

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



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

**A fee of \$345 must accompany this form for permits
with priority dates of July 9, 1987, or later.**

Enter the date the priority date of the permit:

January 27, 2015

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).

AS OF APRIL 1, 2026: For groundwater permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request as required under OAR 690-217 has been **submitted** for each well or **include** the required pump test or exemption request for each well with the claim. **Claims that do not meet this requirement will not be accepted.**

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.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900.

The Department has a Reimbursement Authority program that allows it to enter into a voluntary agreement with an applicant for expedited services. Applicants interested in an estimate of the cost and timeline for expedited processing must submit a Reimbursement Authority Estimate Application and required fee. The form and additional information on this program see:

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

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-17988	PERMIT # (IF APPLICABLE) G-18910	PERMIT AMENDMENT # (IF APPLICABLE) T-13112, 13866, 14374
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Robert Gabriel Trust, Robert Gabriel Trustee		PHONE NO. 503-873-1200 office	ADDITIONAL CONTACT NO.
ADDRESS 8474 Hazelgreen Rd NE			
CITY Silverton	STATE OR	ZIP 97381	E-MAIL Bobg@oblueberry.com

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 Bob Gabriel		
ADDRESS 8474 Hazelgreen Rd NE		
CITY Silverton	STATE OR	ZIP 97381

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**June 1, 2026****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Bob Gabriel	June 1, 2026	Owner

6. County**Clackamas County****7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):**

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



CWRE NAME Doann Hamilton		PHONE NO. (503) 349-6946 cell	ADDITIONAL CONTACT NO. 503-931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL phgdmh@gmail.com

Received by OWRD
JUN 17 2026
Salem, OR

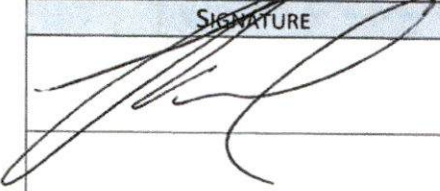
JUN 17 2026

Permit Holder of Record Signature or Acknowledgement

Salem, OR

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
	Robert Gabriel	Trustee	6/17/26

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 2	MARI 67037	L-127210
Well 5	CLAC 59086	L-61589
Well 9	CLAC 78289, 78927	L-149583

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 2	Pudding River Basin	Willamette River
Well 5	Pudding River Basin	Willamette River
Well 9	Pudding River Basin	Willamette 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 2	Irrigation	Row crops and hay	March 1 through October 31	0.89 cfs
Well 5	Irrigation		March 1 through October 31	0.56 cfs
Well 9	Irrigation		March 1 through October 31	0.89 cfs
Total Quantity of Water Used				

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 2 (MARI 67037) using a 30 Hp submersible pump to convey water through approximately 15 feet of 6 inch above ground steel pipe to the west with a meter before angling down and going underground to connect to the buried 8 inch PVC mainline.

Water is pumped from Well 9 (CLAC 78289, 78927) using a 30 Hp submersible pump to convey water through approximately 6 feet of 6 inch above ground steel pipe to the north with a meter and backflow preventer. Portable 4 inch aluminum mainlines can be attached at the end of the pipe and extended north attaching to hydrants on the 8 inch buried PVC mainline.

Water is pumped from Well 5 (CLAC 59086) using a 25 Hp submersible pump to convey water through approximately 15 feet of 4 inch above ground steel pipe to the east with a meter before angling down and going underground and extending upward with hydrants where the 6 inch portable aluminum mainline can connect.

The 8 inch buried PVC mainline extends to the east and connects up with the POD for the primary Certificate 98442. Additional 6 inch portable aluminum mainlines with hydrants connects to hydrants on the buried 8 inch PVC mainline to extend the water to different location of the place of use. The hydrants on either the 6 or 8 inch mainline are used to connect the hard hose traveler.

