

Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-15936</u>	WRD Reviewer <u>Cory M.</u>
Transfer #	
Date Received <u>12.4.2020</u>	
CWRE Name <u>BOB LONG</u>	

Priority Date: 2/27/2003
Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

Map Review:

- Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- Application & permit #; or transfer # (OAR 690-014-0100(1))
- Disclaimer (OAR 690-014-0170(5))
- North arrow (OAR 690-310-0050(2)(c))
- CWRE stamp and signature (OAR 690-014 & 310-0050)
- Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION PERMIT TRANSFER _____

CASH CHECK # OTHER (IDENTIFY) _____ TOTAL RECEIVED _____

TREASURY MISC. CASH ACCT

6467 COPIES OTHER (IDENTIFY) _____

6243 Minimum Loan _____ 6244 Min. Water Right Fee _____ 6245 Cont. Water _____

6242 TREASURY APPS. MISC. OPERATIONAL ACCT. _____

MISCELLANEOUS 4611 _____

6467 COPY & TAPE FEES _____

6410 RESEARCH FEES _____

6468 MISC. REVERSE (IDENTIFY) _____

7043 DEPOSIT LINK (IDENTIFY) _____

6240 EXTENSION OF TIME _____

WATER RIGHTS _____

6281 SURFACE WATER _____

6282 GROUND WATER _____

6283 TRANSFER _____

WELL CONSTRUCTION _____

6214 WELL DRILL CONSTRUCTION _____

6215 LANDWATER PERMIT _____

6280 OTHER (IDENTIFY) COBU _____

6469 DELIVERY _____

6220 POWER LICENSE FEE (\$/WHHR) _____

6221 HYDRO LICENSE FEE (\$/WHHR) _____

HYDRO APPLICATION _____

SPECIAL INSTRUCTIONS: _____

RETURN TO APPLICANT - LETTER ATTACHED

Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

Groundwater File Review:

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

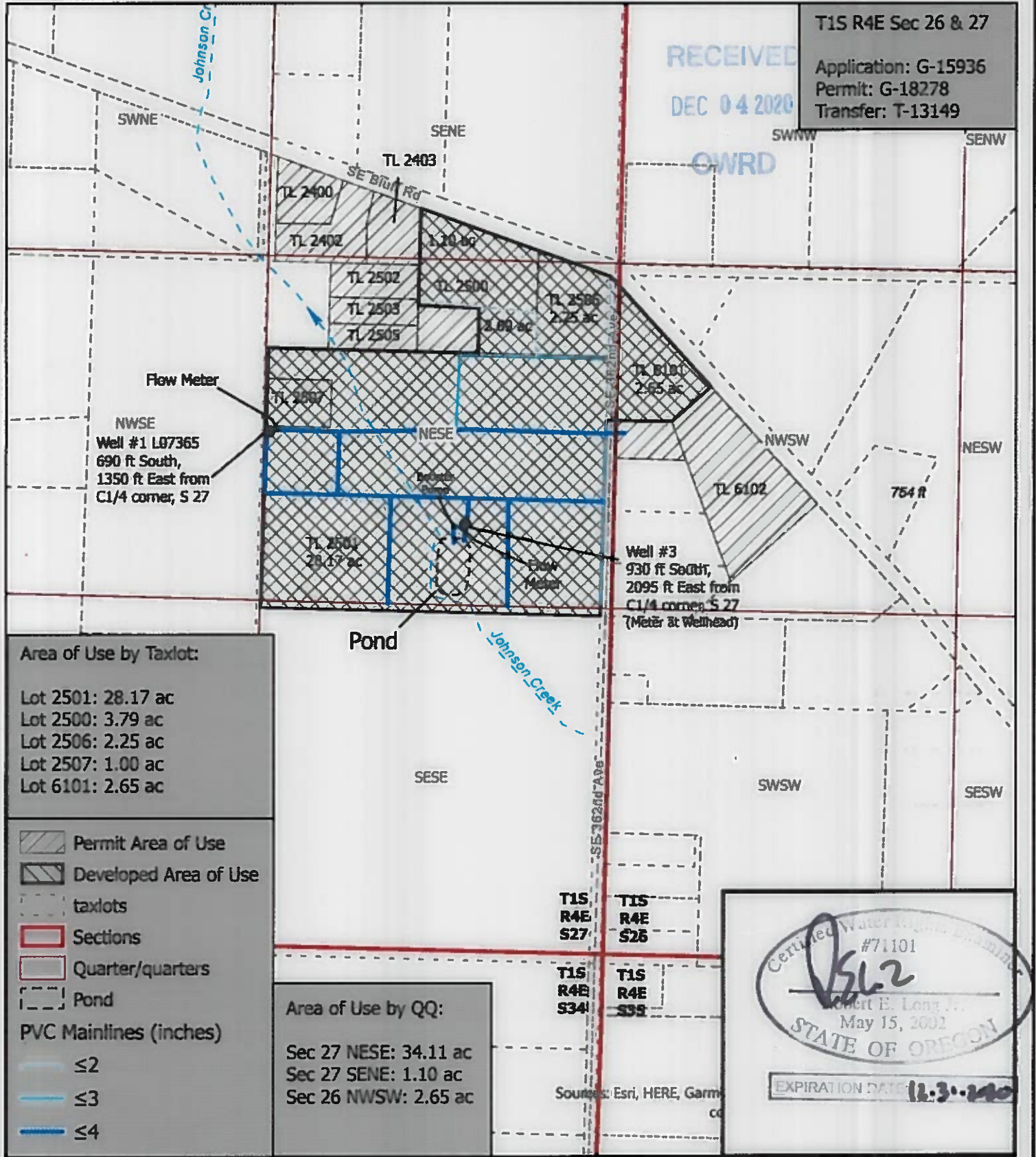
*If no. include pump test flyer w/acknowledgment letter

