



Oregon Water Resources Department 725
 Summer Street NE, Suite A
 Salem Oregon 97301-1271
 (503) 986-0900
 www.wrd.state.or.us

Application for a Permit to Use Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

1. APPLICANT INFORMATION

A. Individuals

Applicant: ISSA KARAM
First Last

Mailing Address: 15028 SOUTH REDLAND ROAD

OREGON CITY OREGON 97045
City State Zip

Phone: 503-631-7200 503-631-7200 503-516-1150
Home Work Other

*Fax: 503-631-7213 *Email Address: _____

B. Organizations

(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)

Name of Organization: _____

Name and Title of Person Applying: _____

Mailing Address or Organization: _____

City State Zip

Phone : _____
Day Evening

*Fax: _____ *Email Address: _____

*Optional

For Department Use		
App. No. <u>G-17221</u>	Permit No. _____	Date _____

Last Updated: 3/31/2009

Ground Water/1

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SALEM, OREGON

2. PROPERTY OWNERSHIP

Yes (Please check appropriate box below then skip to section 3 'Ground Water Development')

- There are no encumbrances
- This land is encumbered by easements, rights of way, roads or other encumbrances (please provide a copy of the recorded deed(s))

No (Please check the appropriate box below)

- I have a recorded easement or written authorization permitting access.
- I do not currently have written authorization or easement permitting access.
- Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigated and/or domestic use only (ORS 274.040).

You must provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

List the names and mailing addresses of all affected landowners.

N/A

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 2 TAX LOT 5200

Name of nearest surface water body: CLEAR CRK (CLACKAMAS)

Distance from well(s) to nearest stream or lake:

1) ABOUT 2400 FT 2) ABOUT 2500 FT 3) _____ 4) _____

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head:

1) ABOUT 90 FT 2) ABOUT 85 FT 3) _____ 4) _____

B. Well Characteristics

Wells must be constructed according to standards set by the Department for the construction and maintenance of water wells. If the well is already constructed, please enclose a copy of the well constructor's log and the well ID number, if available, for each well with this application. Identify each well with a number corresponding to the wells designated on the map and proceed to section 4 of the form. If the well has not been constructed, or if you do not have a well log, please complete the following:

Well(s) will be constructed by:

OLSEN-PULLIAM WELL DRILLING (TEL: 503-665-3353; FAX: 503-665-5285; CELL: 503-789-5764).

Mailing Address: 9480 SE 172nd AVENUE

HAPPY VALLEY

City

OREGON

State

97086

Zip

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Completion Date: OPEN FOR WELLS 2-4.

Please provide a description of your well development. (Attach additional sheets if needed.)

Well No.	Diameter	Type and size of casing	No. of feet of casing	Intervals casing is perforated (in feet)	Seal depth	Est. depth to water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth
1	EXIST.	CAN'T FIND	WELL LOG	6" BLK S					
2	12"	8"BLK STL	18'MIN.	?	18"MIN.		SET BY	OWRD FOR	MAX. DUTY
3	12"	8"BLK STL	18"MIN.	?	18"MIN.		SET BY	OWRD FOR	MAX. DUTY
4	12'	8"BLK STL	18'MIN.	?	18"MIN.		SET BY	OWRD FOR	MAX. DUTY

Note: Well numbers in this listing must correspond to well locations(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals.

C. Artesian Flows

If your water well is flowing artesian, describe your water control and conservation works:

N/A

4. WATER USE

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

A. Type(s) of Use(s)

See list of beneficial uses provided in the instructions.

- If your proposed use is **domestic**, indicate the number of households to be supplied with water: _____
- If your proposed use is **irrigation**, please attach **Form I**
- If your proposed use is **mining**, attach **Form R**
- If your proposed use is **municipal or quasi-municipal**, attach **Form M**
- If your proposed use is **commercial/industrial**, attach **Form Q**

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B. Amount of Water

Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

Well No.	Source or aquifer	Type of use	Total rate of water requested (in gpm)	Total annual quantity (in gallons)	Production rate of well (in gpm)
EXIST.1		IRRIGATION	55	19,404,000	55
2		IRRIGATION	170	59,976,000	175?
3		IRRIGATION	125	43,500,000	125?
4		IRRIGATION	125	43,600,000	125?

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 0.75 CFS
 (The fees for your application will be based on this amount.)

