

**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](http://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)
<b>G-18568</b>	<b>G-18290</b>	<b>NA</b>

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

APPLICANT/BUSINESS NAME <b>Miloris Water Association, Inc.</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>PO Box 523</b>			
CITY <b>Columbia City</b>	STATE <b>OR</b>	ZIP <b>97018</b>	E-MAIL

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

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

PERMIT HOLDER OF RECORD <b>Miloris Water Association, Inc.</b>		
ADDRESS <b>PO Box 523</b>		
CITY <b>Columbia City</b>	STATE <b>OR</b>	ZIP <b>97018</b>

**4. Date of Site Inspection:**

<b>May 27, 2025</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Brad Westrick</b>	<b>May 27, 2025</b>	<b>Miloris Water Association President</b>
<b>Gary Maisack</b>		<b>Miloris Water Association Secretary</b>

**6. County:**

<b>Columbia</b>
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**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)):**

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

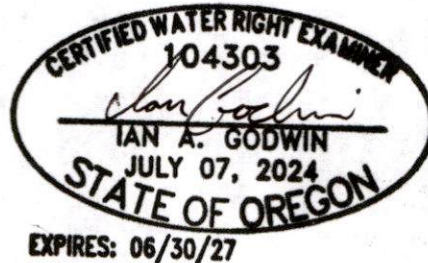
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## CWRE Statement, Seal and Signature

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

Seal and Signature



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

## 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
	<b>Brad Westrick</b>	<b>Water Association President</b>	<b>6/19/25</b>

**SIGN HERE**

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## 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-2*	COLU-51235	L-37249

*\*The original application proposed two wells, though only one well (Well-2) was carried into the permit, was developed, and is included on this claim (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-2	Quasi-Municipal	NA	Jan 1 – Dec 31	0.06 CFS
Total Quantity of Water Used				0.06 CFS

#### 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:

Well-2 has a submersible pump with a pitless adapter. The well pumps approximately 20 ft to a 12,000 gallon above-ground storage tank. The totalizing flow meter is located on the mainline prior to the tank. The well is turned on and off by an automated float control in the tank. Water from the tank then passes through two pressure tanks and is distributed across the place of use by two booster pumps to maintain water pressure.

**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 water source and water use were developed as described 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-2	0.06 CFS	0.079 cfs	0.061 cfs	0.06 cfs	NA	NA

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## 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-2 (COLU-51235)

#### 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:

There is a 3/4" air pressure valve on the top of the wellhead which can be removed for measurement access to the casing.

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" casing with a 5" liner	300 ft	605 ft	11/03/1999	NA	Voris Probst	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.

#### 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.

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**2. If the appropriation involves a SUMP, provide the following information for each SUMP:**

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET

**3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:**

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL

**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)
Franklin	Single-phase Sandfighter	Unk.	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)
5 HP	0 psi*	425 ft	20 ft (approx. height of full tank above wellhead)	0.079 cfs

**4. Provide pump calculations:**

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

$$Q_{\text{Pump}} = \frac{(5 \text{ HP})(7.04 \text{ for submersible pump})}{(445 \text{ ft of total lift})} = 0.079 \text{ cfs}$$

\*PSI was considered 0 as the pump pushes water into the storage tank, which is included in the lift from pump to place of use (assuming a full tank).

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**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)
6,921,692.4 gal	6,922,051.1 gal	13 mins, 6 secs	0.061 cfs

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

**6. Sprinkler Information:**

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:**

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

**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
Stainless Steel (assumed)	12,000 gallons	Above-ground

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### 3. Bulge in System / Reservoir:

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~~

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

#### 2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

#### 3. Provide calculations:

--

#### 4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

### 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~~

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

#### 2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL/ DITCH	SLOPE	COMPUTED RATE (IN CFS)

#### 3. Provide calculations:

--

#### 4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

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#### H. Additional notes or comments related to the system:

- Water level measured in Well-2 on May 27, 2025 was 368.92 ft below top of casing. The well had pumped previously in the day due to regular operations, but this appeared to be a static water level.
- The Water Association currently includes 11 lots, 7 of which are developed.
- Average annual use per home is about 227 gpd, with the peak month use (Jul-Aug) being about 474 gpd per home.

