

**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:

July 20, 1993

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>

**SECTION 1
GENERAL INFORMATION**

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1. File Information:

APPLICATION # G-13473	PERMIT # (IF APPLICABLE) G-12293	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Monrovia Nursery Co. (c/o Ronald Tuckett)		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS 13455 SE Lafayette Hwy			
CITY Dayton	STATE OR	ZIP 97114	CITY Dayton

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): Same as above

PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:**March 21, 2026****5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ronald Tuckett	Feb-Mar 2026	Plant Protection Manager, Monrovia Nursery

6. County:**Yamhill****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)):** N/A

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

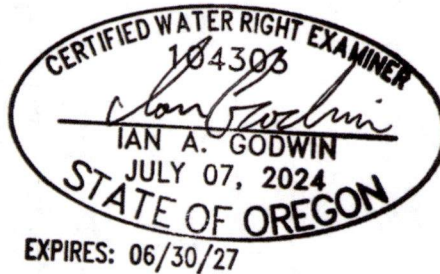
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SECTION 2
SIGNATURES

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

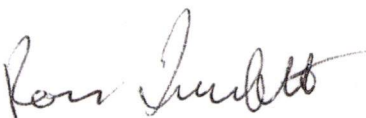


CWRE NAME Robert Long, CWRE (CwM-H2O, LLC)		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 311 B Avenue, Suite P			
CITY Lake Oswego	STATE OR	ZIP 97034	E-MAIL Bob.long@cwmh2o.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Ronald Tuckett	Plant Protection Manager	7/29/26

SIGN HERE

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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)
POA-1	YAMH-1848	-
<i>POA-2¹</i>	<i>YAMH-1849</i>	-
POA-3	YAMH-1851	-
POA-4	YAMH-1852	L-82379

1. *POA-2 was included on the permit but was not developed and is not claimed in the sections below.*

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
POA-1, POA-3, and POA-4	Groundwater of the Yamhill River Basin	Yamhill → Willamette

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)
POA-1	Nursery	Nursery Stock	Year-round	0.44 cfs
POA-3				1.34 cfs
POA-4				1.34 cfs
Total Quantity of Water Used				3.12 cfs

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

All three wells are tied into a site-wide distribution system of primarily buried piping. Mainlines connect the major irrigation blocks to each of the wells (see claim map), with laterals running down each row of nursery stock. The wells are able to pump into one of three bulge-in-the-system ponds (also capture irrigation recycled water), where the water can be lifted and distributed again across the site.

Reminder: The map associated with this claim must identify the location of the point(s) of appropriation, 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 ~~NO~~

(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.")

The permit allowed for four points of appropriation (POAs), each with a specific rate limit. The Applicant did not develop POA-2 in the permit window and is only claiming the water and place of use developed by the remaining three POAs. These three wells are piped to irrigated 522.9 acres of the originally-proposed 805.3 acres. The maximum capacities of the three developed wells are also less than the maximum rate allowed under the permit.

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
POA-1	0.44 cfs	0.31 cfs	-	Nursery	805.3 ac	522.9 ac
POA-3	1.34 cfs	0.11 cfs	-			
POA-4	1.34 cfs	0.89 cfs	-			

**Wells were not observed pumping during the claim site visit.*

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SECTION 4 SYSTEM DESCRIPTION

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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):

POA-1 (YAMH-1848/2806)

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	3W	WM	31	SWSE		57	Nursery	8.5	-
5S	3W		5	SWNW		42/43		1.8 / 28.6	
				NWSW		43		36.1	
				SWSW				5.2	
			6	NWNE		42		15.3	
				SWNE				33.6	
				SENE		43		33.6	
				NENW		-		0.2	
				SENW		-		23.7	
				NESW		44		33.8	
				SESW				34.9	
				NWSE		43/44		5.2 / 35.6	
				NESE		43		38.2	
				SWSE		44		29.8	
				SESE		43		4.0	
			7	NWNE		44		28.6	
				SWNE		45		30.0	
				NENW		44		37.5	
				SWNW				3.9	
				SENW		44/45		27.9 / 4.5	
				NWSW				7.5	
				NESW				12.8	
				NWSE		45		2.1	
Total Acres Irrigated								522.9 ac	

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 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:

1.25" PVC measurement tube in wellhead.

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"	213'	423'	8/6/1992	6/10/1993	Monrovia Nursery	Schneider

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. -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 NO

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos	150S 150-8	-	Submersible	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	15 HP

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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)
15 HP	~60-80 PSI	~180 ft	~5 ft	0.31 cfs

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

5. Provide pump calculations:

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Pumps:

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

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61
Pump efficiency factor for turbine pump (80%) = 7.04

$$Q \text{ Pump} = \frac{(15 \text{ HP})(7.04)}{(152.4 \text{ ft (60 PSI)} + 180 \text{ ft} + 5 \text{ ft})} = Q \text{ in cfs} = 0.31 \text{ cfs}$$

**The pump is capable of running at 190 gpm (0.44 cfs), as it did in its pump test. However, the pump is typically run at about 125 gpm during regular operations. The pumping level while at this rate is not known, so the theoretical capacity calculation above was completed with the pumping level (180 ft) when producing 190 gpm.*

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)
-	95,181,100 gal	-	-

1. Unable to observe pump operating during the site visit.

7. Theoretical Pump Capacity – Pump at Sump: N/A

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)

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

8. Provide pump calculations: **N/A**

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9. Measured Pump Capacity (using meter if meter was present and system was operating): **N/A**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

10. Is the distribution system piped?

YES **NO**

11. Mainline Information: *(approximated from site piping diagram)*

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~5,400 ft	-	Buried
8"	~7,350 ft	-	
10"	~2,800 ft	-	
12"	~3,200 ft	-	
15"	~1,000 ft	-	
24"	~350 ft	-	

12. Lateral or Handline Information: **N/A**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7/32"	25-65	7-11.3	5,000	<i>The operation covers more than 500 acres under multiple water rights. The nursery uses a rotation to water various parts of the nursery property simultaneously. It is not possible to divide the sprinklers by water right or source, since the site is linked to a single system. Permit G-12293 is only one of many water rights and sources used to irrigate the entire property.</i>	
7/64"	20-50	1.52-2.40	972		
7/64"	20-50	1.77-2.82	90		
3/16"	30	5.5	2,750		
3/16"	50	6.1	2,400		
9 x 1/16"	35-50	0.57-7.51	200		
9 x 1/16"	35-50	0.57-7.51	230		

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

14. Drip Emitter Information: **N/A**

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

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15. Drip Tape Information: N/A

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

16. Pivot Information: N/A

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

E. Storage

1. Does the distribution system include in-system storage (e.g. 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: N/A

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

3. Bulge in System / Reservoir: (volume estimated from satellite imagery)

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond A	All are excavated, off-channel ponds without dams	~5 AF
Pond B		~7 AF
Pond C		~10 AF
Pond D		~45 AF

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. - Deleted -

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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?

