

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

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 # G-15039	PERMIT # (IF APPLICABLE) G-13870	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Society Sisters Holy Names Jesus and Mary		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS PO Box 398			
CITY Marylhurst	STATE OR	ZIP 97036	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 The Society of the Sisters of the Holy Name of Jesus and Mary			
ADDRESS PO Box 25			
CITY Marylhurst	STATE OR	ZIP 97036	

ADDITIONAL PERMIT HOLDER OF RECORD NA			
ADDRESS			
CITY	STATE	ZIP	

4. Date of Site Inspection:

June 20, 2024

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kevin Haberman	June 20, 2024	Director of Environmental Services

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)):

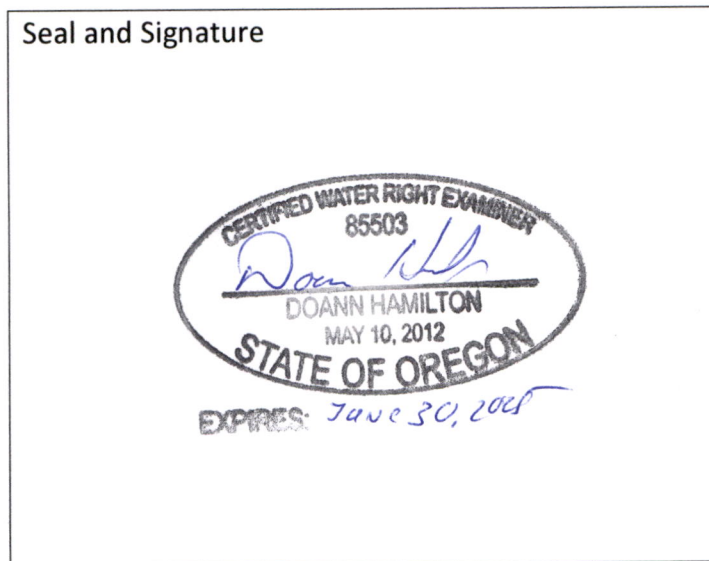
OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Doann Hamilton		(503) 632-5016	(503) 349-6946
ADDRESS			
18487 S. Valley Vista Road			
CITY	STATE	ZIP	E-MAIL
Mulino	OR	97042	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
<i>Carol Higgins, Syc</i>	Carol Higgins	SNJM leadership MW Member Tier	1/13/25

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 2	CLAC 3079, 54540	L-30197

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 2	Willamette River Basin	Columbia 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 2	Irrigation	Lawn and shrubbery	March 1 through October 31	0.89 cfs
Total Quantity of Water Used				0.89 cfs

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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:

The well is located inside a vault 8 feet deep and 8 x 15 feet wide. The well casing extends one foot above a one-foot-high 3x3 feet concrete pad. The well has two submersible pumps inside, 60 Hp and 15 Hp. The 15 Hp conveys water through 2-inch galvanized pipe while the 60 Hp discharges water through 4-inch galvanized pipe. Both lines extend west before turning back east where the 2-inch galvanized pipe tees into the 4-inch line, which enlarges into a 6-inch galvanized pipe. The 6-inch galvanized pipe is connected to three 119 gallon pressure tanks. The line then curves back up and to the west where a 4-inch galvanized pipe extends up and out of the vault to a shed located outside with seven additional 119 gallon pressure tanks. The line then comes back into the vault and connects to the 6-inch galvanized pipe before exiting the vault to the west in a 4-inch galvanized pipe. The 4-inch galvanized pipe continues west approximately 50 feet where inside a vault, the meter is located.

A 4-inch buried PVC mainline extends from the vault to the south and connects to 3-inch buried PVC mainline. From this 3-inch buried PVC mainline, the mainline reduces down to 2.5-inch and 2-inch buried PVC mainlines except for the southwest section where the line increases to a 4-inch buried PVC mainline.

Extending off these buried mainlines are 1.5-inch or 1-inch buried laterals to support the irrigation system which includes: pop-up impact sprinklers, micro-sprayers, and/or drip systems.

The system runs on a computer to evaluate 9 blocks with several zones as to which block and zone to run to optimize operation at 400 gpm, which can include sprinkler heads and drip tape combined.

The smaller 15 Hp pump runs for flows under 100 gpm. When additional water is needed above 100 gpm, the 60 Hp pump kicks in.

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 authorized Well 1 (CLAC 3078) was not performing well and has not been used; therefore, Well 1 is not included in this Claim of Beneficial Use.
2. The location of Well 2 (CLAC 3079) is more correctly placed at: 1,465 feet south and 2,675 feet west from the NE corner, Section 14.
3. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage and revised to add the references to the Donation Land Claims.