a Rec. 10/26/2016

T1S R4E Sec 26 & 27

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Application: G-15936
Permit: G-18278
Transfer: T-13149



Area of Use by Taxlot:

- Lot 2501: 28.17 ac
- Lot 2500: 3.79 ac
- Lot 2506: 2.25 ac
- Lot 2507: 1.00 ac
- Lot 6101: 2.65 ac

- Permit Area of Use
- Developed Area of Use
- taxlots
- Sections
- Quarter/quarters
- Pond
- PVC Mainlines (inches)**
- ≤2
- ≤3
- ≤4

Area of Use by QQ:

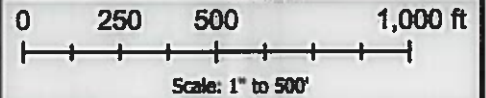
- Sec 27 NESE: 34.11 ac
- Sec 27 SENE: 1.10 ac
- Sec 26 NWSW: 2.65 ac

Certified Water Rights Examiner
#71101
DSL2
Robert E. Long Jr.
May 15, 2002
STATE OF OREGON
EXPIRATION DATE: 12.31.24



1319 SE MLK, Jr. Blvd, Suite 204
Portland, Oregon 97214
(503) 954-1326

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



1	DATE	AUTH	DRAFT
1	9/16/20	IAG	Draft
2	11/3/20	REL	Comments/Edits
No.	Date	By	Revisions

Project # 1709002
Trees NW
Trees NW
9720 SE 382nd Ave
Boring, Oregon 97009



Location:\location\location\location\location\location\location

**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

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

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).

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 # G-15936	PERMIT # (IF APPLICABLE) G-18278	PERMIT AMENDMENT # (IF APPLICABLE) T-13149
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Trees Northwest, Kurt Clemence (GM)		PHONE NO. 503-616-7972	ADDITIONAL CONTACT NO.
ADDRESS 9825 SE 362ns Ave.			
CITY Boring	STATE OR	ZIP 97009	E-MAIL kurtc@treesnorthwest.com

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

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

PERMIT HOLDER OF RECORD Rodney Jentsch			
ADDRESS 20511 F Street			RECEIVED
CITY Rupert	STATE ID	ZIP 83350	DEC 04 2020

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ADDITIONAL PERMIT HOLDER OF RECORD Van Meter and Son Nursery Inc.			
ADDRESS 9825 SE 362nd Ave			
CITY Boring	STATE OR	ZIP 97009	

4. Date of Site Inspection:

08/11/2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Kurt Clemence	June/July 2020	General Manager, Trees Northwest
Ron Van Meter		Previous land owner