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

5. Variations:

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

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

1. The authorized Well 3 (CLAC 20355) and Well 4 (CLAC 20344) were not performing well and have not been used; therefore, Well 3 and 4 are not included in this Claim of Beneficial Use.
2. The authorized Well 6 has not been constructed and is, therefore, not included in this Claim of Beneficial Use.
3. The authorized Well 8 (CLAC 78287) was determined to be dry and was abandoned; therefore, Well 8 is not included in this Claim of Beneficial Use
4. Well 5 (CLAC 59086) latitude and longitude is better describe from what is on WRIS as:
45.284178, -122.729044, WGS 84
5. Well 9 (CLAC 78289) latitude and longitude is better describe from what is on WRIS as:
45.280078, -122.738519, WGS 84

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JUN 17 2026
Salem, OR

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 2	0.379 cfs for IR	0.89 cfs	Instantaneous meter 0.84 cfs	IR	149.81 acres	149.81 acres
	0.02 cfs for IS			IS	8.4 acres	8.4 acres
Well 5	0.379 cfs for IR	0.56 cfs	Not measured	IR	149.81 acres	149.81 acres
	0.02 cfs for IS			IS	8.4 acres	8.4 acres
Well 9	0.379 cfs for IR	0.89 cfs	Not measured	IR	149.81 acres	149.81 acres
	0.02 cfs for IS			IS	8.4 acres	8.4 acres
Total:	0.399 cfs					

SECTION 4a of 4c
SYSTEM DESCRIPTION

Are there multiple POAs?**YES**

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

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

Well 2

A. Place of Use**1. Is the right for municipal use?****NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
3S	1E	WM	30	SWNW	NA	NA	IR	25.44	NA
3S	1E	WM	30	NENE	NA	NA	IR –deficiency	6.81	NA
3S	1E	WM	30	NWNE	NA	NA	IR –deficiency	2.41	NA
3S	1E	WM	30	SWNE	NA	NA	IR –deficiency	27.30	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	14.62	NA
3S	1E	WM	30	SWNW	NA	NA	IR –deficiency	2.13	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	38.21	NA
3S	1E	WM	30	NESW	NA	NA	IR –deficiency	31.12	NA
3S	1E	WM	30	NWSW	NA	NA	IR –deficiency	1.77	NA
3S	1E	WM	30	SWNW	NA	NA	IS	NA	8.40
Total Acres Irrigated								149.81	8.40

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.

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JUN 17 2026

JUN 17 2026

Salem, OR

YES

B. Groundwater Source Information (Well)**1. Is the appropriation from a well?***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:**

1.75 inch vent/access port through the well seal on the north side of the well with a 3/4 inch PVC dedicated measuring tube installed.

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 67037)						

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 67037)

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 9 may be deleted.***2. Pump Information:**

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Well	Wolf	6MM8V-6 stage	PP102517	Submersible	6 inch	6 inch
Hard Hose traveler #8	Cornell	3RB-EM16-4	239324 12.88 0.00	Centrifugal	5 inch	3 inch
Hard Hose traveler #18	Cornell	3RB-EM16-4	220143 12.88	Centrifugal	5 inch	3 inch

3. Motor Information:

SOURCE	MANUFACTURER	HORSEPOWER
Well	Grundfos	30 Hp
Hard Hose traveler #8	John Deere 4045TF290A	74 Hp
Hard Hose traveler #18	John Deere 4045TF290	74 Hp

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
30 Hp	60 psi	85.27 feet (from permit condition pump test)	Up about 15 feet in the middle then back down about 15 feet to the east for average 0 feet	0.89 cfs

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

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(85.27 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.89 \text{ cfs}$$

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)
Instantaneous meter reading 375 gpm			

7. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
NA				

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

8. Provide pump calculations:

NA

9. 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)
NA			

10. Is the distribution system piped?

YES

If "NO" items 11 through item 16 may be deleted.