~~YES~~

NO

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

H. Additional notes or comments related to the system:

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POA-3 (YAMH-1851)

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	3W	WM	31	SWSE		57	Nursery	8.5	-
5S	3W		5	SWNW		42/43		1.8 / 28.6	
				NWSW		43		36.1	
				SWSW				5.2	
			6	NWNE		42		15.3	
				SWNE				33.6	
				SENE		43		33.6	
				NENW		-		0.2	
				SENW		-		23.7	
				NESW		44		33.8	
				SESW				34.9	
				NWSE		43/44		5.2 / 35.6	
				NESE		43		38.2	
				SWSE		44		29.8	
				SESE		43		4.0	
			7	NWNE		44		28.6	
				SWNE		45		30.0	
				NENW		44		37.5	
				SWNW				3.9	
				SENW		44/45		27.9 / 4.5	
				NWSW				7.5	
				NESW				12.8	
				NWSE		45		2.1	
Total Acres Irrigated								522.9 ac	

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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YES

NO

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:

Wellhead has a 1.25" opening for measurements.

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"	19'	257'	7/30/1992	-	Monrovia Nursery	Schneider

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

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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

NO

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos	45S50-12	-	Submersible	4"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
-	5 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)
5 HP	~60-80 PSI	~180 ft ¹	~5 ft	0.11 cfs

1. Based on POA-1

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

5. Provide pump calculations:

Pumps:

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

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61
Pump efficiency factor for turbine pump (80%) = 7.04

$$Q \text{ Pump} = \frac{(5 \text{ HP})(7.04)}{(152.4 \text{ ft (60 PSI)} + \sim 160 \text{ ft} + 5 \text{ ft})} = Q \text{ in cfs} = 0.11 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
-	-	-	-

1. Unable to observe pump operating during the site visit.

7. Theoretical Pump Capacity – Pump at Sump: N/A

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)

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

8. Provide pump calculations: N/A

9. Measured Pump Capacity (using meter if meter was present and system was operating): N/A

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

10. Is the distribution system piped?

YES NO

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11. Mainline Information: (approximated from site piping diagram)

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~5,400 ft	-	Buried
8"	~7,350 ft	-	
10"	~2,800 ft	-	
12"	~3,200 ft	-	
15"	~1,000 ft	-	
24"	~350 ft	-	

12. Lateral or Handline Information: N/A

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7/32"	25-65	7-11.3	5,000	The operation covers more than 500 acres under multiple water rights. The nursery uses a rotation to water various parts of the nursery property simultaneously. It is not possible to divide the sprinklers by water right or source, since the site is linked to a single system. Permit G-12293 is only one of many water rights and sources used to irrigate the entire property.	
7/64"	20-50	1.52-2.40	972		
7/64"	20-50	1.77-2.82	90		
3/16"	30	5.5	2,750		
3/16"	50	6.1	2,400		
9 x 1/16"	35-50	0.57-7.51	200		
9 x 1/16"	35-50	0.57-7.51	230		

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

14. Drip Emmitter Information: N/A

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

15. Drip Tape Information: N/A

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

16. Pivot Information: N/A

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

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15. Drip Tape Information: N/A

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

16. Pivot Information: N/A

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

E. Storage

1. Does the distribution system include in-system storage (e.g. 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: N/A

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

3. Bulge in System / Reservoir: (volume estimated from satellite imagery)

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond A	All are excavated, off-channel ponds without dams	~5 AF
Pond B		~7 AF
Pond C		~10 AF
Pond D		~45 AF

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. – Deleted -

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POA-4 (YAMH-1852/54374)

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	3W	WM	31	SWSE		57	Nursery	8.5	-					
5S	3W		5	SWNW		42/43		1.8 / 28.6						
				NWSW		43		36.1						
				SWSW				5.2						
				NWNE		42		15.3						
			SWNE		33.6									
			SENE		43	33.6								
			NENW		-	0.2								
			SENW		-	23.7								
			NESW		44	33.8								
			SESW			34.9								
			NWSE		43/44	5.2 / 35.6								
			NESE		43	38.2								
			SWSE		44	29.8								
			SESE		43	4.0								
			7	NWNE		44		28.6						
				SWNE		45		30.0						
				NENW		44		37.5						
				SWNW				3.9						
				SENW		44/45		27.9 / 4.5						
				NWSW				7.5						
				NESW				12.8						
				NWSE		45		2.1						
			Total Acres Irrigated								522.9 ac			

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 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:

Wellhead has a 1.25" opening for measurements.

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"	190'	190'	7/30/1992	3/13/2006	Monrovia Nursery	Blue Water 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. -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 NO

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	7CLC	-	Submersible	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
-	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	~60-80 PSI	~180 ft ¹	~5 ft	0.89 cfs

1. Based on POA-1

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

5. Provide pump calculations:

Pumps:

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

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61
Pump efficiency factor for turbine pump (80%) = 7.04

$$Q \text{ Pump} = \frac{(30 \text{ HP})(7.04)}{(152.4 \text{ ft (60 PSI)} + 80 \text{ ft} + 5 \text{ ft})} = Q \text{ in cfs} = 0.89 \text{ cfs}$$

**Pumping level data is not available for this well. However, the Applicant attested that the well is operated at rates ranging from 200 gpm (0.45 cfs) to 400 gpm (0.89 cfs). Based on the horsepower and PSI of the system, this suggests a pumping level likely around 80 ft.*

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)
-	-	-	-

1. Unable to observe pump operating during the site visit.

7. Theoretical Pump Capacity – Pump at Sump: N/A

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)

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

8. Provide pump calculations: N/A

9. Measured Pump Capacity (using meter if meter was present and system was operating): N/A

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

10. Is the distribution system piped?

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YES NO

11. Mainline Information: (approximated from site piping diagram)

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~5,400 ft	-	Buried
8"	~7,350 ft	-	
10"	~2,800 ft	-	
12"	~3,200 ft	-	
15"	~1,000 ft	-	
24"	~350 ft	-	

12. Lateral or Handline Information: N/A

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

13. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7/32"	25-65	7-11.3	5,000	The operation covers more than 500 acres under multiple water rights. The nursery uses a rotation to water various parts of the nursery property simultaneously. It is not possible to divide the sprinklers by water right or source, since the site is linked to a single system. Permit G-12293 is only one of many water rights and sources used to irrigate the entire property.	
7/64"	20-50	1.52-2.40	972		
7/64"	20-50	1.77-2.82	90		
3/16"	30	5.5	2,750		
3/16"	50	6.1	2,400		
9 x 1/16"	35-50	0.57-7.51	200		
9 x 1/16"	35-50	0.57-7.51	230		