D. Period of Use

Indicate the time of year you propose to use the water: GEN. NURSERY MAR.1 TO OCT.31; GEN.AG. REST YEAR
 (For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1-October 31.)

E. Acreage

If you will be applying water to land, indicate the total number of acres where water will be applied or used: PRI=20AC

(This number should be consistent with your application map.)

5. WATER MANAGEMENT

A. Diversion

What method will you use to divert water from the source?

- Pump (give horsepower and pump type): #1=5HP?; #2-#4=ABOUT 30 HP
- other means (describe): _____

B. Transport

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):

Width _____ Depth _____

Is the ditch or canal to be lined? Yes No

- Pipe (give diameter and total length):

Diameter 4", 3" & 2" Length 1000LF; 2000LF; 3000LF

- other, describe: _____

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C. Application/Distribution Method

What equipment will you use to apply water to your place of use?

SUBMERSABLE PUMPS, BURIED PVC TRANSMISSION & DISTRIBUTION PIPING, ROTATING TYPE SPRINKLERS, DRIP IRRIGATION ETC.

Irrigation or land application method (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Flood | <input checked="" type="checkbox"/> High pressure sprinkler | <input type="checkbox"/> Low pressure sprinkler |
| <input checked="" type="checkbox"/> Drip | <input type="checkbox"/> Water Cannons | <input type="checkbox"/> Center pivot system |
| <input checked="" type="checkbox"/> Hand Lines | <input type="checkbox"/> Wheel Lines | |
| <input type="checkbox"/> Siphon tubes or gated pipe with furrows | | |
| <input type="checkbox"/> other, describe: _____ | | |

Distribution method

- | | | |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Direct pipe from source | <input checked="" type="checkbox"/> In-line storage (tank or pond) | <input type="checkbox"/> Open Canal |
|---|--|-------------------------------------|

E. Conservation

What methods will you use to conserve water? Why did you choose this distribution or application method? Have you considered other methods to transport, apply, distribute or use water? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

USE 1" TUNA CAN TO MEASURE VOLUME OF WATER APPLIED; USE AN AUTOMATIC IRRIGATION CONTROLLER TO REDUCE THE CHANCE OF OVER-WATERING & RUNOFF; USE DRIP IRRIGATION TO REDUCE LOSSES TO EVAPORATION; WATER AT NIGHT & MORNINGS.

6. PROJECT SCHEDULE

Indicate the anticipated dates that the following construction tasks should begin. If construction has already begun, or is completed, please indicate that date.

Proposed date construction will begin: WELL #1 DONE; WELLS #2-#4 MARCH 1, 2010

Proposed date construction will be completed: MARCH 1, 2012

Proposed date beneficial water use will begin: MARCH 1, 2014

Is this project fully or partially funded by the American Recovery and Reinvestment Act? (Federal stimulus dollars) Yes No

7. REMARKS

If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.

I CAN NOT FIND THE WELL LOG FOR EXISTING WELL #1. MR. KARAM WAS TOLD BY OWRD IN SALEM, IF HE DRILL TO AMUCH DEEPER DEPTH THAN WELL #1, HE COULD GET THE FULL 1/80CFS/ACRE. HE WANTS TO LET OWRD SET THE WELL DEPTH FOR WELLS #2, #3 & \$4.

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8. MAP REQUIREMENTS

The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

9. SIGNATURE

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be canceled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water right holders to get water to which they are entitled.

I swear that all information provided in this application is true and correct to the best of my knowledge:


Signature of Applicant (If more than one applicant, all must sign.)

5/13/09
Date

Before you submit your application be sure you have:

- Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this application. You may supply a copy of the deed, land sales contract, or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at www.wrd.state.or.us or call (503) 986-0900.

WRD on the web:
www.wrd.state.or.us

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Oregon Water Resources Department

FORM I

FOR IRRIGATION WATER USE

1. Please indicate whether you are requesting a primary or supplemental irrigation water right.

Primary Supplemental

If supplemental, please indicate the number of acres that will be irrigated for each type of use.

