

**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-15021	PERMIT # (IF APPLICABLE) G-13779	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Bradley and Sabreena Lepley		PHONE NO. 503-449-4139	ADDITIONAL CONTACT NO.
ADDRESS 2009 SE Larson Ct			
CITY Hillsboro	STATE OR	ZIP 97123	E-MAIL Sklepley@comcast.net

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 Bradley and Sabreena Lepley		
ADDRESS 2009 SE Larson Ct		
CITY Hillsboro	STATE OR	ZIP 97123

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

January 8, 2025

Received
MAY 27 2025
OWRD

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Austin Lepley	January 8, 2025	Son and operator
Sabreena Lepley	January 8, 2025	Owner

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.

Seal and Signature



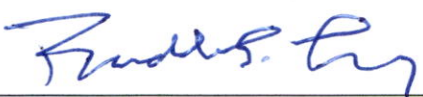
Received
MAY 27 2025
OWRD

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

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Sabreena K. Lepley	owner	4/25/2025
	Bradley S. Lepley	owner	4/25/2025

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	CLAC 9913	L-128616
Well 2	CLAC 60114	L-63257

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Molalla River Basin	Willamette River
Well 2	Molalla River Basin	Willamette River

Received
MAY 27 2025
OWRD

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Nursery	NA	Year round	0.11 cfs
Well 2	Nursery	NA	Year round	0.15 cfs
Total Quantity of Water Used				0.26 cfs

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

Note:

Current permit owner purchased the property in 2020 and the previous owner Shaoyao Lee, has passed away. Because the current owner cannot proceed with an extension, this claim will describe work done up to the completion date of October 1, 2015, prior to the current owner purchasing the property. Information to conduct this claim has come from previous documents submitted to OWRD, neighbor's recollection, new owner observation while cleaning up the site, along with field and aerial photo verification.

Well 1 (CLAC 9913) is an artesian well with 2 Hp submersible pump to convey water through 2-inch PVC mainline out the side of the casing about 2 feet from the top of the casing below grade but exposed to access the ball valve to shut off water from this well. Water is conveyed through the buried mainline approximately 80 feet south southwest where it angles up above ground and connects to 3 inch 3-foot-long galvanized pipe where Well 2 tees in, then through a meter, and reducing down to 2-inch PVC connecting to 3 pressure tanks then out three lines. One 3-inch line heads down and then underground to the south approximately 30 feet to irrigate the southern field, another 2-inch PVC heads down then underground to the north approximately 250 feet to supply the northern field, and the third line heads down and underground to the north west to supply domestic use.

Water is pumped from Well 2 (CLAC 60114) using a 7.5 Hp submersible pump to convey water through a 3-inch galvanized pipe out the top of the well casing then angled down and connect to 3-inch PVC mainline buried and extending north northwest approximately 250 feet. The 3-inch PVC then extends upward above ground with a gate valve to be able to shut water off from this well, then connect with Well 1 through 3-foot 3-inch galvanize pipe extending north to the meter, pressure tanks and out as describe above.

The 2-inch PVC mainline to the north extends up the eastern edge of the field about 400 feet with 8 faucets extending up from the mainline about 40 feet apart. At the base of each faucet, a 2-inch lateral with ball valve extends into the field about 1.5 feet connecting to 1 inch PVC where drip lines can be attached.

The 3-inch PVC to the south connects to a filter system and reduces down to 2-inch buried PVC extending to the west with risers/faucets every 40 feet for about 280 feet. At the end of the 280 feet, additional 2-inch PVC was extended approximately 280 feet above ground as needed. From these risers the PVC comes up to connect to different manifolds then back down underground. Then 5/8 polyethylene tubing extended east-west with quick connects ever 5.5 feet to attach drip tubing to extend south into the field.

Received

There is one greenhouse onsite irrigated by hand watering from a garden hose. Also note during the off season, Well 2 is shut off but Well 1 remains on to supply the domestic use (recorded on the meter reading).

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLOT), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, **YES**
 permit amendment final order, or extension final order? If yes, describe below.

