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

OREGON WATER RESOURCES DEPARTMENT
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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15741	**G-15607**	**T-NA**

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

APPLICANT/BUSINESS NAME	PHONE NO.	ADDITIONAL CONTACT NO.
Eder Family LP		
ADDRESS **12730 Miller Rd NE**		

CITY	STATE	ZIP	E-MAIL
Gervais	**OR**	**97026**	

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		
Eder Farms Inc.		
ADDRESS **12730 Miller Rd NE**		
CITY **Gervais**	STATE **OR**	ZIP **97026**

ADDITIONAL PERMIT HOLDER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

4. **Date of Site Inspection:**

April 3, 2025

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Keith Eder	**April 3, 2025**	**General Partner of Eder Family LP**

6. County

Marion 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

CERTIFIED WATER RIGHT EXAMINER
85503
DOANN HAMILTON
MAY 10, 2012
STATE OF OREGON
EXPIRES: JUNE 30, 2027

Received by OWRD
JUN 02 2025
Salem, OR

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
Keith Eder	Keith Eder	Resident	5-15-2025
Ronda Grassman	Ronda Grassman	Secretary	5-15-2025

Received by OWRD
JUN 02 2025
Salem, OR

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	**MARI 56275**	**L-30628**

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	**Pudding River Basin**	**Molalla River**

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	**Irrigation**	**Grass seed, filberts and row crops**	**March 1 through October 31**	**0.98 cfs**
Total Quantity of Water Used				**0.98 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:

Water is pumped from Well (MARI 56275) using a 40 Hp submersible pump to convey water through 6 inch steel pipe extending to the south with a meter before angling down about 3 feet to the ground and then angling north east above ground with a 3 inch hydrant and pipe connection at the end. At the end portable 6 inch aluminum mainlines are attached and stretched east-west along the southern edge of the field then angling north along the east edge of the field. The 6 inch mainline

has 3 inch hydrants where the hard hose traveler can be attached to irrigate the field or 3 inch portable aluminum handlines with impact sprinklers every 40 feet can be stretched out into the filberts.

The hard hose traveler can be used along with impact sprinklers or just use the impact sprinklers maxing out the full rate allowed under this permit.

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, permit amendment final order, or extension final order? If yes, describe below. **YES**

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

1. **The authorized Well 2 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.**

2. **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:

6S	1W	5	NW NW	18.7
6S	1W	5	SW NW	0.7
6S	1W	6	NE NE	27.7
6S	1W	6	NW NE	17.9
6S	1W	6	SW NE	5.8
6S	1W	6	SE NE	8.1
			Total:	78.9

Revised place of use, with addition of DLC information:

6S	1W	5	NW NW	DLC 62	17.7
6S	1W	5	SW NW	DLC 62	0.7
6S	1W	6	NE NE	DLC 62	27.7
6S	1W	6	NW NE	DLC 62	17.9
6S	1W	6	SW NE	DLC 62	5.8
6S	1W	6	SE NE	DLC 62	8.1
				Total:	77.9

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	**0.98 cfs**	**0.98 cfs**	**Not measured**	**Irrigation**	**78.9**	**77.9**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

Well 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
6S	1W	WM	5	NW NW	NA	DLC 62		17.7	NA
6S	1W	WM	5	SW NW	NA	DLC 62		0.7	NA
6S	1W	WM	6	NE NE	NA	DLC 62		27.7	NA
6S	1W	WM	6	NW NE	NA	DLC 62		17.9	NA
6S	1W	WM	6	SW NE	NA	DLC 62		5.8	NA
6S	1W	WM	6	SE NE	NA	DLC 62		8.1	NA
Total Acres Irrigated								77.9	

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:

1 inch plug installed in on the southeast side of the welded seal of the 12 inch well casing on top of the 16 inch casing standing up 2.5 feet above ground.

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 56275						

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 56275

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:

Source	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Well	**Unknown**	**Unknown**	**Unknown**	**Submersible**	**Unknown**	**6 inch**
Hard hose traveler #1	**Cornell**	**3RB-EM16-4**	**146826 12.88**	**Centrifugal**	**4inch**	**4 inch**
Hard hose traveler #2	**Cornell**	**3RB-EM16-4**	**228780 12.88**	**Centrifugal**	**4inch**	**4 inch**

3. Motor Information:

Source	Manufacturer	Horsepower
Well	**Unknown**	**40 Hp**
Hard hose traveler #1	**John Deere**	**80 Hp**
Hard hose traveler #2	**John Deere**	**75 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)
40 Hp	**60 psi**	**68.63 feet (from permit condition pump test)**	**0 feet**	**1.27 cfs**

5. Provide pump calculations:

Q Pump = $\frac{(40\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(68.63\ ft\ lift + 152.4\ ft\ pressure\ head)}$ = 1.27 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
6 inch	**15 feet**	**Steel**	**Above ground**
6 inch	**~ 3,000 feet**	**Aluminum**	**Above ground**

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3 inch	**~ 12,000 feet**	**Aluminum**	**Above ground**
4 inch	**1,400 feet**	**Poly ethylene**	**Above ground**

