

Water Resources Department 725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

December 10, 2020

Andrew & Renee Angstrom 935 78th Ave NE Salem OR 97317

On December 07, 2020 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-18001 Permit G-17537

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

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:

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

Customer Service phone: (503) 986-0900

Enclosed is your receipt for the \$200.00 COBU recording fee

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 G-18001 Doann Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer:
Transfer #:	
Date Received:	
CWRE Name:	
Priority Date (s):	

Fees Required:

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

 \Box YES NO \Box A fee of \$200 must accompany this form for any <u>transfers</u> 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.

Map Review:

- □ Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- \Box 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)
- \Box Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- \Box Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

Report Review:

- \Box 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 <u>all</u> permittee of transfer holder (OAR 690-014-0100)

Groundwater File Review:

- December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
- □ Pump Test required (Priority Date on or after December 20, 1988)
- □ Pump Test submitted (Pump Test submitted 01/12/2018 Approved By Dennis Orlowski on 09/21/2018)
- □ Pump Test not submitted

		Number
		_ /
M	ONEY SL	
DATE:	RECEIPT #:	E
RECEIVED FROM:		APPLICATION
		TRANSFER
	OTHER (IDENTIFY)	TOTAL REC'D S
1083 TREASURY 4170 1	WISC CASH ACCT.	
0407 COPIES OTHER: (IDENTIFY)	<u>s</u>
	Muni Water Mgmt, Plan_	0245 Cons. Water
1083 TREASURY 4270	WRD OPERATING ACC	т.
MISCELLANEOUS 0407 COPY & TAPE FEES 0410 RESEARCH FEES 0408 MISC REVENUE (IDENTIFY) TC162 DEPOSIT LIAB. (IDENTIFY) 0240 EXTENSION OF TIME	4611	\$\$ \$\$ \$\$
WATER RIGHTS 0201 SURFACE WATER 0203 GROUND WATER 0205 TRANSFER	EXAM FEE S S S	0202 S
WELL CONSTRUCTION 0218 WELL DRILL CONSTRUCTOR LANDOWNER'S PERMIT 07000 OTHER (IDENTIFY)	COBU	0219 S 0220 S 2000-02
0607 TREASURY 0467	HYDROELECTRIC	
0233 POWER LICENSE FEE (FWW 0231 HYDRO LICENSE FEE (FWW		SS
HYDRO APPLICATION		\$
SPECIAL INSTRUCTION	5:	

Fill in App or Transfer

RETURN TO APPLICANT -- LETTER ATTACHED

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



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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18001	G-17537	T-NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.
Andrew and Renee Angstrom				
ADDRESS 935 78 th Ave NE				
Сіту	STATE	ZIP	E-MAIL	
Salem	OR	97317		

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		
Andrew and Renee Angstrom		
ADDRESS 935 78 th Ave NE		
Сіту	STATE	ZIP
Salem	OR	97317

ADDITIONAL PERMIT HOLDER OF RECORD			
NA			
ADDRESS			
Сіту	STATE	ZIP	

4. Date of Site Inspection:

July 23, 2020

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

NAME	DATE	Association with the Project
Andy Angstrom	July 23, 2020	Owner / operator

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)):

STATE	ZIP		
	STATE	STATE ZIP	STATE ZIP

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

Seal and Signature	2 3 -1
3	
DOANN M. HAMILTON May 10, 2012	

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

14

CWRE NAME Doann Hamilton		PHONE NO. Additional Contact (503) 632-5013 (503) 349-6946		Additional Contact No. (503) 349-6946
Address 18487 S. Valley Vista Roa	d			
City Mulino	State OR	ZIP 97042	E-MAIL phgdmh	@gmail.com

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<u>Each</u> 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
la tus	And Arcstrop	a President	11-20-20
Rent	Runce Augstron	Vice President	(1-20-20
0	3		
			RECEIVE

SECTION 3

CLAIM DESCRIPTION

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1. Point of appropriation name or number:

Pou	NT OF APPROPRIATION	WELL LOG ID #	WELL TAG #
(PO	A) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
(ca	DRRESPOND TO MAP)	(IF APPLICABLE)	
Well 1		MARI 66255	L-118263

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	TRIBUTARY
NAME OR NUMBER	BASIN LOCATED WITHIN	
Well 1	Well in Little Pudding River Basin	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 (CFS, GPM, OR AF)
Well 1	Irrigation	Hazel nuts	March 1 through October 31	0.70 cfs
Total Quantity of	Water Used	0.70 cfs		

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

Water is pumped from Well 1 (MARI 66255 / L-118263) using a portable generator to power a 30 Hp submersible pump. The water is conveyed to the west through a 25-feet-long, galvanized steel and un-galvanized steel, 4-inch pipe connected to a sand filter, chemical injection port, and then a meter, before heading below ground and connecting to a 4-inch PVC pipe. The 4-inch PVC buried mainline continues west with a split heading south to a valve where portable hand lines and impact sprinklers

can irrigate grass areas along the eastern portion. The remaining 4-inch PVC mainline continues west, then turns south before heading west again down the middle of the property. From this 4-inch mainline, 3-inch mainlines are connected to run north-south to split up the property into six sections. From each 3-inch mainline, a 1-inch flex hose comes to the surface then tees east-west, one per row. Nelson R-10 spinner stakes are connected to these one inch flex hoses using a 5 mm tubing (approximately one every four trees). A total of 1,936 stakes are used. One section is irrigated at a time for 12 hours, then irrigation is rotated to the next section.

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,YESpermit amendment final order, or extension final order? If yes, describe below.(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

1. The place of use was revised to include reference to the DLC and or Government Lot and show the place of use based on field verification:

Original authorized acreage in place of use:

7S	2W	WM	22	SE SE		8.3
7S	2W	WM	23	SW SW		14.5
75	2W	WM	23	SE SW		3.2
7 5	2W	WM	26	NE NW		3.1
7S	2W	WM	26	NW NW		8.7
7S	2W	WM	27	NE NE		<u>1.9</u>
					Total:	39.7

Adjusted acreage in place of use:

7S	2W	WM	22	SE SE	DLC 63	8.3
7 \$	2.W	WM	23	SW SW	DLC 63	14.0
7S	2W	WM	23	SE SW	DLC 63	3.1
7S	2W	WM	26	NE NW	DLC 63	3.2
7S	2W	WM	26	NW NW	DLC 63	9.0
7 S	2W	WM	27	NE NE	DLC 63	<u>1.7</u>
					Total:	39.3

2. The location of Well 1 (MARI 66255) is more correctly placed at: 455 feet north and 1,750 feet east from the SW corner, Section 23. RECEIVED

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6. Claim Summary: POA MAXIMUM RATE C

Well 1	0.50 cfs	0.70 cfs	0.89 cfs	Irrigation	39.7	39.3
		BASED ON SYSTEM	MEASURED			A STATE OF A
NAME OR #	AUTHORIZED	THEORETICAL RATE	WATER		ALLOWED	DEVELOPED
POA	MAXIMUM RATE	CALCULATED	AMOUNT OF	USE	# OF ACRES	# UF ACRES

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs?

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 1

A. Place of Use

1. Is the right for municipal use?

If "YES" the table below may be deleted.

TWP	RNG	MER	SEG	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
75	2W	WM	22	SE SE	NA	63	Irrigation	8.3	
7 S	2W	WM	23	SW SW	NA	63	Irrigation	14.0	
7S	2W	WM	23	SE SW	NA	63	Irrigation	3.1	
7S	2W	WM	26	NE NW	NA	63	Irrigation	3.2	
75	2W	WM	26	NW NW	NA	63	Irrigation	9.0	
7S	2W	WM	27	NE NE	NA	63	Irrigation	1.7	
Total A	cres Irrie	ated						39.3	

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?

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:

The well has a ½-inch vent port which accesses a 3/4 inch PVC dedicated measuring tube installed in the well seal on the south side of the well.