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

14. Drip Emitter Information: N/A

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

15. Drip Tape Information: N/A

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

16. Pivot Information: N/A

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

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15. Drip Tape Information: N/A

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

16. Pivot Information: N/A

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

E. Storage

1. Does the distribution system include in-system storage (e.g. 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: N/A

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED

3. Bulge in System / Reservoir: (volume estimated from satellite imagery)

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Pond A	All are excavated, off-channel ponds without dams	~5 AF
Pond B		~7 AF
Pond C		~10 AF
Pond D		~45 AF

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. – Deleted –

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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 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	4/3/1996		
BEGIN CONSTRUCTION (A)	4/3/1997	Started prior to issuance of permit.	Wells constructed in 1992 and 1993, irrigation and distribution construction started prior to 1997.
COMPLETE CONSTRUCTION (B)	10/1/1998 (Ext. to 10/1/2024)	Summer 2024	Greatest amount of water was used over the greatest number of acres in summer 2024.
COMPLETE APPLICATION OF WATER (C)	10/1/1999 (Ext. to 10/1/2024)	Summer 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?

"by April 15"

c. Was the measurement submitted to the Department?

YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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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, the static water level measurement(s) were to be made:

"by April 15"

- c. Were the static water level measurements taken in the month(s) required? **YES** ~~NO~~

- 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

5. Pump Test:

- a. Is a pump test required? **YES** ~~NO~~

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** ~~NO~~ *

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

- e. Has a pump test exemption been approved by the Department? ~~YES~~ **NO**

Currently under review.

****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** ~~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 diversion or appropriation.

- b. Has a meter been installed? **YES** ~~NO~~

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POA-1	McCrometer	-	Working	95,181,100 gal	~2023
POA-3	Hunter	240100591	Working	-	
POA-4	McCrometer	19-02646-06	Working	379.521 acre-feet	

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

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 some permits, permit amendment final orders, or extension final orders:

a. Were there special well construction standards? YES NO

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL

e. 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) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

Multiple progress report checkpoints were required as a result of the extensions of time. Each of these requirements were met by submitting reports in 2008, 2014, and 2023.

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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 Logs for POA-1, POA-3, and POA-4
ATTACHMENT 3	Pump Test Exemption Form <i>(already submitted)</i>



September 24, 2026

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

RE: CLAIM OF BENEFICIAL USE FOR PERMIT G-12293 FOR MONROVIA NURSERY

To whom it may concern,

Please find included with this letter a Claim of Beneficial Use for Groundwater Permits Claiming More than 0.1 cfs submitted by CwM-H2O, LLC (CwM) on behalf of Monrovia Nursery Co. (the Applicant). The claim documents the development and use of the nursery use permit from multiple groundwater points of appropriation (POAs) prior to the extended completion date of Oct 1, 2024.

The items included in the attached application package are as follows:

- A signed Reimbursement Authority application and check for \$125,
- A check for the claim application fee of \$345,
- A signed and stamped claim application document,
- A stamped claim map (Attachment 1),
- Well logs for the POAs claimed (Attachment 2),
- A copy of the already-submitted Multiple Well Pump Test Exemption form (Attachment 3).

Please let us know if there are any issues with processing this application or any questions about the contents therein. If there are any issues with the included applications, please return to CwM at the following address:

CwM-H2O, LLC
311 B Ave, Suite P
Lake Oswego, OR 97043

Sincerely,

CwM H2O, L.L.C.

Ian Godwin, CWRE

Received
SEP 25 2026
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(START CARD) # 46212

Well Number TW-5 (#15)

County Yamhill Latitude _____ Longitude _____
Township 5S N or S. Range 3W E or W. WM.
Section 7 NW $\frac{1}{4}$ of SE $\frac{1}{4}$
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) owner

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

☐ Rotary Air ☐ Rotary Mud ☐ Cable
☒ Other RC-dual tube

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other test

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 19 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	19	Gran Bent	0	19	10 sks
5.5	19	308				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured and probed

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

☐ Pump ☐ Bailer ☒ ^{XX} Air (dual tube) ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50		299	1 hr.

Temperature of Water approx 55°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: _____ SEI 9219

19 ft. below land surface. Date 8/6/92

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found 1st significant @ 187

From	To	Estimated Flow Rate	SWL
187	307	total is expected	N.M.
		to be a few hundred	
		gpm.	

Ground elevation approx 155

[illegible]

Date started 8/5/92 Completed 8/6/92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number 1367
Date 8/24/92

(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 well construction standards. This report is true to the best of my knowledge and belief.

is true to the best of my knowledge and belief.

Signed Stephen Schneider WWC Number 649
Date 8/24/92

Monrovia Nursery
Test Well No. 5
by Schneider Drilling Co.
S.C. #46212

<u>From</u>	<u>To</u>	<u>Description</u>
0	2	Top soil
2	12	Clay, gray, soft, silty
12	24	Clay, brown, soft, silty
24	49	Clay, gray, soft, silty
49	51	Clay, gray, med-soft
51	55	Clay, gray, med
55	63	Clay, brown, sandy, med
63	70	Clay, gray & brown, med-soft
70	81	Clay, gray, med-soft
81	84	Clay, gray & brown, soft, silty
84	94	Clay, gray, med
94	105	Clay, gray & brown, med-soft
105	117	Clay, gray & brown, med-soft, little sandy
117	120	Clay, gray & brown, soft, sandy
120	127	Clay, brown, soft, sandy
127	129	Clay, brown, med-soft
129	132	Clay, gray & brown, med-soft
132	140	Clay, gray & red, soft, gritty
140	149	Claystone, red, sandy
149	156	Clay, red, soft
156	168	Clay, brown, soft
168	187	Clay, red, med
187	224	Claystone, brown & red, sandy, fractured
224	260	Claystone, brown, sandy, fractured
260	277	Sandstone, brown & green
277	279	Claystone, gray, hard, fractured, vesicular
279	306	Sandstone, gray, fractured, vesicular
306	307	Sandstone, brown, fractured
307	308	Basalt, gray, hard