Primary: 20.0 Acres

Secondary: 40.0 Acres

List the permit or certificate number of the primary water right:

TL 1100
PERMIT G-15983, APPL G-16358
No. _____

2. Please list the anticipated crops you will grow and whether you will be irrigating them for a full or partial season:

1. GENERAL NURSERY USES Full season Partial season (from: MAR. 1 to OCT. 31)

(TEMPERATURE CONTROL)

2. GENERAL AGRICULTURAL USES Full season Partial season (from: NOV. 1 to END ^{FEB.})

3. _____ Full season Partial season (from: _____ to _____)

4. _____ Full season Partial season (from: _____ to _____)

3. Indicate the maximum total number of acre-feet you expect to use in an irrigation season:

PRIMARY IRRIGATION = 121 AF

SUPPLEMENTAL IRRIG. 242.5 acre-feet

(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

Daily during daytime hours

NEW PLANTINGS, GREENHOUSES ETC.
 Daily during nighttime hours

Two or three times weekly during daytime

ESTABLISHED PLANTINGS
 Two or three times weekly during nighttime

Weekly, during daytime hours

Weekly, during nighttime hours

Other, explain: _____

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SALEM, OREGON



Oregon Water Resources Department Land Use Information Form

This information is needed to determine compatibility with local comprehensive plans as required by ORS 197.180. The Water Resources Department will use this and other information to evaluate the water use application. DO NOT fill out this form if water is to be diverted, conveyed, or used only on federal lands.

To Be Completed By Applicant

The following section includes information about proposed water use. This section must be completed by the individual or group that is filing an application for a water right with the Water Resources Department.

A. Applicant

Name: ISSA & RAGEHDA KARJEM

Address: 15028 SOUTH REDLAND ROAD

City: OREGON CITY State: OR Zip: 97045 Day Phone: 503-516-1150 CELL

B. Land and Location

Please provide information as requested below for all tax lots on or through which water will be diverted, conveyed, or used. Check "diverted" if water is diverted (taken) from its source on tax lot, "conveyed" if water is conveyed (transported) on tax lot, and "used" if water will be put to beneficial use on tax lot. More than one box may be checked. (Attach extra sheets as necessary.) Applicants for municipal use, or irrigation uses within irrigation districts, may substitute existing and proposed service area boundaries for the tax lot information requested below.

Tax Lot I.D.	Plan Designation (e.g. Rural Residential/RR-5)	Water to be: (check all that apply)		
TL1100	RRFF-5? 2 3E 30	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used
TL5200	RRFF-5? 2 3E 30	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used

List counties and cities where water is proposed to be diverted, conveyed, or used. _____

C. Description of Water Use

Indicate what the water will be used for. Include the beneficial use (found in the instruction booklet for your water right application) and use the space below to describe the key characteristics of the project.

Beneficial Use(s): GENERAL NURSERY USES, GENERAL AGRICULTURAL USE

Briefly describe: IN GROUND TREES, NURSERY STOCK, GREENHOUSES, ETC.

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D. Source

Indicate the source for the proposed water use:

Reservoir/Pond Ground Water Surface Water _____ (source)

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E. Quantity

Indicate the estimated quantity of water the use will require:

SUPPLEMENTAL 0.500 CFS 225 GPM Acre-Feet
PRIMARY 0.250CFS 112 GPM

Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
Commerce Bldg.
158 12th St. NE
Salem, OR 97310-0210
(503)378-8455



SRA 5/13/09

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

Land uses to be served by proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): See 401, Clackamas County Zoning Ord.
Land uses to be served by proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.)
If approvals have been obtained but all appeal periods have not ended, check "Being pursued".

Type of Land-Use Approval Needed (e.g. plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
<u>None</u>	<u>EFU zone</u>	<u>N/A</u>	
		<input type="checkbox"/> Obtained	<input type="checkbox"/> Being pursued
		<input type="checkbox"/> Denied	<input type="checkbox"/> Not being pursued
		<input type="checkbox"/> Obtained	<input type="checkbox"/> Being pursued
		<input type="checkbox"/> Denied	<input type="checkbox"/> Not being pursued
		<input type="checkbox"/> Obtained	<input type="checkbox"/> Being pursued
		<input type="checkbox"/> Denied	<input type="checkbox"/> Not being pursued
		<input type="checkbox"/> Obtained	<input type="checkbox"/> Being pursued
		<input type="checkbox"/> Denied	<input type="checkbox"/> Not being pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Nursery stock/farm uses are outright permitted uses in EFU zone.

Name: Rob McIntire Title: Sr. Planner
Signature: [Signature] Phone: 503-742-4516 Date: 5/19/09
Government Entity: Clackamas County Planning Div.