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
1.2 inch	**60 psi**	**300 gpm**	**2**	**1**	**0.67 cfs**
11/64 inch	**40 psi**	**5.4 gpm**	**~3,000**	**80**	**0.96 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
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)? **NO**

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

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:

None

SECTION 5

CONDITIONS

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

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	**June 18, 2004**		
BEGIN CONSTRUCTION (A)	**NA**	**NA**	**NA**
COMPLETE CONSTRUCTION (B)	**NA**	**NA**	**NA**
COMPLETE APPLICATION OF WATER (C)	**October 1, 2008 extended to: October 1, 2017**	**Summer 2016**	**All the permit conditions were met and water was put to full use.**

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

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

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? **NO**

If "NO", item 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**

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

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

March

c. Was the measurement submitted to the Department? **YES**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

4. Annual Static Water Level Measurements: **Initial + 1**

a. Was the water user required to submit annual static water level measurements? **YES**

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **Unknown**

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/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	**McCrometer**	**02-30102-06**	**working**	**379.891 AF (April 3, 2025)**	**2002**

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 ID #	Date Attached To Well
L-30628	**November 2001**

e. Other conditions? **NO**

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

None

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 – MARI 56275	**Well log and driller's notes for MARI 56275 – Well 1**
BLM Cadastral Map	**BLM Cadastral Map T. 6S. R. 1W. showing DLC and Government Lot locations**
Pump Test Form Cover Sheet and Pump Test Data Sheet	**Pumping Test Results for Well 1 (MARI 56275) conducted March 5, 2025**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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

The COBU map was prepared using tax assessor's maps 06 1W 05 and 06, 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

MARI 56275

MARI

56275

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 30628
START CARD # 101548

(1) OWNER: Well Number
Name Andrew Eder
Address 12730 Miller Rd.NE
City Gervais State OR Zip 97026

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 100 ft.
Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20"	0	20	cement	0	20	29 sacks
16"	20	134				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from ft. to ft. Material
Gravel placed from 20 ft. to 134 ft. Size of gravel 3/8pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1 4'	79'	375	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
	2½"Gravel	feed	pipe		[ ]	[ ]	[ ]	[ ]
		0	24'		[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 79

(7) PERFORATIONS/SCREENS:
[ ] Perforations Method
[X] Screens Type Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+2 6"	80 3'			12"	pipe	[X]	[ ]
80	100	225		12"	p s	[ ]	[ ]
100	Bottom plate					[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
500		100	3 hrs

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

(9) LOCATION OF WELL by legal description:
County Marion Latitude Longitude
Township 6S N or S Range 1W E or W. WM.
Section 6 SW 1/4 NE 1/4
Tax Lot 00500 Lot Block Subdivision
Street Address of Well (or nearest address) 3/4 mi from west end of Way Park Rd.

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 11/27/01
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
80	134	700 gpm	36

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	48	
Clay gray silty	48	56	
Sand fine silty	56	62	36
Clay gray sandy	62	66	
Clay sandy	66	79	
Sand & gravel	79	94½	36
Sand brown & silty clay	94½	97	
Clay gray & sand	97	110	
Gravel & sand black	110	119	36
Sand black	119	124	36
Clay & sand gray	124	128	36
Sand black	128	134	36

RECEIVED
DEC 27 2001
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
OCT 19 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/3/01 Completed 11/28/01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number 1704
Signed Date 12/20/01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 783
Signed Date 12/12/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

Received by OWRD
JUN 02 2025
Salem, OR

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Owner / Business :

Name	Phone Number	Owner Street Address
Eder Farms	503-951-1856	12730 Miller Rd NE

State	City	Zip
Oregon	Gervais	97026

If different from owner,

Test Conducted By	Qualifications	License #
Daniel D Stadeli	Well Constructor	1487

Company	Phone Number	Company Street Address
R. Stadeli & Sons, Well & Pump	503-873-5245	4385 Stadeli Lane NE

Company State & Zip	E-mail
Silverton, OR	wdi.rsi@gmail.com

Tested Well Information :

Well Log	Well Log #	Well Tag L-#
MARI 56275		30628

Date Drilled	TWP RNG SEC QQ	Surveyed Location
11/28/2001	6S 1W Sec 6 SW NE	

Latitude	Longitude
45.08149	-122.8522

Water Right(s) Information : include letter in front (ex. G-xxxxx)

Application	Permit	Transfer

Certificate

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

Daniel D Stadeli

Operator Initials: DDS Date: 3/10/2025

Owner Initials: KE Date: 3-19-2025

Received by OWRD
JUN 02 2025
Salem, OR

OREGON WATER RESOURCES DEPARTMENT

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 approximatge 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? Yes

Approx. Distance	Approx. Elevation Difference
75 ft	35 ft

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

Where pumped water was discharged?	How far from pumped well was water discharged?
Onto grass seed crop	200 ft

5

Water-Level Measurement Method

E-Tape

If other, please state:

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	Pump HP	Pump Set
Submersible	40	80 ft

If other, what pump type?