RECEIVED

AUG 28 1992

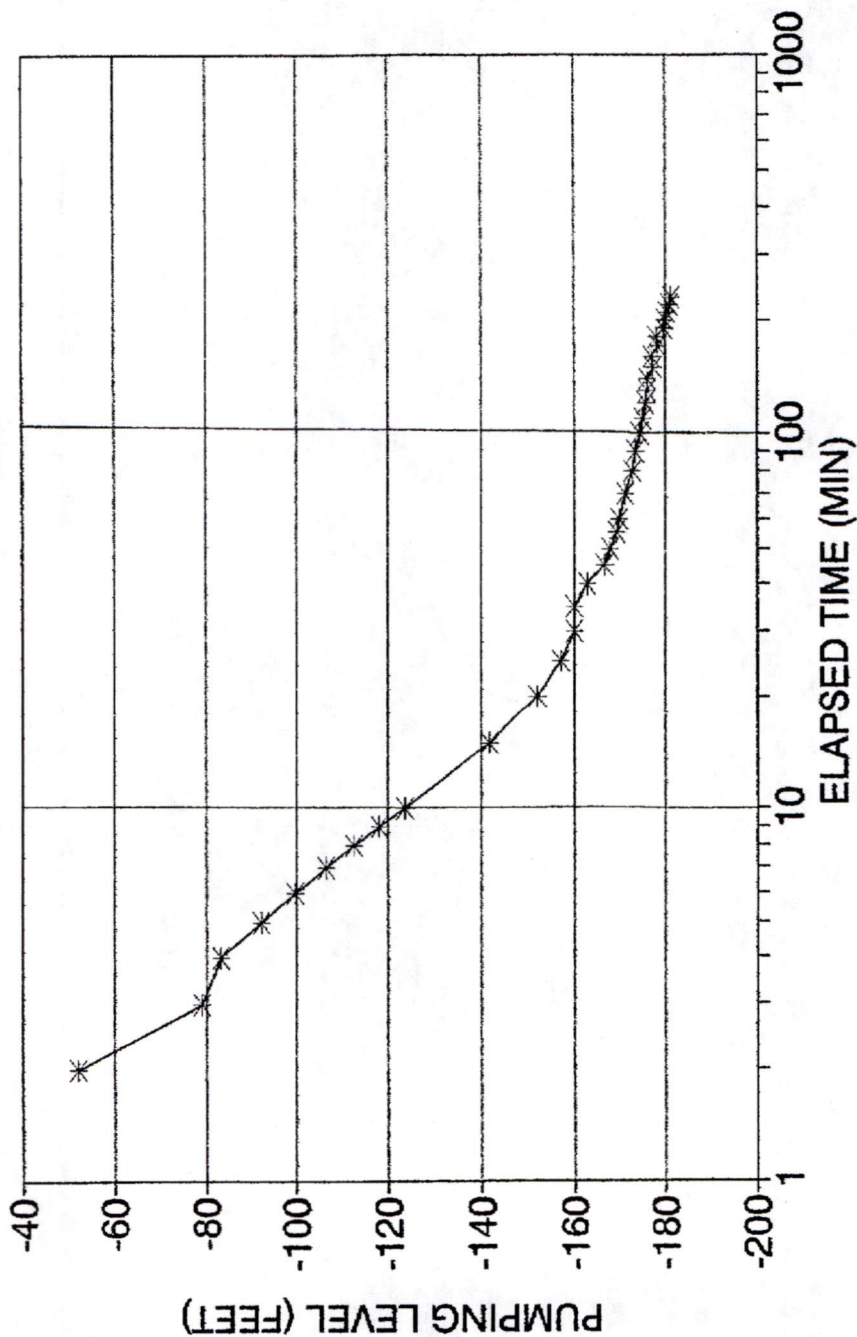
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MONROVIA

PUMP TEST 6/8/93 QGPM-190



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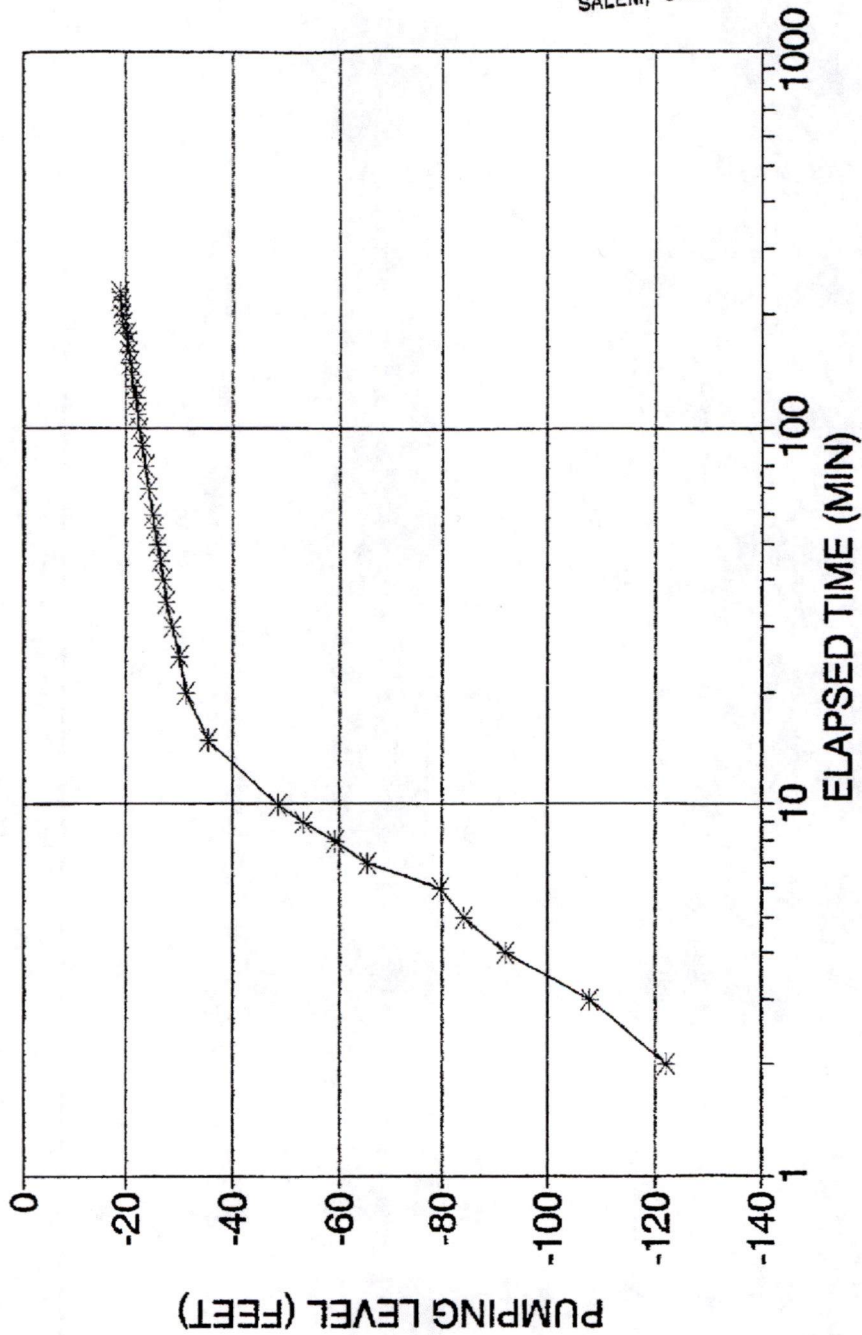
MONROVIA

RECOVERY TEST 6/8/93

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~~SALEM, OREGON~~

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
Township 5S N or S. Range 3W E or W. WM.
Section 6 NE $\frac{1}{4}$ of SE $\frac{1}{4}$
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) owner

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon☐ Rotary Air ☐ Rotary Mud ☐ Cable

☒ Other RC--Dual Tube

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation☐ Thermal ☐ Injection ☒ Other test

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 19 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	GranBent	0	19	7sks
5 1/2	19	257				

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

☒ Other poured & probed

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

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		256	1 hr.