COBU Form Large Groundwater – Page 5 of 13

NO

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NO

YES

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

CASING DIAMETER	Casing Depth	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log M	MARI 66255					

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See	Well	Log	MARI	66255

C. Groundwater Source Information (Sump)

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

If "NO", items 2 through 4 relating to this section may be deleted. Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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 of appropriation to the place of use.

1. Is a pump used?

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

2. Pump Information:

Franklin	225 ST8	Unknown	Submersible	4 inch	4 inch
MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin Electric	30 Hp

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	60 psi	126.92 feet (from permit condition pump test)	-40 feet	0.88 cfs

5. Provide pump calculations:

Q Pump =	(30 Hp) x (7.04 ft ⁴ /sec Hp)	= 0.88 cfs
	(86.92 ft lift + 152.4 ft pressure head)	

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)
12,436,600 gallons	12,437,400 gallons	2 minutes	0.89 cfs

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NO

YES

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

7. Is the distribution system piped?

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4 inch	25 feet	Galvanized and steel	Above
4 inch	2,700 feet	PVC	Buried
3 inch	2,500 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1 inch – one per row	Approx. 95,000 feet	Flex hose	Above
1 inch to connect 3 inch to 1 inch flex above ground	Approx. 3,000 feet	Flex hose	Below
3 inch portable hand line	300 feet	Aluminum	Above
Nelson ¾ sprinkler stake 21 inch long	3,388 feet	PVC	Above and below
Nelson sprinkler stake - comes with 30 inch long 5mm tubing	4,840 feet	Poly tubing	Above and below

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Nelson R-10 sprinkler head	35 psi	0.5 gpm	1,936	330	0.37 cfs
Rain bird impact sprinkler 7/32 inch	60 psi	10.6 gpm	14	14	0.33 cfs
			Running both a time	t the same	0.70 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)
NA					

12. Drip Tape Information:

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

13. Pivot Information:

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



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YES

E. Storage		
1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?	NO	
If "NO", item 2 and 3 relating to this section may be deleted.		
F. Gravity Flow Pipe		
(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)		
 Does the system involve a gravity flow pipe? 	NO	DEOFNER
If "NO", items 2 through 4 relating to this section may be deleted.		RECEIVED
G. Gravity Flow Canal or Ditch		DEC 07 2020
(THE DEPARTMENT TYPICALLY USES MANNING'S FORMULA FOR CANALS AND DITCHES)		OWRD
1. Is a gravity flow canal or ditch used to convey the water as part of the		OWRD
distribution system?	NO	

H. Additional notes or comments related to the system:

At the time of site visit note:

- 1. He injects chemicals from a 500 gallon poly before the meter. This means the meter reading includes the chemicals injected. He says the volume could be less than 600 gal/yr injected.
- 2. The 1-inch, above-ground tubing has several leaks which, once fixed, would result in the use of less water.

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	March 3, 2016		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	March 3, 2021	July 2020	Completed construction of the entire system and applied water to the full allowed rate.
COMPLETE APPLICATION OF WATER (C)	March 3, 2021	July 2020	All the permit conditions were met and water was put to full use. Full beneficial use of water has been made.

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extens	tion final order(s)?		NO	RECEIVE
	relating to this section may be	deleted.		DEC 07 202
3. Initial Water Leve				0
a. Was the water use	a. Was the water user required to submit an initial static water level measurement?			OWRD
If "NO", items b throu	igh d relating to this section ma	ıy be deleted.		
b. What month was	the initial measurement to be t	aken in?		
	ment submitted to the Departm urement was not submitted, pr		YES ent now, if available:	
DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT	
NA				
a. Was the water use If "NO", items b throu	ter Level Measurements: er required to submit annual sta ugh e relating to this section ma	iy be deleted.		
b. Provide the mont March	h, or months, the static water l	evel measurement(s)	were to be made:	
c. Were the static w	ater level measurements taken	in the month(s) requ	ired? YES	

d. If "YES", were those measurements submitted to the Department? YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

5. Pump Test:

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

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.