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JUN 17 2026

Salem, OR

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	~15 feet	Steel	Above ground
Common line:			
8 inch	~ 4,000 feet	PVC	Buried
6 inch	~ 5,500 feet	Aluminum	Above ground

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4 inch	100 feet	Reinforced rubber hose	Above ground
4 inch	1,300 feet - Hard hose traveler #8	Polyethylene	Above ground
4 inch	1,300 feet - Hard hose traveler #18	Polyethylene	Above ground

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
1.0 inch	80 psi	260 gpm	1	1	0.58 cfs
1.2 inch	80 psi	380 gpm	1	1	0.85 cfs

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

14. Drip Emitter Information:

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

15. 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					

16. 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)?

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?

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

NO

NO

Salem, OR

JUN 17 2026

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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:

This well also supplies Certificate 98444

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JUN 17 2026
Salem, OR

SECTION 4b of 4c
SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well 5

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JUN 17 2026

Salem, OR

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
3S	1E	WM	30	SWNW	NA	NA	IR	25.44	NA
3S	1E	WM	30	NENE	NA	NA	IR –deficiency	6.81	NA
3S	1E	WM	30	NWNE	NA	NA	IR –deficiency	2.41	NA
3S	1E	WM	30	SWNE	NA	NA	IR –deficiency	27.30	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	14.62	NA
3S	1E	WM	30	SWNW	NA	NA	IR –deficiency	2.13	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	38.21	NA
3S	1E	WM	30	NESW	NA	NA	IR –deficiency	31.12	NA
3S	1E	WM	30	NWSW	NA	NA	IR –deficiency	1.77	NA
3S	1E	WM	30	SWNW	NA	NA	IS	NA	8.40
Total Acres Irrigated								149.81	8.40

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:

½ inch copper pipe through the sanitary seal on the south side of the well 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
See Well Log (CLAC 59086)						

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 59086)

C. Groundwater Source Information (Sump)

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

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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JUN 17 2026

Salem, OR

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 9 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	6T25-200	P50320/B76704	Submersible	5 inch	4 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	25 Hp

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
25 Hp	60 psi	177 feet (from pump test recorded on well log)	-15 feet	0.56 cfs

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

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(25 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(162 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.56 \text{ cfs}$$

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			

7. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
NA				

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

8. Provide pump calculations:

NA

9. 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)
NA			

10. Is the distribution system piped?

YES

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4 inch	~ 15 feet	Steel	Above ground
See Well 2 for common line			

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
See Well 2			

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
See Well 2					

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

14. Drip Emitter Information:

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

15. 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					

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JUN 17 2026

Salem, OR

16. 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:

This well also supplies Certificate 80671

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JUN 17 2026
Salem, OR

SECTION 4c of 4c

SYSTEM DESCRIPTION

Are there multiple POAs?

YES

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

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

Well 9

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
3S	1E	WM	30	SWNW	NA	NA	IR	25.44	NA
3S	1E	WM	30	NENE	NA	NA	IR –deficiency	6.81	NA
3S	1E	WM	30	NWNE	NA	NA	IR –deficiency	2.41	NA
3S	1E	WM	30	SWNE	NA	NA	IR –deficiency	27.30	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	14.62	NA
3S	1E	WM	30	SWNW	NA	NA	IR –deficiency	2.13	NA
3S	1E	WM	30	SENE	NA	NA	IR –deficiency	38.21	NA
3S	1E	WM	30	NESW	NA	NA	IR –deficiency	31.12	NA
3S	1E	WM	30	NWSW	NA	NA	IR –deficiency	1.77	NA
3S	1E	WM	30	SWNW	NA	NA	IS	NA	8.40
Total Acres Irrigated								149.81	8.40

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:

1.25 inch galvanized plug with a 3/4 inch PVC dedicated measuring tube installed in through the well seal on the east side of the well.

Received by OWRD

JUN 17 2026

Salem, OR

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 78289, 78927)						

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 78289, 78927)

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 9 may be deleted.

