

Water Resources Department 725 Summer St NE, Suite A Salem, OR 97301

> (503) 986-0900 Fax (503) 986-0904

November 12, 2020

Alfredo & Maria Fernandez 13930 Boones Ferry Road NE Woodburn, OR 97071

On November 6, 2020, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-17098 Permit G-16437

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at: http://www.wrd.state.or.us/OWRD/mgmt\_reimbursement\_authority.shtml

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$200.00

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

Cc: file

Corbey Boatwright, CWRE.

## Checklist for Claims of Beneficial Use Received at CSG Counter

<b>02</b> 0				
Applicati	ion# 9-17098	WRD Review	wer (\).	-
Transfer	#			
Date Re	ceived 11.6.2020			
CWRE N	Jame Corbey Boutwright	·		
	1			
Priority I Fees Requ	Date: 8-27 -2008 ired:			
YES NO	A fee of \$200 must accompany this foliater.	orm for <u>permits</u> with	h priority dates of July 9	9, 1987, or
YES NO	A fee of \$200 must accompany this for priority date of July 9, 1987, or later.  Example – A transfer involved			it with a
	has a priority date of July 9,			Fill in App or Transfer
Map Revie	ew:			Number
X Application X Disclaim X North at X CWRE X Appropriate Appropria	polyester film (OAR 690-014-0170(1) & 310-00 & permit #; or transfer # (OAR 690-014-010er (OAR 690-014-0170(5)) arrow (OAR 690-310-0050(2)(c)) Estamp and signature (OAR 690-014 & 310-00000000000000000000000000000000000	00(1)) 050) nal full-size scale	MONEY SLIP  DATE: RECEIPT 6:  **RECEIPT 6:	EATRON TO TO THE PROPERTY OF T
Report Re	view:		SAME EXTENSION OF TRAFF WANTED RESPONSE WATER SOOT SERVICES WATER	FOREIGN POR
X On form X Applica X Owners Date of X Person i X County CWRE	n provided by the Department (OAR 690-014-tion & permit #; or transfer # (OAR 690-014) hip information (OAR 690-014) survey (OAR 690-014) nterviewed (OAR 690-014) (OAR 690-014) stamp and signature (OAR 690-014-0100) e(s) of all permittee of transfer holder (OAR 6		COLUMN TO APPLICANT - LETTER AT	TACHED
Groundwa	iter File Review:	227	_	

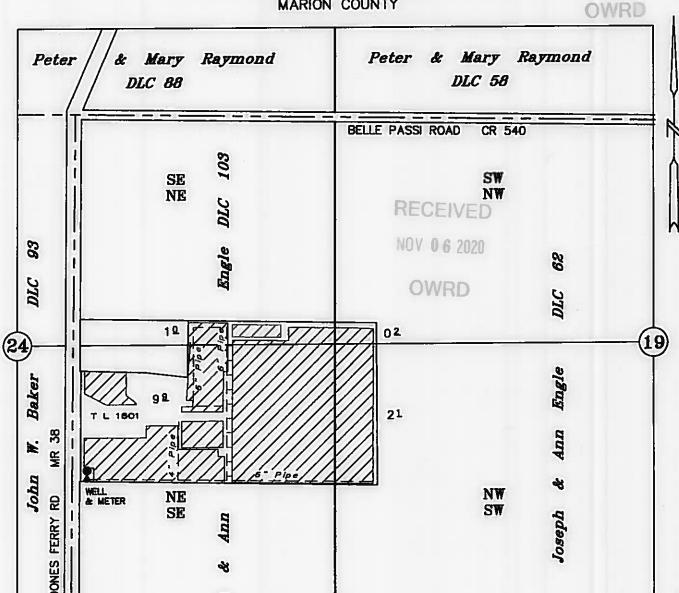
Pump Test Required? YES NO Pump Test Submitted? YES NO\*

\*If no, include pump test flyer w/acknowledgment letter

## T5S, R1W & R2W, WM

NOV 06 2020

MARION COUNTY



1480' SOUTH & 50' EAST OF THE NW CORNER JOSEPH & ANN ENGLE DLC 103 WELL: 1484' SOUTH & 50' EAST OF THE NW CORNER JOSEPH & ANN ENGLE DLC 103 METER:

TAX LOT: 52W 24 1601 CLAIM OF BENEFICIAL USE

UNDER

G-17098 Application No.

