

# CLAIM OF BENEFICIAL USE

## for Permits claiming more than 0.1 cfs and All Transfers



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

No fee is required for submitting this form for a transfer.

A fee of \$150 must accompany this form to be accepted for permits  
with a priority date of July 9, 1987, or later. (ORS 536.050(1))

### SECTION 1 GENERAL INFORMATION

**1. File Information**

APPLICATION # (G, R, S OR T) <b>T-9799</b>	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information)**

APPLICANT/BUSINESS NAME <b>Knoll Butte LLC</b>		PHONE NO. <b>503.932.5439</b>	ADDITIONAL CONTACT NO. <b>Ray Stafford</b>	
ADDRESS <b>13318 Dominic Rd. NE</b>				
CITY <b>Mt. Angel</b>	STATE <b>OR</b>	ZIP <b>97362</b>	E-MAIL <b>staffordray@yahoo.com</b>	

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. **The COBU must be signed by each permit or transfer holder of record.**

**3. Permit or transfer holder of record (this may, or may not, be the current property owner)**

PERMIT OR TRANSFER HOLDER OF RECORD <b>Kramer Farms (503.845.2487)</b>				
ADDRESS <b>13318 Dominic Rd. NE</b>				
CITY <b>Mt. Angel</b>	STATE <b>OR</b>	ZIP <b>97362</b>		

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD			<b>Received</b>
ADDRESS			<b>FEB 18 2025</b>
CITY	STATE	ZIP	<b>OWRD</b>

**4. Date of Site Inspection:** **January 30, 2013**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ray Stafford	January 30, 2013	Field Manager, co-owner

6. County:

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

\*\*Mark "NA" if there are no owners of property not included in this claim

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

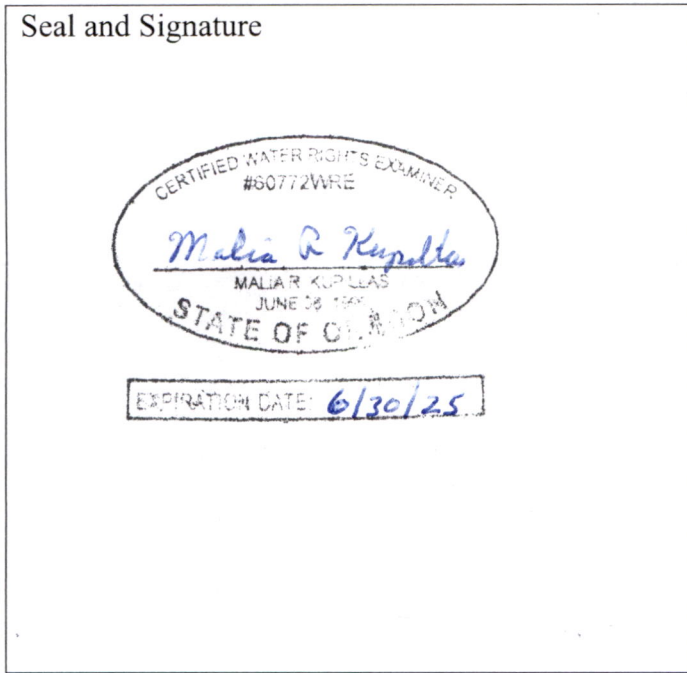
ADDITIONAL OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

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**SECTION 8  
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 <b>Malia Kupillas</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>18487 S. Valley Vista Road</b>				
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL	

Permit or Transfer Holder's of Record Signature or Acknowledgement

*This Claim of Beneficial Use must be signed by each permit or transfer holder of record.*

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	DATE
<i>Ray Stafford</i>	Ray Stafford	2-5-2025

**SECTION 2**  
**SYSTEM DESCRIPTION**

**A. Points of Diversion/Appropriation**

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
<b>Kraemer Well No. 2</b>	<b>MARI 50652</b>	<b>NA</b>

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 diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
<b>Kraemer Well No. 2</b>	<b>A well</b>	<b>Zollner Creek Basin</b>