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Franklin Electric	325STS6	Unknown	Submersible	6 inch	6 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	30 HP

4. Theoretical Pump Capacity – Pump at Well:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE DEPTH TO WATER FROM THE GROUND SURFACE MEASURED AT THE WELL DURING PUMPING)	LIFT TO PLACE OF USE (THE LIFT FROM THE GROUND SURFACE AT THE WELL TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
30 Hp	60 psi	90.3 feet (from 4 hour air test)	Up about 10 feet in the middle then back down about 15 feet to the east for average -5 feet	0.89 cfs

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

Received by OWRD
JUN 17 2026
Salem, OR

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JUN 17 2026
Salem, OR

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JUN 17 2026
Salem, OR

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(30 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(85.3 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.89 \text{ cfs}$$

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			

7. Theoretical Pump Capacity – Pump at Sump:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO GROUND SURFACE (THE LIFT FROM THE WATER SURFACE TO THE PUMP)	LIFT TO PLACE OF USE (THE LIFT FROM THE PUMP TO THE PLACE OF USE)	TOTAL PUMP OUTPUT (IN CFS)
NA				

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

8. Provide pump calculations:

NA

9. 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)
NA			

10. Is the distribution system piped?

YES

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	~ 6 feet	Metal	Above ground
4 inch	~ 500 feet	Aluminum	Above ground
See Well 2 for common line			

12. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
See Well 2			

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
See Well 2					

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

14. Drip Emitter Information:

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

15. 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					

16. 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

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JUN 17 2026

Salem, OR

SECTION 5 CONDITIONS

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JUN 17 2026

Salem, OR

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	Permit G-17557 issued: March 22, 2016 Permit G-18848 issued: June 23, 2023 Permit G-18878 CR issued: October 4, 2023 Permit G-18910 issued: November 26, 2024		
BEGIN CONSTRUCTION (A)	March 22, 2021	March 22, 2021	Construction began on Well 2 (MARI 67037) on June 7, 2017 and was completed September 6, 2017.
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	March 22, 2021 extended to: October 1, 2026	May 2026	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

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES Initial + 7**

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. Is a pump test required? **YES**

Ground water permits with priority dates on or after December 20, 1988, the Claim of Beneficial Use shall either provide documentation that the pump test or exemption request, as required under OAR 690-217, has been submitted for each well or include the required pump test or exemption request for each well with the claim (this includes an exemption request for sump wells).

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/exemption been previously submitted to the Department? **YES**

c. Is the pump test/exemption attached to this claim? **NO***

**As of April 1, 2026: a pump test or exemption request must be submitted prior to or at time of the claim report (ORS 690-014-0100(H)). If "NO", the claim is incomplete and will be returned.*

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

e. Has a pump test exemption been approved by the Department? **YES**

****The Claim will not be reviewed until a pump test or exemption has been approved by the Department.**

6. Measurement Conditions:

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

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**

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JUN 17 2026

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	McCrometer	15-07534-06	Working	17,621,200 gallons (June 1 2026)	September 2017
Well 5	McCrometer	03-01952-4 Possible - hard to read	Working	27,304,700 gallons (June 1, 2026)	May 2003
Well 9	Netafim	25-150092820	Working	80,080 gallons (June 1, 2026)	May 2026

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? YES

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

b. Have the reports been submitted? YES

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

8. Other conditions required by some permits, permit amendment final orders, or extension final orders:

a. Were there special well construction standards? NO

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

c. Was submittal of a water management and conservation plan required? NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 2	L-127210	September 2017
Well 5	L-61589	April 2003
Well 9	L-149583	September 2023

e. Other conditions? YES

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

d) Condition:

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

Compliance:

Well tag L-127210 is attached to the well casing for Well 2 (MARI 67037)

Well tag L-61589 is attached to the well casing for Well 5 (CLAC 59086)

Well tag L-149583 is attached to the well casing for Well 9 (CLAC 78289, 78927)

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JUN 17 2026

Salem, OR

e1) Condition:

If the riparian area is disturbed in the process of developing a point of diversion, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

Compliance:

Well 2 (MARI 67037) was drilled approximately 2,500 feet northwest from nearest Pudding River; therefore, no riparian area was disturbed.