Permit No. \_\_G-16437

IN THE NAME OF

OCTOBER 28, 2020 SCALE: 1" = 400'

RENEWS: 12-31-2021

NOTE: This map is not intended to provide legal dimensions or locations of property ownership lines.



# 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

RECEIVED

NOV 06 2020

A fee of \$200 must accompany this form for <u>permits</u> with priority dates of July 9, 1987, or later.

**OWRD** 

#### 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

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 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

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

#### **SECTION 1**

#### **GENERAL INFORMATION**

#### 1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G- 17098	G- 16437	T-

2. Property Owner (current owner information	2.	Property	Owner	(current owner	information	1:
--	----	----------	-------	----------------	-------------	----

APPLICANT/BUSINESS NAME Alfredo & Maria Fernande		PHONE NO. ADDITIONAL CONTACT NO. 503.871.1250	
ADDRESS 13930 Boones Ferry Road I	NE		
CITY Woodburn	STATE Oregon	ZIP 97071	E-MAIL afnurseryllc@gmail.com

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

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

PERMIT HOLDER OF RECORD			
Alfredo & Maria Fernan	dez		
ADDRESS			
13930 Boones Ferry Roa	nd NE		
CITY	STATE	ZIP	
Woodburn	Oregon	97071	

ADDITIONAL PERMIT HOLD	ER OF RECORD		
None			RECEIVED
ADDRESS			NOV <b>0 6</b> 2020
Сіту	STATE	ZIP	OWRD

4. Date of Site Inspection:

Octo	ber 28,	2020	

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

NAME	DATE	Association with the Project
Alfredo Fernandez	October 28, 2020	Permit Holder & Owner

#### 6. County:

 	 _
Marion	
	 _

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

OWNER OF RECORD None			 200
ADDRESS			
Сіту	STATE	ZIP	

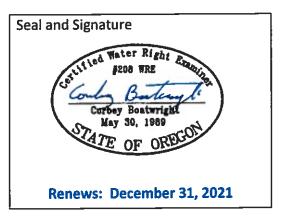
Add additional tables for owners of record as needed

# SECTION 2 SIGNATURES

#### **OWRD**

#### **CWRE Statement, Seal and Signature**

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



CWRE NAME Corbey Boatwright		PHONE NO <b>503.363.</b>	
ADDRESS Boatwright Engineering, Inc.	2613 12 <sup>th</sup> Street SE		
Сіту	STATE	ZIP	E-MAIL
Salem	Oregon	97302	corbey@boatwrightengr.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
Thomas	Alfredo Fernandez	Owner/Permit Holder	11-02-20
1	Maria Fernandez	Owner/Permit Holder	11/02/20

#### **SECTION 3**

#### **CLAIM DESCRIPTION**

NOV 06 2020

1. Point of appropriation name or number:

	_
011	

	and the latest terminal to the latest terminal t
WELL LOG ID#	WELL TAG#
FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
(IF APPLICABLE)	(II /II / III o Iose)
MARI 62427	L-97870
	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)

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

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

POA	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
NAME OR NUMBER Well	Mill Creek	Pudding River

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

POA Name or Number	Uses	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (GFS, GPM, OR AF)
Well	Nursery		Jan 1- Dec 31	0.78 cfs (350 gpm)
Total Quantity of V	Vater Used			0.78 cfs (350 gpm)

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

Water is pumped to three 85-gallon pressure tanks then to the 6-inch main line that runs east, along the south side of the property, about 375 feet, where it branches north with a 4-inch line. The 6-inch line continues east to about midway across the property, then turns north, with branches to the field to the east half. The 6-inch line continuous north and wraps around the larger greenhouses

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

#### 5. Variations:

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

YES

(e.g. "The permit allowed three points of 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 authorized the development of 14.9 acres. The permit holder developed 13.2 acres.

