

**CLAIM OF
BENEFICIAL USE
for Ground Water Permits
claiming 0.1 cfs or less**



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.**

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. Begin each new claim by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month.

For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

(See Certificate Resources)

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18543	G-18165	N/A

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Elysian Farms (Katherine and James Adams)		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 21285 SE Idlewine Road			
CITY Eagle Creek	STATE OR	ZIP 97022	E-MAIL <i>*all communications via mail</i>

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):

APPLICANT/BUSINESS NAME Elysian Farms (Katherine and James Adams)		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 21285 SE Idlewine Road			
CITY Eagle Creek	STATE OR	ZIP 97022	E-MAIL <i>*all communications via mail</i>

4. Date of Site Inspection:

February 25, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Katherine Adams	February 25, 2025	Property Owner and Water Right Holder

6. County:

Clackamas

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



CWRE NAME Ian Godwin		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 311 B Avenue, Suite P			
CITY Lake Oswego	STATE OR	ZIP 97034	E-MAIL igodwin@cwmh2o.com

Permit Holder's 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
	Katherine Adams	Property Owner /	4-1-25
	James Adams	Permit Holder	4-1-25

SECTION 3

CLAIM DESCRIPTION

1. Point(s) of Appropriation (POA):

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well-1	CLAC-6360	L-157037

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings) – **Attachment 2**

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well-1	Nursery	-	Year-round	Max rate of 9.8 gpm
Total Quantity of Water Used				1 AF/year (2021)

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

Water is pumped from the well, which is outfitted with a ¾ HP submersible pump, through a pressure tank and to a splitter. The water can flow through the splitter to the residence on the property (domestic exempt use) or to the place of use for the nursery right. Water passes through a flow meter at the wellhead, then to the indoor grow area which is comprised of five grow rooms. Each room has a tap on the distribution line where hoses are connected for hand watering of indoor plants. The distribution line also connects to two 5,000 gallon tanks outside of the indoor grow area, which is outfitted with a small gasoline motor which can be used to increase system pressure. The distribution line continues outside to the outdoor grow area. The outdoor area is split into four sections that are irrigated separately. Each section contains approximately 15 rows of dripline approximately 65 ft long.

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).

4. 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 ~~NO~~

(e.g. "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.")

The original permit allowed for up to 2.0 acres of nursery use. The Applicant has developed and beneficially used water over 0.82 acres of that place of use, all from the POA approved in the permit.

5. 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
Well-1	0.022 cfs	0.026 cfs	0.018 cfs*	Nursery	2.0 ac	0.82 ac

**The amount of water measured in the table above is based on the conditions of the distribution system at the time of the claim site visit. Irrigation was not occurring at the time. Instead, a single hose valve was opened to trigger the pump in the well, so the well was pumping under a higher pressure than would be typical.*

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

YES 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-1 (CLAC-6360)

A. Place of Use

Attach Claim of Beneficial Use map. Attachment 1.

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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:

An approximately 3/4" hole is present in the well flange that opens directly into the casing. This hole is large enough for a narrow e-tape meter or sonic meter.

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
6"	118 ft	120 ft	7/9/1968	-	James Idlewine	Jannsen Drilling

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.

The well is located in a small enclosure located near the powerline pole at the south side of the driveway. The flowmeter is at the wellhead.

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)?

YES 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. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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 NO

If "NO" items 2 through item 5 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
Berkeley	10MG10-07	1680663	Submersible

3. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
0.75 HP	~25-30 psi	~115 ft*	~10 ft	0.026 cfs

*Lowest possible pumping level given the depth of the well (120 ft).

4. Provide pump calculations:

$Q \text{ Pump} = \frac{(\text{horsepower})(\text{pump efficiency})}{(\text{total head in feet})} = Q \text{ in cfs}$

30 PSI = 76.2 ft of H₂O

$Q \text{ Pump} = \frac{(0.75 \text{ HP})(7.04)}{(76.2 \text{ ft} + 115 \text{ ft} + 10 \text{ ft})} = \text{cfs} \quad 0.026 \text{ cfs (11.8 gpm)}$

5. Measured Pump Capacity (using meter if meter was present and system was operating):

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
2,714,531.7 gal	2,714,694.1 gal	20.5 minutes	0.018 cfs (7.92 gpm)

*Irrigation was not actively occurring at the time of the site visit. The pump was run by opening a hose valve in the system, which triggered the pump to turn on. Pressure in the system was likely higher than when the irrigation system is typically running.