Temperature of Water approx. 55°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: SEI 9711

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 7/31/92

Artesian pressure _____ lb. per square inch.

(11) WATER BEARING ZONES:

Depth at which water was first found 1st significant @ 146

From	To	Estimated Flow Rate	SWL
all sandstone and cinders		total is expected to be >500	NM

(12) WELL LOG:

Ground elevation approx 145

[illegible]

Date started 7/30/92 Completed 7/31/92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Sam M. Smith WWC Number 1367
Date 8/24/92

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Stephen Schneider WWC Number 649
Date 8/24/92

Monrovia Nursery
Test Well No. 2
by Schneider Drilling Co.
S.C. #33384

<u>From</u>	<u>To</u>	<u>Description</u>
0	6	Fill
6	8	Top soil
8	28	Clay, gray, soft, silty
28	43	Clay, gray, med
43	53	Sand, gray, fine
53	60	Clay, gray, soft, silty
60	62	Clay, brown, soft, silty
62	68	Clay, gray, med
68	86	Clay, gray & brown, med
86	98	Clay, gray & brown, soft, silty
98	113	Clay, gray, soft, silty
113	120	Clay, gray & brown, soft, silty
120	126	Clay, gray, med-soft, silty
126	129	Clay, gray & brown, med
129	133	Clay, brown, med
133	138	Clay, gray & brown, med
138	146	Clay, brown, soft, sandy, some gravel
146	150	Sand, brown, cemented, some gravel
150	155	Sandstone, brown, med, fractured
155	178	Sandstone, gray & brown, med, fractured
178	187	Sandstone, gray & brown, hard, fractured
187	188	Clay, gray, soft, sandy
188	194	Sandstone, gray & brown, med-hard, fractured
194	200	Sandstone, gray & brown, hard, fractured
200	201	Clay, gray & red, soft, sandy
201	203	Cinders, red
203	225	Sandstone, brown, med-hard, fractured
225	227	Sandstone, brown & gray, hard, fractured
227	228	Sandstone, gray & brown, med, vesicular
228	233	Sandstone, brown, hard
233	234	Sandstone, brown, med-hard, fractured
234	239	Cinders, red
239	253	Sandstone, brown, med-hard, fractured
253	256	Sandstone, gray & brown, hard, fractured
256	257	Basalt, gray, hard

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Well Number TW-1

County Yamhill Latitude _____ Longitude _____
Township 4S N or S. Range 3W E or W. WM _____
Section 31 SW $\frac{1}{4}$ of SE $\frac{1}{4}$ _____
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____ owner _____

9809C-10

Monrovia Nursery
Test Well No. 1
by Schneider Drilling Co.
S.C. #33383

<u>From</u>	<u>To</u>	<u>Description</u>
0	4	Fill
4	6	Top soil
6	25	Clay, brown, silty
25	37	Clay, gray, little silty
37	42	Sand, brown, fine
42	50	Clay, gray, silty
50	57	Clay, gray, soft
57	65	Clay, green, sandy, fine
65	72	Sand, green, fine, some clay
72	75	Clay, gray, sandy
75	94	Clay, gray, soft
94	97	Clay, gray, soft, silty
97	104	Gravel 1/2" minus, sand, med
104	107	Clay, gray, soft
107	110	Clay, brown, soft
110	114	Clay, gray, med
114	125	Clay, gray, soft, sandy
125	131	Sand, green, med-fine
131	145	Clay, gray, soft, sandy
145	158	Gravel 1/2" minus & sand, black, med
158	170	Gravel 1/2" minus & sand, black, coarse
170	175	Gravel 1/2" minus & sand, brown, med-coarse
175	183	Gravel 1/2" minus & sand, black, med-coarse
183	190	Clay, gray, soft, silty
190	199	Clay, gray, sandy, some gravel
199	203	Pea gravel & sand, brown, coarse
203	209	Clay, brown, sandy
209	211	Sand, brown, med
211	215	Pea gravel & sand, brown, med
215	225	Clay, brown, soft, sandy
225	235	Gravel 1/2" minus & sand, brown, med
235	245	Clay, brown, sandy
245	260	Clay, gray, soft

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**PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM**

OWNER NAME/BUSINESS NAME MONROVIA NURSERY (C/O RONALD TUCKETT)		PHONE NO.	ADDITIONAL CONTACT No. Received	
ADDRESS 13455 SE Lafayette Hwy				
CITY Dayton	STATE OR	ZIP 97114	E-MAIL Ron.tuckett@monrovia.com	SEP 25 2026 OWRD

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);
2. One of the wells has been tested and the test has been approved by OWRD; and
3. The wells are within 5 miles of the tested well.

List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
YAMH-1848	L-	Well-15	12/05/2024	G-13473	G-12293	T-	-
YAMH-1852	L-82379	Well-18	11/27/2024				

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
5S	3W	7	NWSE	2,550 ft North and 3,090 ft East from SW corner of Section 7		
4S	3W	31	SWSE	1,600 ft North and 600 ft West from the NE Corner of DLC 43		

List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	YAMH-1851	L-	WELL-17	G-13473	G-12293	T-
b						

(CONTINUED)

	TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
a	5S	3W	6	NWSE	1,490 ft South and 50 ft East from NE Corner, DLC 43		
b							

For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: *Ian Godwin* DATE: 4/13/26 LICENSE #: #104303
 PRINTED NAME: Ian Godwin (CIRCLE ONE): OWNER, EMPLOYEE, **CWRE**, RG, PE, WWC, PUMP INSTALLER
 PHONE: 571-245-7897 EMAIL: igodwin@cwmh2o.com

(VAMN
1848)

55/3w/7db

(START CARD) # 46212

Well Number TW-5 (#15)

(2) TYPE OF WORK:

(3) DRILL METHOD:

☒ Other RC-dual tube

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

(5) BORE HOLE CONSTRUCTION:

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	19	Gran Bent	0	19	10 sks
5.5	19	308				

☒ Other poured and probed

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

☐ Pump ☐ Bailer ☒ Air (dual tube) ☐ Flowing Artesian

50		299	1 hr.
----	--	-----	-------

38		299	1 km

Did any strata contain water not suitable for intended use? ☐ Too little

Depth of strata: SEI 9219

County Yamhill Latitude _____ Longitude _____
Township 5S N or S. Range 3W E or W. WM.
Section 7 NW $\frac{1}{4}$ of SE $\frac{1}{4}$
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) owner

>19 ft. below land surface. Date 8/6/92

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found 1st significant @ 187

From	To	Estimated Flow Rate	SWL
187	307	total is expected	N.M
		to be a few hundred	
		gpm.	