6. Claim Summary:

POA NAME OR#	MAXIMUM RATE AUTHORIZED	CALGULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF AGRES DEVELOPED
Well	0.45 cfs	0.78 cfs	None	Nursery	14.9	13.2

#### **SECTION 4**

#### SYSTEM DESCRIPTION

#### Are there multiple POAs?

NO

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

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

Well

RECEIVED

NOV **06 2020** 

110 7 6 6 202

**OWRD** 

#### A. Place of Use

1. Is the right for municipal use?

NO

TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
55	1W	WM	19	SW-NW		62	Nursery	0.2	
55	1W	WM	19	NW-SW		62	Nursery	2.1	
55	2W	WM	24	SE-NE		103	Nursery	1.0	****
55	2W	WM	24	NE-SE		103	Nursery	9.9	
	res Irrig	ated	1					13.2	

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

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

34" port on top of the well head

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

CASING DIAMETER	GASING DEPTH	TOTAL DEPTH	COMPLETION  DATE OF  ORIGINAL WELL	COMPLETION  DATES OF  ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See	Well	Log	MARI	62427		

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.

NA

C. Groundwater Source Information (Sump)

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

NO

### 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 <u>and</u> apply the water from the point <u>deficiency</u> appropriation to the place of use.

1. Is a pump used?

YES

NOV **06** 2020

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

**OWRD** 

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	4"	4"

#### 3. Motor Information:

MANUFACTURER	Horsepower	
Franklin Electric	30 HP	

4. Theoretical Pump Capacity:

Horsepower	OPERATING PSI	*IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CES)
30 HP	90	42'	0	0.78 CFS

#### 5. Provide pump calculations:

Q Pump = 
$$(30)(7.04)$$
 =  $211.2$  = 0.78 cfs or 350 gpm (42)+90(2.54) = 270.6

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)
79877600	SAME	-	PUMP NOT RUNNING

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

7. Is the distribution system piped?

YES

#### 8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	1855'	PVC	BURIED
4"	490'	PVC	BURIED

#### 9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
3"	1300'	ALUMINIUM	ABOVE GROUND
2"	6740'	PVC	ABOVE GROUND
1 1 1/2"	3670′	PVC	ABOVE GROUND

10. Sprinkler Information:

Size	OPERATING PSI	SPRINKLER OUTPUT (GRM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (GFS)
3/16	60	7.8	480	44	0.76 CFS or (343 GPM)
Overhead	60	2	965	175	0.78 CFS or (350 GPM)

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

11. Drip Emitter Information:

Size	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM Number Used	TOTAL EMPTTER OUTPUT (CFS)
NA					

12. Drip Tape Information:

DRIPPER SPAGING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	Additional Information
NA		1			

13. Pivot Information:

Manufacturer	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA	TW/D/OG			

#### E. Storage

1.	Does the distr	oution system include in-system storage (e.g. storage tank	,
bu	lge in system /	reservoir)?	

NO

F. Gravity Flow Pipe

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

NO

NOV **06** 2020

**OWRD** 

RECEIVED

1. Does the system involve a gravity flow pipe?

G. Gravity Flow Canal or Ditch

(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

NO

H. Additional notes	or	comments	related	to	the	systema
---------------------	----	----------	---------	----	-----	---------

None		

#### **SECTION 5**

#### OWRD

#### 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	February 10, 2009		
BEGIN CONSTRUCTION (A)	None	NA	NA
COMPLETE CONSTRUCTION (B)	October 1, 2013	September 30, 2013	Well constructed, meter installed, main pipelines installed, sprinkler applicators in place.
COMPLETE APPLICATION OF WATER (G)	October 1, 2013	September 30, 2013	Water applied to all developed acres in compliance with all permit conditions

<sup>\*</sup> 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)?	NO
Z.	12 tuele au exfession imeroraei(2):	

- 3. Initial Water Level Measurements:
- a. Was the water user required to submit an initial static water level measurement? YES
- b. What month was the initial measurement to be taken in?