Original authorized place of use:

2S	1E	14	NWNE	9.6
2S	1E	14	SWNE	12.3
2S	1E	14	NENW	13.7
2S	1E	14	NWNW	0.65
2S	1E	14	SEnw	<u>13.1</u>
Total:				49.37

Revised place of use, with addition of DLC information:

2S	1E	14	NWNE	DLC 46	6.2
2S	1E	14	SWNE	DLC 46	3.8
2S	1E	14	SWNE	DLC 63	0.2
2S	1E	14	NENW	DLC 46	3.3
2S	1E	14	SEnw	DLC 46	7.5
2S	1E	14	SEnw	DLC 63	<u>0.5</u>
Total:					21.5

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 2	0.617 cfs	0.89 cfs	Not measured	Irrigation	49.37	21.5

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

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):

NO **Received**
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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
2S	1E	WM	14	NWNE	NA	46	Irrigation	6.2	NA
2S	1E	WM	14	SWNE	NA	46	Irrigation	3.8	NA
2S	1E	WM	14	SWNE	NA	63	Irrigation	0.2	NA
2S	1E	WM	14	NENW	NA	46	Irrigation	3.3	NA
2S	1E	WM	14	SENW	NA	46	Irrigation	7.5	NA
2S	1E	WM	14	SENW	NA	63	Irrigation	0.5	NA
Total Acres Irrigated								21.5	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 1.25-inch port with a galvanized cap through the well seal on the south side of the well.

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 CLAC 3079						

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 3079

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

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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:

TWO PUMPS INSIDE WELL	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Larger pump	Goulds	7 CLC 4 stage	Unknown	Submersible	4 inch	4 inch
Smaller pump	Franklin Electric	Unknown	Unknown	Submersible	2 inch	2 inch

3. Motor Information:

TWO PUMPS INSIDE WELL	MANUFACTURER	HORSEPOWER
Larger pump	Hitachi	60 Hp
Smaller pump	Franklin Electric	15 Hp

4. Theoretical Pump Capacity:

TWO PUMPS INSIDE WELL	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)
Larger pump	60 Hp	83psi	199.0 feet (from permit condition pump test)	0 feet	1.03 cfs
Smaller pump	15 Hp	65 psi	199.0 feet (from permit condition pump test)	0 feet	0.29 cfs

5. Provide pump calculations:

Larger pump	$Q \text{ Pump} = \frac{(60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(199.0 \text{ ft lift} + 210.8\text{ft pressure head})} = 1.03 \text{ cfs}$
Smaller pump	$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(199.0 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.29 \text{ cfs}$

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.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	~1,140 feet	PVC	Buried
2 inch	~10 feet	Galvanized	Above ground
2.5 inch	~ 4,350 feet	PVC	Buried
3 inch	~ 6,325 feet	PVC	Buried
4 inch	~35 feet	Galvanized	Buried and above ground
4 inch	~3,675 feet	PVC	Buried
6 inch	~20 feet	Galvanized	Above ground

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1 inch	Unknown – too many to calculate	PVC	Buried
1.5 inch	Unknown – too many to calculate	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird MP 2000 (all angles)	40 psi	Average 0.96 gpm	~ 312	System runs on a computer to evaluate 9 blocks with several zones as to which block and zone to run to maximize operation at a rate of 400 gpm, which can include sprinkler heads and drip tape combined	400 gpm or 0.89 cfs
Hunter PGP- Ultra I-20 Blue (all sizes)	40 psi	Average 4.0 gpm	~ 1,867		
Rainbird MPR several varieties (5, 8, 10, 12, 15 at either full, half or quarter)	25 psi	Average 1.0 gpm	~ 5,792		

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

11. Drip Emmitter 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
12 inches	0.9 gph or 0.015 gpm; 1.54 gpm per 100 ft	~152,922 feet	Runs with sprinklers, so can vary	Combined with computer regulated sprinkler system to operate at 400 gpm or 0.89 cfs	See comment above for sprinkler system

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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
Pressure tank 1 - metal	119 gallons	Above ground but inside vault
Pressure tank 2- metal	119 gallons	Above ground but inside vault
Pressure tank 3- metal	119 gallons	Above ground but inside vault
Pressure tank 4- metal	119 gallons	Above ground inside shed
Pressure tank 5- metal	119 gallons	Above ground inside shed
Pressure tank 6- metal	119 gallons	Above ground inside shed
Pressure tank 7- metal	119 gallons	Above ground inside shed
Pressure tank 8- metal	119 gallons	Above ground inside shed
Pressure tank 9- metal	119 gallons	Above ground inside shed
Pressure tank 10- metal	119 gallons	Above ground inside shed

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.

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H. Additional notes or comments related to the system:

System runs on a computer to evaluate 9 blocks with several zones as to which block and zone to run to maximize operation at a rate of 400 gpm, which can include sprinkler heads and drip tape combined.