6. Sprinkler Information: N/A

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

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

7. Drip Emitter Information: N/A

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (cfs)

8. 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"	~1.5 gpm	~5,800 ft	~1,450 ft	0.048 cfs	<i>The outdoor nursery area is divided into four roughly equal sections with only one run at a time. A central distribution line has connectors in each section for drip lines to be attached. This area is irrigated from the storage tanks on site, which are filled by the well. The use of the tanks facilitates irrigation at a higher instantaneous rate.</i>

**The indoor nursery area consists of five plant growth rooms. The main distribution line from the well passes along each room, where there is a tap and hose connection. Plants indoors are watered by hand due to the need for nutrient mixing. Each room uses about 75-125 gallons of water per day. This use has averaged to about 425 gallons per day total over the permit period.*

E. Storage

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

YES NO

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
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
Two Fiberglass/Plastic Tanks	10,000 gallons (2 x 5,000 gal tanks)	Above-ground

3. Bulge in System / Reservoir: N/A

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

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~~ **NO**

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?

~~YES~~ **NO**

H. Additional notes or comments related to the system:

The place of use consists of an indoor and outdoor nursery area. The indoor area includes five grow rooms which are watered by hand each day, using ~400-500 gallons per day total on average. The outdoor nursery area is watered in a rotation using drip lines that use up to 0.048 cfs instantaneous rate by using storage tanks. Total usage in the outdoor area during the summer has averaged about 1,000 - 1,100 gallons per day.

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 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 or extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	4/8/2019		
BEGIN CONSTRUCTION (A)	-	-	No A or B date included in permit. Pre-existing well is the source for permit.
COMPLETE CONSTRUCTION (B)	-	-	
COMPLETE APPLICATION OF WATER (C)	4/8/2024	August 2020	Maximum monthly water use achieved across place of use.

* MUST BE WITHIN PERIOD BETWEEN PERMIT OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER – REFER TO **ATTACHMENT 3** FOR PERMIT CONDITIONS

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

YES NO

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

3. Initial Water Level Measurements:

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

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

March

c. Was the measurement submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/11/2019	Pump Installer	"other"	89.17 ft

4. Annual Static Water Level Measurements:

- a. Was the water user required to submit annual static water level measurements? **YES** **NO**
- b. Provide the month, or months, in which 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** **NO**
- d. If "YES", were those measurements submitted to the Department? **YES** **NO**
- e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/20/2020	Pump Installer	"other"	91.50 ft
3/2/2022	Pump Installer	"other"	89.67 ft
3/3/2025	Pump Installed	"other"	98.42 ft

5. Pump Test:

- a. Is a pump test required? **YES** **NO**

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>

- b. Has the pump test been previously submitted to the Department? **YES** **NO**
- c. Is the pump test attached to this claim? **Attachment 4** **YES** **NO**
- d. Has the pump test been approved by the Department? **YES** **NO**
- e. Has a pump test exemption been approved by the Department? **YES** **NO**

****The Claim 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** **NO**

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

- b. Has a meter been installed? **YES** **NO**

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well-1	DAE	18021611	Working	2,714,694 gal	~2019

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **YES** **NO**

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

a. Were there special well construction standards? **YES** **NO**

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

c. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** **NO**

WELL ID #	DATE ATTACHED TO WELL
Well-1 (L-157037)	March 3, 2025

d. Other conditions? **YES** **NO**

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

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	Claim of Beneficial Use Map for Permit G-18165
Attachment 2	Well Log for Well-1 (CLAC-6360)
Attachment 3	Permit G-18165 with Relevant Permit Conditions Highlighted
Attachment 4	Pump Test Report (submitted by Steve's Pumps)

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.

Satellite imagery from the following sources and dates was used to supplement data collected in the field during the claim survey:

- July 2018 (Google Earth imagery)
- May 2019 (Google Earth imagery)
- July 2019 (Maxar imagery)
- August 2020 (Google Earth imagery)
- June 2021 (Google Earth imagery)
- May 2024 (Airbus imagery)

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 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 **N/A**
- ☒ 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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ATTACHMENT 2

WATER WELL REPORT

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

RECEIVED

STATE OF OREGON

(Please type or print)
not write above this line)

CLAC

C6360

State Well No. 2/4-29

State Permit No.

STATE ENGINEER

(1) OWNER:

SALEM, OREGON

Name James Idlewine

Address Rt. 1 Box 228 - D Eagle Creek, Oregon

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒

6" Diam. from 0 ft. to 118 ft. Gage .250

" Diam. from ft. to ft. Gage

" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☒ No.