Mildt Hourth was the unital measurement to be taken	
March	
Was the measurement submitted to the Department?	YES

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

u. If the miliar mease			
DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
See Info in WRD file			

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

- a. Was the water user required to submit annual static water level measurements? YES
- b. Provide the month, or months, the static water level measurement(s) were to be made:

  March
- c. Were the static water level measurements taken in the month(s) required?
- d. If "YES", were those measurements submitted to the Department?

C.

e. If the annual measurements were not submitted, provide the measurements now:

DATE OF MEASUREMENT MEASUREMENT MADE BY		Метнор	MEASUREMENT
See Info in WRD file			

#### 5. Pump Test:

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

YES

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

RECEIVED

For additional information regarding pump tests see:

https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

NOV 06 2020

**OWRD** 

b. Has the pump test been previously submitted to the Department?

c. Is the pump test attached to this claim?

NO

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

NO

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

NO

#### 6. Measurement Conditions:

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

YES

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

#### c. Meter Information

POD/POA NAME OR #	MANUFACTURER SERIAL#		CONDITION (WORKING OR NOTI)	CURRENT METER READING	DATE INSTALLED	
Well A	McCrometer	09-03272-04	Appears to be operational	798776 x 100	2010	

#### 7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department?

b. Have the reports been submitted?

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

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

a. Were there special well construction standards?

b. Was submittal of a ground water monitoring plan required?

c. Was submittal of a water management and conservation plan required?

d. Was a Well Identification Number (Well ID tag) assigned and attached YES

to the well?

<sup>\*\*</sup> Claims will not be reviewed until a pump test or exemption has been approved by the Department

NOV 06 2020

WELL ID#	DATE ATTACHED TO WELL				
L-97870	May 14, 2009				

e. Other conditions?

YES

OWRD

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

"If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area . . ." In Compliance. No riparian area was disturbed in the construction of the well.

#### **SECTION 6**

#### **ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	Desgription
Claim of Beneficial Use	Мар
MARI 62427	Well Log for Well
MARI0062427 Measured Water Level	March Static Water Level Measurement List 2010-2014 and 2017-2019
<b>Permit Condition Water-Level Reporting Form</b>	3-26-2020 Static Water Level Measurement Report
Water Use Report Based on Water Right	Water Use Reporting Summary

#### **SECTION 7**

#### CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1'' = 1320 feet, 1'' = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

Marion County Survey Records: 31795, Partition Plat 2006-52, and Partition Plat 2017-02 for property corner monuments and tie to brass cap at NW corner of Engle DLC No. 103. Google Earth aerial photos dated: 5-13-2010; 8-20-2011; 8-15-2012; and, 7-22-2013.

## **Map Checklist**

NOV 0 6 2020

Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)

**OWRD** 

Map on polyester film
Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
Township, Range, Section, Donation Land Claims, and Government Lots
If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
Point(s) of diversion or appropriation (illustrated and coordinates)
Tax lot boundaries and numbers
Source illustrated if surface water
Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
Application and permit number or transfer number
North arrow
Legend
CWRE stamp and signature

NOV 06 2020

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L	97870	
START CARD#	200246	- OWRD