The smaller 15 Hp pump runs for flows under 100 gpm. When additional water is needed above 100 gpm, the 60 Hp pump kicks in.

**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	January 2, 2001		
BEGIN CONSTRUCTION (A)	November 14, 2001	January 2, 2001	Well 2 (CLAC 3079) was completed in 1947
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2005 extended to October 1, 2024	Summer 2023	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)?

YES

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

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

YES

First due October 1, 2018

Second due October 1, 2023

Received

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

b. Were the Progress Reports submitted?

YES

First received September 4, 2018

Second received September 18, 2023

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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? **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**

**** 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.

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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
Well 2	Sensus	1620010	Working	246,646,260 gallons (June 20, 2024)	Unknown but water use has been reported since 2008

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? NO

WELL ID #	DATE ATTACHED TO WELL
NA	

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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):

a) Condition:

No water shall be appropriated from Well #2 per this permit until the permittee demonstrates to the satisfaction of the Departments' Enforcement Section that the well does not commingle aquifers. In attempting to make this demonstration the permittee must include a down-hole video of the well. The down-hole video recording shall occur between January 15, and March 1, 2001.

Compliance:

Per a letter from Michael McCord, OWRD dated March 2, 2001, the video inspection occurred February 2, 2001 determining there was no commingling of aquifers. The letter went on and noted he could not complete the final approval until the vault housing the well was repaired to prevent surface water from entering the well vault.

Compliance:

Per the extension application submitted July 28, 2014, repairs to the vault were completed July 5, 2001, by Mather & Sons Pump Service. The well is inside an 8-foot-deep, 8 feet by 15 feet vault with a sump pump. The well casing is on a one-foot-high, 3 feet by 3 feet concrete pad with the casing extending one foot above the concrete pad.

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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 3079	Well log and driller’s notes for CLAC 3079 – Well 2
State Water Well Report – CLAC 54540	Well log and driller’s notes for CLAC 54540 – Well 2 deepening
OWRD letter by Michael McCord dated March 2, 2001	OWRD letter stating the video inspection of Well 2 was completed.
BLM Cadastral Map	BLM Cadastral Map T. 2S. R. 1E. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 2 (CLAC 3079) conducted April 15, 2024

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 maps were prepared using tax assessor’s map 2 1E 14, 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

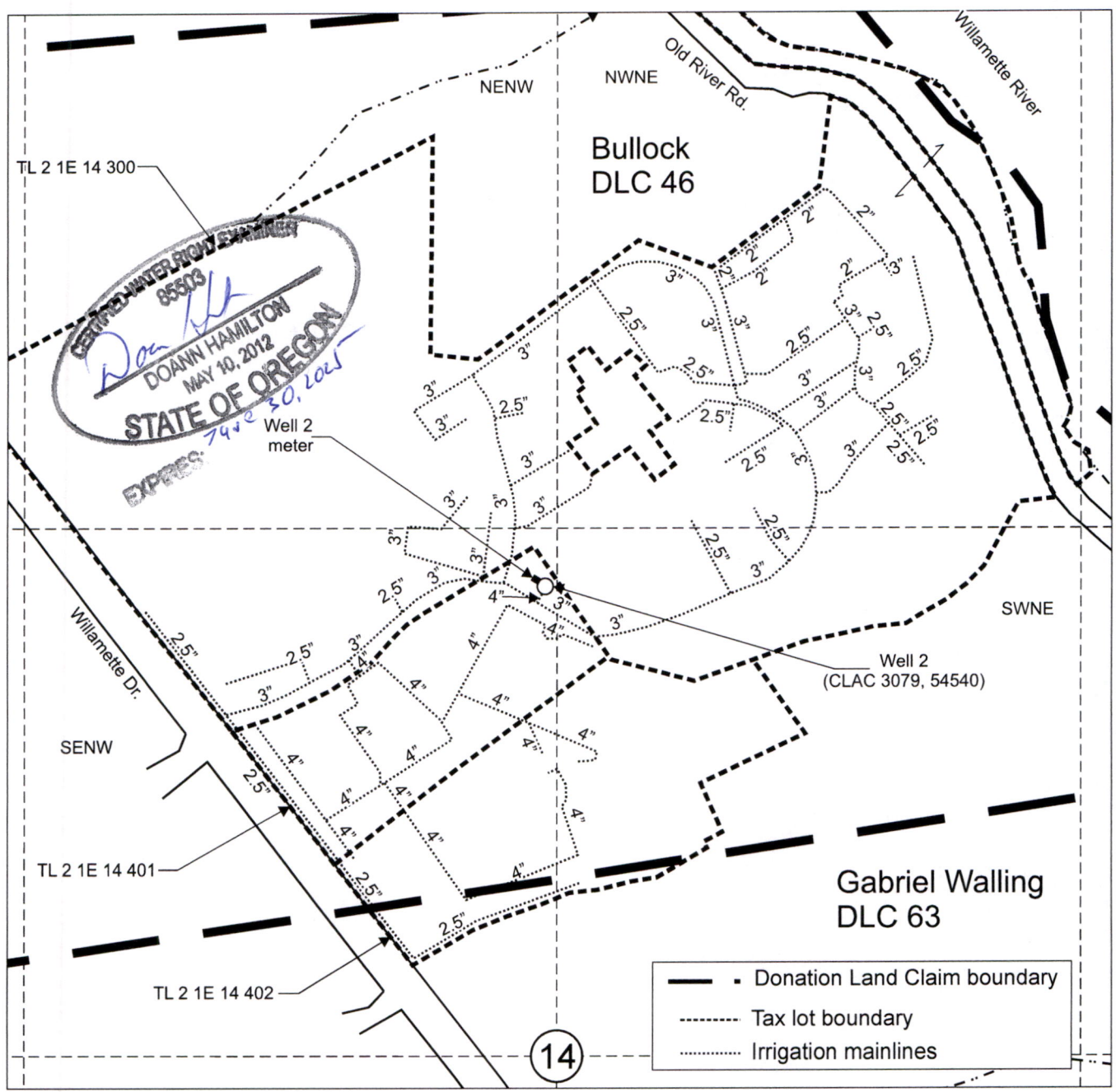
Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- 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