YES

YES

For additional information regarding pump tests see: https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.asp	<u><</u>	
If "NO", items b through e relating to this section may be deleted.		RECEIVED
b. Has the pump test been previously submitted to the Department?	YES	DEC 07 2020
c. Is the pump test attached to this claim?	NO	
d. Has the pump test been approved by the Department?	YES	OWRD
e. Has a pump test exemption been approved by the Department?	NO	
** Claims will not be reviewed until a pump test or exemption has been approved by the Department		
6. Measurement Conditions:		
a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? 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 indic device in relation to the point of diversion or appropriation.	YES ate the loc	ation of the
b. Has a meter been installed?	YES	

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Mcrometer	16-07898-04	Working	12,436,700 Gallons (July 23 [,] 2020)	June 2016

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted?

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:

а	. w	Vere there special well construction standards?	YES
b	. W	Vas submittal of a ground water monitoring plan required?	NO
c	. w	Vas submittal of a water management and conservation plan required?	NO
c	I. W	Vas a Well Identification Number (Well ID tag) assigned and attached	YES
	**	a tha wall?	

WELL ID#	DATE ATTAGHED TO WELL			
L-118263	April 2016			

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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):

a1) Condition:

The well shall be continually cased and continuously sealed from land surface into dense basalt at a minimum depth of 180 feet below land surface to preclude connection to nearby streams.

Compliance:

See attached email from Aurora Bouchier, OWRD dated October 31, 2019, stating the well construction conditions outlined in Permit G-17537 have been met.

a2) Condition:

The well shall be open to a single aquifer of the Columbia River Basalt Group and shall meet applicable well – construction standards (OAR 690-200 and OAR 690-210). In addition, the open interval in the well shall be no greater than 100 feet.

Compliance:

See attached email from Aurora Bouchier, OWRD dated October 31, 2019 stating the well construction conditions outlined in Permit G-17537 have been met.

a3) Condition:

The permittee shall coordinate with the driller to ensure that drill cuttings are collected at 10-foot intervals and at changes in lithology in each well. A labeled split of each sampled interval shall be provided to the Department.

Compliance:

See attached email from Justin Iverson, OWRD dated January 23, 2018, stating the driller did not retain the drill cuttings but the Department has determined that submission of cuttings is not required for this particular permit.

a4) Condition:

A dedicated water-level measuring tube shall be installed in the well. The measuring tube shall meet the standards described in OAR 215-0060.

Compliance:

Well 1 (MARI 66255) A dedicated measuring tube was installed in the well shortly after the well was constructed in May 2016.

e5) Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

Compliance: Well tag L118263 is attached to the well casing.

e6) Condition:

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

Compliance:

Well 1 (MARI 66255) was drilled approximately 2,500 feet east from nearest river, the Little Pudding River; therefore, no riparian area was disturbed.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION		
Claim of Beneficial Use Map	Claim of Beneficial Use Map		
State Water Well Report – MARI 66255	Well log and driller's notes for MARI 66255 – Well 1		
BLM Cadastral Map	BLM Cadastral Map T. 7S. R. 2W. showing DLC and Government Lot locations		
Email from OWRD dated October 31, 2019	Email form Aurora Bouchier, OWRD stating well construction conditions were met.		
Email from OWRD dated January 23, 2018	Email form Justin Iverson, OWRD stating drill cuttings collection condition has been satisfied.		

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.

