

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



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

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

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**SECTION 1  
GENERAL INFORMATION**

**1. File Information:**

|                                 |                                            |                                                      |
|---------------------------------|--------------------------------------------|------------------------------------------------------|
| APPLICATION #<br><b>G-16540</b> | PERMIT # (IF APPLICABLE)<br><b>G-16112</b> | PERMIT AMENDMENT # (IF APPLICABLE)<br><b>T-10409</b> |
|---------------------------------|--------------------------------------------|------------------------------------------------------|

**2. Property Owner (current owner information):**

|                                                           |                                  |                                               |
|-----------------------------------------------------------|----------------------------------|-----------------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>William and Sharyn Park</b> | PHONE NO.<br><b>503-351-7142</b> | ADDITIONAL CONTACT NO.<br><b>503-351-7143</b> |
| ADDRESS<br><b>24144 S. Skylane Dr.</b>                    |                                  |                                               |
| CITY<br><b>Canby</b>                                      | STATE<br><b>OR</b>               | ZIP<br><b>97013</b>                           |
| E-MAIL<br><b>Shari@2bikefarm.com</b>                      |                                  |                                               |

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<br><b>William, Sharyn and Colin Park</b> |                    |                     |
| ADDRESS<br><b>24144 S. Skylane Dr.</b>                           |                    |                     |
| CITY<br><b>Canby</b>                                             | STATE<br><b>OR</b> | ZIP<br><b>97013</b> |

|                                                 |       |     |
|-------------------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD<br><b>NA</b> |       |     |
| ADDRESS                                         |       |     |
| CITY                                            | STATE | ZIP |

**4. Date of Site Inspection:**

|                          |
|--------------------------|
| <b>September 6, 2024</b> |
|--------------------------|

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

| NAME        | DATE              | ASSOCIATION WITH THE PROJECT |
|-------------|-------------------|------------------------------|
| Sharyn Park | September 6, 2024 | Owner and part operator      |

6. County

Clackamas 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 |       |     |
| 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



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

## 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      |
|------------------------|--------------------|----------------------------|-----------|
| <i>William G. Park</i> | William G Park     | co-owner/<br>permit holder | 1/18/2025 |
| <i>Sharyn L. Park</i>  | Sharyn L. Park     | co-owner/<br>permit holder | 1/18/2025 |
| <i>Colin Park</i>      | Colin Park         | permit holder/<br>coowner  | 1/18/25   |
|                        |                    |                            |           |
|                        |                    |                            |           |

### SECTION 3 CLAIM DESCRIPTION

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#### 1. Point of appropriation name or number:

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| POINT OF APPROPRIATION<br>(POA) NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID #<br>FOR ALL WORK PERFORMED ON THE WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|
| Well                                                                  | CLAC 66833                                                             | L-99814                       |

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<br>NAME OR NUMBER | SOURCE<br>BASIN LOCATED WITHIN | TRIBUTARY        |
|-----------------------|--------------------------------|------------------|
| Well                  | Molalla River Basin            | Willamette River |

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

| POA<br>NAME OR NUMBER        | USES    | IF IRRIGATION,<br>LIST CROP TYPE | SEASON OR MONTHS<br>WHEN WATER<br>WAS USED | ACTUAL RATE OR VOLUME<br>USED<br>(CFS, GPM, OR AF) |
|------------------------------|---------|----------------------------------|--------------------------------------------|----------------------------------------------------|
| Well                         | Nursery | NA                               | Year Round                                 | 0.05 cfs                                           |
| Total Quantity of Water Used |         |                                  |                                            | 0.05 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:

Work at this site has been ongoing since the permit was issued in 2006. The layout and types of operations have changed over the years. This description best describes the different operations over this time period.

Water is pumped from Well (CLAC 66833) using a 1.34 Hp submersible solar pump. The water is conveyed from the well through 1-inch above ground spiral synthetic reinforced rubber hose heading northeast to an approximately 8,000 gallon storage tank. The 1-inch line goes up the side of the tank and is connected to an in-line meter before entering the tank near the top.