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

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	RATE OR VOLUME FOR USE (CFS, GPM, OR AF)
<b>Kraemer Well No. 2</b>	<b>Industrial</b>	<b>NA</b>	<b>Year around</b>	<b>0.08 cfs</b>
<b>Total Quantity of Water Used</b>				<b>0.08 cfs (not to exceed 32.25 AF)</b>

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion or appropriation to the place of use:

**Water is pumped from well using a 50 HP pump through a six inch mainline to a building that has a pressure tank. Meter is after the pressure tank. From pressure tank water flows through 3,875 feet of buried mainline to Mt. Angel Beverage.**

**Mt. Angel Beverage then treats the water to meet their standard and uses the water to make a variety of soft drinks.**

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**SECTION 2**

**SYSTEM DESCRIPTION (B through H)**

Are there multiple PODs or POAs?

**NO**

If "YES" you will need to copy and complete Sections 2B through 2H for each POD/POA.

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

<b>Kraemer Well No. 2</b>
---------------------------

**B. 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
<b>6S</b>	<b>1W</b>	<b>W.M</b>	<b>3</b>	<b>NW SW</b>			<b>Industrial</b>	<b>NA</b>	
<b>Total Acres Irrigated</b>								<b>NA</b>	

**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.**

**C. 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 diversion/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

SYSTEM	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
<b>Kramer Well No. 2</b>	<b>Berkley</b>	<b>7T 50-450</b>	<b>21E89T</b>	<b>Submersible</b>	<b>6"</b>	<b>6"</b>
<b>Pepsi Treatment Pump 1</b>	<b>Goulds Pumps ITT</b>	<b>G&amp;L Series SSH 3x4-8</b>	<b>Cat# 235H2P52K O</b>	<b>Centrifugal</b>	<b>3"</b>	<b>4"</b>
<b>Pepsi Treatment Pump 2</b>	<b>Goulds Pumps ITT</b>	<b>G&amp;L Series SSH 2.5x3-8 IMP7-7.45</b>	<b>Cat# 225H2J5EO</b>	<b>Centrifugal</b>	<b>2.5"</b>	<b>3"</b>
<b>Pepsi Treatment Pump 3</b>	<b>Goulds Pumps ITT</b>	<b>G&amp;L Series SSH 2.5x3-8 IMP8-8.5</b>	<b>Cat# 225H2K5CO</b>	<b>Centrifugal</b>	<b>2.5"</b>	<b>3"</b>
<b>Pepsi Bottling Pump 1</b>	<b>Goulds Pumps ITT</b>	<b>12PF2 M2AO 3x4-10 IMP9,2 1</b>	<b>JOB 1614757105</b>	<b>Centrifugal</b>	<b>3"</b>	<b>4"</b>

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3. Motor Information

SYSTEM	MANUFACTURER	HORSEPOWER
Kramer Well No. 2	Franklin	50
Pepsi Treatment Pump 1	Baldor	25
Pepsi Treatment Pump 2	Baldor	5
Pepsi Treatment Pump 3	Baldor	7
Pepsi Bottling Pump 1	Baldor	15

4. Theoretical Pump Capacity

SYSTEM	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)
Kramer Well No. 2	50	60	220	5 feet	0.93
Pepsi Treatment Pump 1	25	60	0	10 feet	1.02
Pepsi Treatment Pump 2	5	6	0	20 feet	0.94
Pepsi Treatment Pump 3	7.5	6	0	20 feet	1.41
Pepsi Bottling Pump 1	15	60	0	17 feet	0.59

5. Provide pump calculations:

**Q Pump (Kramer Well No. 2)** =  $\frac{(50 \text{ Hp})(7.04 \text{ ft}^4/\text{sec}/\text{Hp})}{(225 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.93 \text{ cfs}$

**Q Pump (Treatment 1)** =  $\frac{(25 \text{ Hp})(6.61 \text{ ft}^4/\text{sec}/\text{Hp})}{(10 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 1.02 \text{ cfs}$