(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 Wells 3, 4 and Well 5 have not been constructed and are, therefore, not included in this Claim of Beneficial Use.
2. The location of Well 1 (CLAC 9913) is more correctly placed at:
525 feet north and 1,830 feet west from the SE corner, Section 4.
3. The location of Well 2 (CLAC 60114) is more correctly placed at:
210 feet north and 1,855 feet west from the SE corner, Section 4.
4. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

5S	2E	4	SW SE	15.0
5S	2E	9	NW NE	<u>8.0</u>
Total:				23.0

Revised place of use, with addition of DLC information:

5S	2E	4	SW SE	DLC 45	5.9
5S	2E	9	NW NE	DLC 45	<u>3.8</u>
Total:					9.7

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1		0.11 cfs	Not measured	Nursery		
Well 2		0.15 cfs	Not measured	Nursery		
Total:	0.557 cfs				23.0	9.7

SECTION 4a of 4b
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well 1

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5S	2E	WM	4	SW SE	NA	45	Nursery	5.9	NA
5S	2E	WM	9	NW NE	NA	45	Nursery	3.8	NA
Total Acres Irrigated								9.7	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 is an artesian well with a PSI gauge on the north side of the well 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 CLAC 9913						

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 9913

C. Groundwater Source Information (Sump)

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

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	2 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	2 Hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
2 Hp	40 psi	31.0 feet (from permit condition pump test)	0 feet	0.11 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(2 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(31.0 \text{ ft lift} + 40 \text{ ft pressure head})} = 0.11 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	80 feet	PVC	Buried and exposed at well head
Both wells:			
2 inch	~950 feet	PVC	Buried
2 inch	~ 330 feet	PVC	Above ground
3 inch	3 feet	Galvanized	Above ground
3 inch	30 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	~ 25 feet	PVC	Above and buried
1.5 inch	~50 feet	PVC	Above and buried
5/8	~ 1,000 feet	Polyethylene	Above ground

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Garden hose 3/4"	40 psi	~ 9 gpm	~ 5	2	0.04 cfs

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
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 inch	0.34 gpm/100ft	70,000 feet	35,000 feet	0.265 cfs	NA

13. Pivot Information:

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

E. Storage

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

YES

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal - pressure tank #1	119 gallons	Above ground
Metal - pressure tank #2	119 gallons	Above ground
Metal - pressure tank #3 (note: new owner has since removed)	119 gallons	Above ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

H. Additional notes or comments related to the system:

Permit G-13779 requires "a meter or other suitable measuring device". This requirement does not specify separate meters be installed on each well. The meter installed records water from both wells and domestic use for the home.

SECTION 4b of 4b

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well 2

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5S	2E	WM	4	SW SE	NA	45	Nursery	5.9	NA
5S	2E	WM	9	NW NE	NA	45	Nursery	3.8	NA
Total Acres Irrigated								9.7	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?

OWRD

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:

½ inch port on east side of the sanitary seal after removing the PVC vent tube.

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 60114						

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 60114

C. Groundwater Source Information (Sump)

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

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	Unknown	2 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Unknown	7.5 Hp

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
7.5 Hp	80 psi	145.0 feet (from permit condition pump test)	0 feet	0.15 cfs

Received

MAY 27 2025

OWRD

5. Provide pump calculations:

$$\text{Q Pump} = \frac{(7.5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(145.0 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.15 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1 foot	Galvanized	Above ground
3 inch	250 feet	PVC	Buried
Rest see Well 1			

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
See Well 1			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
See Well 1					

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

11. Drip Emitter Information:

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

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
See Well 1					

13. Pivot Information:

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

Received

MAY 27 2025

OWRD

E. Storage

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

YES

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

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

YES

NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal - pressure tank #1 (same tanks as Well 1)	119 gallons	Above ground
Metal - pressure tank #2 (same tank as Well 1)	119 gallons	Above ground
Metal - pressure tank #3 (same tank as Well 1) (note new owner has since removed)	119 gallons	Above ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

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

H. Additional notes or comments related to the system:

Permit G-13779 requires "a meter or other suitable measuring device". This requirement does not specify separate meters be installed on each well. The meter installed records water from both wells and domestic use for the home.