The water comes out of the bottom of the tank through 2-inch galvanized pipe or a 1-inch faucet bib just 1.5 feet above the 2-inch galvanized pipe. The galvanized pipe tees with a faucet bib on one branch and the other branch extends further south with two tees. One tee is plugged off and the other attaches to 2-inch spiral synthetic reinforced rubber hose heading to the northwest. At the end of the tee the line is reduced down to 1.25-inch pipe with a valve controlling the flow through the 1.25-inch spiral synthetic reinforced rubber hose heading to the south.

The 1.25 inch mainline to the south runs on gravity flow once the valve is open. The line extends about 100 feet to a small filter. After the filter there are four faucet bibs where garden hoses can be attached. Each garden hose supplies several sections of the southern garden area with soaker hoses and/or drip irrigation once the faucet is open.

The 2-inch mainline to the northwest goes underground about 200 feet before coming back above ground at the southeast corner of the barn, just north of the greenhouse. The 2-inch mainline is attached to the lean-to southeast corner post. The hose is reduced down to attach a 1-inch valve with a faucet where a double Y faucet bib is attached with one line going to a garden hose and the other is adjusted to attach 1-inch polyethylene hose. This hose heads southwest and enters the greenhouse in the northeast corner. Inside the greenhouse, the line extends along the north wall down to the west end where the line attaches to a 1 Hp booster pump. A garden hose is connected to the discharge pipe from the booster pump. At the end of the garden hose is a configuration to adapted four separate irrigation stations. From each of these stations, garden hoses extend out and supply the green house and the garden to the south of the greenhouse. Inside the greenhouse, the garden hose connects to  $\frac{3}{4}$ -inch polyethylene tubing to supply 8 MP emitters on top of 0.5 inch polyethylene tubing supported by 3-feet-high stakes.

Outside the green house, additional garden hoses are connected to one of the stations for hand watering. The other stations supply additional  $\frac{3}{4}$ -inch polyethylene tubing to supply soaker hoses for the garden south of the greenhouse. Another line continues around the fenced area to supply irrigation to additional trees.

Within the place of use there are several propagation ponds, fruit and nut trees, and other native trees and plants being irrigated by small depressions, hand watering through hoses, or small portable tanks moved around with the tractor.

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).

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**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. The location of Well (CLAC 66833) is more correctly placed at:  
810 feet south and 1,790 feet west from the NE corner, Section 2.
2. After field verifying the location of areas being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

|        |    |   |       |             |
|--------|----|---|-------|-------------|
| 4S     | 1E | 2 | NW NE | 6.75        |
| 4S     | 1E | 2 | SW NE | <u>5.25</u> |
| Total: |    |   |       | 12.0        |

Revised place of use:

|    |    |   |       |     |
|----|----|---|-------|-----|
| 4S | 1E | 2 | NW NE | 2.5 |
|----|----|---|-------|-----|

**6. Claim Summary:**

| POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED<br>THEORETICAL RATE<br>BASED ON SYSTEM | AMOUNT OF WATER<br>MEASURED | USE     | # OF ACRES<br>ALLOWED | # OF ACRES<br>DEVELOPED |
|------------------|----------------------------|---------------------------------------------------|-----------------------------|---------|-----------------------|-------------------------|
| Well             | 0.256 cfs                  | 0.05 cfs                                          | Not measured                | Nursery | 12.0                  | 2.5                     |

**SECTION 4****SYSTEM DESCRIPTION**

Are there multiple POAs?

**NO**

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

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

Well

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## 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,<br># PRIMARY<br>ACRES | IF IRRIGATION, #<br>SUPPLEMENTAL<br>ACRES |
|-----------------------|-----|-----|-----|-------|------|-----|---------|--------------------------------------|-------------------------------------------|
| 4S                    | 1E  | WM  | 2   | NW NE | NA   | NA  | Nursery | 2.5                                  | NA                                        |
| Total Acres Irrigated |     |     |     |       |      |     |         | 2.5                                  | 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:

The well has a ½-inch vent port which is installed in the well seal on the west side of the well.