**Q Pump (Treatment 2)** =  $\frac{(5 \text{ Hp})(6.61 \text{ ft}^4/\text{sec}/\text{Hp})}{(20 \text{ ft lift} + 15.2 \text{ ft pressure head})} = 0.94 \text{ cfs}$

**Q Pump (Treatment 3)** =  $\frac{(7.5 \text{ Hp})(6.61 \text{ ft}^4/\text{sec}/\text{Hp})}{(20 \text{ ft lift} + 15.2 \text{ ft pressure head})} = 1.41 \text{ cfs}$

**Q Pump (Bottling 1)** =  $\frac{(15 \text{ Hp})(6.61 \text{ ft}^4/\text{sec}/\text{Hp})}{(17 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.59 \text{ cfs}$

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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)
12595069 cubic feet	12595118 cubic feet	One minute	0.77 cfs (347gpm)

**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 11 may be deleted.

8. Mainline Information

SYSTEM	MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Kramer Well No. 2	6 inch	55 feet	PVC	Buried
From Kramer Well to Pepsi	6 inch	3,875 feet	PVC	Buried
Pepsi Treatment 1	4 inch	45 feet	PVC	Above
Pepsi Bottling 1	6 inch	280 feet	Metal (304 SS)	Above
Pepsi Bottling 2	6 inch	1 Mile		

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

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

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

12. Additional notes or comments related to the system:

Meter totalizer reads 2 and 1 reads cubic feet.

D. Groundwater Source Information (Well and Sump)

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1. Is the appropriation from ground water (well or sump)?

YES

If "NO", items 2 through 8 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:

3/4" pipe on southeast side of the well though top of sanitary seal.



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 50652						

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 50652

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

If "NO", items 6 through 8 relating to this section may be deleted.

### E. Storage

1. Does the distribution system include in-system storage (i.e. 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:

SYSTEM	MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Pepsi Treatment 1	Poly Plastic	4,600 gals	Above ground
Pepsi Treatment 2	Metal (304 SS)	30,000 gals	Above ground

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
NA		

### 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.

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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.

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## H. Reservoir

1. Does the claim involve a reservoir modified through a transfer? NO

**Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.**

*If "NO", items 2 through 9 relating to this section may be deleted.*

### SECTION 3 CONDITIONS

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

#### 1. Time Limits:

Permits, transfer final orders, and any 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, extension or transfer final order:

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<b>7/15/2005</b>		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	<b>October 1, 2007</b>	<b>September 21, 2007</b>	<b>The system was completed, meter was installed, and water was put to the use.</b>

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

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

*If "NO", you may delete item 3 in this section.*

#### 4. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? NO

*If "NO", items 4b through 4d relating to this section may be deleted.*

#### 5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? NO

*If "NO", items 5b through 5e relating to this section may be deleted.*

#### 6. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? NO

*If "NO", items 6b through 6e relating to this section may be deleted.*

7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device? **YES**

*If "NO", items 7b through 7f 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
<b>Kramer Well 2</b>	<b>Siemens</b>	<b>650009T364</b>	<b>Working</b>	<b>5298391 cubic feet</b>	<b>September 21, 2007</b>

*If a meter has been installed, items 7d through 7f relating to this section may be deleted.*

8. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **NO**

*If "NO", item 8b relating to this section may be deleted.*

9. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion? **NO**

*If "NO", items 9b through 9e relating to this section may be deleted.*

10. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion? **NO**

*If "NO", items 10b and 10c relating to this section may be deleted.*

11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was the water user required to restore the riparian area if it was disturbed? **NO**
- d. Was a fishway required? **NO**
- e. Was submittal of a letter from an engineer required prior to storage of water? **NO**
- f. Was submittal of a water management and conservation plan required? **NO**
- g. 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):

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NA

**SECTION 4  
VARIATIONS**

Include a description of variations from the permit, permit amendment final order, extension final order, or transfer final order. (i.e. "The permit allowed three points of diversion. 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.")

