CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

OREGON WATER RESOURCES DEPARTMENT
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.

SECTION 1

GENERAL INFORMATION

1. File Information:

Application #	Permit # (if applicable)	Permit Amendment # (if applicable)
G-18803	**G-18423**	**T-NA**

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Kurt and Koreen Metzger			
Address **1940 105th Ave NE**			
City **Salem**	State **OR**	Zip **97317**	E-Mail

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		
Kurt and Koreen Metzger		
Address **1940 105th Ave NE**		
City **Salem**	State **OR**	Zip **97317**

Additional Permit Holder of Record		
NA		
Address		
City	State	Zip

4. Date of Site Inspection:

October 22, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jake Metzger	**October 22, 2024**	**Field Manager**

6. County

Marion County

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

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

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature

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**

Permit Holder 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
	Kurt Metzger	owner	1/16/2025
	Koreen Metzger	owner	1-16-25

SECTION 3

CLAIM DESCRIPTION

1. 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)
Well 1	**MARI 69527**	**L-136741**
Well 2	**MARI 69528**	**L-136742**

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

2. Point of appropriation source, if indicated on permit:

POA Name or Number	Source Basin Located Within	Tributary
Well 1	**Pudding River Basin**	**Molalla River**
Well 2	**Pudding River Basin**	**Molalla River**

3. 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)
Well 1	**Irrigation**	**Grass seed**	**March 1 through October 31**	**0.38 cfs**
Well 2	**Irrigation**	**Grass seed**	**March 1 through October 31**	**0.38 cfs**
Total Quantity of Water Used				**0.76 cfs**

4. **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 Well 1 (MARI 69527) using a 15 Hp submersible pump to convey water through 4-inch buried PVC to the north about 5 feet through a meter located in a control box then turns east in front of the shed and below the filter station. Note: Well 1 has a pitless adapter and contains the required ¾ inch measuring tube inside the casing.

Water is pumped from Well 2 (MARI 69528) using a 15 Hp submersible pump to convey water through 4-inch buried PVC to the west about 5 feet through a meter located in a control box then continues north west around the north side of the house lawn and wrapping back south along the west edge of the lawn before connecting back up with Well 1 in front of the shed and below the filter station. Note: Well 2 has a pitless adapter and contains the required ¾ inch measuring tube inside the casing.

At this intersection, a 4-inch PVC line heads south about 10 feet into the shed where there are four 119 gallon pressure tanks. Also in this shed, a 2-inch PVC line tees off to supply the house to the north off 105th avenue. The 2-inch line is in the same trench as the 4-inch mainline. Note: water from the house is included in both meter readings from Well 1 and Well 2.

At the intersection of Well 1 and Well 2, the main 4-inch PVC line heads north about 10 feet before extending above ground and connecting to 4-inch steel pipe. This pipe continues north with a filter and a meter "Filter meter" before going back down and underground connecting to 4-inch PVC mainline. Note: the meter reading from this meter combines the water use from Well 1 and Well 2 excluding the use from the house.

The 4-inch buried PVC continues northeast and crosses under 105th avenue in a buried trench and continues east along the southern portion of the field. A second line tees off this line heading north. Several hydrants are located long the 4-inch mainline where a hard hose traveler and /or portable 4-inch aluminum hand lines can be connected to supply portable 2-inch hand lines with impact sprinklers every 40 feet.

One hard hose traveler with a booster pump can be used at one time. Additional impact sprinklers can be used as needed.

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).

5. **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**

(e.g. *"The permit allowed three points of appropriation. 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."*)

1. **After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.**

   Original authorized place of use:

7S	1W	17	SWSW		9.85
7S	1W	18	SESE		0.27
7S	1W	19	NENE		23.60
7S	1W	19	SENE		18.00
7S	1W	20	NWNW		20.40
				Total:	72.12

   Revised place of use, with addition of Government Lot information:

7S	1W	17	SWSW		4.3
7S	1W	18	SESE		0.2
7S	1W	19	NENE		17.4
7S	1W	19	NWNE		0.1
7S	1W	19	SWNE	Lot 3	0.4
7S	1W	19	SENE	Lot 4	15.9
7S	1W	20	NWNW		7.3
				Total:	45.6

2. **The location of Well 1 (MARI 69527) is more correctly placed at: 245 feet south and 85 feet east from the NE 1/16th corner, Section 19.**

3. **The location of Well 2 (MARI 69528) is more correctly placed at: 475 feet south and 315 feet east from the NE 1/16th corner, Section 19.**