SECTION 5 CONDITIONS

Received
MAY 27 2025
OWRD

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 31, 2000		
BEGIN CONSTRUCTION (A)	January 31, 2001	January 31, 2000	Well 1 (CLAC 9913) construction completed March 1, 1989
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2004 extended to: October 1, 2009 extended to: October 1, 2015	October 1, 2015	Water was put to 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

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

a. Did the Extension Final Order require the submittal of Progress Reports? YES and NO

1. Extension final order dated May 4, 2006 did not require Progress Report

2. Extension final order dated July 1, 2011 did require Progress Report be submitted by October 1, 2014

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

b. Were the Progress Reports submitted? YES

Progress Report due by October 1, 2014 was received September 11, 2024.

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? NO

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

4. Annual Static Water Level Measurements:

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

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

5. Pump Test:

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

Received
MAY 27 2025

OWRD

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.

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/PO A NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Sensus	1620000	Not working	4,586,044.1 cubic feet	Original 2000
Well 2					
Well 1	Glo-Tech	GEM 23030163	Working	7,866.258 gallons	Replacement meter December 2024
Well 2					

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? **NO**

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

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

- a. Were there special well construction standards? **NO**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Was submittal of a water management and conservation plan required? **NO**
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 1	L-128616	October 2017
Well 2	L-63257	April 2004

- e. Other conditions? **YES**

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

Received

MAY 27 2025

OWRD

e1) Condition:

Groundwater for the use under this permit shall be produced from no shallower than 60 feet below land surface.

Compliance:

Well 1 (CLAC 9913) was sealed to 60 feet

Well 2 (CLAC 60114) was sealed to 101 feet.

e2) Condition per the Letter regarding Progress Report due October 1, 2014 and submitted September 11, 2024:

“Because diligence has not been demonstrated, an additional extension of time for Permit G-13779 will likely not be approved by the Department.”

Compliance:

With the determination received from the progress report, the permit holder proceeded with the claim of beneficial use with the stated completion date instead of pursuing an additional extension.

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 9913	Well log and driller’s notes for CLAC 9913 – Well 1
State Water Well Report – CLAC 60114	Well log and driller’s notes for CLAC 60114 – Well 2
BLM Cadastral Map	BLM Cadastral Map T. 5S. R. 2E. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (CLAC 9913) conducted December 20, 2024
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 2 (CLAC 60114) conducted December 20, 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.

Received

MAY 27 2025

OWRD

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor's map 5 2E 04, 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

Received

MAY 27 2025

OWRD

58/22/4dd

Zip

9809C 3/88



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Jaime & Shea Conely

Mailing Address: 2129 NW Northrup Street #4

City, State, Zip: Portland, OR 97210

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: Always Pure Water Systems, PO Box 8

City, State, Zip: Boring, OR 97009

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 5S (North / South) Range: 2E (East / West) Section: 4

Tax Lot: 903 County Clackamas SE 1/4 SE 1/4

GPS Coordinates: _____

Street Address of Well, City: 14610 S Vaughan RD Molalla, OR 97038

If the property had a different street address in the past: _____

Received

MAY 27 2025

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

OWRD

Date Well Constructed (or property built): 3-1-89 Total Well Depth: 88 Casing Diameter: 6"

Owner at time the well was constructed (if known): Clare Marshall

Other Information: CLAC 9913

RECEIVED BY OWRD

SUBMITTED BY (please print): Michael Klobes - Always Pure Water Systems

POB 8 Boring OR **OCT 26 2017**

PHONE: 503-668-9287

EMAIL &/or FAX: info@always-pure.com

SALEM, OR

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

10-26-17

Well Log Number:

CLAC 9913

Well Identification #:

L-128616



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Austin Lepley		PHONE No.: 971-338-1973	ADDITIONAL CONTACT No.:
ADDRESS: 14610 S. Vaughn Rd.			
CITY: Molalla	STATE: OR	ZIP: 97038	E-MAIL: korecannabis@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Anthony Shaffer	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: CPI220
COMPANY: Sanetel Pumps	PHONE No.: 503-656-6181	ADDITIONAL CONTACT No.:
ADDRESS: 628 Molalla Ave		
CITY: Oregon City	STATE: OR	ZIP: 97045 E-MAIL: sanetelpumpsoregon@gmail.com