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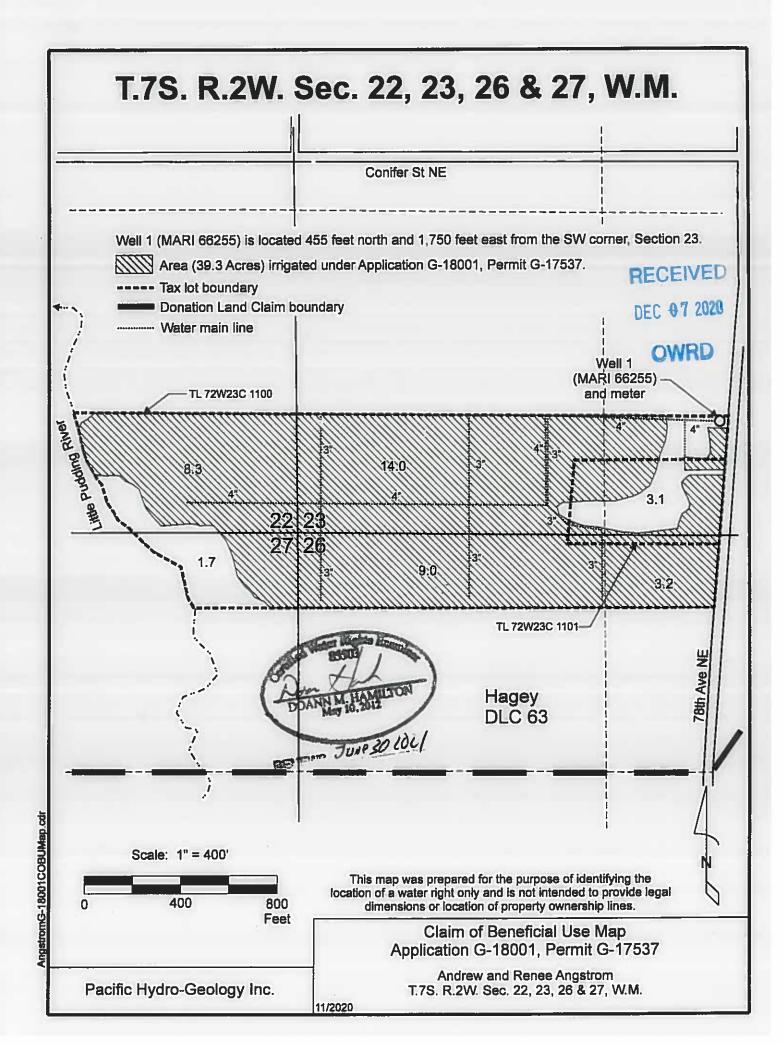
Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification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

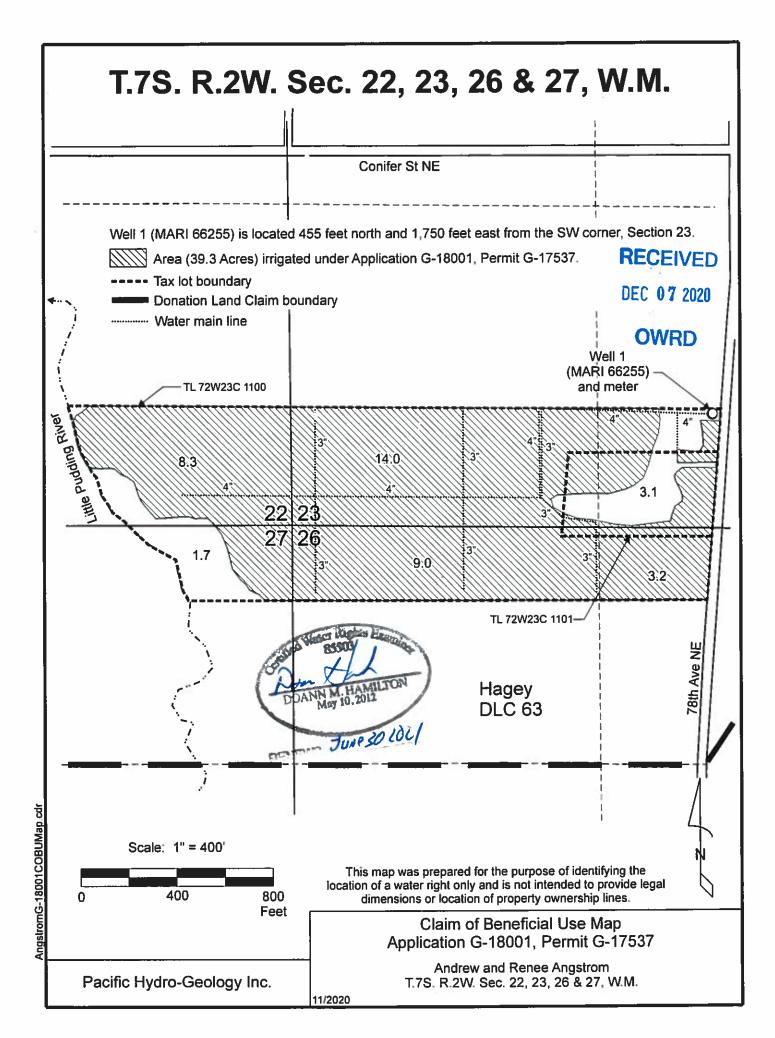
The COBU map was prepared using tax assessor's maps 07 2W 23 and 23C, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources **Conservation Service, Image Metadata:**