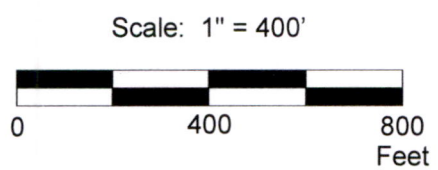
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or 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

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T.2S. R.1E. Section 14, W.M.



Well 2 (CLAC 3079, 54540) is located 1,465 feet south and 2,675 feet west from the NE corner, Section 14.



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 Insert Map - Mainlines
 Application G-15039, Permit G-13870
 The Society of the Sisters of the Holy Name
 of Jesus and Mary
 T.2S. R.1E. Section 14

Pacific Hydro-Geology Inc.

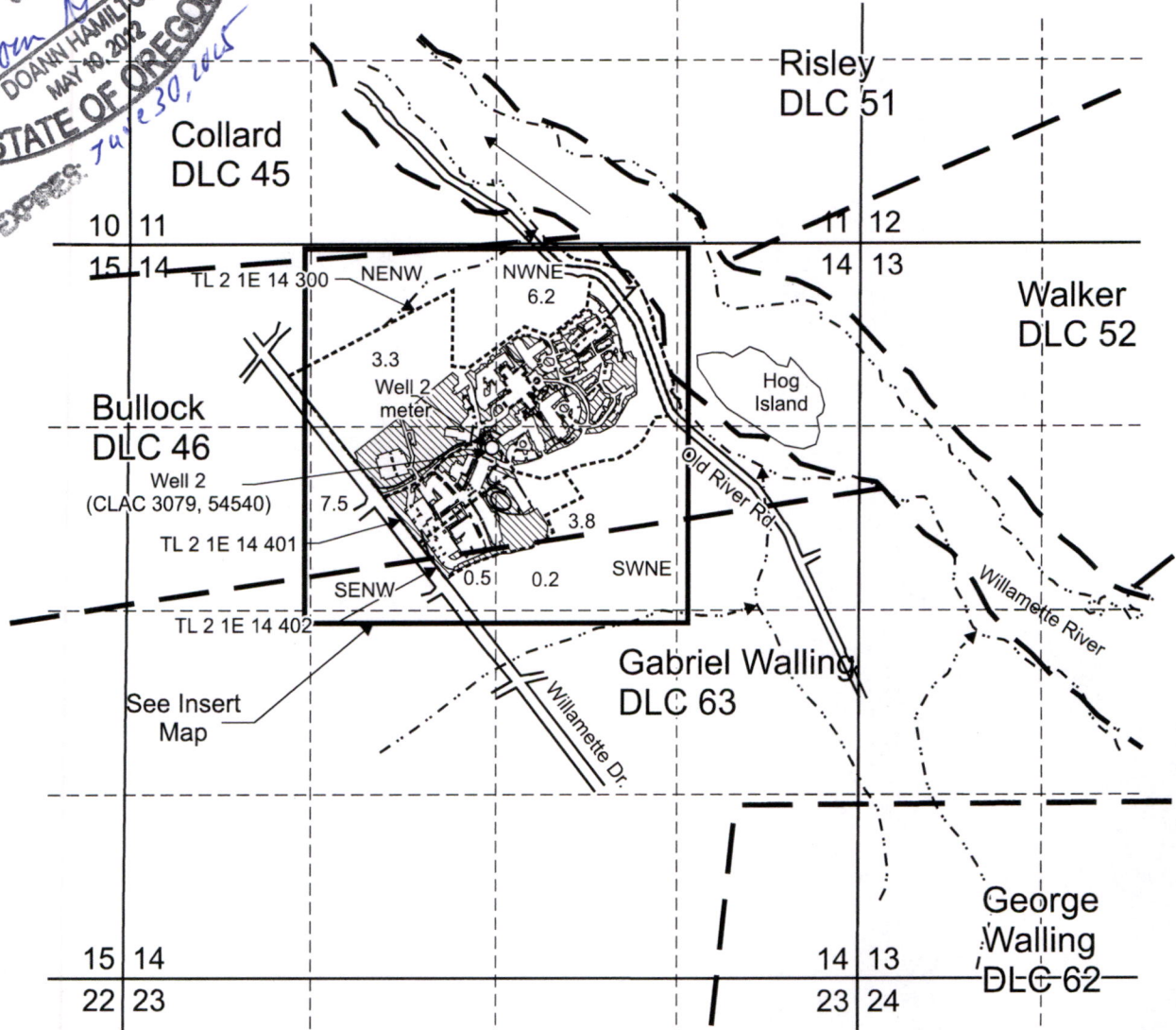
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MarywoodsG-15039COBUMap.cdr