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

| CASING<br>DIAMETER      | CASING<br>DEPTH | TOTAL<br>DEPTH | COMPLETION<br>DATE OF<br>ORIGINAL WELL | COMPLETION<br>DATES OF<br>ALTERATIONS | WHO THE WELL<br>WAS DRILLED FOR | WELL DRILLED BY |
|-------------------------|-----------------|----------------|----------------------------------------|---------------------------------------|---------------------------------|-----------------|
| See Well Log CLAC 66833 |                 |                |                                        |                                       |                                 |                 |

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 CLAC 66833

## 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.

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**2. Pump Information:**

| SOURCE       | MANUFACTURER      | MODEL              | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------------------|--------------------|---------------|--------------------------------------------|-------------|----------------|
| Well         | Grundfos          | Solar pump 6 SQF-2 | 1002731C      | Submersible                                | 2 inch      | 1.25 inch      |
| Booster pump | Pacific Hydrostar | 69305              | 371791303     | Centrifugal                                | 1 inch      | 1 inch         |

**3. Motor Information:**

| SOURCE       | MANUFACTURER      | HORSEPOWER |
|--------------|-------------------|------------|
| Well         | Grundfos          | 1.34 Hp    |
| Booster pump | Pacific Hydrostar | 1 Hp       |

**4. Theoretical Pump Capacity:**

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP<br>*If a well, the water level during pumping | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|------------------------------------------------------------------------|--------------------------------|----------------------------|
| 1.34 Hp    | 20 psi        | 111 feet (from permit condition pump test)                             | 15 feet                        | 0.05 cfs                   |

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(1.34 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(126 \text{ ft lift} + 50.8 \text{ ft pressure head})} = 0.05 \text{ cfs}$$

**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        |
|--------------------------------------------|------------|-----------------------------------------|-------------------------------|
| 1 inch from well to tank and into the tank | ~ 75 feet  | Spiral synthetic reinforced rubber hose | Above ground                  |
| 2 inch to NW                               | ~ 200 feet | Spiral synthetic reinforced rubber hose | Above ground and below ground |
| 1.25 inch to south                         | ~ 100 feet | Spiral synthetic reinforced rubber hose | Above ground                  |
| 2 inch                                     | 3 feet     | Galvanized pipe                         | Above ground                  |

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### 9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH     | TYPE OF PIPE     | BURIED OR ABOVE GROUND |
|--------------------------|------------|------------------|------------------------|
| Garden hoses             | ~ 500 feet | Synthetic rubber | Above ground           |
| 1 inch                   | ~ 75 feet  | Polyethylene     | Above ground           |
| 0.75 inch                | ~ 500 feet | Polyethylene     | Above ground           |
| 0.5 inch                 | ~25 feet   | Polyethylene     | Above ground           |

### 10. Sprinkler Information:

| SIZE                       | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|----------------------------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| MP Rotor – Rt corner strip | 40 psi        | 0.22 gpm               | 8                          | 8                   | 0.0039 cfs                   |
| Garden hose                | 40 psi        | ~ 9 gpm                | ~ 5                        | 3                   | 0.06 cfs                     |

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) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| None |               |                      |                          |                     |                            |

### 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 |
|---------------------------|-----------------------------------|----------------------|-----------------------------|-------------------------|------------------------|
| Drip tape 4 inches        | 1.34 gpm/100 ft                   | 500                  | 500                         | 0.015 cfs               | none                   |
| Soaker hose 5/8 inch      | 50 gph/100 ft or 0.833 gpm/100 ft | 500                  | 500                         | 0.009 cfs               | none                   |

### 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  
Bulge in System / Reservoir

YES

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 |
|----------------------------------------------|-----------------------|------------------------|
| Metal                                        | ~ 8,000 gallons       | Above ground           |

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## F. Gravity Flow Pipe

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

### 1. Does the system involve a gravity flow pipe?

YES

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

### 2. Complete the table:

| PIPE SIZE      | PIPE TYPE                                    | "C"<br>FACTOR | AMOUNT OF FALL              | LENGTH OF PIPE                    | SLOPE | COMPUTED RATE OF<br>WATER FLOW (IN CFS) |
|----------------|----------------------------------------------|---------------|-----------------------------|-----------------------------------|-------|-----------------------------------------|
| 1.25<br>inches | Spiral synthetic<br>reinforce<br>rubber hose | 145           | 15 feet (height<br>of tank) | 100 feet to faucet<br>connections | 0.15  | 0.058 cfs                               |