6. **Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	0.209 cfs	0.38 cfs	Not measured	Irrigation	72.12	45.6
Well 2	0.209 cfs	0.38 cfs	Not measured			
Total:	0.419 cfs					

SECTION 4a of 4b

SYSTEM DESCRIPTION

Are there multiple POAs? YES

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):

Well 1

A. Place of Use

1. Is the right for municipal use? NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	1W	WM	17	SWSW	NA	NA	Irrigation	4.3	NA
7S	1W	WM	18	SESE	NA	NA	Irrigation	0.2	NA
7S	1W	WM	19	NENE	NA	NA	Irrigation	17.4	NA
7S	1W	WM	19	NWNE	NA	NA	Irrigation	0.1	NA
7S	1W	WM	19	SWNE	Lot 3	NA	Irrigation	0.4	NA
7S	1W	WM	19	SENE	Lot 4	NA	Irrigation	15.9	NA
7S	1W	WM	20	NWNW	NA	NA	Irrigation	7.3	NA
Total Acres Irrigated								45.6	NA

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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:

Top of casing beneath pitless adaptor 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 Well Log MARI 69527						

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.

See Well Log MARI 69527

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C. Groundwater Source Information (Sump)

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

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion 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**

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

Source	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Well	Wolf	5LL8V-7	PP8091321	Submersible	3 inch	3 inch
Hard Hose Traveler	Cornell	3RB-EM16	189734 12.75	Centrifugal	5 inch	5 inch

3. Motor Information:

Source	Manufacturer	Horsepower
Well	Hitachi	15 Hp
Hard Hose Traveler	Isuzu	50 Hp

4. 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)
15 Hp	60 psi	124.99 feet (from permit condition pump test)	0 feet pressurized	0.38 cfs

5. Provide pump calculations:

$$Q\ Pump = \frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(124.99\ ft\ lift + 152.4\ ft\ pressure\ head)} = 0.38\ cfs$$

6. 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.

7. Is the distribution system piped? **YES**

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4 inch	~ 3,000 feet	PVC	Buried
4 inch	~ 15 feet	Steel	Above ground

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
5 inch	1,500 feet	Polyethylene	Above Ground
4 inch	~ 700 feet	Aluminum	Above Ground
2 inch	~16,000 feet	Aluminum	Above Ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
1.25 inch	60 psi	357 gpm	1	1	0.79 gpm
9/64	50 psi	4.05 gpm	~400	88	0.79 gpm

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. 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
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
NA				

E. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **NO**

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Fiberglass tank 1	119 gallon	Above ground
Fiberglass tank 2	119 gallon	Above ground
Fiberglass tank 3	119 gallon	Above ground
Fiberglass tank 4	119 gallon	Above ground

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? NO

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

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? NO

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

H. Additional notes or comments related to the system:

Well 1 and Well 2 combine through a pressurized line supplying a house. The meters for both wells record water use from the house but the filter station meter does not.

SECTION 4b of 4b

SYSTEM DESCRIPTION

Are there multiple POAs? YES

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):

Well 2

A. Place of Use

1. Is the right for municipal use? NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	1W	WM	17	SWSW	NA	NA	Irrigation	4.3	NA
7S	1W	WM	18	SESE	NA	NA	Irrigation	0.2	NA
7S	1W	WM	19	NENE	NA	NA	Irrigation	17.4	NA
7S	1W	WM	19	NWNE	NA	NA	Irrigation	0.1	NA
7S	1W	WM	19	SWNE	Lot 3	NA	Irrigation	0.4	NA
7S	1W	WM	19	SENE	Lot 4	NA	Irrigation	15.9	NA
7S	1W	WM	20	NWNW	NA	NA	Irrigation	7.3	NA
Total Acres Irrigated								45.6	NA

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES

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:

Top of casing beneath pitless adaptor 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 Well Log MARI 69528						

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.

See Well Log MARI 69528

C. Groundwater Source Information (Sump)

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

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion 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

If "NO" items 2 through item 6 may be deleted.

2. Pump Information:

Source	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Well	Wolf	5LL8V-7	PP8091321-1	Submersible	3 inch	3 inch
Hard Hose Traveler	Cornell	3RB-EM16	189734 12.75	Centrifugal	5 inch	5 inch

3. Motor Information:

Source	Manufacturer	Horsepower
Well	Hitachi	15 Hp
Hard Hose Traveler	Isuzu	50 Hp

4. 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)
15 Hp	60 psi	134 feet (Estimated based on pumping test for Well 4)	0 feet pressurized	0.60 cfs

5. Provide pump calculations:

$$Q\ Pump = \frac{(15\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(124\ ft\ lift + 152.4\ ft\ pressure\ head)} = 0.38\ cfs$$

6. 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.