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## 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	10/09/2019		
BEGIN CONSTRUCTION (A)	10/09/2024	10/11/1999	The well was completed prior to application for water right.
COMPLETE CONSTRUCTION (B)	10/09/2024	11/3/1999	
COMPLETE APPLICATION OF WATER (C)	10/09/2024	Jul-Aug 2024	Peak water development achieved, estimated at ~3,385 gallons per day. Well tested at 28 gpm (0.061 cfs) in July 2024.

\* 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 NO

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 NO

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

~~b. Were the Progress Reports submitted?~~ YES NO

~~If the reports have not been submitted, attach a copy of the reports if available.~~

### 3. Initial Water Level Measurements:

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

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\* NO

\*First March water level reported after issuance of permit was March 17, 2021.

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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

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

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

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**

*\*March water levels have been reported for 2021, 2023, 2024, and 2025.*

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
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#### 5. Pump Test:

a. Is a pump test required? **OWRD** **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. **ATTACHMENT 3**

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? **YES** **NO**

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

#### 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-2	Recordall	33626-068	Working	6,922,051.1	July 2024

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? YES NO

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

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

If the reports have not been submitted, attach a copy of the reports if available.

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

a. Were there special well construction standards? YES 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
L-37249	Unknown

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):

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**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
ATTACHMENT 2	Well-2 Well Log
ATTACHMENT 3	4-Hour Pump Test Report (Crow Water)

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## 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 claim map is based on measurements and observations in the field, as well as information from the following satellite imagery:**

- Airbus Imagery – May 14, 2023
- Google Earth Imagery – June 17, 2021
- Google Earth Imagery – August 13, 2020

### 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~~ NA, Quasi-municipal use
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation.
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ ~~Source illustrated if surface water~~
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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## ATTACHMENT 2

COLU  
51235STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)WELL I.D. # L 37249  
START CARD # 126910

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

(1) OWNER: Well Number \_\_\_\_\_  
Name VORIS PROBST  
Address 36380 MILORIS WAY  
City COLUMBIA CITY State OR Zip 97018

## (2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

## (3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger  
☐ Other \_\_\_\_\_

## (4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Livestock ☐ Other \_\_\_\_\_

## (5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 605 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

## HOLE

## SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10	0	100	Cem/Bent	0	100	
8	100	299	Cem/Bent	100	299	94 SKS
6	299	548				
5	548	605				

How was seal placed: Method ☐ A ☐ B ☒ C ☒ D ☐ E  
☐ Other \_\_\_\_\_Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

## (6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+2	300	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	230	503	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

## (7) PERFORATIONS/SCREENS:

		Method		Type		Material	
		TORCH				STEEL	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
461	503	1/8x12	84			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

	Pump	Bailer	<input checked="" type="checkbox"/> Air	Flowing
	Yield gal/min	Drawdown	Drill stem at	Artesian
	25		600	1 hr.

Temperature of water 56°F Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? ☐ Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use? ☐ Too little  
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

## (9) LOCATION OF WELL by legal description:

County COLUMBIA Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5N N or S Range 1W E or W. WM.  
Section 28 NE 1/4 SW 1/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 36300 MILORIS WAY

## (10) STATIC WATER LEVEL:

390 ft. below land surface. Date 1/03/99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

