

**CLAIM OF
BENEFICIAL USE
for Permits claiming more
than 0.1 cfs and All Transfers**



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

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**A fee of \$175 must accompany this form for permits
with priority dates after July 8, 1987.**

WATER RESOURCES DEPT
SALEM, OREGON

**A fee of \$175 must accompany this form for any Transfer final orders
including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights
has a priority date of July 9, 1987, or later, the fee is required.**

SECTION 1

GENERAL INFORMATION

1. File Information

APPLICATION # (G, R, S or T) G-15177	PERMIT # (IF APPLICABLE) G-14987	PERMIT AMENDMENT # (IF APPLICABLE) NA
--	--	---

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME Daniel and Janet Hostetler		PHONE NO. (503) 632-1993	ADDITIONAL CONTACT NO.	
ADDRESS PO Box 985				
CITY Mulino	STATE OR	ZIP 97042	E-MAIL	

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

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

PERMIT OR TRANSFER HOLDER OF RECORD Daniel and Janet Hostetler				
ADDRESS PO Box 985				
CITY Mulino	STATE OR	ZIP 97042		

ADDITIONAL PERMIT OR TRANSFER HOLDER OF RECORD				
ADDRESS				
CITY	STATE	ZIP		

September 15, 2015

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Janet and Daniel Hostetler	September 15, 2015	Property Owners
Juan Zaragoza	September 15, 2015	Field manager for Hood Nursery, one of the companies leasing on this property.
Marco A. Martinez	September 15, 2015	Owner of one of the companies leasing on this property

6. County:

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

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

RENEWS June 30, 2017

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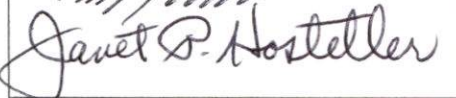
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CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

Each permit or transfer 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
	Daniel B. Hostetler		10/29/15
	Janet P. Hostetler		10-29-15

**SECTION 3
CLAIM DESCRIPTION**

1. Point of diversion/appropriation name or number:

POINT OF DIVERSION/APPROPRIATION (POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	CLAC 20198	NA

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

2. Point of diversion/appropriation source and, if from surface water, the tributary:

POD/POA NAME OR NUMBER	SOURCE	TRIBUTARY
Well	A well	Creamery Creek Basin

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

POD/POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Irrigation	Row crops and in-ground nursery	March 1 through October 31	0.83 cfs
Total Quantity of Water Used				0.83 cfs

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

Water is pumped from Well (CLAC 20198) using a 40 Hp submersible pump to convey water through an eight-foot-long, 6-inch steel pipe with a flow meter before going underground. The mainline then tees into a 6-inch PVC pipe heading both east and west with hydrants every 60 feet. The line to the east heads north then back east around the property boundary. The last 300 feet of the eastern mainline consist of a four-inch above ground mainline, with hydrants every 30 feet, connected to the last hydrant on the 6-inch line. From these hydrants, aluminum laterals and one wheel line are connected with impact sprinklers every 40 feet.

There are two lessees on the property. The lessee on the west irrigates in-ground nursery stock with one aluminum line and one wheel line at a time for 3-4 hours in the evening. The lessee to the east irrigates row crops with 51 impact sprinklers twice a day.

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 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.")

1. The location of Well (CLAC 20198) is more correctly placed at: 1,305 feet south and 2,510 feet west from the NE corner, DLC 43.

6. Claim Summary:

POD / POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.53 cfs	0.83 cfs	NR	Irrigation	42.4	42.4

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple PODs or POAs?

NO

If "YES" you will need to copy and complete Sections 4B through 4G for each POD/POA.

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

Well

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	1E	W.M.	27	SW NW	NA	43	Irrigation	11.8	
4S	1E	W.M.	27	NW SW	NA	43	Irrigation	2.4	
4S	1E	W.M.	28	SE NE	NA	43	Irrigation	21.1	
4S	1E	W.M.	28	NE SE	NA	43	Irrigation	7.1	
Total Acres Irrigated								42.4	

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. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	7T40-350	M2366176045 3K94 21-0016	Submersible	5 inch	6 inch

3. Motor Information

MANUFACTURER	HORSEPOWER
Berkeley	40 Hp

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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	80 psi	135.4 from Specific Capacity	0 feet	0.83 cfs

5. Provide pump calculations:

$$Q_{\text{Pump}} = \frac{(40 \text{ Hp}) (7.04 \text{ ft}^4/\text{sec HP})}{(135.4 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 0.83 \text{ cfs}$$

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 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	1,590 feet	PVC	Buried
4 inch	300 feet	Aluminum	Above ground

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	13,600 feet	Aluminum	Above ground
4 inch	1,200 feet	Aluminum Wheel Line	Above ground

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/64 on wheel line	60 psi	6.6 gpm	30	30	0.44 cfs
3/16	60 psi	7.8 gpm	342	51	0.89 cfs

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

11. Pivot Information

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

12. Additional notes or comments related to the system:

There are two lessees on the property.

The leesee on the west side irrigates in-ground nursery stock using one wheel line (30 sprinklers) and one 3-inch hand line (30 sprinklers) for a total of 60 sprinklers at a time.