7. Is the distribution system piped? YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4 inch	~ 3,500 feet	PVC	Buried
4 inch	~ 15 feet	Steel	Above ground

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
See Well 1			

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
See Well 1					

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

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
NA					

12. 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
NA					

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
NA				

E. Storage

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

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **NO**

Complete appropriate table(s), unused table may be deleted.

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Same 4 fiberglass tanks as listed under Well 1	119 gallon	Above ground

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? **NO**

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

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? **NO**

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

H. Additional notes or comments related to the system:

Well 1 and Well 2 combine through a pressurized line supplying a house. The meters for both wells record water use from the house but the filter station meter does not.

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 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 permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	**May 27, 2020**		
BEGIN CONSTRUCTION (A)	**May 27, 2025**	**October 16, 2020**	**Construction of Well 1 (MARI 69527) began**
COMPLETE CONSTRUCTION (B)	**NA**	**NA**	**NA**
COMPLETE APPLICATION OF WATER (C)	**May 27, 2025**	**Summer 2024**	**All the permit conditions were met and water was put to full use**

* 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)? **NO**

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

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

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

Permit did not specify

c. Was the measurement submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

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

b. Provide the month, or months, 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**

d. If "YES", were those measurements submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES**

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? **NO**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO – see attached**

For Well 2 (MARI 69528): A multi-well exemption is attached to be approved once the pump test result for Well 1 (MARI 69527) is approved

** **Claims 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**

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 diversion or appropriation.

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Filter station	Netafim	210510697	Working	1,759,394 gallons (October 22, 2024)	Fall 2021
Well 1	Netafim	24-80031991	Working	32,340 gallons (October 22, 2024)	Summer 2024
Well 2	Netafim	24-80031985	Working	367,961 gallons (October 22, 2024)	Summer 2024

If a meter has been installed, items d through f relating to this section may be deleted.

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **YES**

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**

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

c. Was submittal of a water management and conservation plan required? **NO**

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

Source	Well ID #	Date Attached To Well
Well 1	L-136741	October 2020
Well 2	L-136742	October 2020

e. Other conditions? **NO**

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

a1) Condition:
Groundwater production shall only occur from the Columbia River Basalt groundwater reservoir.

Compliance:
Well 1 (MARI 69527) develops water from the basalts with perforations within the depth intervals of 231 to 291 feet. No other alterations have been made to this well.

Well 2 (MARI 69528) develops water from the basalts with perforations within the depth intervals of 205 to 265 feet. No other alterations have been made to this well.

Therefore, this condition has been satisfied.

a2) Condition:
Each basalt well shall be cased and continuously sealed from land surface to a depth of at least 50 feet to preclude hydraulic connection to nearby streams.

Compliance:
Well 1 (MARI 69527) was cased to 291 feet and continuously sealed to 191 feet.
Well 2 (MARI 69528) was cased to 265 feet and continuously sealed to 178 feet.

Therefore, this condition has been satisfied.

a3) Condition:
Each basalt well shall be open to a single aquifer of the Columbia River Basalt Group and shall meet applicable well construction standards (OAR 690-200 and OAR 690-210). In addition, the open interval in each well shall be no greater than 100 feet.

Compliance:
Well 1 (MARI 69527) has perforation with the intervals of 231 to 291 feet.
Well 2 (MARI 69528) has perforation with the intervals of 205 to 265 feet.

Therefore, this condition has been satisfied.

a4) Condition:
A dedicated water-level measuring tube shall be installed in each well. The measuring tube shall meet the standards described in OAR 215-0060.

Compliance:
Well 1 (MARI 69527) has ¾ inch PVC installed through the access port.
Well 2 (MARI 69528) has ¾ inch PVC installed through the access port.

Therefore, this condition has been satisfied.

a5) Condition:
The permittee shall coordinate with the driller to ensure that drill cuttings are collected at 10-foot intervals and at changes in formation in each well. A split of each sampled interval shall be provided to the Department.