None

**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>Claim of Beneficial Use Map</b>	<b>Claim of Beneficial Use Map</b>
<b>State Water Well Report – MARI 50652</b>	<b>Well log and drillers notes for MARI 50652 – Kraemer Well #2</b>

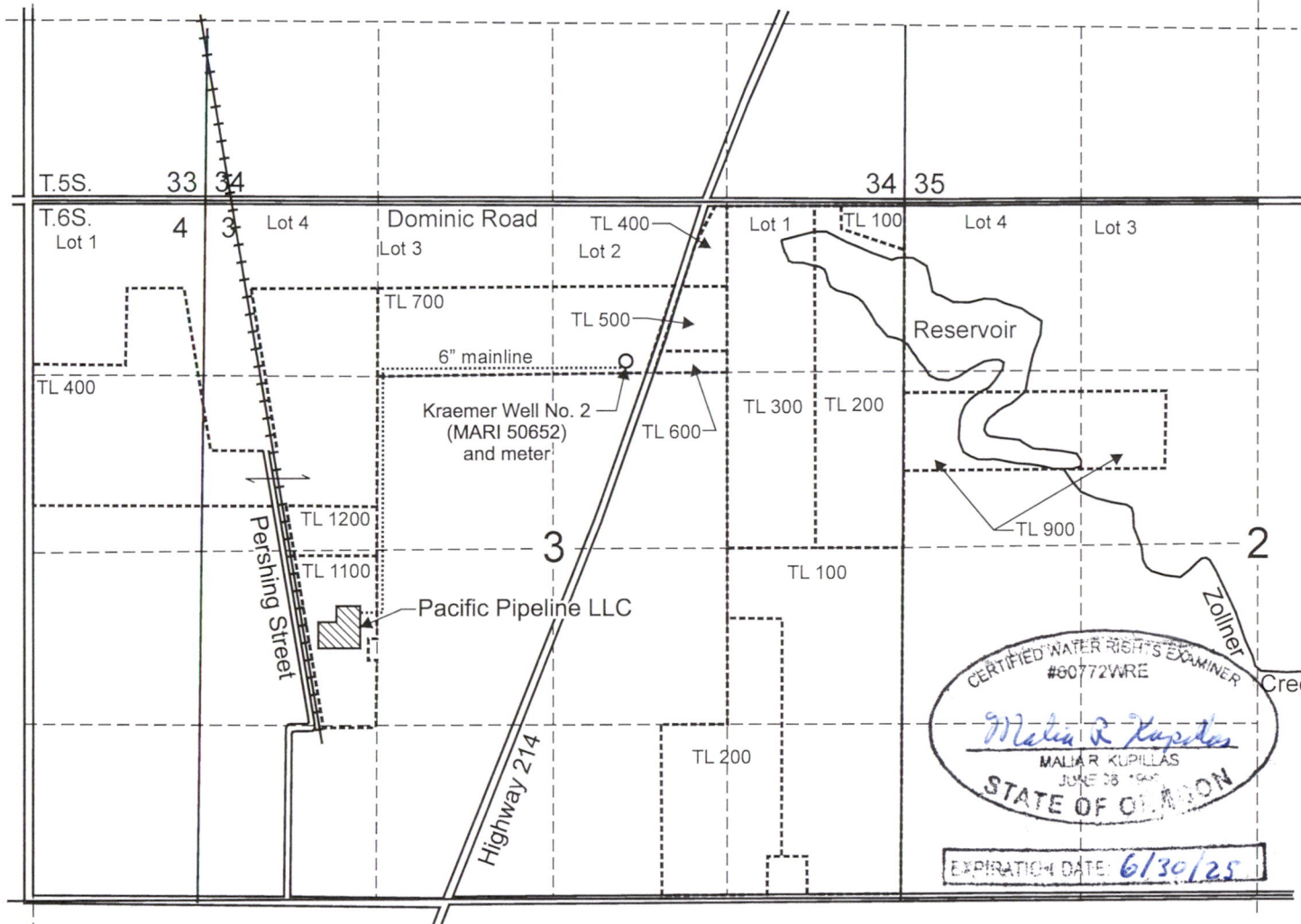
**SECTION 6  
CLAIM SUMMARY**

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
<b>Kraemer Well #2</b>	<b>0.08 cfs (max 32.25 AF)</b>	<b>0.93 cfs</b>	<b>0.77 cfs</b>	<b>Industrial</b>	<b>NA</b>	<b>NA</b>