Ground elevation approx 155

[illegible]

Date started 8/5/92 Completed 8/6/92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number 1367
Date 8/24/92

(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 well construction standards. This representation is true to the best of my knowledge and belief.

Signed Stephen Schneider WWC Number 649
Date 8/24/92

Monrovia Nursery
Test Well No. 5
by Schneider Drilling Co.
S.C. #46212

<u>From</u>	<u>To</u>	<u>Description</u>
0	2	Top soil
2	12	Clay, gray, soft, silty
12	24	Clay, brown, soft, silty
24	49	Clay, gray, soft, silty
49	51	Clay, gray, med-soft
51	55	Clay, gray, med
55	63	Clay, brown, sandy, med
63	70	Clay, gray & brown, med-soft
70	81	Clay, gray, med-soft
81	84	Clay, gray & brown, soft, silty
84	94	Clay, gray, med
94	105	Clay, gray & brown, med-soft
105	117	Clay, gray & brown, med-soft, little sandy
117	120	Clay, gray & brown, soft, sandy
120	127	Clay, brown, soft, sandy
127	129	Clay, brown, med-soft
129	132	Clay, gray & brown, med-soft
132	140	Clay, gray & red, soft, gritty
140	149	Claystone, red, sandy
149	156	Clay, red, soft
156	168	Clay, brown, soft
168	187	Clay, red, med
187	224	Claystone, brown & red, sandy, fractured
224	260	Claystone, brown, sandy, fractured
260	277	Sandstone, brown & green
277	279	Claystone, gray, hard, fractured, vesicular
279	306	Sandstone, gray, fractured, vesicular
306	307	Sandstone, brown, fractured
307	308	Basalt, gray, hard

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SALEM OREGON

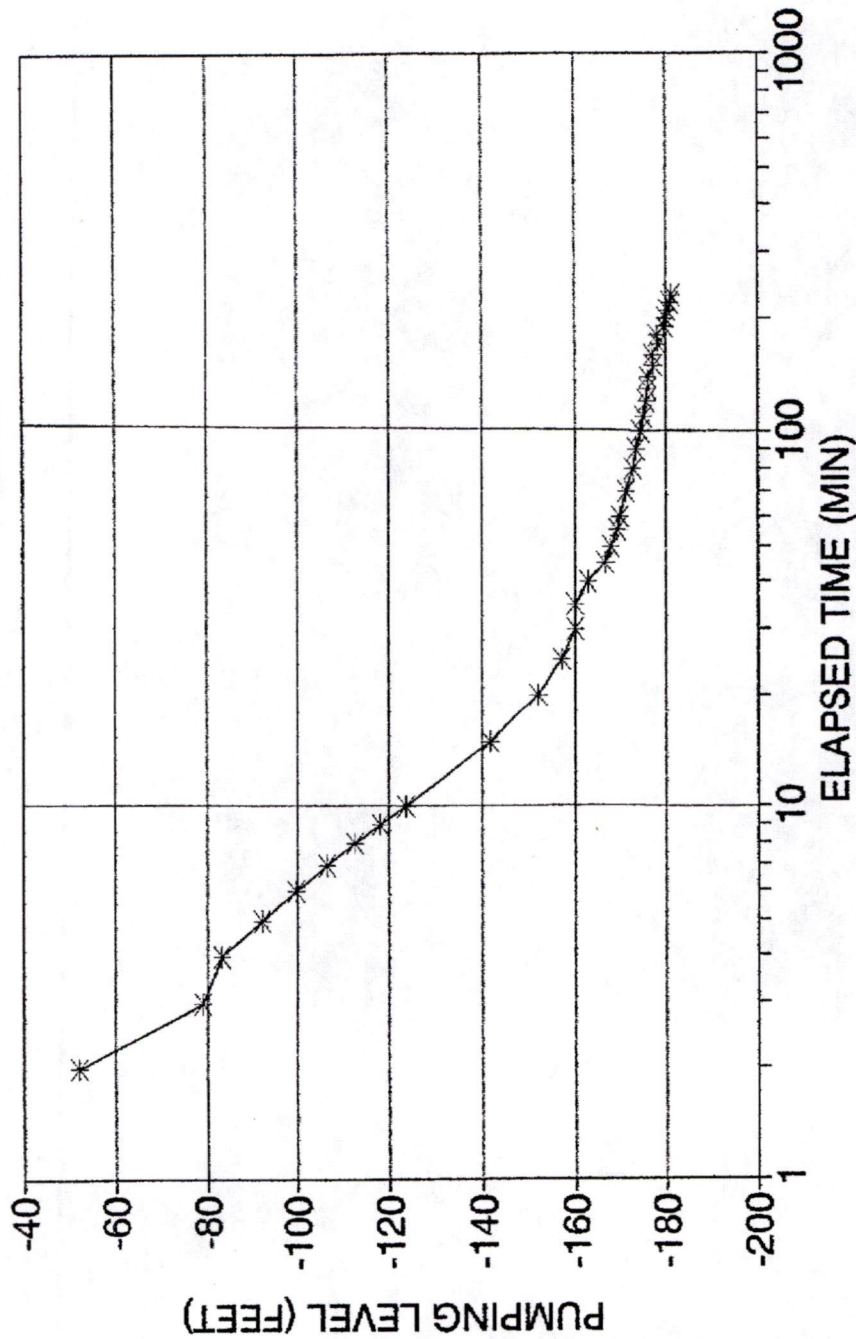
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MONROVIA