Type of perforator used

Size of perforations in. by in.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

(8) WATER LEVEL: Completed well.

Water level 100 ft. below land surface Date 7/9/68

Water pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

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

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

" " " "

" " " "

Bailer test 10 gal./min. with 0 ft. drawdown after 1 1/2 hrs.

Artesian flow g.p.m. Date

Temperature of water 52 Was a chemical analysis made? ☐ Yes ☒ No

(10) CONSTRUCTION:

Well seal—Material used Cement and bentonite

Depth of seal 24 ft.

Diameter of well bore to bottom of seal 10 in.

Were any loose strata cemented off? ☐ Yes ☒ No DepthWas a drive shoe used? ☒ Yes ☐ NoDid any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel:

Gravel placed from ft. to ft.

(11) LOCATION OF WELL:

County Clackamas Driller's well number

1/4 1/4 Section 29 T. 2S R. 4E W.M.

Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 120 ft. Depth of completed well 118 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Sandy loam top soil	0	11	
Large boulders sandy	11	39	
Decomposed rock sand	39	56	
Cemented gravel	56	118	
Medium gravel sand	118	120	

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Work started 6/27/68 19 Completed 7/9/68 19

Date well drilling machine moved off of well 7/9/68 19

Drilling Machine Operator's Certification:

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

[Signed] *Ross A. Jansson* Date 7/11/68
(Drilling Machine Operator)

Drilling Machine Operator's License No. 608

Water Well Contractor's Certification:

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

NAME Ross A. Jansson Well Drilling
(Person, firm or corporation) (Type or print)

Address Rt. 1 Box 271 Estacada, Oregon 97023

[Signed] *Ross A. Jansson*
(Water Well Contractor)

Contractor's License No. 433 Date 8/8/68, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

ATTACHMENT 3

STATE OF OREGON

COUNTY OF CLACKAMAS

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

ELYSIAN FARMS
JAMES OR KATHERINE ADAMS
21285 SE IDLEWINE RD
EAGLE CREEK OR 97022

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-18543

SOURCE OF WATER: WELL 2/4-29 (CLAC 6360) IN GOOSE CREEK BASIN

PURPOSE OR USE: NURSERY USE (IRRIGATION AND AGRICULTURE USE) ON 2.0 ACRES

MAXIMUM RATE: 0.022 CUBIC FOOT PER SECOND

PERIOD OF USE: JANUARY 1 THROUGH DECEMBER 31

DATE OF PRIORITY: AUGUST 9, 2017

WELL LOCATION:

Twp	Rng	Mer	Sec	Q-Q	Measured Distances
2 S	4 E	WM	29	SW NE	430 FEET NORTH AND 223 FEET EAST FROM C1/4 CORNER, SECTION 29

The amount of water used for nursery use under this right, together with the amount secured under any other right existing for the same lands, is limited to 0.15 cubic foot per second per acre and 5.0 acre feet per acre per year. For irrigation of containerized nursery plants, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-FORTIETH of one cubic foot per second and 5.0 acre feet per acre per year. For irrigation of in-ground nursery plants, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second and 2.5 acre feet per acre per year. The use of water for nursery use may be made at any time, during the period of allowed use specified above, that the use is beneficial. For irrigation of any other crop, the amount of water diverted under this right, together with the amount secured under any other right existing for the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second and 2.5 acre feet per acre during the irrigation season of each year.

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Application G-18543
Basin # 2

Water Resources Department
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Permit G-18165
Water District # 20

THE PLACE OF USE IS LOCATED AS FOLLOWS:

Twp	Rng	Mer	Sec	Q-Q	Acres
2 S	4 E	WM	29	SW NE	2.0

1. Measurement Devices, and Recording/Reporting of Annual Water Use Conditions:

- A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.
- B. The permittee shall allow the watermaster access to the device; provided however, where any device is located within a private structure, the watermaster shall request access upon reasonable notice.
- C. The permittee shall keep a complete record of the volume of water used each month, and shall submit an annual report which includes the recorded water-use measurements to the Department annually, or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.
- D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

2. Static Water Level Conditions:

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Measurements must be made according to the following schedule:

Before Use of Water Takes Place

Initial and Annual Measurements

The Department requires the permittee to report an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

After Use of Water has Begun

Seven Consecutive Annual Measurements

Following the first year of water use, the user shall report seven consecutive annual static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require the user to obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may

be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

- A. Identify each well with its associated measurement; and
- B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and
- C. Specify the method used to obtain each well measurement; and
- D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

- A. Annual water level measurements reveal an average water level decline of three or more feet per year for five consecutive years; or
- B. Annual water level measurements reveal a water level decline of 15 or more feet in fewer than five consecutive years; or
- C. Annual water level measurements reveal a water level decline of 25 or more feet; or
- D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

3. Scenic Water Way Condition:

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

4. Well Identification Tag Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

STANDARD CONDITIONS

1. Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.
2. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.
3. If substantial interference with surface water or a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.
4. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.
5. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.
6. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.
7. This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.
8. By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.
9. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.

10. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

11. Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued April 8th, 2019



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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ATTACHMENT 4



OREGON
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PUMP TEST FORM CRITERIA

Pump test are intended to provide aquifer & well information for groundwater resource characterization & to help solve well problems.

Forms can be sent to:

WRD_DL_pumptestsupport@water.oregon.gov

This pump test workbook contains 3 sheets (not including this sheet).

Cover Sheet

Methods Sheet

Data Sheet

*clickable shortcuts

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 minutes for the first 10 minutes, ≤ 5 mins for 10-30 mins, and ≤ 15 mins 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% of the maximum drawdown has recovered.
- ☒ If using an airline, measurements were calibrated with an e-tape & 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 well constructors, Oregon registered professional geologists or engineering geologist, Certified water rights examiners, Oregon registered professional engineers)

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

[Pump test requirements for OAR 690-217 can be found online here.](#)

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**PUMP TEST FORM
COVER SHEET**

Owner / Business :

Name	Phone Number	Owner Street Address
Elysian Farms		21285 SE Idlewine Rd
State	City	Zip
Oregon	Eagle Creek	97022

If different from owner,

Test Conducted By	Qualifications	License #
Steve Hougak	Other	CPI 72, CCB 38208
Company	Phone Number	Company Street Address
Steves Pump Service	503-658-3051	24300 Se Hoffmeister
Company State & Zip	E-mail	
Oregon, 97089	stevespumpservice@comcast.net	

Tested Well Information :

Well Log	Well Log #	Well Tag L-#
CLAC	6360	157037
Date Drilled	TWP RNG SEC QQ	Surveyed Location
7/9/1968	25 4E 29 SW/NE	
Latitude	Longitude	
45.36894	-122.34175	

Water Right(s) Information :

include letter in front (ex. G-xxxxx)

Application	Permit	Transfer
G-18543	G-18165	

Certificate

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

Steve Hougak

Operator Initials:

SH

Date:

3/3/2025

Owner Initials:

SH KA

Date:

4-1-25

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PUMP TEST FORM
METHOD SHEET

1 Are there any wells, other than domestic or stock wells, within 1000' of the tested well?

NO

2 If yes, identify the well by OWRD log number. Note the approximate distance to each well from tested well and approximate pumping rate.

Well Log	Distance From Pumped Well	Date & Time Pump On	Pumping Rate
	ft		gpm
	ft		
	ft		
	ft		

3 Is there a lake, stream, or other surface water body within 1/4 mile of the tested well?

No

Approx. Distance Approx. Elevation Difference
ft ft

4 Was the test conducted during normal use of the well?

No

Where pumped water was discharged?

How far from pumped well was water discharged?

The ground

20 ft

5

Water-Level Measurement Method

Sounder

If other, please state:

Well Sounder

If airline used, give length

(ft)

*Airline mmt must be verified by an e-tape mmt.

Verify Airline here:

psi

ft

E-tape

ft

If Pressure Transducer used,

Manufacturer:

Serial #:

Date Last Calibrated:

Units:

Pump Type

Submersible

If other, what pump type?

10mg10-07

Pump HP

0.75 HP

Pump Set

~115 ft

Idle Time unit

24 hours

Discharge Method

Flowmeter

If Flowmeter used,

Manufacturer:

PRM Filtration

Serial #:

FMDFG2540G

Date Last Calibrated:

Jul-24

Units:

(gpd) gallons per day

Measuring Point (MP)

0.50 ft

Above

land surface

Description of MP

top of well head

Time Pump Turned On

Date

3/3/2025

Time

9:30 AM

Time Pump Turned Off

Date

3/3/2025

Time

14:30

Total Pumping Time

Hours

4

Minutes

0

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PUMP TEST FORM DATA SHEET

Excel Tips:

1. **Duplicate** cells by dragging bottom right corner of 2 highlighted cells of the same data
2. Quick **time format** cells by highlighting the cells with the time difference needed and dragging bottom right corner of highlighted cells (ex. 10:00 & 10:02 (highlight cells) > 10:04 (next cell))
3. Rows are can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to **printing**