http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html

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- Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)
- \square Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor \boxtimes map)
- Township, Range, Section, Donation Land Claims, and Government Lots \square
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, \boxtimes 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 \square
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) \square
- Point(s) of diversion or appropriation (illustrated and coordinates) \square
- \square 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 \boxtimes lines")
- \square Application and permit number or transfer number
- \square North arrow
- \boxtimes Legend
- \mathbf{X} CWRE stamp and signature





MARI 66	
STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) R. Stadeli & So Well & Pump I 4385 Stadeli L Silverton, OR S	ns nc. ane NE 97381 WELL I.D. LABEL# L 118263 START CARD # 213169 ORIGINAL LOG #
(1) LAND OWNER Owner Well LD. First Name Andrew & Renee Company Last Name Address 935 78th Avenue NE City Salem State OR	(9) LOCATION OF WELL (legal description) County MARION Twp 7 S N/S Range 2 W E/W WM Sec 23 Sec 23 SE 1/4 of the SW 1/4 Tax Lot 1100
(2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) (2a) PRE-ALTERATION Dia + From To Gauge Stl Plst: Wid Thrd Casing:	Tax Map Number Lot Lat • • • • • • • • • • • • • • • • • • •
Seal: (3) DRILL METHOD XRotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 05-04-2016 52.3 Flowing Artestan? Dry Hole?
(4) PROPOSED USE Domestic Irrigation Community Industrial/Commercial Livestock Desvatering Thermal Injection Other	WATER BEARING ZONES Depth water was first found SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 362 [1.] BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs 14 0 282 [Bersonite 0 20 31 S] 10 282 379 [Calculated 18] Cantern 20 282 230 S]	04-01-2016 135 152 50 54 Not Measured 230 237 20 52.3 52.3 05-04-2016 312 375 400 52.3 52.3 (11) WELL LOG Ground Elevation 52.3 52.3 53.3 53.3
How was seal placed: Method A B C D E Sother Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Yes Type Amount	Material From To Soil 0 1 Clay Brown Soft 1 3 Clay Stickey Brown 3 10 Clay Brown Medium 0 24
(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Autours Pounds Actual Amount Pounds	Clay Blue Stickey 24 29 Clay Grey Stickey 29 32 Packed Silt Brown 9 32 40 Clay Grey Stickey 11 40 43
(6) CASING/LINER Casing Liner Dia + From To Gauge Sti Plstc Wid Thrd 0 0 8 270 362 250 0 X 1 Shoe Inside XOutside Other Location of shoe(s) 282 Temp casing X Yes Dia 14 From +1 To 183 (7) PERFORATIONS/SCREENS	Packed Silt Brown 43 47 Clay Brown Stickey 11 67 Gravel with Clay 57 65 Cemented Gravel 111 65 95 Gravel Large Cemented (************************************
Perforations Method Swift Factory Screens Type Material Perf/S Casing/ Screen To width length slots pipe size Casing 8 280 362 .125 6 1.216 8	Date Started03-23-2016 Completed_04-22-2016 (unboaded) Water Well Coastructor Certification I certify that the work 1 performed on the construction, deepening, alteration, or abandomment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number 1358
(8) WELL TESTS: Miaimum testing time is 1 hour Pump O Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 400 74.6 315 4 Temperature 55 °F Lab analysis Yes By Water guality concerns? Yes (describe below) TDS amount 450 ppm	Signed
Water guality concerns?	Signed Storm n. Black . Contact info (optional)UEC 07 2020