### 3. Provide calculations:

$$V = 1.31 (C) (R^{0.63}) (S^{0.54})$$

$$C = 145$$

R = area of the pipe/wetted perimeter

Area of the pipe is:  $\pi r^2$

$$= \pi \times ((1.25/2)/12)^2 = 0.00852 \text{ ft}^2$$

Wetted perimeter =  $2 \times \pi r$

$$= 2 \times \pi \times (1.25/2)/12 = 0.327 \text{ ft}$$

$$R = 0.00852 \text{ ft}^2 / 0.327 \text{ ft} = 0.026 \text{ ft}$$

$$S = 15 \text{ ft} / 100 \text{ ft} = 0.15$$

$$V = 1.31 (145) (0.026^{0.63}) (0.15^{0.54})$$

$$V = 1.31 (145) (0.1) (0.359)$$

$$V = 6.82 \text{ ft/sec}$$

$$Q = AV$$

$$Q = 0.00852 \text{ ft}^2 \times 6.82 \text{ ft/sec}$$

$$Q = 0.058 \text{ cfs}$$

### 4. If an actual measurement was taken, provide the following:

| DATE OF MEASUREMENT | WHO MADE THE<br>MEASUREMENT | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER<br>(IN CFS) |
|---------------------|-----------------------------|--------------------|----------------------------------------|
| Not measured        |                             |                    |                                        |

Attach measurement notes.

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## 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:

All the different systems can be run at the same time with the capacity of the tank.

## 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                     | October 19, 2006                                  |                    |                                                                                        |
| BEGIN CONSTRUCTION (A)            | NA                                                | NA                 | NA                                                                                     |
| COMPLETE CONSTRUCTION (B)         | October 1, 2011<br>extended to<br>October 1, 2024 | 2015               | All the developed areas were established and irrigated                                 |
| COMPLETE APPLICATION OF WATER (C) | October 1, 2011<br>extended to<br>October 1, 2024 | 2015               | All the permit conditions were met and water was put to full use on the primary acres. |

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

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

YES

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

a. Did the Extension Final Order require the submittal of Progress Reports?

YES

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

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b. Were the Progress Reports submitted? YES

One Progress Report due: October 1, 2018

Received: September 26, 2018

Second Progress Report due: October 1, 2023

Received: October 2, 2023

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

### 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? YES

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

d. Has the pump test been approved by the Department? YES

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

**\*\* Claims will not be reviewed until a pump test or exemption has been approved by the Department**

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## 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<br>NAME OR # | MANUFACTURER | SERIAL # | CONDITION<br>(WORKING OR NOT) | CURRENT METER<br>READING                 | DATE INSTALLED |
|----------------------|--------------|----------|-------------------------------|------------------------------------------|----------------|
| Well                 | Hersey 420   | 13017802 | Working                       | 0925121.4 gallons<br>(September 6, 2024) | 2012           |

*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? **NO**
- 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**

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| L-99814   | May 2010              |

- e. 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:

**The well shall produce groundwater only from the basalt groundwater reservoir.**

### Compliance:

**Well (CLAC 66833) is cased from 0 to 232 feet and sealed from 0 to 232 feet, producing water from 232 to 265 feet in basalt; therefore the condition has been met.**

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## 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 – CLAC 66833 | Well log and driller's notes for CLAC 66833 – Well |

## 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 map 4 1E 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.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water