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

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Receipt for Request for Land Use Information

WATER RESOURCES DEPT
SALEM, OREGON

Applicant Name: _____
City or County: _____ Staff Contact: _____
Signature: _____ Phone: _____ Date: _____

Issa S. Karem and Ragehda I. Karpm
16406 South Hatton Road
Oregon City, OR 97045

TAX LOT 5200 LEGAL DESCRIPTION

Statutory Warranty Deed Fee 98-047325

Part of Mark Hatton Donation Land Claim

Section 30, Township 2 South, Range 3 East of Willamette Meridian

Clackamas County, State of Oregon

Crane & Merseeth Engineering/Surveying No. 396-002 (LAWP_PROJ\396-002\TLS200.DOC)

Date: January 29, 2004 by Edward A. Crane, PLS

PART OF THE MARK HATTON DONATION LAND CLAIM NO. 53 IN SECTION 30, TOWNSHIP 2 SOUTH, RANGE 3 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUTY OF CLACKAMAS AND THE STATE OF OREGON, DESCRIBED AS FOLLOWS:

BEGINNING AT A STONE AT THE MOST SOUTHERLY SOUTHWEST CORNER OF SAID DONATION LAND CLAIM NO. 53, THENCE NORTH 58°34' WEST A DISTANCE OF 367.10 FEET TO A STONE AT AN ANGLE POINT OF SAID CLAIM, SAID ANGLE POINT ALSO BEING ON THE EASTERLY LINE OF CLACKAMAS COUNTY MARKET ROAD NO. 39; THENCE NORTH 15°27' WEST A DISTANCE OF 256.74 FEET ALONG THE SAID WESTERLY CLAIM LINE AND EASTERLY LINE OF SAID ROAD TO AN IRON PIPE; THENCE CONTINUING NORTH 15°27' WEST A DISTANCE OF 425.27 FEET ALONG SAID WESTERLY CLAIM LINE AND SAID EASTERLY ROAD LINE TO A STONE LOCATED AT THE TRUE POINT OF BEGINNING.

THENCE FROM THE STONE LOCATED AT THE TRUE POINT OF BEGINNING, CONTINUING NORTH 15°27' WEST A DISTANCE OF 405.33' ALONG SAID WESTERLY CLAIM LINE AND SAID EASTERLY ROAD LINE TO A STONE AT THE NORTHWEST CORNER OF THAT TRACT OF LAND CONVEYED TO DAVE KIMMEL JR. BY DEED RECORDED JULY 14, 1920 IN BOOK 159, PAGE 276 CLACKAMAS COUNTY DEED RECORDS ; THENCE NORTH 88°42' EAST ALONG THE NORTHERLY LINE OF SAID DAVE KIMMEL JR. LAND, A DISTANCE OF 2,321.70 FEET TO THE EASTERLY LINE OF SAID CLAIM; THENCE SOUTH 00°03'08" EAST ALONG SAID EASTERLY CLAIM LINE A DISTANCE OF 390.06 FEET TO A STONE ON THE SAID EASTERLY CLAIM LINE; THENCE SOUTH 88°37' WEST A DISTANCE OF 2,213.80 FEET TO THE TRUE POINT OF BEGINNING.

SAID TRACT CONTAINING 20.39 ACRES (CLACKAMAS COUNTY SURVEYOR'S OFFICE RECORD-OF-SURVEY "DTM-444").

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SALEM, OREGON**

Signd 1-29-2004
[Stamp]

Edward A. Crane
[Stamp: FEBRUARY 2, 1918 EDWARD A. CRANE 1931]

Renewd 12-31-2005

Issa S. Karem and Ragehda I. Karem

16406 South Hatton Road

Oregon City, OR 97045

TAX LOT 1100 LEGAL DESCRIPTION

Statutory Warranty Deed Fee 98-047325

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Section 30, Township 2 South, Range 3 East of Willamette Meridian