Compliance:
Per the Department's letter dated July 10, 2023: this condition has been met.

d) Condition:
Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

Compliance:
Well 1 (MARI 69527) has well tag L-136741 attached to the well casing.
Well 2 (MARI 69528) has well tag L-136742 attached to the well casing.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	**Claim of Beneficial Use Map**
State Water Well Report – MARI 69527	**Well log and driller's notes for MARI 69527 – Well 1**
State Water Well Report – MARI 69528	**Well log and driller's notes for MARI 69528 – Well 2**
BLM Cadastral Map	**BLM Cadastral Map T. 7S. R. 1W. showing DLC and Government Lot locations**
Letter from the Department dated July 10, 2023	**Letter documenting Well Construction Condition 3E (collection of drill cuttings for both wells) have been completed.**
Pump Test Form Cover Sheet and Pump Test Data Sheet	**Pumping Test Results for Well 1 (MARI 69527) conducted October 5, 2024**
Pump Test Multiple Well Exemption Request Form	**Pump Test Multiple Well Exemption Request Form for Well 2 (MARI 69528)**

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.

The COBU map was prepared using tax assessor's maps 07 1W 17, 18, 19 and 20, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata: http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

Map Checklist

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

☒ Map on polyester film

☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)

☒ Township, Range, Section, Donation Land Claims, and Government Lots

☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters

- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME:	PHONE NO.:	ADDITIONAL CONTACT NO.:
Kurt and Koreen Metzger	971-600-4010	
ADDRESS: 1940 105th Ave NE		
CITY: Salem	STATE: OR	ZIP: 97317
E-MAIL: jmetzger@pratumseed.com		

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

1. **You own multiple wells producing water from the same aquifer (to be verified by OWRD);**
2. **One of the wells has been tested and the test has been approved by OWRD; and**
3. **The wells are within 5 miles of the tested well.**

1. List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
MARI 69527	L- 136741	Well 1	10-5-2024	G- 18803	G- 18423	T- NA	NA

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
7S	1W	19	SE NE	150' S from the NE 1/16th corner, Sec 19		

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	MARI 69528	L- 136742	Well 2	G- 18803	G- 18423	T- NA
b		L-		G-	G-	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
a	7S	1W	19	SE NE	581' S and 420' E from the NE 1/16th corner, Sec 19		
b							
c							
d							
e							

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3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: _____ DATE: 01/06/2025 LICENSE #: _____

PRINTED NAME: Jacob Metzger (CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: 971 600 4010 EMAIL: jmetzger@landmarkseed.com

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Kurt Metzger		503-930-4619	
Address: 1940 105th Ave NE			
City: Salem	State: OR	Zip: 97317	E-Mail:

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:	Qualification:	License #:
Weston Stadeli	(SELECT) WWC	2085
Company: R. Stadeli & Sons, Well & Pump, Inc.	Phone No.: 503-873-5245	Additional Contact No.:
Address: 4385 Stadeli Lane NE		
City: Silverton / State: OR / Zip: 97381	E-Mail: wdi.rsi@gmail.com	

Tested Well Information (please attach well log(s) if available):

Well Log # (Ex: MARI 99999)	Well Tag # (Ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
MARI 69527	L- 136741	Well #1	291	urt & Koreen Metzge	10/22/2020	10/05/2024

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
7S	1W	19	SE/NE	150' S from the NE 1/16th corner,	Sec 19	

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

Application	Permit	Transfer	Certificate	Is the tested well an authorized POA on this right?
G- 18803	G- 18423	T- NA	NA	○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[Yes] Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

Well Log # (Ex: MARI 99999)	Bearing & Distance from Pumped Well (ft)	Date & Time Pump On	Date & Time Pump Off	Pumping Rate (GPM)
MARI 69528	Approximately 380'			Neither pumped
MARI 66629	Approximately 765'			during test

[Yes] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: 800 ft.
Approximate elevation difference: 30 ft.

[Yes] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: onto grass field running downhill
How far from the pumped well was water discharged? Approximately 80 ft.

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Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* _____ feet.
Length of air line (if used): _____
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____
Discharge Measurement Method: _____
Flowmeter (if used):
Manufacturer: Netafim *Serial #:* 24-80031991
Date Last Calibrated: 03/14/2024 *Units:* Gallons

Pump Type: Submersible
HP: 15 Pump set at: 220 feet.
Pump idle time: 35 Hours

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance above land surface 1.08 feet.
Description (e.g., top port of 1 inch port pipe, west side) Top of 3/4" sounder tube with 8" pitless cap removed.