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

WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 9913	L- 128616	Well 1	88'	Clare Marshall	3-1-1989	12-20-2024

(CONTINUED)

TWP (EX. 25S)	RNG (EX. 31E)	SEC (EX. 12)	QQ (EX. SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44 54473659)	LONGITUDE (EX: -123 02787000)
5S	2E	4	SWSE	500' N & 1900' W from the SE corner, Section 4		

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-15021	G- 13779	T- NA	NA	☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)

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

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

WELL LOG # (EX. MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
CLAC 60114	Apx 400' South	OFF		

- ☒ 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: _____ ft.
Well elevation is above the surface water body. Approximate elevation difference: _____ ft.

- ☒ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Into neighbor's pasture on ground
How far from the pumped well was water discharged? 35' from well head _____ ft.

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

Received

MAY 27 2025

OWRD

OWRD20200115



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: Electric Tape *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: _____

Discharge Measurement Method: Other (Approved)

Flowmeter (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: Submersible

HP: 2 Pump set at: Unknown feet.

Pump idle time: 17 hours

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1.5 feet.

Description (e.g., top port of 1 inch port pipe, west side) Removed pressure gauge in 1" port in well seal

Time pump turned on: Date 12-20-2024 Time 11:00 a.m.

Time pump turned off: Date 12-20-2024 Time 3:15 p.m.

Total pumping time: 4 hours 15 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=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186

Submit forms to:

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

Received

MAY 27 2025

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:

OWRD

OPERATOR SIGNATURE: [Signature] DATE: 2-16-25

OWNER SIGNATURE: [Signature] DATE: 1-27-2025

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

OWRD 20200115



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 9913	L- 128616	Well 1	88'	Clare Marshall	3-1-1989	12-20-2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
12-20-24	10:20		1 psi	0	Pre-test			Artesian Well
	10:40		1 psi	0	Pre-test			
	11:00		1 psi	0	Pre-test			
	11:15	0	1 psi	0	Pumping			
	11:17	2	10'	45	Pumping			
	11:19	4	12'	45	Pumping			
	11:21	6	13'6"	45	Pumping			
	11:23	8	15' 3"	45	Pumping			
	11:25	10	15' 9"	45	Pumping			
	11:30	15	16' 3"	45	Pumping			
	11:35	20	17' 6"	45	Pumping			
	11:40	25	18' 6"	45	Pumping			
	11:45	30	19' 3"	45	Pumping			
	12:00	45	21' 3"	45	Pumping			
	12:15	60	23'	45	Pumping			
	12:30	75	24' 6"	45	Pumping			
	12:45	90	25' 9"	45	Pumping			
	1:00	105	26' 9"	45	Pumping			
	1:15	120	27' 9"	45	Pumping			
	1:30	135	28' 3"	45	Pumping			
	1:45	150	29'	45	Pumping			
	2:00	165	30'	45	Pumping			
	2:15	180	30' 9"	45	Pumping			
	2:30	195	31' 3"	45	Pumping			
	2:45	210	31' 9"	45	Pumping			
	3:00	225	32'	45	Pumping			
	3:15	240	32' 6"	45	Pumping			
	3:17	242	19'		Recovery			
	3:19	244	16' 9"		Recovery			
	3:21	246	15' 3"		Recovery			
	3:23	248	14' 6"		Recovery			
	3:25	250	13' 6"		Recovery			
	3:30	255	12' 6"		Recovery			
	3:35	260	11' 6"		Recovery			
	3:40	265	10' 6"		Recovery			
	3:45	270	10'		Recovery			
	4:00	285	8' 9"		Recovery			
	4:15	300	7' 9"		Recovery			
	4:30	315	6' 3"		Recovery			

Received
MAY 27 2025
OWRD

Received
MAY 27 2025
OWRD



Page 2 of 2

[illegible]

OWRD 20200115



OREGON
WATER
RESOURCES
DEPARTMENT

Received
MAY 27 2025

PUMP TEST FORM
COVER SHEET

OWRD

Owner Information:

OWNER NAME/BUSINESS NAME: Austin Lepley		PHONE No.: 971-338-1973	ADDITIONAL CONTACT No.:
ADDRESS: 14610 S. Vaughn Rd.			
CITY: Molalla	STATE: OR	ZIP: 97038	E-MAIL: korecannabis@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Anthony Shaffer	QUALIFICATION: (SELECT) Pump Installer	LICENSE #: CPI220
COMPANY: Sanetel Pumps	PHONE No.: 503-656-6181	ADDITIONAL CONTACT No.:
ADDRESS: 628 Molalla Ave		
CITY: Oregon City	STATE: OR	ZIP: 97045
E-MAIL: sanetelpumpsoregon@gmail.com		

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

WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 60114	L- 63257	Well 2	355'	Shaoyao Lee	4-12-2004	12-23-2024

(CONTINUED)

TWP (EX. 25S)	RNG (EX. 31E)	SEC (EX. 12)	QQ (EX. SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX. 44 94473859)	LONGITUDE (EX. -123 02787000)
5S	2E	4	SWSE	300' N & 1900' W from the SE corner, section 4		

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- 15021	G- 13779	T- NA	NA	☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)
G-	G-	T-		☐ Yes ☒ No (Need MWE Form)

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

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

WELL LOG # (EX. MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
CLAC 9913	Apx 400' South	OFF		

☒ 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.
Well elevation is above the surface water body. Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

☒ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Into neighbor's pasture on ground
How far from the pumped well was water discharged? 35' from well head _____ ft.

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

OWRD20200115



PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: _____
Length of air line (if used): _____

Airline: _____ psi _____ feet.
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: 7.5 Pump set at: Unknown feet.
Pump idle time: 16 hours

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

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) Top port of well seal, removed vent plug

Time pump turned on: Date 12-23-2024 Time 9:00 a.m.
Time pump turned off: Date 12-23-2024 Time 3:30 p.m.
Total pumping time: 4 hours 0 minutes

Received
MAY 27 2025

OWRD

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=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: [Signature] DATE: 2-16-25

OWNER SIGNATURE: [Signature] DATE: 1-27-2025

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

OWRD 20200115



PUMP TEST FORM
DATA SHEET

Page 1 of 2

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 60114	L- 63257	Well 2	355'	Shaoyao Lee	4-12-2004	12-23-2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, GPM)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
12-23-24	9:00		92'	0	Pre-test			Artesian Well
	9:40		92'	0	Pre-test			
	10:00		92'	0	Pre-test			
	10:15	0	92'	0	Pumping			
	10:17	2	127'	65	Pumping			
	10:19	4	131'	65	Pumping			
	10:21	6	132' 9"	65	Pumping			
	10:23	8	134'	65	Pumping			
	10:25	10	134' 9"	65	Pumping			
	10:30	15	136'	65	Pumping			
	10:35	20	137' 3"	65	Pumping			
	10:40	25	138'	65	Pumping			
	10:45	30	138' 9"	65	Pumping			
	11:00	45	140' 6"	65	Pumping			
	11:15	60	141' 3"	65	Pumping			
	11:30	75	142' 6"	65	Pumping			
	11:45	90	143'	65	Pumping			
	12:00	105	143' 9"	65	Pumping			
	12:15	120	144' 3"	65	Pumping			
	12:30	135	144' 9"	65	Pumping			
	12:45	150	145' 3"	65	Pumping			
	1:00	165	145' 6"	65	Pumping			
	1:15	180	146'	65	Pumping			
	1:30	195	146' 3"	65	Pumping			
	1:45	210	146' 9"	65	Pumping			
	2:00	225	147'	65	Pumping			
	2:15	240	147'	65	Pumping			
	2:17	242	110' 6"		Recovery			
	2:19	244	107'		Recovery			
	2:21	246	106'		Recovery			
	2:23	248	105'		Recovery			
	2:25	250	104' 3"		Recovery			
	2:30	255	103'		Recovery			
	2:35	260	102' 3"		Recovery			
	2:40	265	101' 9"		Recovery			
	2:45	270	101'		Recovery			
	3:00	285	99' 9"		Recovery			
	3:15	300	99'		Recovery			
	3:30	315	98'		Recovery			

Received
MAY 27 2025
OWRD



Page 2 of 2

[illegible]

Received
MAY 27 2025
OWRD