Well 5 (CLAC 59086) was drilled approximately 550 feet north from nearest Pudding River; therefore, no riparian area was disturbed.

Well 9 (CLAC 78289, 78927) was drilled approximately 1,250 feet northwest from nearest Pudding River; therefore, no riparian area was disturbed.

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 67037	Well log and driller's notes for MARI 67037 – Well 2
State Water Well Report – CLAC 59086	Well log and driller's notes for CLAC 59086 – Well 5
State Water Well Report – CLAC 78289	Well log and driller's notes for CLAC 78289 – Well 9 test well
State Water Well Report – CLAC 78927	Well log and driller's notes for CLAC 78927 – Well 9

SECTION 7 CLAIM OF BENEFICIAL USE MAP

In order to properly examine your claim, the Department must have an accurate map that meets the criteria described in OAR 690-014-0170 and OAR 690-305-0010, which are provided below for your convenience:

OAR 690-014-0170 Minimum Requirements for Maps for Permit or Transfer Final Order Claims of Beneficial Use

- (1) Maps submitted by a CWRE as part of the Claim of Beneficial Use shall meet the standards in OAR chapter 690, division 305. In addition, the map shall meet the following criteria:
 - (a) Horizontal accuracy is required only to ten feet for the purpose of locating and quantifying water rights. Maps shall be developed from any standard survey method. Traverse closures are not required.
 - (b) Maps shall clearly designate the place of use and point of diversion or appropriation for each source and use.

Received by OWRD

JUN 17 2026

Salem, OR

- (c) The map shall indicate by description, in relation to the point of diversion or appropriation, the location of any fish screens, by-pass devices, and measuring devices required by the permit or transfer final order.
 - (d) The following statement shall be placed on the map: "This map is not intended to provide legal dimensions or locations of property ownership lines."
- (2) A CWRE may make a written request to the Director for a waiver of one or more mapping standards. The Director will determine whether the waiver shall be allowed and will respond to such requests in writing.

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JUN 17 2026

OAR 690-305-0010 General Map Criteria

Salem, OR

Each map submitted to the Department shall meet the following general criteria in addition to any specific criteria identified in the rules for the relevant water right transaction:

- (1) Drawing
 - (a) The map shall be drafted on paper or polyester film with ink or otherwise printed in an indelible form with sufficient clarity so as to be easily reproduced or scanned. Maps may be submitted electronically in portable document format (pdf) and must be prepared consistent with, and include the same information as, a paper map.
 - (b) The preferred paper size is 8.5 inches by 11 inches and should be no larger than 30 inches by 30 inches. A map greater than 30 inches by 30 inches may be submitted if the Department grants, by mail or electronic means, advance approval of the larger size.
 - (c) Beginning April 1, 2029, regardless of whether the map is submitted electronically, on paper, or on polyester film, for any map that OAR chapter 690 requires be prepared by a Certified Water Right Examiner, a digital file containing the coordinate system and geospatial features of the map as specified by the Department shall be submitted in addition to the map, unless the Department provides a waiver. The digital file shall be submitted as a shapefile or other approved format in a manner required by the Department.
 - (d) A platted and recorded subdivision map, deed description survey map, or county assessor map may be submitted as the application map if all of the required information included in sections (2) and (3) of this rule is clearly shown.
 - (e) An aerial image may be provided in addition to the map to aid the Department in understanding the proposal.
 - (f) The map submitted under subsection (a) shall be the official record of the water right. An aerial image or digital file shall not be the official record of the water right.
- (2) Scale
 - (a) The map shall be drawn to a standard, even-numbered scale and one-inch shall not exceed 1320 feet.
 - (b) The map scale may exceed 1320 feet per inch if the Department grants, by mail or electronic means, advance approval of the requested scale.
 - (c) Notwithstanding subsection (a) and (b), for maps identifying the location of a municipal use place of use, one-inch can exceed 1320 feet; provided that the scale is sufficient to identify the quarter-quarters involved in the place of use.
- (3) Features: Features shall be clearly identified and labeled. Unless otherwise indicated in rule, the following features must be included in each map submitted to the Department:

- (a) Mapping scale.
- (b) North directional symbol.
- (c) Legend.
- (d) General location of main canals, ditches, flumes, pipelines, pumps, or other water delivery features used to transport water from the point(s) of diversion or appropriation to the place use and to include the delivery features at the place of use.
- (e) Other topographical features such as rivers, creeks, streams, lakes, reservoirs, ponds, roads, or railroads that may be helpful to clarify and identify the location of points of diversion, wells, dams, and places of use.
- (f) Location and flow direction of the water way if the source is surface water. If multiple water ways exist in the area of the proposed diversion and use, the map must identify the location and flow direction of the additional water ways.
- (g) Township, range, section, quarter-quarter, and tax lot(s), donation land claims, or government lots where water will be or has been diverted, conveyed, and used. If the map is for municipal use the map:
 - (A) Must identify but does not need to label the quarter-quarters,
 - (B) Does not need to identify or label tax lots, donation land claims, or government lots.
- (h) Location of each proposed or developed diversion point, well (point of appropriation), or dam by reference to a recognized public land survey corner. For a reservoir without a dam, the center of the reservoir shall be referenced to a recognized public land survey corner.
 - (A) The locations shall be shown by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall also include latitude and longitude as established by a global positioning system.
 - (B) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764°). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
- (i) Location of the proposed or developed place of use by township, range, section, and nearest quarter-quarter section.
 - (A) For irrigation or nursery use, the map shall additionally indicate the place of use in each quarter-quarter of a section by shading or hatchuring and indicate the number of acres in each quarter-quarter section, donation land claim, government lot, or other recognized public land survey lines.
 - (B) For places of use that are limited to a point, such as a stock watering tank, the location may also be identified by distance and bearing, or by coordinates (distance north or south and distance east or west from the corner). In addition, they shall include latitude and longitude as established by a global positioning system.
 - (C) Latitude and longitude coordinates shall be expressed as degrees-decimal with five or more digits after the decimal (e.g., 42.53764°). The datum used to establish the coordinates shall be indicated on the map. Examples of datums include NAD 83, NAD 27 and WGS84.
 - (D) Where more than one point of diversion or well is included, the map must clearly identify the place(s) of use served by each point of diversion or well.

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JUN 17 2026

Salem, OR

- (j) If for a supplemental irrigation application or claim of beneficial use, the location and water right reference number of the underlying primary right, registration or claim.
- (k) Any other information the Department requests and considers necessary to evaluate the water right transaction.

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JUN 17 2026

Salem, OR

MARI 67037

Westerberg Drilling, Inc.

36728 S. Kropf Rd.

Medford, OR 97504

WATER SUPPLY WELL REPORT

STATE OF OREGON

(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER

Owner Well ID #1 Last Name Robert

Company

Address 8474 Hazlegreen Rd

City Silverton

State OR Zip 97381

(2) TYPE OF WORK

Alteration (complete 2a & 10) ☒ New Well ☐ Deepening ☐ Conversion

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge St Plst Wld Thrd

Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable Mud ☐ Auger ☐ Cable Mud

☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 160 ft. (Attach copy)

SEAL

Material From To Amt lbs

Bentonite Calculated 22 468 S

Cement Calculated 46 105 S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

Backfill placed from 175 ft. to 236 ft. Material cement

Filter pack from 97 ft. to 175 ft. Material css Size 6/9

Explosives used: ☐ Yes ☐ No Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge St Plst Wld Thrd