6. County:

Clackamas County

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

OWNER OF RECORD Andy D Maes (Tax Lot 2400)		
ADDRESS 35760 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Kevin M Gardenhire (Tax Lot 2402)		
ADDRESS 35780 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Dale H Fiedler Trustee (Tax Lot 2403)		
ADDRESS 35840 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Kati L Saindon and Brandon J Johnson (Tax Lots 2503 and 2505)		
ADDRESS 35920 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Gary Wayne Evans (Tax Lots 2502)		
ADDRESS 35930 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Thomas and Gloria Driscoll (Tax Lots 2500)		
ADDRESS 36000 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009
OWNER OF RECORD Judy D Orth (Tax Lots 6102)		
ADDRESS 36600 SE Bluff Road		
CITY Boring	STATE OR	ZIP 97009

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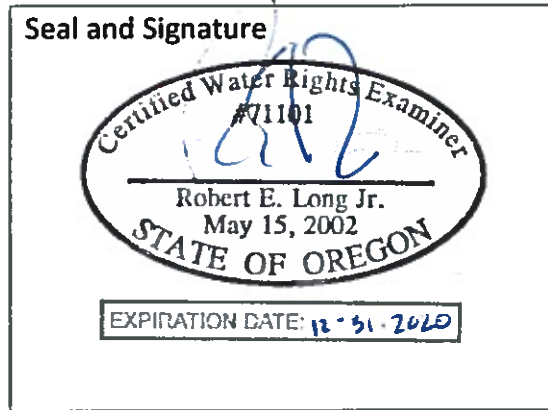
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Add additional tables for owners of record as needed

**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME Bob Long, RG, LHG, CWRE		PHONE NO. (503) 954-1326	ADDITIONAL CONTACT NO.
ADDRESS 1319 SE M.L. KING JR. BLVD, STE 204			
CITY Portland	STATE OR	ZIP 97214	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
	Rodney Jentsch (Trees NW)	Permit Holder	11/24/2020
	Van Meter & Sons Nursery, Inc.	Permit Holder	11/26/2020

**SECTION 3
CLAIM DESCRIPTION**

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1. Point of appropriation name or number:

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POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well #1	CLAC 71578	7365
Well #2	Undeveloped	
Well #3	CLAC 75420	132925

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well #1	Johnson Creek Basin	Johnson Creek
Well #2	Undeveloped	
Well #3	Johnson Creek Basin	Johnson Creek

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)
Wells #1	Nursery	Nursery Plants	All year	
Wells #3	Nursery	Nursery Plants	All year	
Total Quantity of Water Used				73.27 AF (Well #1 reported 2019) 54.54 AF (Wells #1 and #3 reported 2020)

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:

Both wells can deliver either directly into the irrigation main line or feed into a central pond (see below) with the turn of a valve. Well #3 primarily feeds into the bulge-in-the-system pond. Well #1, located along the western edge of the property (Taxlot 2501) and is connected to two 4" mainlines. One line runs approx. 1,600 ft east across the entire property, the other runs south approx. 300 ft before turning east and crossing 1,600 ft across the property. These east-west lines have several 4" and 3" laterals running north-south. Well #3 is located in the south-central portion of Taxlot 2501 just north of the pond and ties-in to the southern 1,600 ft east-west mainline. Any runoff from irrigation is controlled and diverted to a reclamation pool at the northwest corner of Taxlot 2501, where it is pumped back to the central pond. Water from the pond flows into an adjacent cistern where a booster pump lifts pond water into the distribution system. In total, the wells are connected to approx. 7,800 ft of irrigation mainline. Approx. 4,800 ft of this is 4" PVC, 1,000 ft is 3" PVC, and 2,000 ft is 2" PVC. Water is applied at the place of use with either drip emitters (majority) or overhead irrigation.

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 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 three points of appropriation, yet only two are developed and in use (Wells #1 and #3). The area of use in permit G-18278 included 46.57-ac total, including twelve taxlots (TL 2400, 2402, 2403, 2500, 2501, 2502, 2503, 2505, 2506, 2507, 6101, and 6102). The use as developed is only on Taxlots 2501, 2506, 2507, and portions of 2500 and 6101. The total area of use developed is 37.86-ac.