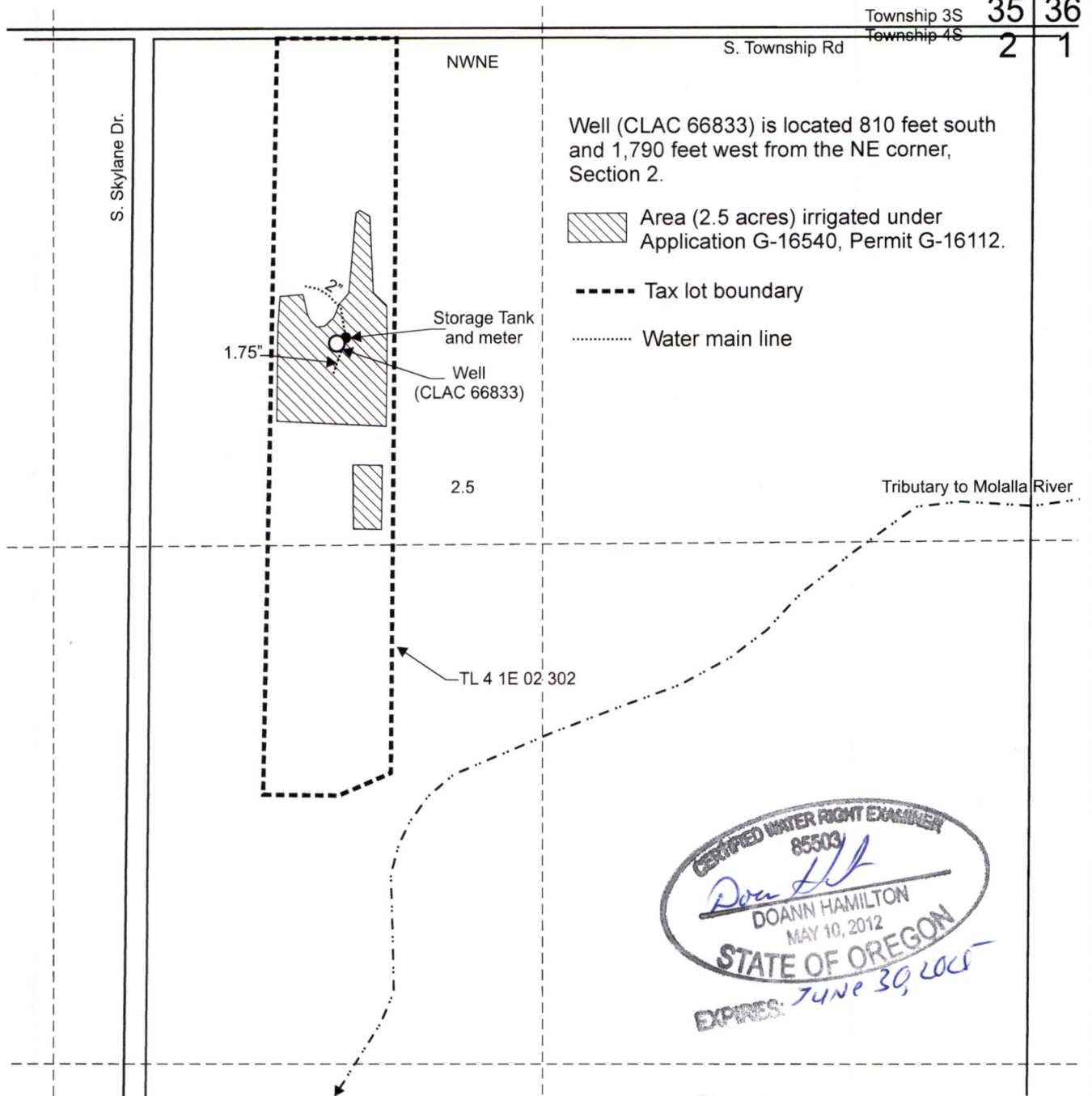
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- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

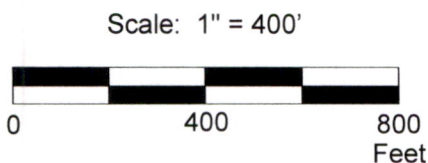
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# T.4S. R.1E. Section 2, W.M.

Township 3S 35 36  
Township 4S 2 1



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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-16540, Permit G-16112

William, Sharyn and Colin Park  
T.4S. R.1E. Section 7, W.M.

Pacific Hydro-Geology Inc.

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CLAC 66833

Jostberg Drilling, Inc.