Temp casing ☒ Yes Dia 16 From + 1 To 46

(7) PERFORATIONS/SCREENS

Perforations Method v wire

Material stainless

Scrn/slot Slot # of Tel

Screen Dia From To width length slots pipe size

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

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 55 °F Lab analysis ☐ Yes ☐ No

Water quality concerns? ☐ Yes (describe below) TDS amount 117 ppm

From To Amount Units

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

SALEM, OR JUN 17 2026

SALEM, OR NOV 18 2017

ORIGINAL LOG # 214193

START CARD # 127210

WELL ID LABEL # 1

WELL ID LABEL # 1

WELL ID LABEL # 1

WELL ID LABEL # 1

WELL ID LABEL # 1

WELL ID LABEL # 1

WELL ID LABEL # 1

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CLAC 78289

STATE OF OREGON
WATER SUPPLY WELL REPORTWESTERBERG DRILLING INC.
PO BOX 1228WELL I.D. LABEL# L149583
START CARD # 1071152
ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER Owner Well I.D. #3 MOLALLA, OR 97038

First Name Robert Last Name Gabriel
Company
Address 8376 Hazelgreen Rd NE
City Silverton State OR Zip 97381(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: ☒ ☐ ☐ ☐

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☒ Other test well

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 168 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
10	0	18	Bentonite	0	18	9.5	S
6	18	177				Calculated	8
			Cement	168	177	4	S
						Calculated	3

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other bent prod & probed

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Seal Placement Begin Date 8-30-23 Begin Time 16:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount P Actual Amount P

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 170
Temp casing ☒ Yes Dia 10 From + 1 To 8

(7) PERFORATIONS/SCREENS

Perforations Method none

Screens Type none Material

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
☒	☒							
☒	☒							
☒	☒							
☒	☒							
☒	☒							
☒	☒							
☒	☒							

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 56 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below) TDS amount 190 ppr

From	To	Description	Amount	Units
		water cased off		
		no flow test		

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 E E/W WM

Sec 30 NE 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number Lot

Lat " or 45.280099 DMS or DD

Long " or -122.738590 DMS or DD

☒ Street address of well ☐ Nearest address

25130 Eilers Rd, Aurora, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration			
Completed Well	9-1-23		58.7

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 85

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
8-30-23	85	114	dnm		dnm
8-31-23	116	120	dnm		dnm
9-1-23	125	150	dnm		58.7
9-1-23	173	177	dnm		62

(11) WELL LOG

Ground Elevation

Material	From	To
soil	0	1
clay brown medium	1	20
silt brown	20	30
silt brown with sand	30	38
cemented gravel	38	39
gravel with silt	39	42
silt brown	42	70
sand brown	70	90
black sand with gravel	90	114
clay grey green	114	116
clay with green sand	116	120
clay grey	120	125
sand grey	125	150
clay green	150	160
siltstone green	160	165
clay grey green	165	173
packed sand & wood silty	173	177

Construction

Begin Date 8-30-23 Begin Time 15:15 End Date 9-1-23

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1358

Date 10-3-23

Signed

(bonded) Water Well Constructor Certification

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License Number 688

Date 10-3-23

Signed

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

RECEIVED
OCT 10 2023
OWRD

Test well, will make a production well when permit is secured.
18' bentonite seal

Amended 11-21-24

STATE OF OREGON

WATER SUPPLY WELL REPORT

CLAC 78927

WELL I.D. LABEL# 149583

START CARD # 1074684

ORIGINAL LOG # CLAC 78289

Page 1 of 3

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

11/1/2024

(1) LAND OWNER

Owner Well I.D. _____
First Name ROBERT Last Name GABRIEL
Company _____Address 8376 HAZELGREEN RD NE
City SILVERTON State OR Zip 97381