(1) LAND OWNER Owner Well I.D.	(A) I OCA TRONI OF WITH I do and do and and and
(1) -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(9) LOCATION OF WELL (legal description)
First Name ALFREDO Last Name FERNANDEZ	County   MARION   Twp 5   S   N/S   Range 2   W   E/W WM
Company	
Address 13762 RIVER RD NE  City GERVAIS State OR Zip 97026	2000 000
	Let 45 " 7 15.06" or 45.12083333 DMS or DD  Long -122 " 52 18.06" or -122.87166667 DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	© Street address of well Nearest address
Alteration (repain/recondition) Abandonment	(A Street sources of men / 14cmet sources
(3) DRILL METHOD	13930 BOONES FERRY RD NE, WOODBURN
Rotary Air Rotary Mud X Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 05-14-2009 38
Industrial/Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 8
(5) BORE HOLE CONSTRUCTION Special Standard [Attach copy]	
Depth of Completed Well 220 ft.	03-12-2009 8 61 100 5
BORE HOLE SEAL sucks/	05-14-2009 70 207 300 38
Dis   From   To   Material   From   To   Amt   Ibs	
12 20 68 Concrete 8 68 78 S	
8 68 220	(11) WELL LOG Grand Florition
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B XC D E	Material From To
Other Bentonite dry	Top soil 0 8  Brown siit 8 24
Backfill placed from ft. to ft. Melenal	Brown silt   8   24
Filter pack from ft. to ft. Material Size	Blue gray clay 61 70
Explosives used:	Fine dark gray sand 70 100
(6) CASING/LINER	Fine gray silty sand 100 107
Casing Liner Dia + From To Gauge Stl Plate Wid Thrd	Sand and gravel semi-cemented 107 109   Tight dark grav and with some gravel tight 109 120
● B 🔀 1.5 220 250 🖲 🗙	Tight dark gray sand with some gravel tight 109 120     Small to large dark gray sand and gravel some loose 120 143
	Clay and gravel 143 145
	Blue-gray clay and gravel 145 150
HHKKIL-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I	Very soft gray clay sandy 150 159
Shoe Inside X Outside Other Location of shoe(s) 220	Gray clay and gravel   159   162
	Packed sand with same gravel 169 184
Temp casing Yes Dia From To (7) PERFORATIONS/SCREENS	Semi-tight sand and gravel 184 196
Perforations Method Mills Knife	Blue clay and gravel 196 197
Screens Type Material	Dark gray sand and gravel   197   207     Soft brown clay to blue clay   207   220
Perf/S Casing/ Screen Scm/slot Slot # of Tele/ creen Liner Dia From To width length alots pipe size	Date Started 03-12-2009 Completed 05-14-2009
Perf   Casing   B   190   205   .375   1.25   180	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or
	abandonment of this well is in compliance with Oregon water supply well
<del>                                      </del>	construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
CONTRIBUTE OF THE PARTY OF THE	License Number 1629 Date 05-18-2009
(8) WELL TESTS: Minimum testing time is 1 hour	Password : (if filing electronically)
Pump Bailer Air Flowing Artesian	Signed
Yield gal/min Drawdown Drill stern/Pump depth Duration (hr)  250 18 126 2	(bonded) Water Well Constructor Certification
	accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
Temperature 54 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 1273 Date 05-18-2009
DECEIVED	Password : (if filing electropically)
lino.	Signed Contact Info (optional)
2 2 200	NEDA D TAYENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DETARTA	DEPARTMENT MENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.89
- DESCOURCES DEPT	Form Version: 0.89
WATER RESOURCESON SALEM, OREGON	
SALEM, STATE	

Oregon Water Resources Department Groundwater Information System

Groundwater Site: MARt 62427

Main G Help

G Return E Contact Us

Site Identification

(Click to Collapse...)

GW LogiD: MARI 62427 Well Log Database

GW Well Teg Number: 97870 Teg Verified on Well: Yes Site Type: WELL Primary Use: IRRIGATION Unused Status:

Site Source Organization: Site Source OWRD: Established By: wozniako

Established Date: 06/24/2014

Bonded Company: SIPPEL WELL DRILLING INC

Stage: COMPLETE

Location

(Click to Collapse ...)

Latitude: 45.12086188 Hortz. Error: 25.00 LongRude: -122.87186964 Detum: WGS1984 Lat/Long Source: WELL LOG GPS AND IMAGERY

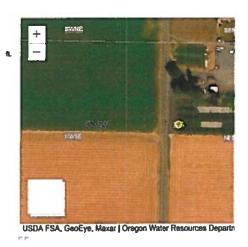
TRSQQ: WM 5.00\$2.00W24NESE

Tax Map: Taxiot: 1601 24 Quad: SILVERTON Beein: 2 - Willemete County: Marion WM District: 16 WM Region: NW

LSD Elev: 181.00 Accy: 5.00 Deturn: NGVD1929

Elev Source: 7.5-MINUTE MAP

Groundwater Meaning Tool



Water Rights

(Click to Expand...)

