



**Oregon**  
Kate Brown, Governor

**Water Resources Department**

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

January 29, 2021

Brian & Bridget Dupont  
9757 Lariat Lane NE  
Aurora OR 97002

On January 25, 2021 the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-17716 Permit G-17155

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-17716  
Doann Hamilton, CWRE



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Cc: file G-17716  
Doann Hamilton, CWRE

# 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](http://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.

## SECTION 1 GENERAL INFORMATION

**1. File Information:**

APPLICATION # <b>G-17716</b>	PERMIT # (IF APPLICABLE) <b>G-17155</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
---------------------------------	--------------------------------------------	---------------------------------------------------

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Brian and Bridget Dupont</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>9757 Lariat Ln NE</b>			
CITY <b>Aurora</b>	STATE <b>OR</b>	ZIP <b>97002</b>	E-MAIL

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 <b>Brian and Bridget Dupont</b>		
ADDRESS <b>20967 Yukon St (to be corrected to 9757 Lariat Ln NE)</b>		
CITY <b>Aurora</b>	STATE <b>OR</b>	ZIP <b>97002</b>

ADDITIONAL PERMIT HOLDER OF RECORD <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**November 2, 2020**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Brian Dupont	November 2, 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)):

OWNER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Doann Hamilton		PHONE NO. (503) 632-5013	ADDITIONAL CONTACT NO. (503) 349-6946
ADDRESS 18487 S. Valley Vista Road			
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com

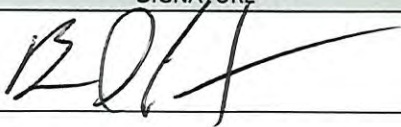
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Permit Holder of Record Signature or Acknowledgement

*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
	Brian Dupont	Owner	1/15/2021
Bridget Dupont	Bridget Dupont	Owner	1/15/2021

**SECTION 3  
CLAIM DESCRIPTION**

**1. Point of appropriation name or number:**

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	MARI 65211	L-112587

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	Willamette River Basin	Willamette 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	Irrigation	Grass	June 1 through August 31	0.11 cfs
<b>Total Quantity of Water Used</b>				<b>0.11 cfs</b>

**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 the Well (MARI 65211) using a 5 Hp submersible pump to convey water through a buried 2-inch mainline to the north. The line tees, one line going to the house to supply the domestic use, the other continues north where a meter is attached by the NW corner of the garage. From the meter, the 2-inch buried mainline continues north to a circular grassy area. From there the mainline branches east to the barn, southeast to the lawn area around the house, and to the northwest to a hydrant on the edge of the asphalt drive way. An additional 2-inch buried

mainline continues from the vault containing the hydrant and heads west to irrigate a small stretch of lawn.

The line heading to the lawn areas connect to 1.5 and 0.5 inch laterals to supply MaxiPaw Rainbird pop-up sprinkler heads. The hydrant supplies either: 11 Irripod Ranch sprinkler pods, or one of either a Kifco B-110 or B-140 sprinkler reel.

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.")

1. After field verifying the location of crops being irrigated, the place of use was adjusted from the originally authorized place of use.

Original authorized place of use:

4S	1W	19	SW NW	1.6
4S	1W	19	SE NW	3.21
4S	1W	19	NE SW	3.98
4S	1W	19	NW SW	<u>1.21</u>
Total:				10.0

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Revised place of use, with addition of DLC information:

4S	1W	19	SW NW	DLC 69	0.2
4S	1W	19	SW NW	DLC 47	2.9
4S	1W	19	SE NW	DLC 69	1.9
4S	1W	19	NE SW	DLC 69	2.3
4S	1W	19	NW SW	DLC 69	0.5
4S	1W	19	NW SW	DLC 47	<u>2.2</u>
Total:					10.0

2. After field verifying, Well (MARI 65211) is more correctly located at:

340 feet north and 1,145 feet east from the SW corner, JE Hall DLC 47.

**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
Well 1	0.11 cfs	0.16 cfs	Not measured	Irrigation	10.0	10.0

**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

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OWNER

**A. Place of Use**

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4S	1W	WM	19	SW NW	NA	DLC 69	Irrigation	0.2	NA
4S	1W	WM	19	SW NW	NA	DLC 47	Irrigation	2.9	NA
4S	1W	WM	19	SE NW	NA	DLC 69	Irrigation	1.9	NA
4S	1W	WM	19	NE SW	NA	DLC 47	Irrigation	2.3	NA
4S	1W	WM	19	NW SW	NA	DLC 69	Irrigation	0.5	NA
4S	1W	WM	19	NW SW	NA	DLC 47	Irrigation	2.2	NA
<b>Total Acres Irrigated</b>								<b>10.0</b>	<b>NA</b>

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

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:

Top of casing beneath pitless adaptor cap.

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 MARI 65211						

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 65211

**C. Groundwater Source Information (Sump)**

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

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.