Idle Time unit: All Winter

Discharge Method

Flow Meter

If Flowmeter used,

Manufacturer: McCrometer
Serial #: 02-03102-6
Date Last Calibrated: Unk
Units: US Gallons / Acre Feet

Measuring Point (MP)

2.50 ft Above land surface

Description of MP

1" NPT port on East side of well head

Time Pump Turned On

Date	Time
3/5/2025	8:20 AM

Time Pump Turned Off

Date	Time
3/5/2025	12:30

Total Pumping Time

Hours	Minutes
4	10

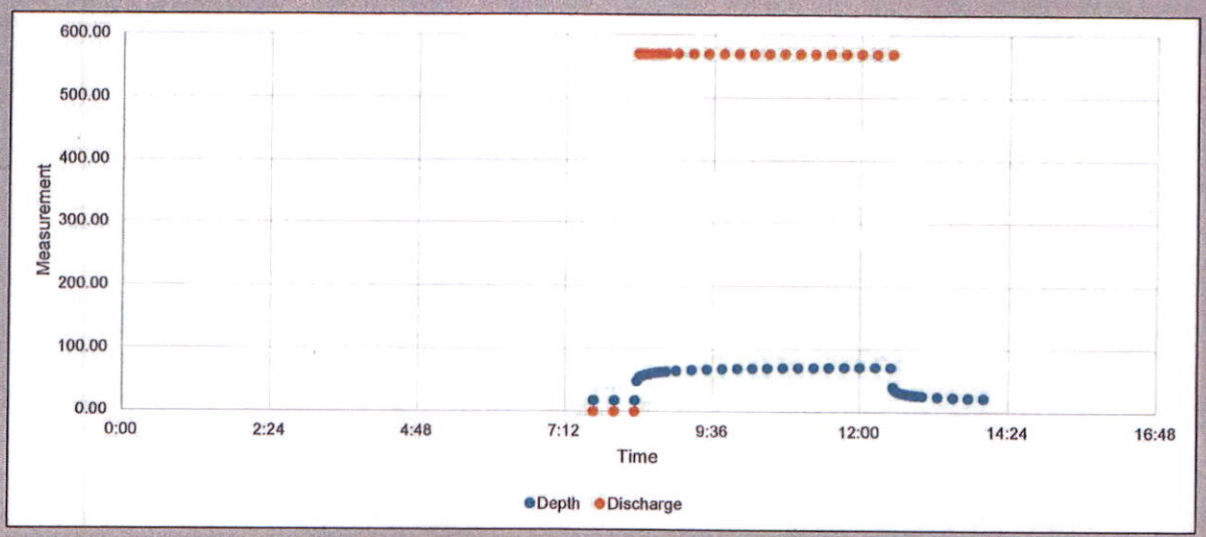
OREGON WATER RESOURCES DEPARTMENT

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
3/5/2025	7:40	17.62	0	GPM	OFF				Well idle all winter
	8:00	17.62	0	GPM	OFF				
	8:20	17.62	0	GPM	OFF				
	8:22	48.80	570	GPM	ON		379437	acre feet	
	8:24	53.30	570	GPM	ON				
	8:26	55.65	570	GPM	ON				
	8:28	57.28	570	GPM	ON				
	8:30	58.48	570	GPM	ON				
	8:35	60.46	570	GPM	ON				
	8:40	61.97	570	GPM	ON				
	8:45	62.80	570	GPM	ON				
	8:50	63.70	570	GPM	ON				
	9:00	64.87	570	GPM	ON				
	9:15	66.20	570	GPM	ON				
	9:30	67.13	570	GPM	ON				
	9:45	67.91	570	GPM	ON				
	10:00	68.50	570	GPM	ON				
	10:15	69.10	570	GPM	ON				
	10:30	69.50	570	GPM	ON				
	10:45	69.85	570	GPM	ON				
	11:00	70.20	570	GPM	ON				
	11:15	70.54	570	GPM	ON				
	11:30	70.80	570	GPM	ON				
	11:45	71.11	570	GPM	ON				
	12:00	71.26	570	GPM	ON				
	12:15	71.48	570	GPM	ON				
	12:30	71.13	570	GPM	ON		379891	acre feet	
	12:32	39.90			OFF				Recovery
	12:34	35.30			OFF				
	12:36	33.15			OFF				
	12:38	31.71			OFF				
	12:40	30.63			OFF				
	12:45	28.81			OFF				
	12:50	27.63			OFF				
	12:55	26.88			OFF				
	13:00	26.25			OFF				
	13:15	24.72			OFF				
	13:30	23.90			OFF				
	13:45	23.20			OFF				
	14:00	22.70			OFF				90% Recovery Reached - Measurements Terminated



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

OREGON
WATER RESOURCES DEPARTMENT

Received by OWRD
JUN 02 2025
Salem, OR

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Eder Family LP
12730 Miller Rd NE, Gervais OR 97026

Transaction Type: Claim

Fees Received: $ 230.00

☐ Cash ☒ Check: **Check No.** 382

Name(s) on Check: Eder Family LTD

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Corie Lovrien
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (*i.e., the application or other document*).
- Date-stamp all pages. (*NOTE: Do not stamp check.*)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "*RECEIVED OVER THE COUNTER*" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (*application/other document*) in the top drawer of filing cabinet.