PUMP TEST 6/8/93 QGPM-190



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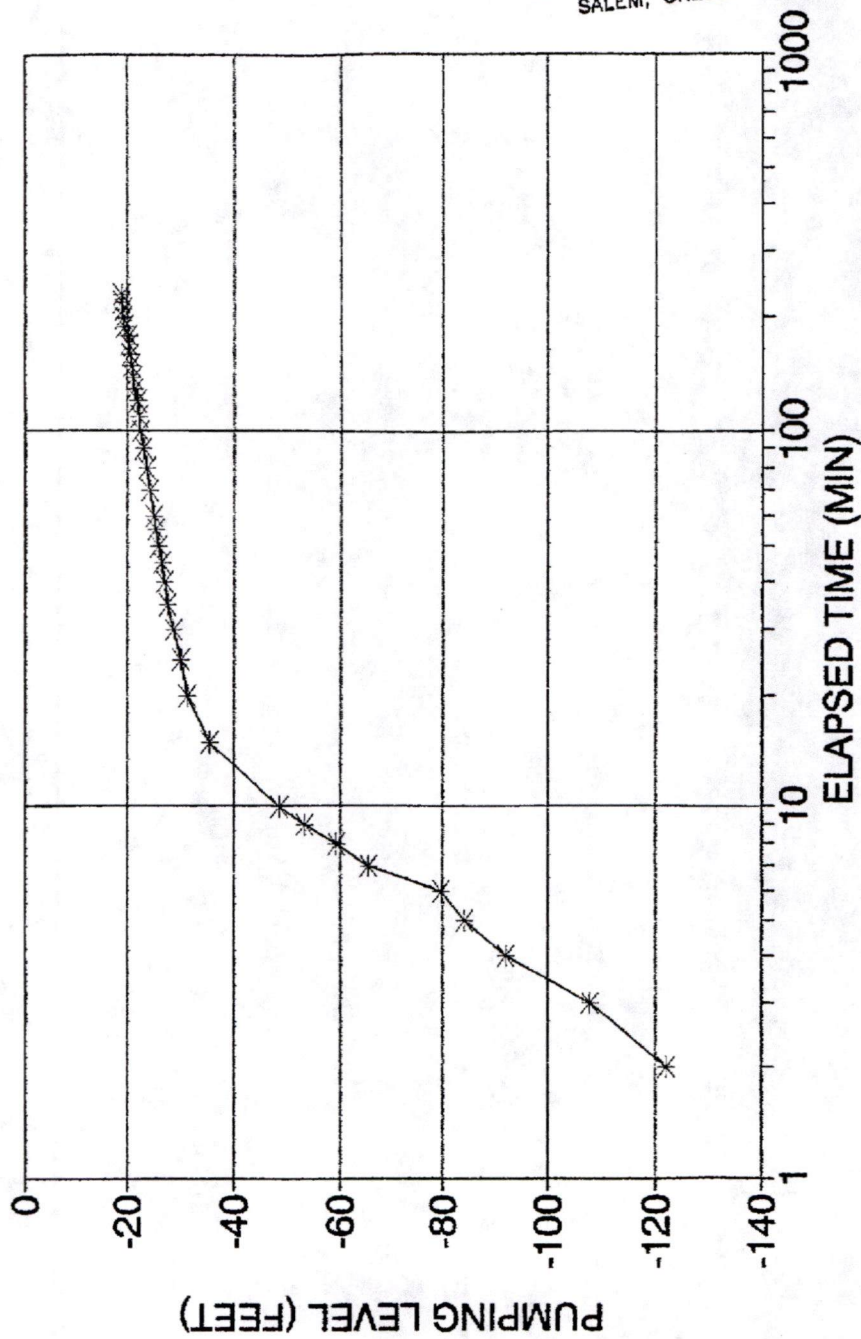
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RECOVERY TEST 6/8/93



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Monrovia Nursery
Test Well No. 2
by Schneider Drilling Co.
S.C. #33384

<u>From</u>	<u>To</u>	<u>Description</u>
0	6	Fill
6	8	Top soil
8	28	Clay, gray, soft, silty
28	43	Clay, gray, med
43	53	Sand, gray, fine
53	60	Clay, gray, soft, silty
60	62	Clay, brown, soft, silty
62	68	Clay, gray, med
68	86	Clay, gray & brown, med
86	98	Clay, gray & brown, soft, silty
98	113	Clay, gray, soft, silty
113	120	Clay, gray & brown, soft, silty
120	126	Clay, gray, med-soft, silty
126	129	Clay, gray & brown, med
129	133	Clay, brown, med
133	138	Clay, gray & brown, med
138	146	Clay, brown, soft, sandy, some gravel
146	150	Sand, brown, cemented, some gravel
150	155	Sandstone, brown, med, fractured
155	178	Sandstone, gray & brown, med, fractured
178	187	Sandstone, gray & brown, hard, fractured
187	188	Clay, gray, soft, sandy
188	194	Sandstone, gray & brown, med-hard, fractured
194	200	Sandstone, gray & brown, hard, fractured
200	201	Clay, gray & red, soft, sandy
201	203	Cinders, red
203	225	Sandstone, brown, med-hard, fractured
225	227	Sandstone, brown & gray, hard, fractured
227	228	Sandstone, gray & brown, med, vesicular
228	233	Sandstone, brown, hard
233	234	Sandstone, brown, med-hard, fractured
234	239	Cinders, red
239	253	Sandstone, brown, med-hard, fractured
253	256	Sandstone, gray & brown, hard, fractured
256	257	Basalt, gray, hard

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Well Number TW-1

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
Township 4S N or S. Range 3W E or W. WM _____
Section 31 SW $\frac{1}{4}$ of SE $\frac{1}{4}$ _____
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) owner

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

☐ Rotary Air ☐ Rotary Mud ☐ Cable

XX Other RC-dual tube

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Domestic ☐ Community ☒ Other test
☐ Thermal ☐ Injection ☒ Other test

Special Construction approval ☐ Yes ☐ No Depth of Completed Well 19 ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

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

XX Other poured and probed -

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

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

☐ Pump ☐ Bailer ☒ Air (dual tube) ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		235	1 hr.

Temperature of Water approx 55° 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: SEI 9215

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 7/30/92

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found 1st significant at 97

From	To	Estimated Flow Rate	SWI
all sand/gravel	intervals	total is expected	N.M
below	SWL	to be >500 gpm	

Ground elevation approx 150

[illegible]

Date started 7/28/92 Completed 7/30/92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed John M. L... WWC Number 1367
Date 8/24/92

~~(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Stephen Schneider WWC Number 649
Date 8/24/92