## (11) WATER BEARING ZONES:

Depth at which water was first found 508

From	To	Estimated Flow Rate	SWL
508	548	25 GPM	390

RECEIVED

NOV 0 8 1999

## (12) WELL LOG:

Ground Elevation \_\_\_\_\_

WATER RESOURCES DEPT  
SALEM, OREGON

Material	From	To	SWL
Topsoil	0	2	
Brown silty clay	2	54	
Sticky dark brown clay	54	96	
Firm brown basalt	96	104	
Firm gray-black basalt	104	158	
Soft brown basalt	158	165	
Firm gray-black basalt	165	248	
VOID loss circ.-no returns	248	256	
Firm formation-no returns	256	296	
Firm gray-black basalt	296	393	
Hard gray basalt	393	458	
Firm gray-black basalt	458	468	
Firm blue-gray clatstone	468	500	
(caving)			
Firm gray-black basalt	500	605	390

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Date started 10/11/99 Completed 11/03/99 OWRD  
(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 \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:

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

WWC Number 1266

Signed \_\_\_\_\_

Date 11/05/99





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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](mailto: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 ( $\geq 4$  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.  
( $\leq 2$  minutes for the first 10 minutes,  $\leq 5$  mins for 10-30 mins, and  $\leq 15$  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  $\geq 300$  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
Miloris Water Association	503-544-6035	PO Box 523
State	City	Zip
Oregon	Columbia City	97018

If different from owner,

Test Conducted By	Qualifications	License #
Joey Klobes	Pump Installer	CPI#475

Company	Phone Number	Company Street Address
Crow Water Systems	503-543-6326	PO Box 665, Scappoose

Company State & Zip	E-mail
Oregon, 97056	service@crowwater.com

Tested Well Information :

Well Log	Well Log #	Well Tag L-#
COLU	51235	37249

Date Drilled	TWP RNG SEC QQ	Surveyed Location
11/3/1999	5N, 1W, Sec 28, NESW	

Latitude	Longitude
45°53'05.0"N	122°49'06.2"W

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

Application	Permit	Transfer
G-18568	G-18290	None

Certificate

None

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

Joey Klobes

Operator Initials:

JK

Date:

3-Jun-25

Owner Initials:

Date:

6/19/25

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SIGN HERE





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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		

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
980 ft	40 ft

4 Was the test conducted during normal use of the well? no  
Where pumped water was discharged? Surface  
How far from pumped well was water discharged? ~20 ft

5  
Water-Level Measurement Method

Electric 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  
E-tape ft  
If Pressure Transducer used,  
Manufacturer:  
Serial #:  
Date Last Calibrated:  
Units:

Pump Type Submersible  
If other, what pump type?  
Pump HP 5  
Pump Set 483 ft  
Idle Time unit  
At least 6 hours

Discharge Method  
Flowmeter  
If Flowmeter used,  
Manufacturer: Badger Meter 1" Model 70  
Serial #: Unk.  
Date Last Calibrated: Unk.  
Units: (gpm) gallons per minute

Measuring Point (MP)  
~1 ft above land surface

Description of MP  
Air vent port

Time Pump Turned On  
Date 7/30/2024  
Time 1:40

Time Pump Turned Off  
Date 7/30/2024  
Time 5:40

Total Pumping Time  
Hours 4  
Minutes 0

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**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 can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to **printing**