Well Construction History

(Click to Collapse...)

Well Construction History

Well Log id	Well Log	Work Type	Sarten	Well Int	Overhed Martin	First Weter	Mas Case, Otam.	Max Case, Depth.	Max Seel Destine	Mar Death	Carrie and Disease	San Charles	
MARI 62427	Los	NEW	200246	97870	ALFREDO FERNANDEZ	8.00				220.00	220.00	5/14/	
			110									The Control of the Control of	
Welling		Amilter			An at Max Depth		21	System Anyther Resignal L		SGS Anulfer		Local USGS Aquifer	
MARI 62427	Quaternary-Late Tertiary sediment Aq C		Ou	aternary-Late Tertiary sed	liment An	Quaternary-La	te Tertiary	18					

₩	-30	$\mathbf{T}$	
946	200		•

	Well tox	Rest Type	Yield(mm)	Desmediment	Duration (hr)	Calculated So	ecific Canacity (mm/ft)	
ď	MARI 62427	Pump	250.0	18.0	2.0	)	13.89	

Measured Water Level

(Click to Collapse...)

Records/Page: 20

Find

Measured Weter Level

Date	Time	Water Level (6150)	WILElev (It AMSL)	Oreanization	ETH/RD	Method	Status	MP Height
3/25/201	9	41.67	132.33	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/30/201	18	34.13	146.87	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/9/201	17	31.37	149.63	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/26/201	14	33.43	147.57	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/14/201	3	33.00	147 12	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/26/201	2	32.02	148.98	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/29/201	1	32.05	148.95	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1.68
3/19/201	0	33.72	147.28	CWRE	PERMIT CONDITION PROGRAM	ETAPE	STATIC	1 68
5/14/200	9	38.00	143.00	ORILLER	WELL LOG	REPORTED	UNKNOWN	

Available Data

(Click to Expand...)

- View Hydrogrech

NOV **06 2020** 

**RECEIVED** 

**OWRD** 

## Oregon Water Resources Department PERMIT CONDITION WATER-LEVEL REPORTING FORM

## **RECEIVED**

Well owner:

NOV 06 2020

Name	Alfredo Fernande				Applicat	ion:	G-17098	OWRD	
Address	13930 Boones Fer				Permit:	[	G-16437	OTTIVE	
City/State/Zip	Woodburn		OR 9707	1	Certifica	ite:	y		
Phone/Fax/Cell	503-871-1250				Userid:	L			
Email					Transfer				
measurements sh	requires periodic star nould be made, when orts for your records act the Department i	en reports are due.  All wells that have f you are no longer	, and who is all the been constru the holder of th	owed to	make the measured of be measured or no longer have	regardle:	ss of wheth	py or air	
Other water righ	ts that list this wel		nplete one forn	i for each	weii.				
Application numb	er(s):								
Permit number(s):									
Certificate numbe	r(s):								
Identification of	measured well (Pro	vide as much infor	mation as possi	ble.)					
Water Resources	s Well Log ID:	MARI 62427	Owner's we	ll name:	L				
Well ID (Well T		97870							
•	ag) on Well Log:L-	97870	Well drilled	l by:	Floyd Sippel			<del></del>	
Start Card # on 1		200246	Total depth		220'	Casing dia	ameter (incl	nes): 8	
Date drilled:		5-14-09	Owner on v	vell log:	Alfredo Ferna	ındez			
Water-Level !	Measurement	_							101 38)
Date of measuren	nent: 3-26-2020		Measurements si the nearest poun	hould be ma d, if using a	de to at least the ne	arest tenth o	f a foot (10.2')	, the nearest inch (	10' 3") or
Denth to water he	low measuring poin	t: 38.7	0	Airline	length or transd	ucer deptl	<u>n:</u>		feet
	neight above/below		above	Airline	pressure:		psi x 2.3		feet
	low land surface:	37.0	2	Shut-in	pressure:	<u> </u>	psi x 2.3	]=	feet
•		Pumping [	Rising   F	lowing [	7 Other				
Measurement Star Measurement Me		Airline [	Other	10WIIIS C					
Length of time we	ell was idle prior to		ne well is hooke		e house so pum	p is on ca	II. Approxi	mately 24 hour	S
Measuring point	description: 1/2" [	ort on top of well							
The measuring point i	is the reference point from	n which the measureme	nt is made. Exampl	es are: 1/2"	access port in well	cap; 1-1/2" j	port pipe on N	side, pressure gage	:
Comments:									
When did water i	ise begin for this we	ll under this permi	? Month	March	Yea	r 2010		]	
Thereby certify the	nat the information	on this report is acc	urate and repre		static water leve	I in the w	ell at the tin	ne of measuren	nent.
	easurement (print):								
Signature of mea	surer:	Cooky Butingf							
Company:Boatwi	right Engineering In	C. Supr BC Pr	WINC Burn !-	etallarlı					
	(circle license type jumber:503-363-922		wwc, rump ir	ізімпег):					
Email address:co	rbey@boatwrighten	gr.com							