**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.

# T.6S. R.1W. Sec. 2, 3, and 4 W.M.






Scale: 1" = 1,320'  
 0 1,320 Feet

CERTIFIED WATER RIGHTS EXAMINER  
 #60772WRE  
*Melina R. Kupillas*  
 MELINA R. KUPILLAS  
 JUNE 28 1995  
 STATE OF OREGON  
 EXPIRATION DATE: 6/30/25

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Kraemer Well No. 2 (MARI 50652) is located 1,200' S. and 550' E. from the N 1/4 Cor., Sec. 3.

-  Facility (Pacific Pipeline)
-  Tax lot boundary
-  Above-ground mainline location

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

Claim of Beneficial Use Map  
 T-9799

Pacific Pipeline LLC.  
 T.6S. R.1W. Sec. 2, 3, and 4 W.M.

Pacific Hydro-Geology Inc.

02/2013

MtAngelBevCOBU.cdr

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 Tax Map 5 1W 34D, 6 1W 01, & 6 1W 02, overlain by a 2009, orthographically corrected aerial photograph obtained on line from Oregon State University’s Oregon Imagery Explorer Natural Resources Library.**

### 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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MARI 50652 EDR

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

Kraemer #2

SC 16983

(1) OWNER: Kraemer Farms, Well Number: 13318 Dominic Rd, Mt. Angel, OR 97362

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval, Depth of Completed Well 527 ft., Explosives used

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Rows for 16", 12 1/2", and 10" diameters.

How was seal placed: Method A, B, C, D, E. Backfill placed from, Gravel placed from

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

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

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table for well tests with columns: Yield gals/min, Drawdown, Drill stem at, Time. Row: 500-600, 527, 1 hr.

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?

(9) LOCATION OF WELL by legal description: County Marion, Latitude, Longitude, Township 6S, Range 1W, Section 3, SE 1/4, SE 1/4, Tax Lot, Street Address 11411 Wilco Hwy, NE Mt. Angel, OR 97362

(10) STATIC WATER LEVEL: 100 ft. below land surface, Date 6-7-90, Artesian pressure, lb. per square inch.

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Rows for various depths and flow rates.

(12) WELL LOG: Ground elevation

Table for well log with columns: Material, From, To, SWL. Rows for various soil types like Topsoil, Clay brown med, Clay blue, etc.

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards.

Signed: Dymon R. Stadel, WWC Number 1359, Date 6/13/90

(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.

STATE OF OREGON WATER WELL REPORT (as required by ORS 627.765)

PS 2002 MARI 50652

(1) OWNER: Name Kraemer Farms, Well Number, Address, City, State, Zip

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

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

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

(6) BORE HOLE CONSTRUCTION: Special Construction approval, Depth of Completed Well, Explosives used

Table with columns: HOLES Diameter, SEAL Material, Amount sacks or pounds

How was seal placed: Method A, B, C, D, E; Backfill placed from; Gravel placed from

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

Final location of shoe(s)

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

Table with columns: From, To, Slot size, Number, Diameter, Telc/pipo size, Casing, Liner

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

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Salty, Muddy, Odor, Colored, Other

To: Ken Dowden, From: RAY, Co: KEN DOWDEN, Co: OWRD, Dept., Phone #, Fax #

Section, Tax Lot, Lot, Block, Subdivision, Street Address of Well

(10) STATIC WATER LEVEL: ft. below land surface, Date, Artesian pressure, lb. per square inch, Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. CONTINUATION: Basalt grey hard, Basalt frac grey, Basalt grey hard, Basalt black pourous red/green, Basalt grey hard

Date started 5-25-90, Completed 6-8-90

(unbonded) Water Well Constructor Certification: I certify that the work I performed... Signed: Byron B. Stadel, WWC Number 1358, Date 6-13-90

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed... WWC Number 723

Received FEB 18 2025 OWRD