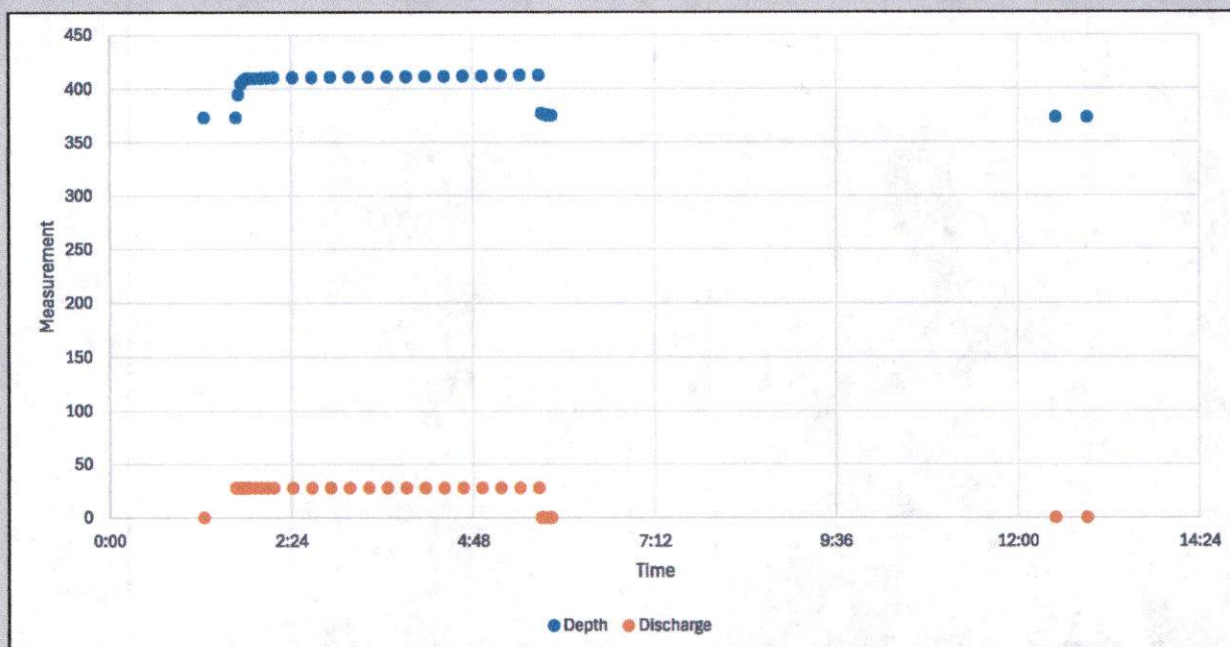
\*Measurements in decimal foot

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[illegible]





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

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June 10, 2025

Oregon Water Resources Department  
Attn: *Water Rights Services Division*  
725 Summer St. NE Ste A  
Salem, Oregon 97301

**CLAIM OF BENEFICIAL USE APPLICATION FOR PERMIT G-18290 – MILORIS WATER ASSOCIATION**

Dear OWRD Staff,

Please find accompanying this letter a claim of beneficial use (COBU) application for groundwater permit G-18290 for Miloris Water Association, Inc. (Miloris). The permit is for quasi-municipal use from a single well in the McBride Creek basin southwest of Columbia City, Oregon (T5N, R1W, Section 28). The attached COBU application package includes:

- Reimbursement Authority (RA) application and check (# 619),
- Claim of Beneficial Use application and fee check (# 620),
- Stamped Claim of Beneficial Use map,
- Well log for the source well (Well-2, COLU-51235),
- A Pump Test Report for a 4-hour test performed at Well-2 in July 2024 (see note below).

The standard 4-hour pump test on Well-2 was performed by Crow Water Services in July 2024 immediately after replacing the old submersible pump with the current 5 HP Franklin Sandfighter unit. The capacity of the former pump had drastically reduced to approximately 2-3 gallons per minute (gpm) due to mechanical issues, necessitating the replacement. Joey Klobe of Crow Water attested that work began to remove the old pump around 6:00 am on July 30, 2024. The Pump Test Report attached to this claim shows that the pump test began at 1:40 pm, with three static measurements in the hour prior to pumping showing constant water levels. Due to the nature of this pump replacement and the timing of the test, Mr. Klobe is not able to confirm that the old pump had been idle for at least 16 hours prior to the test. However, given the disfunction of the old pump and the constant static measurements prior to the test, CwM believes that this test was performed under truly static aquifer conditions. Rerunning the pump test would be an unreasonable burden and cost for this small water system, which currently serves just seven homes.

Please let us know if there are any issues with processing this application or questions regarding the information included therein. Thank you for your assistance.

Sincerely,

**CwM H2O, L.L.C.**



Ian Godwin, CWRE

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