Monrovia Nursery
Test Well No. 1
by Schneider Drilling Co.
S.C. #33383

<u>From</u>	<u>To</u>	<u>Description</u>
0	4	Fill
4	6	Top soil
6	25	Clay, brown, silty
25	37	Clay, gray, little silty
37	42	Sand, brown, fine
42	50	Clay, gray, silty
50	57	Clay, gray, soft
57	65	Clay, green, sandy, fine
65	72	Sand, green, fine, some clay
72	75	Clay, gray, sandy
75	94	Clay, gray, soft
94	97	Clay, gray, soft, silty
97	104	Gravel 1/2" minus, sand, med
104	107	Clay, gray, soft
107	110	Clay, brown, soft
110	114	Clay, gray, med
114	125	Clay, gray, soft, sandy
125	131	Sand, green, med-fine
131	145	Clay, gray, soft, sandy
145	158	Gravel 1/2" minus & sand, black, med
158	170	Gravel 1/2" minus & sand, black, coarse
170	175	Gravel 1/2" minus & sand, brown, med-coarse
175	183	Gravel 1/2" minus & sand, black, med-coarse
183	190	Clay, gray, soft, silty
190	199	Clay, gray, sandy, some gravel
199	203	Pea gravel & sand, brown, coarse
203	209	Clay, brown, sandy
209	211	Sand, brown, med
211	215	Pea gravel & sand, brown, med
215	225	Clay, brown, soft, sandy
225	235	Gravel 1/2" minus & sand, brown, med
235	245	Clay, brown, sandy
245	260	Clay, gray, soft

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State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

Page 1 of 2

State Well ID L82379
Start Card # 184146

(1) OWNER: Well No. 2424
Name MONROVIA NURSERY CO.
Address 13455 SE LAFAYETTE HWY
City DAYTON St OR Zip 97114

(2) TYPE OF WORK: Alteration

(3) DRILL METHOD: CABLE

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO	Depth of Compl. Well	190 ft
Explosives used NO	Type	Amount
HOLE	SEAL	
Diam. From To	Material	From To Amount
12 0 160	BENTONITE CHIP	0 50 66 SAX
8 160 190	ANNULAR BACFIL	
	W/BENTONITE CHI	50 112 79 SAX

Seal placement method POURED/PROBED

Backfill: from ___ ft to ___ ft Material
Gravel: from 112 ft to 160 ft Size 3/8" PEA

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 8	+1	190	.25	STEEL	WELDED

Liner

Final Location of shoe(s) 190

(7) PERFORATIONS/SCREENS:

[X] Perf. Method TORCH

[] Screens Type _____ Material _____

From	To	Slot Size	Number	Diam.	Size	Casing/liner
145	185	.2X8"	175			CASING
145	185	.2X4"	80			CASING

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

Test type AIR

Yield GPM	Draw-down	Drill stem at	Time
500		188	1 hr.
500		188	23

Temperature of water 53F Depth Artesian Flow Found _____

Was water analysis done? YES By whom TDS 94PPM

Reason for water not suitable for use _____

Depth of strata _____

(9) LOCATION OF WELL by legal description:

County YAMHILL Lat. ' ' ' Long. ' ' '
Township 4 S Range 3 W WM.
Section 31 SW 1/4 SE 1/4
Tax Lot R5306 Lot 300 Block Subdivision
Street Address of Well (or nearest Address)
13455 SE LAFAYETTE HWY DAYTON, OR

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 03/13/06
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found	SWL
From To	Est Flow Rate SWL
SWL 183	500 28

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
FILL	0	4	
TOP SOIL	4	6	
CLAY, BROWN SILTY	6	25	
CLAY, GRAY SILTY	25	36	
SAND, BROWN FINE W/ SOME CLAY	36	42	
CLAY, GRAY SILTY W/SOME SAND	42	51	
CLAY, GRAY SOFT	51	58	
CLAY, GREEN/GRAY W/FINE SAND	58	65	
SAND, GREEN/GRAY W/SOME CLAY	65	72	
CLAY, GRAY W/SAND	72	91	
CLAY, GRAY SOFT	91	98	
CLAY, W/FINE GRAVEL AND SAND	98	103	
CLAY, GRAY SOFT	103	107	
CLAY, BROWN	107	110	
CLAY, BROWN AND GRAY	110	121	
SAND, GREEN W/SOME BROWN	121	131	

....CONTINUED ON PAGE 2....

Date started 01/24/06

Completed 03/13/06

(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 my best knowledge and belief.

Signed _____ WWC Number _____
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.

Signed David J. Payson WWC Number 1438
Date 03/13/06

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WATER RESOURCES
SALEM, OREGON

YAMH 54374

State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

Page 2 of 2

State Well ID L82379
Start Card # 184146

(1) OWNER: Well No. 2424
Name MONROVIA NURSERY CO.
Address 13455 SE LAFAYETTE HWY
City DAYTON St OR Zip 97114

(2) TYPE OF WORK: Alteration

(3) DRILL METHOD: CABLE

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Compl. Well 190 ft
Explosives used NO Type Amount

HOLE		SEAL			
Diam.	From To	Material	From To	Amount	
12	0 160	BENTONITE CHIP	0 50	66	SAX
8	160 190	ANNULAR BACFIL			
		W/BENTONITE CHI	50 112	79	SAX

Seal placement method POURED/PROBED

Backfill: from ___ ft to ___ ft Material
Gravel: from 112 ft to 160 ft Size 3/8" PEA

(6) CASING/LINER:

Casing	Diam.	From	To	Gauge	Material	Connection
8	+1	190	.25	STEEL	WELDED	

Liner

Final Location of shoe(s) 190

(7) PERFORATIONS/SCREENS:

[X] Perf. Method TORCH

[] Screens Type

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
145	185	.2X8"	175			CASING
145	185	.2X4"	80			CASING

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

Test type AIR

Yield GPM	Draw-down	Drill stem at	Time
500		188	1 hr.
500		188	23

Temperature of water 53F Depth Artesian Flow Found ___
Was water analysis done? YES By whom TDS 94PPM
Reason for water not suitable for use ___
Depth of strata ___

(9) LOCATION OF WELL by legal description:

County YAMHILL Lat. ' ' ' Long. ' ' '
Township 4 S Range 3 W WM.
Section 31 SW 1/4 SE 1/4
Tax Lot R5306 Lot 300 Block Subdivision
Street Address of Well (or nearest Address)
13455 SE LAFAYETTE HWY DAYTON, OR

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 03/13/06
Artesian pressure ___ lb per square in. Date ___

(11) WATER BEARING ZONES:

Depth at which water was first found SWL		Est Flow Rate	SWL
From SWL	To		
	183	500	28

(12) WELL LOG:

Material	Ground elevation	
	From	To SWL
....CONTIUED FROM PAGE 1		

CLAY, GRAY SOFT W/SOME SAND	131	144
GRAVEL, FINE W/SAND BLACK AND BROWN, MED	144	183
CLAY, GRAY	183	190

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WATER RESOURCES DEPT
SALEM, OREGON

DAVE PAYSINGER, BLUE WATER DRILLING CO.
(503) 868-7878

Date started 01/24/06 Completed 03/13/06

(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 my best knowledge and belief.

Signed _____ WWC Number _____
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.

Signed David S. Paysinger WWC Number 1438
Date 03/13/06

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