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T.2S. R.1E. Section 14, W.M.

CERTIFIED WATER RIGHT EXAMINER
85503
Doan Hamilton
DOANN HAMILTON
MAY 19, 2012
STATE OF OREGON
EXPIRES: *July 30, 2015*

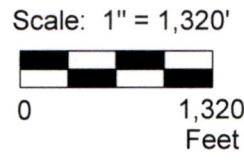


Well 2 (CLAC 3079, 54540) is located 1,465 feet south and 2,675 feet west from the NE corner, Section 14.

 Area (21.5 Acres) irrigated under Application G-15039, Permit G-13870.

 Tax lot boundary

 Donation Land Claim boundary



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.



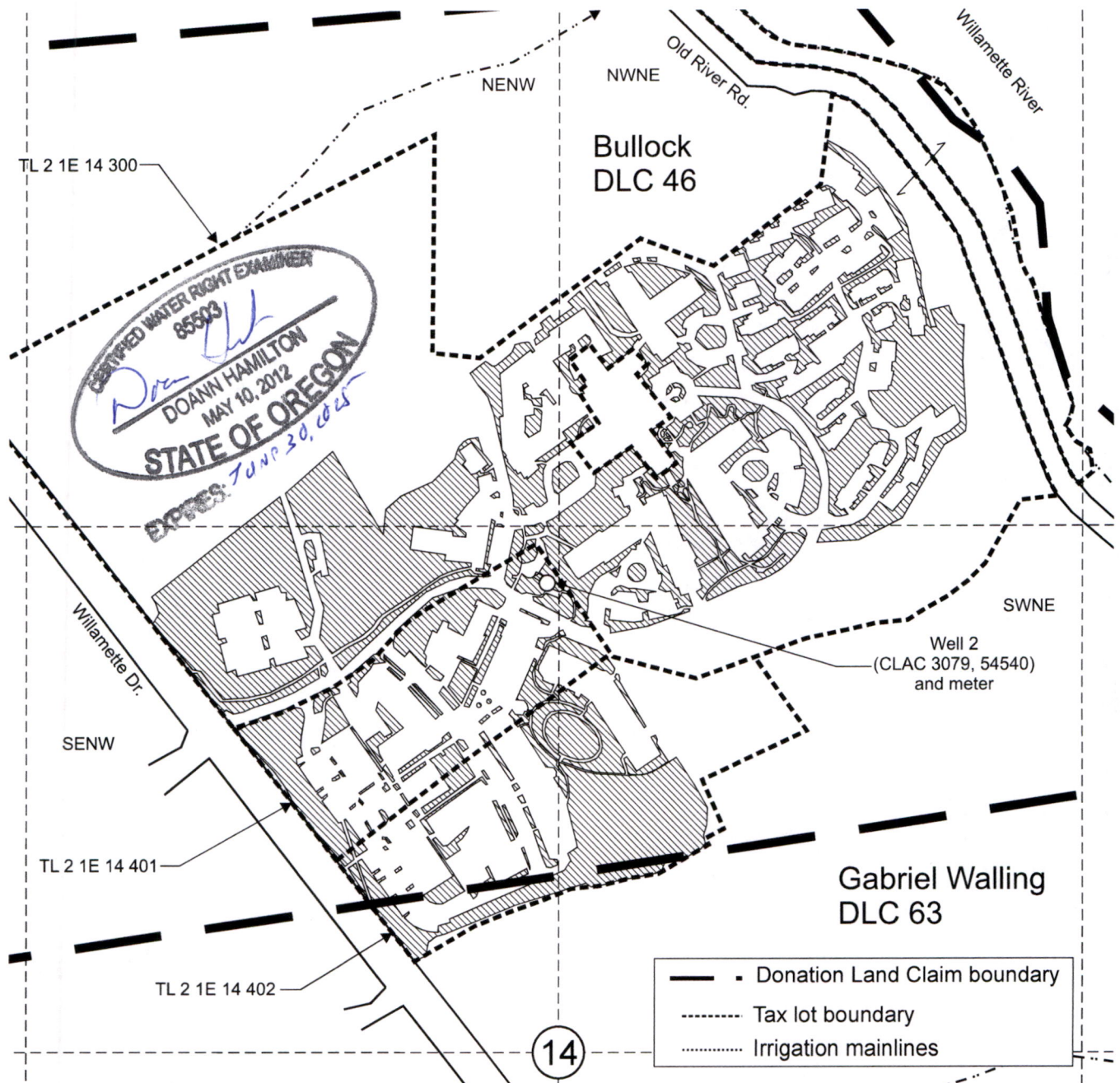
Claim of Beneficial Use Map
Application G-15039, Permit G-13870
 The Society of the Sisters of the Holy Name
 of Jesus and Mary
 T.2S. R.1E. Section 14