*Depth to Water Below MP will only allow numbers to the hundredth decimal. **CONVERT INCHES TO HUNDREDTH OF A FOOT.**

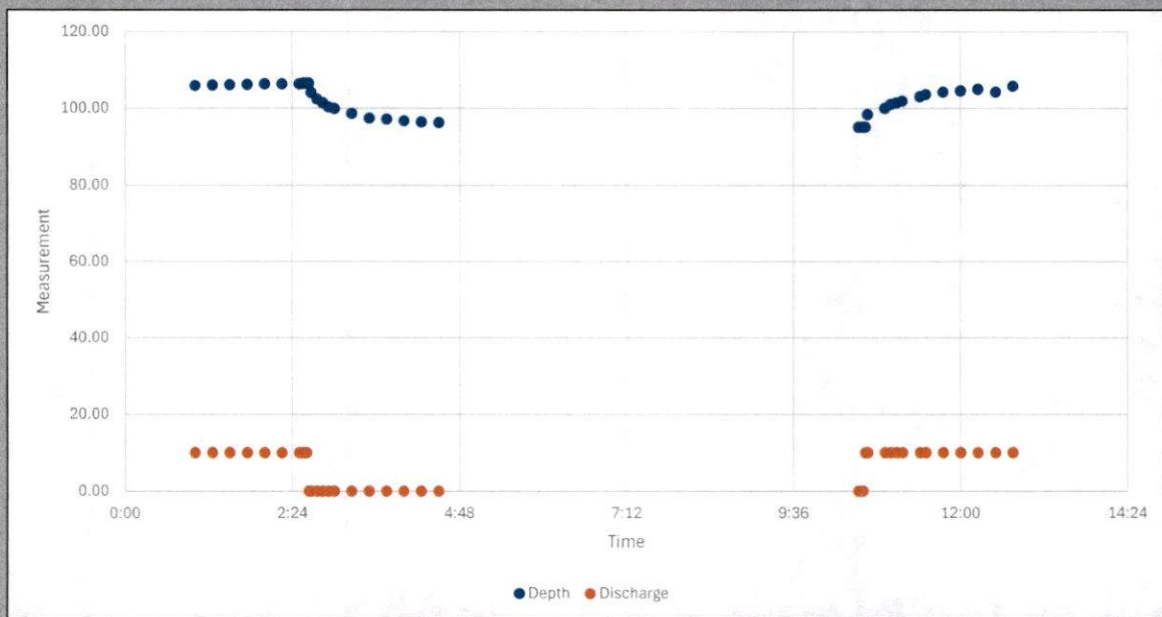
Date	Time	Depth to Water Below MP	Discharge Rate	Units	Pump ON / OFF	Airline (psi)	Flowmeter	Units	Comments
3/3/2025	9:40	95.08	0	(gpm) gallons	off	N/A			5.5" Surface concrete to top of well seal.
	9:50	95.08	0		off				
	10:10	95.08	0		off				
	10:30	95.08	10		on				
	10:32	98.42	10		on				
	10:34	100.00	10		on				35psi
	10:36	101.08	10		on				
	10:38	101.42	10		on				
	10:40	101.92	10		on				
	10:55	103.00	10		on				
	11:00	103.67	10		on				
	11:05	104.25	10		on				
	11:10	104.58	10		on				
	11:25	105.00	10		on				
	11:30	104.25	10		on				
	11:45	105.75	10		on				
	12:00	105.92	10		on				
	12:15	106.00	10		on				
	12:30	106.08	10		on				
	12:45	106.17	10		on				
	1:00	106.33	10		on				
	1:15	106.33	10		on				
	1:30	106.33	10		on				
	1:45	106.33	10		on				
	2:00	106.42	10		on				
	2:15	106.50	10		on				
	2:30	106.50	10		on				
	2:30	106.50	0		off				Recovery
	2:32	104.08	0		off				
	2:34	102.42	0		off				
	2:36	101.42	0						
	2:38	100.33	0						
	2:40	99.92	0						
	2:45	98.67	0						
	2:50	97.42	0						
	2:55	97.17	0						
	3:00	96.75	0						
	3:15	96.42	0						
	3:30	96.33	0						
	3:45	96.25	0						
	4:00	96.08	0						
	4:15	96.08	0						
	4:30	96.08	0						

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*Rough hydrograph using the Data Sheet to use as a review reference of the data entered.

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