(30 hand line sprinklers X 7.8 gpm = 0.52 cfs
 (30 wheel line sprinklers X 6.6 gpm) = 0.44 cfs
 0.52 cfs + 0.44 cfs = 0.96 cfs)

The leaser to the east irrigating row crops irrigates row crops using two 3-inch lines with 20 sprinklers and one shorter line with 11 sprinklers for a total of 51 sprinklers at a time (0.89 cfs).

C. Groundwater Source Information (Well and Sump)

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

If "NO", items 2 through 8 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

1/2 inch plug on north side of the sanitary seal.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log CLAC 20198						

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 20198

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

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

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D. 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.

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E. 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.

F. 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.

G. Reservoir

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

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

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

SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT OR TRANSFER	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	November 29, 2001		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2006 extended to October 1, 2018	May 13, 2015	Installation of the meter and complete application of water to full use.

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

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

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

3. If for a transfer extension order, provide the following information: **WATER RESOURCES DEPT
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VOLUME	PAGE	DATE EXTENDED TO
NA		

4. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

If "NO", items 4b through 4d 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			

5. Annual Static Water Level Measurements:

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

If "NO", items 5b through 5e 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			

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

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

If "NO", items 6b through 6e 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**

7. Measurement Conditions:

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

If "NO", items 7b through 7f relating to this section may be deleted.

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

b. Has a meter been installed? **YES**

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	15-06535-06	Working	1,214,200 gallons (September 15, 2015)	May 13, 2015

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

8. Recording and reporting conditions

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

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

9. Fish Screening

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

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

10. By-pass Devices

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

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

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

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

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

None

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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 20198	Well log and driller’s notes for CLAC 20198 – Well
BLM Cadastral Map	BLM Cadastral Map T.4S. R.1E. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well (CLAC 20198) conducted May 13, 2015

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 4 1E 27 and 4 1E 28, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained online 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

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- 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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SALEM, OREGON

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

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APR 11 1995 (START CARD) # 73185

43/1E/28da
pg. 1

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

(1) OWNER: Well Number _____

Name DEMARTINI FARM
Address 8441 LONE ELDER RD.
City CANBY State OR Zip 97013

(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 365 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	34	BENTONITE	0	34	86 SACKS
10	34	365				

How was seal placed: Method A B C D E

Other POURED INTO ANNULAS

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	10	+1	245	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	355	365		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	226	246		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	252	258		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	264	292		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	319	345		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 245

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type V-WIRE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
246	252	.025		6"	PIPE	<input type="checkbox"/>	<input type="checkbox"/>
258	264	.025		6"	PIPE	<input type="checkbox"/>	<input type="checkbox"/>
292	319	.025		6"	PIPE	<input type="checkbox"/>	<input type="checkbox"/>
345	355	.025		6"	PIPE	<input type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
350	120		1 hr.
455	173		7 HR
400	157		8 HR

Temperature of water 58 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 NO

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude _____ Longitude _____
Township 4S N or S Range 1E E or W. WM.
Section 28 NE 1/4 SE 1/4
Tax Lot 970 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
S. HEINZ RD., CANBY, OR

(10) STATIC WATER LEVEL:

23 ft. below land surface. Date 3-30-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
ALL SAND & GRAVEL FORMATION BELOW THE SWL			

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(12) WELL LOG: NOV 05 2015

Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
CLAY BROWN	1	11	
CLAY BROWN SANDY	11	14	
CLAY GREY STICKY	14	34	
SANDY BROWN CLAY	34	46	
CLAY WITH GRAVEL	46	74	
CLAY GREY	74	84	
CEMENTED GRAVEL & CLAY	84	112	
SAND BLK MED/COURSE W/GRAVL	112	127	
CLAY GREEN	127	146	
SAND BLACK	146	149	
CLAY GREY	149	167	
SAND GREY MED	167	176	
CLAY GREY SILTY	176	224	
SAND GREY	224	231	
CLAY GREY STICKY	231	246	
SAND GREY COURSE	246	252	
GRAVEL WITH CLAY	252	253	
CLAY GREY SANDY	253	258	
SAND GREY MED FINE	258	264	

Date started 2-20-95 Completed 3-30-95

(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 in this well construction are true to the best of my knowledge and belief.

Westerberg Drilling, Inc.

36728 S. Kropf Rd. WWC Number _____

Signed Molalla, OR 97038 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.

829-2526 WWC Number 688

Signed Steven N. Stadelin Date 4-4-95

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

CLAC
20198

4S/1E/28da
pg. 2

(START CARD) # 73185

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

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input 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

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

Temperature of water _____ 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 CLACKAMAS Latitude _____ Longitude _____
Township 4S N or S Range 1E E or W. WM. _____
Section 28 NE 1/4 SE 1/4
Tax Lot 970 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
S. HEINZ RD., CANBY, OR

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
CLAY GREY SANDY	264	269	
SAND GRAVEL CLAY	269	276	
CLAY GREY	276	292	
SAND BLK CEMENTED	292	308	
SAND GREY BLACK FINE	308	313	
SILTSTONE BRN & CEMENTED SAND	313	319	
CLAY & SILT BRN	319	327	
SAND BLACK FINE	327	329	
CLAY GREY & BROWN	329	344	
SAND BLACK CEMENTED	344	347	
CLAY & SAND BRN GREY	347	350	
SAND GREY	350	355	
CLAY GREY	355	365	

RECEIVED
NOV 05 2015
WATER RESOURCES DEPT
SALEM, OREGON

Date started 2-20-95 Completed 3-30-95

(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 688
Signed Steven N. Stodick Date 4-4-95