Pacific Hydro-Geology Inc.

01/2025

MarywoodsG-15039COBUMap.cdr

T.2S. R.1E. Section 14, W.M.

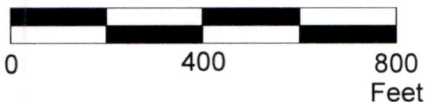


- Donation Land Claim boundary
- Tax lot boundary
- Irrigation mainlines

Well 2 (CLAC 3079, 54540) is located 1,465 feet south and 2,675 feet west from the NE corner, Section 14.

Area (49.37 Acres) irrigated under Application G-15039, Permit G-13870.

Scale: 1" = 400'



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-15039, Permit G-13870

The Society of the Sisters of the Holy Name
of Jesus and Mary

T.2S. R.1E. Section 14

Pacific Hydro-Geology Inc.

01/2025

STATE ENGINEER
Salem, Oregon

CLAC 03079

Well Record

STATE WELL NO. 2/1-14G
COUNTY Clackamas
APPLICATION NO. GR-2357

OWNER: Sister Delores Mary

MAILING ADDRESS:

LOCATION OF WELL: Owner's No. #2

CITY AND STATE: Marylhurst, Oregon

SW 1/4 NE 1/4 Sec. 14 T. 2 N. S. R. 1 E. W.M.

Bearing and distance from section or subdivision corner 1.397.4' S. 01° 31' E.

Altitude at well

TYPE OF WELL: Dug Date Constructed 1947

Depth drilled 519 Depth cased 81

Section

CASING RECORD:

12-inch

FINISH:

AQUIFERS:

Clay, sand and rock

WATER LEVEL:

274 feet

PUMPING EQUIPMENT: Type Peerless H.P. 30
Capacity 350 G.P.M.

WELL TESTS:

Drawdown 153 ft. after hours Pumping 95 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER - Domestic & irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-2239

DRILLER or DIGGER

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

Received
FEB 05 2025
OWRD

STATE ENGINEER
Salem, Oregon

State Well No. 2/1-14G
County Clackamas
Application No. GR-2357

Well Log

Owner: Sister Delores Mary Owner's No. _____

Driller: _____ Date Drilled _____

CHARACTER OF MATERIAL	(Feet below 'and surface)		Thickness (feet)
	From	To	
Clay	0	5	5
Brown sand	5	18	13
Sand and gravel	18	35	17
Soft red rock	35	49	14
Cemented gravel	49	64	15
Brown, medium hard rock	64	81	17
Gray, hard rock	81	161	80
Seams in the rock	161	163	2
Hard gray rock	163	174	11
Brown rock	174	181	7
Hard gray rock	181	193	12
Black, medium hard rock	193	209	16
Gray rock	209	213	4
Gray, medium hard rock	213	254	41
Porous red and gray rock with water	254	266	12
Brown rock	266	293	27
Mixture of green, brown & black rock	293	301	8
Gray hard rock	301	351	50
Hard brown rock	351	369	18
Hard gray rock	369	410	31
Hard black rock	410	422	12
Hard gray rock	422	447	25
Porous black rock with water	447	456	9
Gray hard rock	456	476	20

CIT 54540

MAY 07 1999

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 30197 START CARD # 120863

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

(1) OWNER: Well Number Name MARY WOODS AT MARYLHURST COLLEGE Address SISTERS OF THE HOLY NAME CONVENT City LAKE OSWEGO, State OR Zip 97036

(2) TYPE OF WORK: [] New Well [X] Deepening [X] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 530 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 8 1/2, 510, 520, SEAL NOT, 510, 520, 7, 520, 530.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other

Backfill placed from 510ft. to 519 ft. Material CEMENT Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing and Liner rows are mostly empty.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. All rows are empty.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [] Bailer [X] Air [] Flowing [] Artesian. MATTERS PUMP. Drawdown 240+, 450, 200. Drill stem at 500. Time 1 hr., 4 hrs., '' ''.