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

MARI 66255

MARI 66255

WATER SUPPLY WELL REPORT -	R. S Wel	tadel	li & S ump	OINC. WELL I.D. LABEL# L 118263	4
WATER SUPPLY WELL REPORT - Well & Pum continuation page Silverton, O				Lane NE START CARD # 213169	_
(2a) PRE-ALTERATION Dia + From To Gauge Stl Piste Wid Moterial From To Amt sacks/ (5) BORE HOLE CONSTRUCTION BORE HOLE SEAL Dia From To Material From	Thrd Thrd bs	Amt	sacks/	Water Quality Concerns From To Description Amount Units Image: Concerns From To Description Image: Concerns Image: Concerns	
	i Calculated		╞╾┚╽		j
FILTER PACK				(11) WELL LOG	-
From To Material Size				Material From To	_
				Basalt Grey Medium Hard 205 230 Basalt Dark Soften 230 237	
				Basalt Grey Hard 237 242 Basalt Grey with Green with some Fractures 242 275	-
(6) CASING/LINER	ful et a	1104	7	Basalt Grey Fractured with Brown 275 299	1
Casing Liner Dia + From To Gauge	Stl Pista			Basalt Grey & Brown Fractured 312 375	
				Basalt Grey Hard 375 379	
				MAY 1 6 2016 RECEIVI	
(7) PERFORATIONS/SCREENS	01-1	#of	Tele/		
Perf/S Casing/ Screen Scrn/slot creen Liner Dia From To width	Slot length		pipe size	SALEM, OR DEC 07 20	20
				OWRD	7
					ゴ
				Comments/Remarks	
(8) WELL TESTS: Minimum testing time is 1 hour Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)					
					<u> </u>

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303 73930'r 9277	33 Acres 3712		21.05		2052 1639 - 144 1639 - 4741	7	1003 - 13237 1743 - 2007
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M Gmail

Doann Hamilton <phgdmh@gmail.com>

App G-18001, Permit G-17537 well compliance

BOUCHIER Aurora C * WRD <Aurora.C.Bouchier@oregon.gov> To: "phgdmh@gmail.com" <phgdmh@gmail.com> Cc: IVERSON Justin T * WRD <Justin.T.Iverson@oregon.gov> Thu, Oct 31, 2019 at 10:33 AM

Hello Doann,

· . .