Time pump turned on: Date 10/05/2024 Time 6:10 AM
Time pump turned off: Date 10/05/2024 Time 10:10 AM
Total pumping time: 4 hours 0 minutes.

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Remember, your pump test may not be approved unless it meets the following criteria*:

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☐ The pump was on during the entire pumping phase (≥ 4 hours).
- ☐ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☐ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☐ The pump test cover sheet was completely filled out and signed.
- ☐ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☐ The well was idle for at least 16 hours prior to the test.
- ☐ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: Westin W. Hoelle DATE: 10/8/24

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 69527	L- 136741	Well #1	291	Kurt & Koreen Metzger	10/22/2020	10/05/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/05/2024	5:30 AM		114.80'	0	Pre-test		8245	
	5:50		114.80'	0	Pre-test		8245	
	6:10		114.80'	0	Pre-test		8245	
	6:10		114.80'	110	Pumping		8245	
	6:12	2 Min	124.60'	100	Pumping			
	6:14	4 Min	124.02'	100	Pumping			
	6:16	6 Min	124.70'	100	Pumping			
	6:18	8 Min	125.12'	100	Pumping			
	6:20	10 Min	125.17'	100	Pumping			
	6:25	15 Min	125.23'	100	Pumping			
	6:30	20 Min	125.24'	100	Pumping			
	6:35	25 Min	125.26'	100	Pumping			
	6:40	30 Min	125.27'	100	Pumping			
	6:50	40 Min	125.34'	100	Pumping			
	7:00	50 Min	125.38'	100	Pumping			
	7:10	1 Hour	125.44'	100	Pumping		14267	
	7:25	1 H 15 M	125.50'	100	Pumping			
	7:40	1 H 30 M	125.59'	100	Pumping			
	7:55	1 H 45 M	125.65'	100	Pumping			
	8:10	2 Hour	125.68'	100	Pumping		20283	
	8:25	2 H 15 M	125.77'	100	Pumping			
	8:40	2 H 30 M	125.80'	100	Pumping			
	8:55	2 H 45 M	125.89'	100	Pumping			
	9:10	3 Hours	125.90'	100	Pumping		26284	
	9:25	3 H 15 M	125.92'	100	Pumping			
	9:40	3 H 30 M	125.99'	100	Pumping			
	9:55	3 H 45 M	126.05'	100	Pumping			
	10:10	4 Hours	126.07'	100	Pumping		32340	
	10:10		126.07'		Recovery			
	10:12		116.05'		Recovery			
	10:14		115.94'		Recovery			
	10:16		115.88'		Recovery			
	10:18		115.86'		Recovery			
	10:20		115.84'		Recovery			

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Oregon
Tina Kotek, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503) 986-0900
Fax (503) 986-0904

July 10, 2023

Kurt and Koreen Metzger
1940 105th Ave NE
Salem, OR 97317

RE: Permit G-18423, cuttings received

To Whom It May Concern:

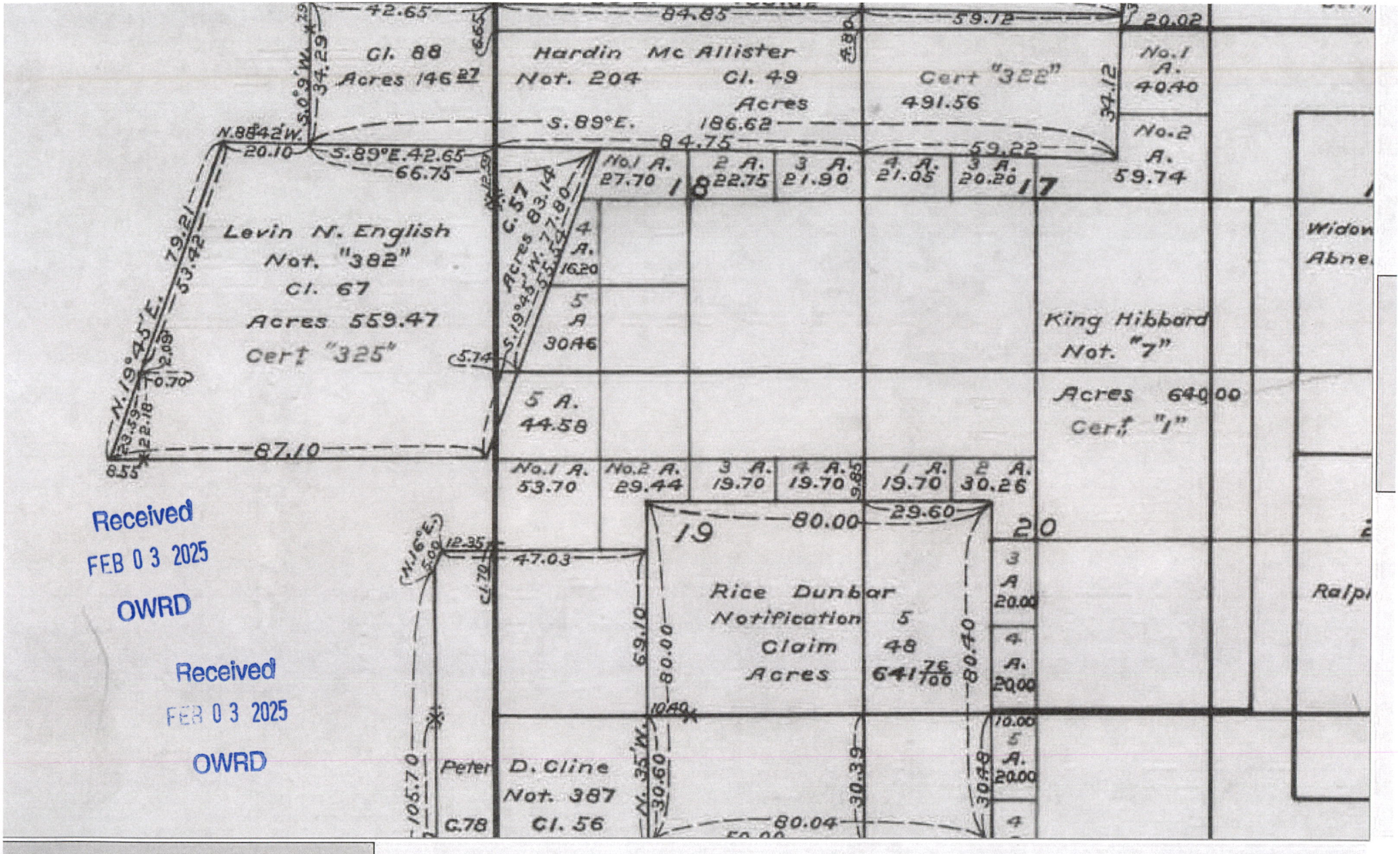
This letter is to confirm that the Oregon Water Resources Department (Department) has received drill cuttings from "Well 1" (Log ID MARI 69527 / Well Tag L-136741) and "Well 2" (Log ID MARI 69528 / Well Tag L-136742), authorized for use under Permit G-18423. By providing the cuttings, the permit holder has complied with Well Construction Condition 3.E. of the permit.

Please let me know if you have any questions or concerns.

Thank you,

Travis Brown, R.G.
Hydrogeologist – Groundwater Section
(971) 301-3088
Travis.C.Brown@water.oregon.gov

Cc: Doann Hamilton, Pacific Hydro-Geology, Inc.



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MARI 69527

RECEIVED

R. Stadeli & Sons
Well & Pump, Inc.
4385 Stadeli Lane NE
Silverton, OR 97381

NOV 18 2020

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

WELL I.D. LABEL# L 136741
START CARD # 217005
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. #1
First Name Kurt & Koreen Last Name Metzger
Company
Address 1940 105th Ave NE
City Salem State OR Zip 97317

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 291 ft.

BORE HOLE

Dia	From	To
10	0	291

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	15	8	S
		Calculated	6.7	
Cement	15	191	71	S
		Calculated	48.9	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Bentonite Poured & Probed
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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		6	X	1.25	291	.250	●		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 291
Temp casing [X] Yes Dia 10 From +[X] 1 To 9

(7) PERFORATIONS/SCREENS

Perforations Method Swift Factory
Screens Type Material

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	231	291	1/8	3.5	1,368	6

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

[ ] Pump [ ] Bailer [●] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150	N/A	291	1

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 84 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 1 W E/W WM
Sec 19 SE 1/4 of the NE 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
10275 Sunnyview Rd NE, Salem, OR 97317

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-22-2020			110.25

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 30

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	30	50	2.5			
	106	115	3			
10-21-2020	174	185	25			25
10-22-2020	195	288	150			110.25