Temperature of water 53°F Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County CLACKAMAS Latitude Longitude Township 2S N or S Range 1E E or W. WM. Section 14 SW 1/4 NE 1/4 Tax Lot 401 Lot Block Subdivision Street Address of Well (or nearest address) MARYLHURST COLLEGE LAKE OSWEGO, OR

(10) STATIC WATER LEVEL: 136 ft. below land surface. Date 04/20/99 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 519

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 519, 530, 240+ GPM, 136

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows include: Existing 12" well open hole (0, 509, 136), Mud & rock debris (509, 512), Steel in hole (big piece, pieces) (512, 519), Cemented in place, milled past steel & gray-black basalt (510, 519), Gray-black basalt, broken (some steel pieces) (512, 520, 136), (520, 530, 136)

Received FEB 05 2025 OWRD

Date started 04/20/99 Completed 04/20/99 (unbonded) Water Well Constructor Certification:

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

Signed WWC Number Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 573 Signed Date 04/30/99



Oregon

John A. Kitzhaber, M.D., Governor

Water Resources Department

Commerce Building
158 12th Street NE
Salem, OR 97301-4172
(503) 378-3739
FAX (503) 378-8130

March 2, 2001

Jeff Simpson
WRG Design Inc.
10450 SW Nimbus Avenue
Portland OR, 97223

RE: Application G-15039

Dear Mr. Simpson:

As was agreed to earlier, I performed a video inspection of Well Number 2 on February, 2, 2001. The inspection revealed that no water was leaking around the well casing. Based on this, the Department does not believe that the well is allowing the commingling of aquifers. I am prepared to write a memo to Renee Moulun stating that the permit should be issued based on my finding. However, I am not able to do this until another well discrepancy is taken care of. The vault housing the well head must be repaired so that it prevents surface water from entering the well vault. The covers that are in place now are in bad repair and do not prevent surface water from entering the vault. It is my understanding that the repairs to the vault were already planned. In order to move this permit forward, I recommend that the repairs are completed as soon as possible. Please contact me after the repair is completed so that I can inspect the well.

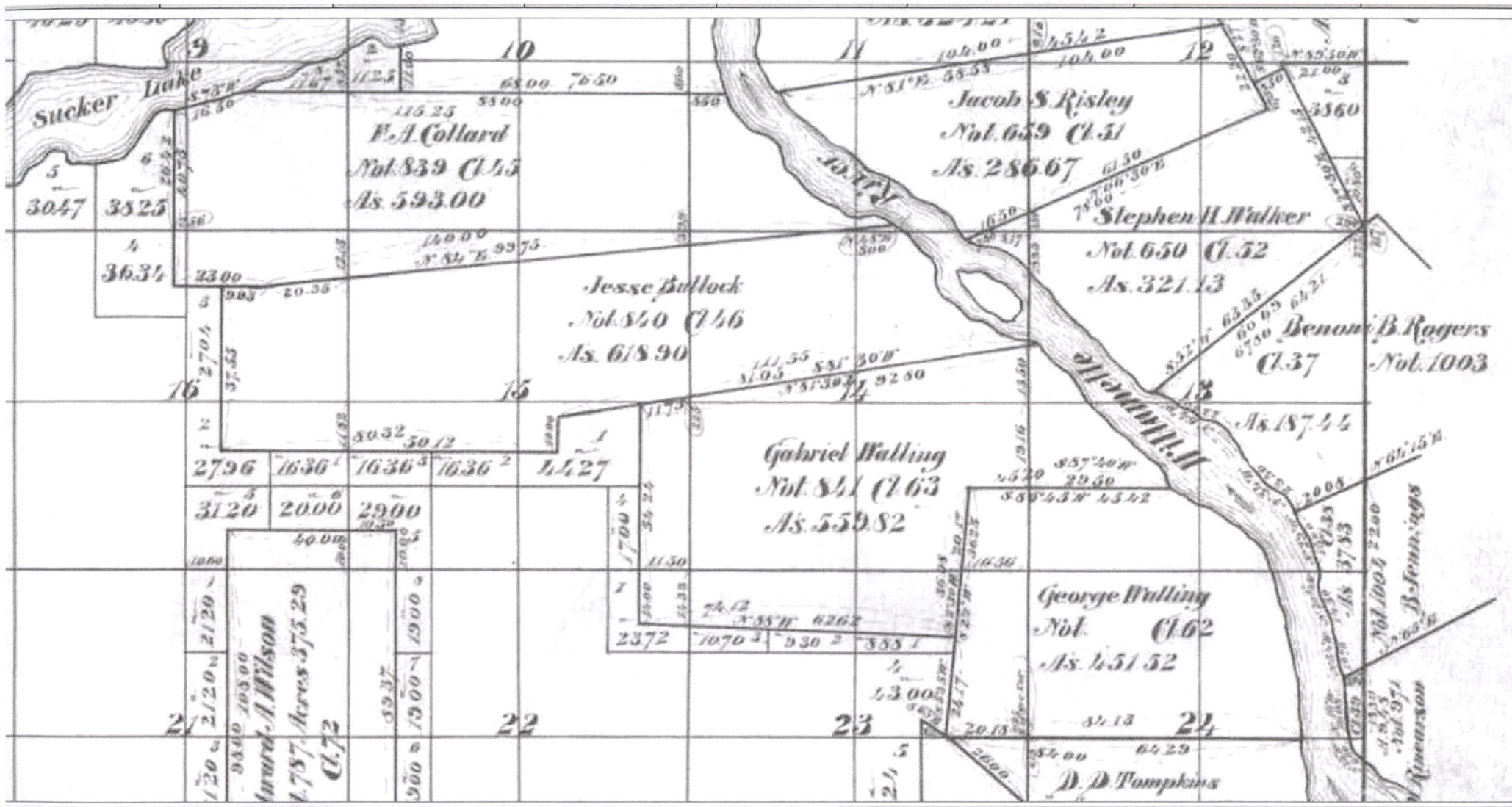
Please contact me if you have any questions about completing this repair. I would be happy to discuss repair options with you. I can be reached at (503) 378-8455, ext. 283.