4728 S. Kropf Rd.

Canby, OR 97013

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

WELL I.D. # L 99814

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START CARD # 201577

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name **William & Sharyn Park**  
 Address **24144 S. Skylane Drive**  
 City **Canby** State **OR** Zip **97013**

(2) **TYPE OF WORK** ☒ New Well  
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) **DRILL METHOD**  
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Other \_\_\_\_\_

(4) **PROPOSED USE**  
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation  
☐ Thermal ☐ Injection ☐ Livestock ☐ Other \_\_\_\_\_

(5) **BORE HOLE CONSTRUCTION** Special Construction: ☐ Yes ☒ No  
 Depth of Completed Well **265** ft.  
 Explosives used: ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| BORE HOLE |      |     | SEAL      |      |     | Sacks or Pounds |
|-----------|------|-----|-----------|------|-----|-----------------|
| Diameter  | From | To  | Material  | From | To  |                 |
| 10        | 0    | 232 | bentonite | 0    | 20  | 71 sacks        |
| 6.25      | 232  | 240 | cement    | 20   | 232 | 105 sacks       |
| 6         | 240  | 265 |           |      |     |                 |

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

☒ Other **bentonite poured & probed**

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

| Casing/Liner |      |     | Gauge | Steel                               | Plastic                  | Welded                              | Threaded                 |
|--------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Diameter     | From | To  |       |                                     |                          |                                     |                          |
| Casing: 6    | +1   | 232 | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|              |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|              |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Liner: none  |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|              |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Drive Shoe used ☐ Inside ☒ Outside ☐ None

Final location of shoe(s) **232'**

(7) **PERFORATIONS/SCREENS**  
☐ Perforations Method **none**  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| none |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|------|
| 100           | n/a      | 265           | 1 hr |
|               |          |               |      |
|               |          |               |      |

Temperature of water **55** 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 (legal description)**

County **Clackamas**  
 Tax Lot **302** Lot \_\_\_\_\_  
 Township **4** S Range **1** E WM  
 Section **2** NW 1/4 NE 1/4  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) \_\_\_\_\_

**10694 Township Rd, Canby 97013**

(10) **STATIC WATER LEVEL**

**107.5** ft. below land surface. Date **5-10-10**  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES**

| From | To  | Estimated Flow Rate | SWL    |
|------|-----|---------------------|--------|
|      |     | dnm                 | dnm    |
| 25   | 47  |                     |        |
| 113  | 116 | 15                  | 62'    |
| 237  | 265 | 100                 | 107.5' |
|      |     |                     |        |
|      |     |                     |        |

(12) **WELL LOG**

Ground Elevation \_\_\_\_\_

| Material                   | From | To  | SWL |
|----------------------------|------|-----|-----|
| soil                       | 0    | 1   |     |
| silt brown                 | 1    | 25  |     |
| silt blue                  | 25   | 44  |     |
| cemented sand & gravel     | 44   | 47  |     |
| clay blue sticky           | 47   | 52  |     |
| silt blue with gravel      | 52   | 72  |     |
| silt grey with gravel      | 72   | 95  |     |
| clay grey with some wood   | 95   | 108 |     |
| claystone green            | 108  | 111 |     |
| clay grey with packed sand | 111  | 113 |     |
| sand & gravel cemented     | 113  | 116 |     |
| clay green                 | 116  | 121 |     |
| clay grey                  | 121  | 125 |     |
| clay grey sticky           | 125  | 127 |     |
| clay blue sticky           | 127  | 130 |     |
| cont. page 2               |      |     |     |

Date Started **5-3-10** Completed **5-10-10**

(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.

WWC Number **1358** Date **5-12-10**

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.

WWC Number **688** Date **5-12-10**

Signed \_\_\_\_\_

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MAY 13 2010

ORIGINAL - WATER RESOURCES DEPT  
 SALEM, OREGON

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

**Jostberg Drilling, Inc.**  
**16728 S. Kropf Rd.**  
**Delta, OR 97038**

| WELL ADDRESS                   | COUNTY | TOWNSHIP | RANGE | SECTION | 1/4 | 1/4 | TAX LOT |
|--------------------------------|--------|----------|-------|---------|-----|-----|---------|
| 10694 Township Rd, Canby 97013 | Clack  | 4S       | 1E    | 2       | NW  | NE  | 302     |

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