(11) WELL LOG

Ground Elevation

Material	From	To
Soil	0	1
Clay Brown	1	10
Soft Weathered Rock Brown	10	15
Soft Gritty Rock Grey	15	18
Basalt Weathered & Broken	18	43
Basalt Grey Coarse Grain Hard	43	85
Claystone Mildly Fractured	85	99
Basalt Dark Grey Med w/Grey Claystone Interbeds	99	102
Basalt Grey Hard	102	106
Basalt Grey with Brown Claystone	106	115
Basalt Grey Hard	115	174
Basalt Grey & Blue Fractured Medium	174	185
Basalt Black with White Fractured Medium	185	210
Basalt Grey Hard	210	216
Basalt Grey Hard with Fractures	216	239
Basalt Grey More Fractured	239	250
Basalt Grey Hard with Fractures	250	288
Clay Blue	288	291

Date Started 10-16-2020 Completed 10-22-2020

(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 1358 Date 11-05-2020
Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 688 Date 11-09-2020
Signed Steven N. Stadeli
Contact Info (optional)

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK. Form Version: 0.95

MARI 69527

R. Stadeli & Sons
Well & Pump, Inc.
4385 Stadeli Lane NE
Silverton, OR 97381

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L 136741
START CARD # 217005
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

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(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Comments/Remarks

6 x 10 shale traps @ 195'
Packer 191' - 195'
Gravel & Bentonite

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MARI 69528

R. Stadeli & Sons
Well & Pump, Inc.
4385 Stadeli Lane NE
Silverton, OR 97381

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

WELL I.D. LABEL# L 136742
START CARD # 217006
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. #2
First Name Kurt & Koreen Last Name Metzger
Company
Address 1940 105th Ave NE
City Salem State OR Zip 97317

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[X] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 265 ft.

BORE HOLE

Dia	From	To
10	0	265

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	22	14	S
		Calculated	9.2	
Cement	22	178	55	S
		Calculated	43.3	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Bentonite Poured & Probed
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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		6	X	1.25	265	.250	●		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 265
Temp casing [X] Yes Dia 10 From +[X] 1 To 16

(7) PERFORATIONS/SCREENS
Perforations Method Swift Factory
Screens Type Material

Perf/Screen	Casing/Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	205	265	1/8	3.5	1,368	6

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	N/A	265	1

Temperature 55 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 102 ppm

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)
County MARION Twp 7 S N/S Range 1 W E/W WM
Sec 19 SE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(●) Street address of well ( ) Nearest address
10275 Sunnyview Rd NE, Salem, OR 97317

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-28-2020			111.67

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	40	45	Dribble			
	96	125	2			
10-24-2020	172	178	15			111.67
11-25-2020	182	263	200			111.67

(11) WELL LOG
Ground Elevation

Material	From	To
Soil	0	1
Clay Brown	1	3 9
Clay & Rock	9	18
Basalt Grey Hard	18	74
Basalt Grey Hard with Fractures	74	80
Basalt Dark Grey w/Green & White Claystone Med	80	86
Basalt Grey Hard	86	90
Grey Hard with Fractures	90	96
Basalt Grey with Green Blaystone	96	120
Basalt Grey Hard	120	168
Clay Grey & Green	168	172
Basalt Grey Fractured	172	178
Basalt Grey Hard	178	182
Basalt Grey with Brown Fractured	182	186
Basalt Grey Hard	186	192
Basalt Dark Grey Broken	192	195
Basalt Grey Hard	195	199
Basalt Grey & Brown Broken & Pourous	199	206
Basalt Grey Medium	206	209

Date Started 10-23-2020 Completed 10-29-2020

(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 7358 Date 11-05-2020
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 7388 Date 11-09-2020
Signed
Contact Info (optional)

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

MARI 69528

R. Stadeli & Sons
Well & Pump, Inc.
4385 Stadeli Lane NE
Silverton, OR 97381

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L 136742
START CARD # 217006
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To
Basalt Black & Green Pourous	209	215
Basalt Grey Medium Hard	215	220
Basalt Black with Green Semi-Pourous	220	225
Basalt Grey with Green Medium Hard	225	232
Basalt Grey Hard	232	247
Basalt Black Pourous with Grey & Green Claystone	247	252
Clay & Wood Brown & Green	252	256
Basalt & Grey Broken	256	263
Clay White	263	265