Clackamas County, State of Oregon

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BEGINNING AT A STONE AT THE MOST SOUTHERLY SOUTHWEST CORNER OF SAID DONATION LAND CLAIM NO. 53, THENCE NORTH 58°34' WEST A DISTANCE OF 367.10 FEET TO A STONE AT AN ANGLE POINT OF SAID CLAIM, SAID ANGLE POINT ALSO BEING ON THE EASTERLY LINE OF CLACKAMAS COUNTY MARKET ROAD NO. 39; THENCE NORTH 15°27' WEST A DISTANCE OF 256.74 FEET ALONG THE SAID WESTERLY CLAIM LINE AND EASTERLY LINE OF SAID ROAD TO AN IRON PIPE; THENCE CONTINUING NORTH 15°27' WEST A DISTANCE OF 425.27 FEET ALONG SAID WESTERLY CLAIM LINE AND SAID EASTERLY ROAD LINE TO A STONE AT AN ANGLE POINT OF SAID TRACT BEING DESCRIBED; SAID STONE IS ALSO LOCATED SOUTH 15°27' EAST A DISTANCE OF 405.33 FEET FROM ANOTHER STONE LOCATED AT THE NORTHWEST CORNER OF THAT TRACT OF LAND CONVEYED TO DAVE KIMMEL JR. BY DEED RECORDED JULY 14, 1920 IN BOOK 159, PAGE 275 OF CLACKAMAS COUNTY DEED RECORDS ; THENCE FROM SAID STONE LOCATED AT SAID ANGLE POINT, NORTH 88°37' EAST A DISTANCE OF 2,213.80 FEET TO THE EASTERLY LINE OF SAID CLAIM; THENCE SOUTH 00°03'08" EAST ALONG SAID EASTERLY CLAIM LINE A DISTANCE OF 853.38 FEET TO A STONE AT THE SOUTHEAST CORNER OF SAID CLAIM; THENCE SOUTH 88°25' WEST ALONG SAID SOUTHERLY CLAIM LINE A DISTANCE OF 1,720.00 FEET TO THE TRUE POINT OF BEGINNING.

SAID TRACT CONTAINING 40.44 ACRES (CLACKAMAS COUNTY SURVEYOR'S OFFICE RECORD-OF-SURVEY "DTM-444").

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Signed 1-29-2004

Edward A. Crane

FEBRUARY 2 1978
EDWARD A. CRANE

Revised 12-31-2005

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

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APR 25 1990

CLAC 022 2S/3E/22da
 (START CARD) # 17980

(1) OWNER: Well Number: _____
 Name Santos Farms
 Address 11389 SE 35th
 City Milwaukie State OR Zip 97222

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 180 ft.
 Yes No

Explosives used Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
12	0	180	Cem/Gel	0	60	21 sacks
			Drill gel	60	143	
			Sand pack	143	180	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 143 ft. to 180 ft. Size of gravel 1/4

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	+1	154	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	174	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Wound Wire Material Steel

From	To	Slot size	Number	Diameter	Telc/pipe size	Casing	Liner
154	174	.020		8	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time

50		40	1 hr.
100		70	1 1/2 "
144		100	2 "

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

(9) LOCATION OF WELL by legal description:
 County Clackamas Latitude _____ Longitude _____
 Township 2S N or S, Range 3E E or W, WM.
 Section 22 NE SE
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 15265 Latourette Rd S
Oregon City, OR

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 04/20/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 154

From	To	Estimated Flow Rate	SWL
154	174	150 gpm	6

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay & coarse gravel	0	3	
Soft Blue-gray siltstone	3	78	
Sticky gray clay	78	105	
Fine gray sand	105	111	
Soft gray sandy clay	111	129	
Fine gray sand	129	130	
Soft gray clay	130	152	
Fine gray sand occ clay stks.	152	174	6
Sticky blue-gray clay	174	186	

Date started 04/16/90 Completed 04/20/90

(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.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1266
 Signed [Signature] Date 04/23/90

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

CLAG 64002
SKYLES DRILLING, INC.
503-656-2683

WELL ID # L **91296**

START CARD # **W193693**

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

(1) OWNER: Well Number: **02**
 Name **Mark Hettervig**
 Address **2000 SE Hanna Harvester Dr.**
 City **Milwaukie** State **OR** Zip **97222**

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other **Holte**

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **297** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 20	Bentonite	20	0	11 Sacks
7.6	20 297				

How was seal placed: Method A B C D E
 Other **Poured**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6	+1.5	297	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: **None**

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **100+** Drawdown _____ Drill stem at **297** Time **1 hr.**

Temperature of Water **55.5** Depth Artesian Flow found _____
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use?
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County **Clackamas** Latitude _____ Longitude _____
 Township **2SOUTH** N or S. Range **3EAST** E or W. of WM.
 Section **30** NE 1/4 **NE** 1/4
 Tax lot **303** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **16015 S. Springwater Rd., Oregon City, OR**