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
Wells #1 and 3	0.37 CFS	0.742 CFS	0.334 CFS	Nursery	46.57	37.86
Wells #3*	0.43 CFS	0.383 CFS	0.334 CFS	Nursery	46.57	37.86

*The original permit split the maximum rate between Wells #1 & 3 and Wells #2 & 3 in the proportions listed above. Because Well #2 has not been developed, all beneficial use of the 0.43 cfs allotted to Wells #2 & 3 has been through Well #3 only.

SECTION 4

SYSTEM DESCRIPTION

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): **RECEIVED**

Well #1 (CLAC 71578)

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A. Place of Use

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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
1S	4E	Wil.	27	NE-SE			Nursery	37.86	
Total Acres Irrigated								37.86	

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:

Well #1 has a 3/4 inch sounder tube at the top of the well head for water level measurement access.

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
8 – 10"	480'	480'	09/04/1996		Ron Van Meter	Ted Pulliam Well 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.

Well #1 (CLAC 71578) – Well ID: L07365

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.

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

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkley	6T30-155		Submersible (well pump)	6"	
Flygt	2640 MT 3-228		Booster pump		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Sand-fighter – 6"	30HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 HP	~50 psi	462'	0'	0.359 CFS
8.9 HP (Flygt)	~50 psi	0'	10'	0.457 CFS

5. Provide pump calculations:

$$(30 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 462 \text{ ft.} + 0 \text{ ft.}) = 0.359 \text{ cfs (well pump)}$$

$$(8.9 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 10 \text{ ft.}) = 0.457 \text{ cfs (booster pump)}$$

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)
-	-	Approx. 3 minutes of operation	30 gpm

*This well was not observed at full pumping rate. The well was observed pumping for a brief time at a rate of 30 gpm according to the McCrometer gauge. It serves both a residential house and landscape as well as an irrigation well for the Trees Northwest Nursery. The observed pumping rate was for residential service.

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

7. Is the distribution system piped?

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 YES NO
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If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	4,800	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1,000	PVC	Buried
2"	2,000	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 2045-PJ with 7/64" nozzles	60 psi	3.50	883 (across 30 greenhouses and staging areas)	20 (only one greenhouse watered at any time)	0.156 cfs

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 EMITTER OUTPUT (CFS)
Netafim drip stakes (yellow)	60 psi	3.0 gal/hr	~12,075	~1,050	0.117 CFS
Netafim drip stakes (green)	60 psi	5.0 gal/hr	~12,075	~1,050	0.179 CFS

12. Drip Tape Information: NA

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

13. Pivot Information: NA

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

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YES NO
YES NO

Complete appropriate table(s), unused table may be deleted.

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3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Bulge in System, impoundment next to Johnson Creek channel	3 – 4 ft	Maximum of ~4.0 AF (depth at the center estimated at ~10 ft, only 1-3 ft around perimeter)

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.

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.

H. Additional notes or comments related to the system:

The channel of Johnson Creek is routed around the on-site pond. There is no surface water diversion associated with the creek.

**SECTION 4
SYSTEM DESCRIPTION**

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):

Well #3 (CLAC 75420)

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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
1S	4E	Wil.	27	NE-SE			Nursery	37.86	
Total Acres Irrigated								37.86	

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:

Well #1 has a 3/4 inch sounder tube at the top of the well head for water level measurement access.

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
8-10"	482'	482'	10/30/2019	NA	Trees Northwest	Vance Wagner

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.

Well #3 (CLAC 75420) – Well ID 132925

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.
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

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkley	6T30-155		Submersible (well pump)	6"	
Flygt	2640 MT 3-228		Booster pump		

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Sand-fighter – 6"	30HP

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 HP	~50 psi	462'	0'	0.359 CFS
8.9 HP (Flygt)	~50 psi	0'	10'	0.457 CFS

5. Provide pump calculations:

$$(30 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 462 \text{ ft.} + 0 \text{ ft.}) = 0.359 \text{ cfs (well pump)}$$

$$(8.9 \text{ HP} * 7.04 \text{ efficiency factor}) / (50 \text{ PSI} * 2.54 \text{ ft. head/PSI} + 10 \text{ ft.}) = 0.457 \text{ cfs (booster pump)}$$

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)
2,453,700 gal	2,462,600 gal	55 minutes	0.361 CFS

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

7. Is the distribution system piped?

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YES NO

If "NO" items 8 through item 13 may be deleted.