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(7) PERFORATIONS/SCREENS

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

Comments/Remarks

2 - 6 x 10 shale traps @ 182' -183'
Packer 178' - 182'
Gravel & Bentonite

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

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

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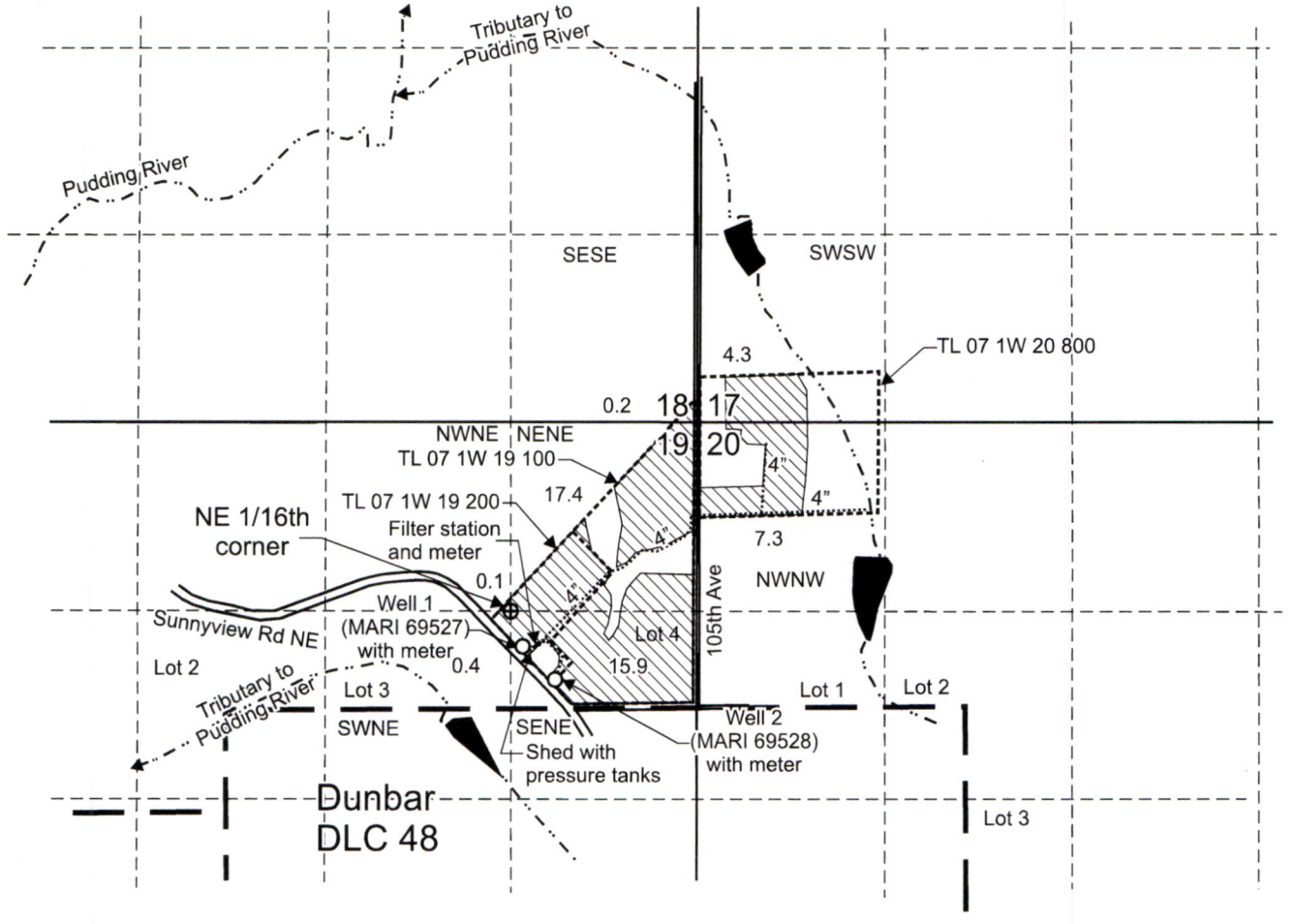

Well 1 (MARI 69527) is located 245 feet south and 85 feet east from the NE 1/16th corner, Section 19.
Well 2 (MARI 69528) is located 475 feet south and 315 feet east from the NE 1/16th corner, Section 19.

Area (45.6 Acres) irrigated under Application G-18803, Permit G-18423.

Tax lot boundary

Donation Land Claim boundary

Water main line

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

N

Scale: 1" = 1,320'

0 1,320 Feet

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

Claim of Beneficial Use Map
Application G-18803, Permit G-18423

Kurt and Koreen Metzger
T.7S. R.1W. Sec. 17, 18, 19, & 20 W.M.

Pacific Hydro-Geology Inc.

12/2024

MetzgerG-18803COBUMap.cdr