(10) STATIC WATER LEVEL:
151 ft. below land surface. Date **8/31/2007**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **153'**

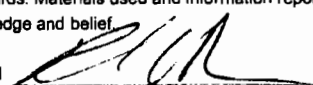
From	To	Estimated Flow Rate	SWL
153	154	Trace	151
170	174	5	151
213	297	100+	151

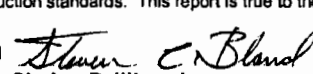
(12) WELL LOG:

Material	From	To	SWL
Clay, brown w/ gravel @times	0	12	
Clay, brown	12	21	
Gravel & sand, lightly cemented	21	55	
Clay, brownish-gray	55	59	
Gravel, medium w/ sand	59	86	
Clay, tan silty	86	92	
Clay, tan sandy crumbly	92	95	
Clay, gray, very sandy, crumbly	95	127	
Clay, silty w/ claystone, gray	127	146	
Sand, gray cemented	146	151	
Clay, brownish-gray, sandy w/wood	151	153	
Sand, multicolored coarse	153	154	
Clay, sandy w/ claystone, gray	154	170	
Sand, gray cemented	170	174	
Claystone w/seams of sand, gray	174	213	
Sandstone w/ seams of sand, packed, gray	213	245	
Claystone, broken w/sand, fine, gray	245	255	
Gravel, medium w/ sand	255	297	151

Skyles Drilling, Inc. (503) 656-2683
 1169 Molalla Ave., Oregon City, OR 97045

Date started **8/24/2007** Completed **8/31/2007**

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed  WWC Number **1715**
 Date **9-4-07**

(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  WWC Number **1592**
 Date **8/31/2007**

ORIGINAL
File Original and
Duplicate with the
STATE ENGINEER,
SALEM, OREGON

WATER WELL REPORT
CLACKAMAS COUNTY
STATE OF OREGON

OBSERVATION WELL
State Well No. 724-311(1)
7/3-311(1)
State Permit No. G-1274

(1) OWNER:
Name Mr. Howard DeLano
Address Route 5, Box 626
Oregon City, Oregon

(2) LOCATION OF WELL:
County Clackamas Owner's number, if any _____
Lot 5 1/4 Section 31 T. 2S R. 3E W.M.
Bearing and distance from section or subdivision corner
753 ft. due East and 73.5 ft. due
north from a marked rock which is the
NW corner of Lot 5, Sec. 31, T. 2S,
R. 3E, W.M.

(3) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:
8" Diam. from 0 ft. to 234 ft. Gage .277
6" Diam. from 234 ft. to 270 ft. Gage .280
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:
Type of perforator used Mills knife Perforated? Yes No
SIZE of perforations 3/8 in. by 2 in.
10 perforations from 86 ft. to 97 ft.
52 perforations from 183 ft. to 197 ft.
" liner perforated with torch _____ ft.
perforations from 254 ft. to 267 ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:
Well screen installed Yes No
Manufacturer's Name _____ Model No. _____
Type _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:
Well gravel packed? Yes No Size of gravel: 1/2 in. min.
Gravel placed from 234 ft. to 270 ft.
Was a surface seal provided? Yes No To what depth? 45 ft.
Material used in seal— cement and pea gravel
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 81 ft. below land surface Date 6-25-59
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by: Howard R. DeLano
[Signed] _____ Date 6/30, 1959
(Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? A. O. Olsen
Yield: 235 gal./min. with 84 ft. drawdown after 4 hrs.
" " " " " "
" " " " " "
" " " " " "
Ballor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 51 Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 8 inches.
Depth drilled 270 ft. Depth of completed well 270 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Clay	1	35
Gravel, boulders, clay	35	64
Dry gravel	64	66
Boulders, gravel & clay	66	75
Sand	75	77
Cemented gravel	77	87
Gravel, some cemented, water	87	97
Clay, sand and blue silt	97	106
Sandy, gravelly blue silt	106	112
Blue silt and gray clay	112	181
Gravel, clay, sandy clay	181	203
sand streaks water bearing		
Sandy clay	203	205
Sandy, water	205	207
Sand, gravel & clay	207	212
Gray clay	212	229
Sandy clay	229	231
Blue-black silt	231	250
Dry sand	250	254
Coarse sand and pea gravel (water bearing)	254	256
Sand, gravel, clay streaks (water bearing)	256	267
Clay	267	270