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	4,800	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	1,000	PVC	Buried
2"	2,000	PVC	Buried

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 2045-PJ with 7/64" nozzles	60 psi	3.50	883 (across 30 greenhouses and staging areas)	20 (only one greenhouse watered at any time)	0.156 cfs

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 EMITTER OUTPUT (CFS)
Netafim drip stakes (yellow)	60 psi	3.0 gal/hr	~12,075	~1,050	0.117 CFS
Netafim drip stakes (green)	60 psi	5.0 gal/hr	~12,075	~1,050	0.179 CFS

12. Drip Tape Information: NA

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

13. Pivot Information: NA

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.

RECEIVED

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

DEC 04 2020

YES NO

YES NO

OWRD

Complete appropriate table(s), unused table may be deleted.

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE/FEET)
Bulge in System, impoundment next to Johnson Creek channel	3 – 4 ft	Maximum of ~4.0 AF (depth at the center estimated at ~10 ft, only 1-3 ft around perimeter)

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.

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.

H. Additional notes or comments related to the system:

The channel of Johnson Creek is routed around the on-site pond. There is no surface water diversion associated with the creek.

**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. **OWRD**

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	07/13/2004		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)			
COMPLETE APPLICATION OF WATER (C)	10/01/2020	10/30/2019	Well #3 was completed and connected to the existing water distribution system. The capacity of this well along with Well #1 meet the maximum amount of water allowed under the permit.

* 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?

Before use of water

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
3/6/2020	Driller	E-tape	301.10

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:

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
3/6/2020	Driller	E-tape	301.70
3/4/2018	Driller	E-tape	302.60
3/3/2017	Driller	E-tape	301.60
3/1/2016	Driller	E-tape	300.20
3/5/2015	Driller	E-tape	300.60
3/13/2014	Driller	E-tape	295.60
3/12/2014	Driller	E-tape	296.90
3/6/2012	Driller	Unknown	296.00
3/9/2011	Driller	E-tape	299.20
3/2/2010	Driller	E-tape	299.50
3/18/2009	Driller	E-tape	300.00
3/18/2008	Driller	E-tape	297.00
3/7/2007	Driller	E-tape	293.00
3/21/2006	Driller	E-tape	293.00
3/23/2005	Pump Installer	E-tape	291.50
9/4/1996	Driller	Report	290.00

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES** **NO**

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.

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 been previously submitted to the Department? **RECEIVED** **YES** **NO**

c. Is the pump test attached to this claim? **DEC 04 2020** **YES** **NO**

d. Has the pump test been approved by the Department? **OWRD** **YES** **NO**

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

***Pump test for Well 1 submitted and approved in Oct 2016. Multiple-well exemption form for Well 3 was received by the Department in July 2020, but not yet reviewed at time of this claim.**

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

Table with 6 columns: POD/POA NAME OR #, MANUFACTURE R, SERIAL #, CONDITION (WORKING OR NOT), CURRENT METER READING, DATE INSTALLED. Rows include Well #1 and Well #3 with details on manufacturer (McCrometer), serial numbers, conditions, and meter readings.

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES 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 permit, permit amendment final order, or extension final order:

- 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

Table with 2 columns: WELL ID#, DATE ATTACHED TO WELL. Rows include Well #1 (L07365) and Well #3 (L132925) both dated 2019.

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):

No additional non-standard conditions.

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
ATTACHMENT A	Claim of Beneficial Use Map
ATTACHMENT B	Well 1 and Well 3 Drillers Logs

RECEIVED

DEC 04 2020

SECTION 7

CLAIM OF BENEFICIAL USE MAP

OWRD

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

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

The Claim of Beneficial Use map was prepared using aerial images and information gathered during a walk-through of the site and in interviews with the property owners. The primary aerial image series used were the ESRI ArcGIS Pro Imagery Hybrid basemap, which was updated as of January 2020.