Sincerely,

Michael L. McCord
Well Construction Specialist

Received
FEB 05 2025
OWRD

c: Sister Mary Breiling



Received
 FEB 05 2025
 OWRD



PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Marys Woods at Marylhurst		PHONE No.: 503-572-1049	ADDITIONAL CONTACT No.: 503-449-7996
ADDRESS: 17400 Holy Names Drive			
CITY: Lake Oswego	STATE: OR	ZIP: 97034	E-MAIL:

Received
FEB 05 2025

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Devin Springer		QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #:
COMPANY: Mather & Sons Pumps Inc.		PHONE No.: 360-256-1310	ADDITIONAL CONTACT No.:
ADDRESS: 12307 NE 95th Street			
CITY: Vancouver	STATE: WA	ZIP: 98686	E-MAIL: contact@matherpumps.com

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

WELL LOG # <small>(EX: MARI 99999)</small>	WELL TAG # <small>(EX: L-999999)</small>	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
Clac 03079	L- 30197	Well 2	519'		1947	04-15-2024

(CONTINUED)

TWP <small>(EX: 25S)</small>	RNG <small>(EX: 31E)</small>	SEC <small>(EX: 12)</small>	QQ <small>(EX: SE/SW)</small>	SURVEYED LOCATION <small>(EX: 100 ft N & 735 ft E fr SE cor, sec 5)</small>	LATITUDE <small>(EX: 44.94473859)</small>	LONGITUDE <small>(EX: -123.02787000)</small>
2S	1E	14	SE NW	1495 ft S and 2675 ft W from NE corner, Section 14		

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- 15039	G- 13870	T- NA	NA	<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

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

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 # <small>(EX: MARI 99999)</small>	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 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.
Approximate distance: 1320 ft.
 Well elevation is above the surface water body. **Approximate elevation difference:** 150 ft.

Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: Drainage ditch
 How far from the pumped well was water discharged? 30' ft.

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



PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Acoustic Sounder *Verify here: { Airline: _____ psi _____ feet.
Length of air line (if used): _____ E-Tape: _____ feet.

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Submersible
HP: 60 Pump set at: 315 feet.
Pump idle time: Months

Discharge Measurement Method: _____
Flowmeter (if used):
Manufacturer: McCrometer Serial #: _____
Date Last Calibrated: _____ Units: GPM

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 2 feet.
Description (e.g., top port of 1 inch port pipe, west side) 1" port in top of well seal

Time pump turned on: Date 04/15/24 Time 11:30
Time pump turned off: Date 04/15/24 Time _____
Total pumping time: _____ hours _____ minutes.

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=1BdwLynsYAPNSQW330ZjSFZuMscp4Hfi1-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

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

Received
FEB 05 2025
OWRD

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: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