Work started April 19 19 59 Completed June 25 19 59

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Calvin C. Bram, Well Drilling
(Person, firm, or corporation) (Type or print)
Address 17120 S. E. Foster Rd. Portland,
Oregon
Driller's well number _____
[Signed] Calvin C. Bram
(Well Driller)
License No. 222 6-29, 1959

ADDITIONAL SHEETS

CLAC 5246

WELL IDENTIFICATION APPLICATION FORM RECEIVED

FEB 18 1997

BUYER/CURRENT WELL OWNER:

WATER RESOURCES DEPT.
SALEM, OREGON

Name: Howard R. DeLano

Mailing Address: 17572 S. Hatten Road

City: Oregon City State: OR Zip: 97045 Phone: (503) 631-2315

WELL LOCATION:

County: Clackamas Township: 25 N or S, Range: 3 E or W

CLAC
5246
Government Lot 5

Section: 31 1/4 SW 1/4 Owner's Well Number: _____

Tax Lot Number: 01100 Street Address of Well (if different from above): _____

Well was drilled in 1959 using 8" casing + 280 ft. deep
was tested with a flow of 300 gallon per minute
I have a permit but unable to find permit No. on well log

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: 1959

This well has been used as a test well by both state of
Well Constructor: Oregon and Federal Govt agencies.

Name of Owner at Time of Construction: Howard R. DeLano

Well Depth (in feet): 280 Static Water Level (in feet): 81

Diameter of Exposed Well Casing (in inches): 8

Does this well have a formal water right associated with it? Yes: X No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

At 235 gpm this well had a pumping level of 165'

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

For Official Use Only:
Well Tag No. 13114

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

WELL I.D. # L 30192
START CARD # 118381

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

(1) OWNER: Well Number 14-00
Name Karen Nursery
Address 15025 S. Redland Rd.
City Redland City State OR Zip 97068

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	58	Concrete	0	58	28.5
6	58	200	2.6 in. bit.			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	1	140	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.6	140	220	18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Serp
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	1/8	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 23 N or S Range 2E E or W. WM.
Section 34 9E 1/4 140 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15025 S Redland Rd. Redland City, OR 97068

(10) STATIC WATER LEVEL:
69 ft. below land surface. Date 7-5-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 158 ft.

From	To	Estimated Flow Rate	SWL
158	171	50	69

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay-brown	0	43	
Gravel-brown	43	48	
Clay-brown	48	56	
Clay grey blue	56	76	
Clay-grey	76	158	
Sand coarse	158	171	69
Clay-blue	171	203	
Clay-grey	203	220	

RECEIVED RECEIVED
JUL 18 2000 JUN 09 2009
WATER RESOURCES DEPT. SALEM, OREGON
WATER RESOURCES DEPT. SALEM, OREGON

Date started 6-30-00 Completed 7-5-00
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1
Signed Michael Date 7-13-00

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

CLACK
161

AUG 15 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON (START CARD) # We20330

2S/2E/34bd

(1) OWNER: Well Number: 25-90
 Name Issa Karam/KARAM NURSERY
 Address 14630 S. Holcomb Road
 City Oregon City State Ore Zip 97045

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 181 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	+1	25	Bentonite	1	25	650 lbs.
6	25	881				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Grade	Steel	Plastic	Welded	Threaded
Casing: 6	+1	151	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line: 4 1/2	146	181	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 151 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Liner
161	179	1/8	72			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 45 Drawdown 61 Drill stem at _____ Time 1 hr.

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

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude _____
 Township 2S N or S, Range 2E E or W, WM.
 Section 34 SE 14 NW 14
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 15028 S. Redland Road, Oregon City, Oregon 97045

(10) STATIC WATER LEVEL:
67 ft. below land surface. Date 8-13-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 157 ft.

From	To	Estimated Flow Rate	SWL
157 ft.	166 ft.	45gpm	67

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay-brown	0	42	
Gravel-brown	42	44	
Clay-brown	44	49	
Clay-gray blue	49	72	
Clay-sandy-gray	72	146	
Clay-gray	146	157	
Sand-coarse-gray	157	166	67
Clay-blue	166	181	

RECEIVED

JUN 09 2009

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-8-90 Completed 8-13-90

(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 Steinman Bros. Dr. Co. 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Paul H. McNeill WWC Number 1 Date _____