CLAC 71578

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

Page 1 of 1

State Well ID L07365
Start Card # 92421

1) OWNER: Well No. L07365
Name RON VAN METER
Address 9835 SE 362ND
City BORING St OR Zip 97009

2) TYPE OF WORK: DEEPEN
3) DRILL METHOD: ROTARY AIR
4) PROPOSED USE: DOMESTIC&IRRIGA

5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO Depth of Compl. Well 480 ft
Explosives used NO Type Amount
HOLE SEAL
Diam. From To Material From To Amount
14 0 100 CEMENT 0 100 60 SACKS
12 100 260 CEMENT 200 260 30 SACKS
7 5/8 260 480
Seal placement method C
Backfill: from ___ ft to ___ ft Material
Gravel: from ___ ft to ___ ft Size

(6) CASING/LINER:
Casing Diam. From To Gauge Material Connection
10 +1 260 .250 STEEL WELDED
Liner 8 0 480 .250 STEEL WELDED
Final Location of shoe(s) 260' 9 1/2/480' @ 1/2"

(7) PERFORATIONS/SCREENS:
[X] Perf. Method AIR KNIFE
[] Screens Type Material
From To Slot Size Number Diam. Tele/pipe Size Casing/liner
440 480 1/8x2 2000 _____ CASING

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
200 _____ 480 1 hr.
Temperature of water 52F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County CLACK Lat. " ' " Long. " ' "
Township 1 S Range 4 E W. N.
Section 27 NE 1/4 SE 1/4
Tax Lot 02501 Lot Block Subdivision
Street Address of Well (or nearest Address)
9835 SE 362ND AVE BORING, OR 97009

(10) STATIC WATER LEVEL:
290 ft. below land surface. Date 09/04/96
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 320
From To Est Flow Rate SWL
320 480 200 GPM 290

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL 0 2
RED CLAY 2 61
CLAY & GRAVEL & BOULDERS 77 112
BLACK ROCK 112 115
CEMENTED GRAVEL 115 325
FINE BLACK CEMENTED GRAVEL 325 395 290
COARSE CEMENTED GRAVEL 395 480 290
RECEIVED BY OWRD
RECEIVED
AUG 14 2015
DEC 04 2020
SALEM, OR
OWRD
Date started 08/05/96 Completed 09/04/96

(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 _____ WWC Number 616
Date 09/04/96

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

CLAC 75420

11/25/2019

WELL I.D. LABEL# L 132925
START CARD # 1045090
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company TREES NW
Address 9720 SE 362ND AVE
City BORING State OR Zip 97009

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] []

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 482.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 14, 0, 263, Cement, 0, 263, 105, S. Row 2: 10, 263, 482, Calculated, 71.54.

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other

Backfill placed from ___ ft. to ___ ft. Material
Filter pack from ___ ft. to ___ ft. Material Size

Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
Shoe [X] Inside [] Outside [] Other Location of shoe(s) 482
Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method Air knife
Screens Type Material

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Perf, Casing, 8, 400, 440, .125, 2, 350.

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 200, 482, 1.5.

Temperature 54 °F Lab analysis [] Yes By

Table with columns: Water quality concerns? From To Description Amount Units. Row 1: TDS amount 54 ppm.

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 1.00 S N/S Range 4.00 E E/W WM
Sec 27 NE 1/4 of the SE 1/4 Tax Lot 2501
Tax Map Number Lot
Lat " " or " " or " " DMS or DD
Long " " or " " or " " DMS or DD
[] Street address of well [] Nearest address
9720 SE 362ND AVE, BORING, OR 97009

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 10/30/2019 303
Flowing Artesian? [] Dry Hole? []

Table with columns: WATER BEARING ZONES, Depth water was first found, SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 10/30/2019, 401, 482, 200, 303.

(11) WELL LOG
Ground Elevation
Material From To
Sticky brown clay 0 56
Multicolored cemented gravel 56 121
Grey cemented gravel 121 212
Grey medium hard basalt 212 263
Brown small gravel w/ sand 263 346
Brown sand w/ brown gravel 346 401
Medium multicolored gravel 401 455
Course black sand 455 465
Medium multicolored gravel 465 471
Heaving brown sand 471 482

Date Started 10/7/2019 Completed 10/30/2019

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1738 Date 11/25/2019

Signed VANCE WAGNER (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1738 Date 11/25/2019

Signed VANCE WAGNER (E-filed)
Contact Info (optional)