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Std Plstc Wld Thrd
Casing: 6 ☒ 3 153.2 0.250 ☒ ☐ ☒ ☐
Material From To Amt sacks/lbs
Seal: Bentonite 0 18 9.5 Sacks

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)Depth of Completed Well 160.00 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
16	0	62	Bentonite	0	62	64 S
12	62	162			Calculated	42
					Calculated	

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: BENT PLD DRY & HDBackfill placed from 160 ft. to 162 ft. Material SILICA SANDFilter pack from 56 ft. to 160 ft. Material SILICA SAND Size 6/9Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/5/2024 Begin Time 11 20

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	12	☒	2	93	0.250	ST	☒		OUT. 157
L	10		55	95	0.250	ST	☒		
L	8		152	160	0.250	ST	☒		

Temp casing ☒ Yes Dia 16 From + ☒ 2 To 53

(7) PERFORATIONS/SCREENS

Perforations Method V-wireScreens Type _____ Material SS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ Pipe size
S		8"	95	152	.070			8" PS

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	300	32	105	4

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 141 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 3.00 S N/S Range 1.00 E E/W WMSec 30 NE 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ " or 45.28009900 DMS or DDLong _____ " or -122.73859000 DMS or DD☒ Street address of well ☐ Nearest address25130 EILERS RD, AURORA

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration			
Completed Well	<u>10/2/2024</u>		<u>58.2</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 85.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

See CLAC 78289					

(11) WELL LOG

Ground Elevation _____

Material	From	To
soil	0	1
clay brown medium	1	20
silt brown	20	30
silt brown with sand	30	38
cemented gravel	38	39
gravel with silt	39	42
silt brown	42	70
sand brown	70	90
black sand with gravel	90	114
clat grey green	114	116
clay green with sand	116	120
clay grey	120	125
sand grey	125	150
clay green	150	160
siltstone green	160	162

Construction
Begin Date 8/5/2024 Begin Time 11 15 End Date 10/2/2024

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License Number 1358 Date 11-1-2024Signed BBS

(bonded) Water Well Constructor Certification

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License Number 688 Date 11/1/2024Signed STEVEN STADELI (E-filed)Drilling Company: Westerberg Drilling Inc

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

MARI 67037

Oregon Water Resources Department PUMP TEST FORM COVER SHEET

Received by OWRD

JUN 17 2026

Salem, OR

Well Owner:

Name: Robert Gabriel
Address: 8474 Hazelgreen Rd
County: Clackamas
City: Silverton State: OR Zip: 97381
Original owner (from well log): _____

Well Location:

Township: 3 S Range: 1 E
Section: 30 1/4 SW 1/16 NW 1/64 NE
Well depth: 160.0 Date drilled: 9/6/17
Owners well no. (if any): _____
POD ID: _____

Water Right Information:

Application: _____ Permit: _____ Certificate: _____
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Steve Stadel Well Owner? ☐ Yes
Company: Westerberg Drilling Inc
Address: 36728 S. Kropf Rd Date of Test: 08/17/2017
City: Molalla State: OR Zip: 97038
Daytime phone: 503-829-2526

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used): _____

Pump type (pick one or enter other method used): Submersible 30 hp
Was the pump test conducted during normal use of the well? ☐ Yes Note: new well test

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: no
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is _____ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) _____

3/4" pvc pipe @ well head

Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>10:20 am</u>	<u>45.20</u>	<u>42.50</u>
<u>10:40 am</u>	<u>45.30</u>	<u>42.30</u>
<u>11:00 am</u>	<u>45.20</u>	<u>42.20</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>11:00 am</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>12:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>1:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>2:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>3:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 08/17/2017 Time 11:00 am
Time pump turned off: Date 08/17/2017 Time 5:00 pm
Total pumping time: 6 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

Required Signature: _____

RECEIVED BY OWRD

NOV 13 2017

SALEM, OR

OWRD 2/9/2000