Size of perforations in. by in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No

Manufacturer's Name Johnson

Type Stainless Model No. _____

Diam. 7 1/2 Slot size 0.15 Set from 140 ft. to 150 ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

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

1: 170 gal./min. with 64 ft. drawdown after 6 hrs.

" " " " " "

" " " " " "

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

_____ g.p.m.

Temperature of water Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement

Well sealed from land surface to 26 ft.

Diameter of well bore to bottom of seal 12 1/2 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal 10 sacks

How was cement grout placed? Pumped

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? Yes No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Clackamas Driller's well number _____

SW 1/4 SW 1/4 Section 1 T. 5 R. 1W W.M.

Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 118 ft.

Static level 63 ft. below land surface. Date _____

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 8

Depth drilled 155 ft. Depth of completed well 150 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	2	
Brown Clay	2	27	
Blue Clay	27	29	
Brown Clay	29	65	
Blue Clay	65	78	
Brown Sandy Clay	78	98	
Blue Clay	98	102	
Dark Blue Clay	102	108	
Light Blue Clay	108	112	
Dark Blue silty clay	112	118	
Dark sand	118	122	
Dark green clay	122	155	

Pipe was pulled back to 141 FT TO UNCOVER SCREEN.

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Work started 5-23 1980 Completed 6-6 1980

Date well drilling machine moved off of well 6-7 1980

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] John W. Becke Date 6-7, 1980
(Drilling Machine Operator)

Drilling Machine Operator's License No. 437

Water Well Contractor's Certification:

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

Name Sw Becke Well Drilling
(Person, firm or corporation) (Type or print)

Address 24477 S. Skyline Dr Canby Ore

[Signed] John W. Becke
(Water Well Contractor)

Contractor's License No. 449 Date 6-7, 1980

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

JUN 29 2004

WELL I.D. # L 48560
START CARD # 154108

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

(1) LAND OWNER
Name JACK BIGEY
Address 30851 DEE JAY WAY
City HUBBARD State OR Zip 97032

(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 159 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks of pounds
Diameter	From	To	Material	From	To	
16	1	25	BENTONITE	1		
12	25	50	BENTONITE		50	33
8	50	159				

How was seal placed: Method A B C D E

Other BENTONITE METHOD
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	0	139	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	130	159	3/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 139

(7) DEGRADATION/SCREENING:

Screens Type SCOTTED Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	149	.010		6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
151	158	.030		6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing <input type="checkbox"/> Artesian Time
80	32		1 hr. 2HR

Temperature of water 52 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 CLACKAMAS Latitude _____ Longitude _____
Township J5 N or S Range 1W E or W. WM.
Section 1 SW 1/4 SW 1/4
Tax Lot 2606 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
SAME

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 31 MAY 04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
83	159		58

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
CLAY BROWN	3	19	
CLAY GRAY	19	32	
CLAY BROWN SANDY	32	41	
CLAY TAN STICKY	41	83	
CLAY BROWN w/ SAND & Cement Gravel	83	87	
CLAY BROWN	87	101	
CLAY GRAY	101	125	
CLAY GRAY SILTY	125	138	
CEMENTED GRAVEL	138	157	
CLAY BLUE	157	159	

Date started 27 MAY 2004 Completed 31 MAY 2004

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
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 R. Beal WWC Number 243 Date 27 June 04

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OCT 20 1989

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JAN 23 2025

5s/lw/lcc

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

CLAC WATER RESOURCES DEPT. 02008 SALEM, OREGON

(START CARD) # 7021

(1) OWNER: Name Raymond Schwabauer Address 4801 S. Sconce Rd. City Hubbard State OR Zip 97032

(2) TYPE OF WORK: New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 176 1/2 ft. Explosives used Type Amount

Table with columns: HOLE Diameter From To Material SEAL From To Amount sacks or pounds

How was seal placed: Method A B C D E Other OAR 690-210-340 Backfill placed from ft. to ft. Material Gravel placed from 20 ft. to 210 ft. Size of gravel pea gravel

(6) CASING/LINER: Table with columns: Diameter From To Gauge Steel Plastic Welded Threaded

Final location of shoe(s) 6" at 99'

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

Table with columns: From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Artesian Yield gal/min Drawdown Drill stem at Time

Temperature of water 54 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 Clackamas Latitude Longitude Township 5S Nor S, Range 1W E or W, WM. Section 1 SW 1/4 SW 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) 4801 S. Sconce Rd. Hubbard, OR 97032

(10) STATIC WATER LEVEL: 57 ft. below land surface. Date 9/22/89 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 111

Table with columns: From To Estimated Flow Rate SWL

(12) WELL LOG: Ground elevation

Table with columns: Material From To SWL

Date started 8/8/89 Completed 9/22/89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Kermit Martin WWC Number 1371 Date 10/18/89

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Ivan Gussan WWC Number 783 Date 10/13/89