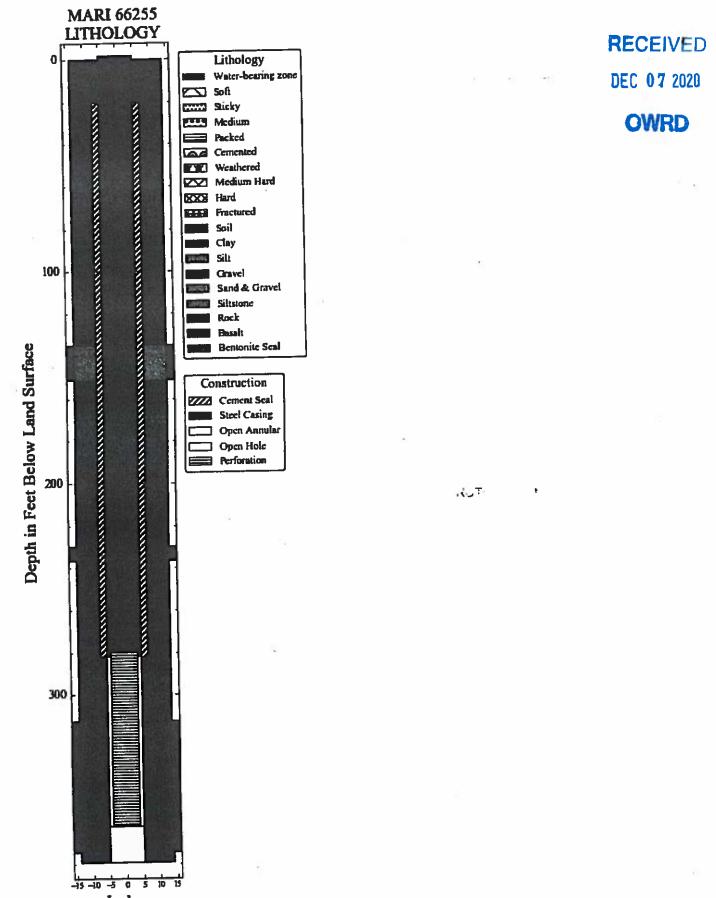
The well is continuously cased and continuously sealed from land surface to a depth of 282 feet below land surface into a layer described as 'Basalt Grey Fractured with Brown'. Although the permit does specify that the casing/seal be 'into hard dense basalt' it appears that in this case the casing/seal depth is appropriate. Furthermore, the permit specifies that the well be open to a single aquifer with an open interval no greater than 100 feet. These conditions appear to have been satisfied. To summarize, the well (MARI 66255) complies with the drilling conditions outlined in permit G-17537.

S.T.

A copy of this email has been printed out and added to the application folder.

REC	CEI	VED
DEC	07	2020
0	WF	RD

7/21/2020



Cheers.

<u>Aurora Bouchier, R.G.</u>

HYDROGEOLOGIST

725 Summer Street NE, Suite A Satem, OR 97301 | Phone 503-986-0841

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"All the water that will ever be is, right now." -National Geographic, October 1993

"When the well is dry, we know the worth of water." -Benjamin Franklin, Poor Richard's Almanack, 1746

From: IVERSON Justin T * WRD <Justin.T.Iverson@oregon.gov> Sent: Thursday, October 31, 2019 7:51 AM To: BOUCHIER Aurora C * WRD <Aurora.C.Bouchier@oregon.gov> Subject: FW: App G-18001, Permit G-17537 well compliance

Hi Aurora,

This was one of your reviews from 2015. Could you please respond to Doann and put a copy of your response in the water right file.

A.T

Thanks,

Justin Iverson, RG

GROUNDWATER SECTION MANAGER

Desk: 503-986-0933 | Cell: 503-302-9728

[Quoted text hidden]

M Gmail

Doann Hamilton <phgdmh@gmail.com>

Application G-18001, Permit G-17537

ORLOWSKI Dennis R * WRD < Dennis R.Orlowski@oregon.gov>

Tue, Jan 23, 2018 at 4:25 PM

RECEIVED

DFC 07 2020

OWRD

To: Doann Hamilton <phgdmh@gmail.com> Cc: IVERSON Justin T *·WRD <Justin.T.Iverson@oregon.gov>, CLARK Gerald E * WRD <Gerald.E.Clark@oregon.gov>

Hello Doann,

Given that the driller reportedly did not retain the drill cuttings, the Department has determined that submission of cuttings is not required for this particular permit.

Please include a copy of this e-mail correspondence with the COBU package when it is submitted. At that time, OWRD will use this statement to account for the permit condition, and will not consider the lack of cuttings submission as a failure to comply with the condition.

Regards,

Dennis

Dennis Orlowski | Hydrogeologist – Groundwater Section

Oregon Water Resources Department

725 Summer St. NE, Suite A

Salem, Oregon 97301

Phone: 503.986.0897 | E-Mail: dennis.r.orlowski@oregon.gov

From: IVERSON Justin T * WRD Sent: Monday, January 22, 2018 10:40 AM To: Doann Hamilton Cc: ORLOWSKI Dennis R * WRD

(Quoted text hidden)