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822 or 503-986-0843. Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

9/28/2020 Permit: G 7643/ \*

## Water Use Report Based on Water Right



Permit: G 16437 \* FERNANDEZ, MARIA 13930 BOONES FERRY RD NE WOODBURN, OR 97071

View All

Records per page: 6

			Acre-feet (AF) of Water Used													
Water Year*	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2019	63761	A WELL (MARI 62427/L-97870)	9.39	1.63	1.17	1.57	2.27	0.29	7.89	10.54	15.71	18.41	16,64	15.26	100.78	14.90
2017	63761	A WELL (MARI 62427/L-97870)	9,45	1.63	1.19	1.60	2.27	2.92	7.86	10.51	15.71	18.35	16.61	15.27	103.37	14.90
2016	<u>63761</u>	A WELL (MARI 62427/L-97870)	6.78	1.41	0.92	0.94	1.78	2.42	6.14	7.30	11.74	12.23	11.43	10.59	73.69	14.90
2015	<u>63761</u>	A WELL (MARI 62427/L-97870)	6.20	1.26	0.77	0.83	1.52	2.14	5.34	6.08	9.58	9.97	9.36	8.87	61.92	14.90
2014	63761	A WELL (MARI 62427/L-97870)	5.73	1.18	0.65	0.74	1.43	1.87	5.05	5.76	9.38	9.54	9.20	7.67	58.21	14.90
2013	63761	A WELL (MARI	5.18	0.92	0.69	0.61	1.08	2.49	4.13	5.48	9.53	9.21	8.53	8.24	56.08	14.90

<sup>\*</sup>The water year is named for the calendar year in which it ends. Example: the 2018 water year begins Oct. 1, 2017 and ends Sep. 30, 2018.

- The Water Resources Department makes reasonable efforts to screen the data for quality control; however, the Department cannot accept responsibility for errors, omissions, or accuracy of the information. Notification of any errors is appreciated. Send notifications to wateruse@wrd.state.or.us or call (503) 986-0905.
- Water use is reported by point of diversion (POD), rather than by water right.
- . If a POD is shared with multiple water rights, it is not feasible to separate out the amount used under the water right being queried from water used by other rights using this same POD.
- Monthly amounts indicate:

62427/L-97870)

- For diverted rights, the total amount diverted during the month;
- · For storage rights, the amount generally stored in the reservoir/pond during the month, as represented by the volume of water impounded on approximately the same day each month.
- Water use amounts have all been converted to "acre-feet" (AF), regardless of the original measurement unit reported. One AF is the volume of water that will cover an acre of ground one foot deep = 325,850 gallons.
- Zeroes indicate that a report was received stating that no water was used during those months; if a year is not listed, no report of water use was received for that year.

RECEIVED NOV 06 2020