**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

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
Berkeley	L50P4JMGS-04	001K17L	Submersible	4 inch	2 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Groundfos	5 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)
5 Hp	65 psi	55.6 feet (from permit condition pump test)	0 feet	0.16 cfs

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(5 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(55.6 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.16 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

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

7. Is the distribution system piped?

YES

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



**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2 inch	500 feet	PVC	Buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1.25 inch	1,000 feet	PVC	Buried

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
MaxiPaw – black nozzle	45 psi	3.0 gpm	36	12	0.08 cfs
11 Irripod – 1/8"	45 psi	33 gpm per one set of 11 sprinklers	1 set of 11 sprinklers	1 set of 11 sprinklers	0.07 cfs
Kifco B-140 8mm Sime K1	65 psi	21 gpm	1	1	0.047 cf
Kifco B-110 8mm Sime K1	65 psi	18 gpm	1	1	0.04 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 RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

**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)

1. Does the system involve a gravity flow pipe?

NO

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

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**G. Gravity Flow Canal or Ditch**

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

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

NO

*If “NO”, items 2 through 4 relating to this section may be deleted.*

**H. Additional notes or comments related to the system:**

Well also supplies the house. The line tees into the garage before the meter, therefore the meter only records irrigation use. They can run all MaxiPaw (0.08 cfs) along with either the 11 Irripod Ranch sprinkler pods (0.07 cfs), a Kifco B-110 (0.04 cfs) or B-140 (0.047 cfs) sprinkler reel at the same time. For a maximum combine total of 0.15 cfs.

**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	April 17, 2014		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	April 17, 2019	Summer 2017	Water system was constructed, the meter installed and the entire place of use was irrigated.
COMPLETE APPLICATION OF WATER (C)	April 17, 2019	March 2019	Static water level measured in authorized well, completing all the permit conditions.

\* 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

*If “NO”, items a and b relating to this section may be deleted.*

**3. Initial Water Level Measurements:**

a. Was the water user required to submit an initial static water level measurement? **YES**

*If "NO", items b through d relating to this section may be deleted.*

b. What month was the initial measurement to be taken in?

c. Was the measurement submitted to the Department? **YES**

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

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DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

**4. Annual Static Water Level Measurements: Initial plus Seven**

a. Was the water user required to submit annual static water level measurements? **YES**

*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**

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? **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.

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? **NO**

c. Is the pump test attached to this claim? **YES**

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

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? **YES**

*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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Hersey	0514037	Working	379,085.4 cubic feet November 2, 2020	2017

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

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7. Recording and reporting conditions:

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

NO

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

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

a. Were there special well construction standards?

NO

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

NO

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

NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

YES

WELL ID #	DATE ATTACHED TO WELL
112587	April 2014

e. Other conditions?

YES

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

e1) Condition:

Wells with pumps shall be equipped with a minimum 3/4 inch diameter, unobstructed, dedicated measuring tube pursuant to figure 200-5 in OAR 690-200. If a pump has been installed prior to the issuance of this permit, and if static water levels and pumping levels can be measured using an electrical tape, then the installation of a measuring tube can be delayed until such time that water levels cannot be measured or the pump is repaired or replaced.

Compliance:

Per OWRD email dated September 30, 2020 from Travis Brown, a measuring tube is not required in the Well (MARI 65211)

e2) 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 L12587 is attached to the well casing.

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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 65211	Well log and driller’s notes for MARI 65211 – Well
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 1W. showing DLC and Government Lot locations
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 2W. special plat showing DLC and Government Lot locations
OWWRD email dated September 30, 2020	OWWRD email from Travis Brown stating Well (MARI 65211) does not need a measuring tube.
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well (MARI 6521) conducted November 20, 2020

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.

The COBU map was prepared using tax assessor’s map 04 1W 19, 19B, and 19C, 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>

Map Checklist

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

- 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

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# T.4S. R.1W. Section 19, W.M.

THOMAS M. HAMILTON
   
 May 10, 2012
   
 J4-2230-400

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Case DLC 47

Hall DLC 47

Whitney DLC 48

TL 04 1W 19C 400

Olmstead Rd NE

Ryan Creek

Gauthier DLC 81

SW corner JE Hall DLC 47

Meter location

Petit DLC 69

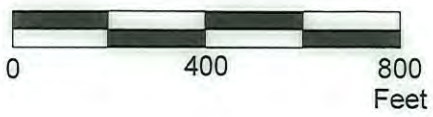
Lariat Ln NE

Well MARI 65211

Well (MARI 65211) is located 340 feet north and 1,145 feet east from the SW corner, JE Hall DLC 47.

- Area (10.0 Acres) irrigated under Application G-17716, Permit G-17155.
- Tax lot boundary
- Donation Land Claim boundary
- Water main line

Scale: 1" = 400'



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.

**Claim of Beneficial Use Map**  
 Application G-17716, Permit G-17155

Brian and Bridget Dupont  
 T.4S. R.1W. Section 19, W.M.

Pacific Hydro-Geology Inc.

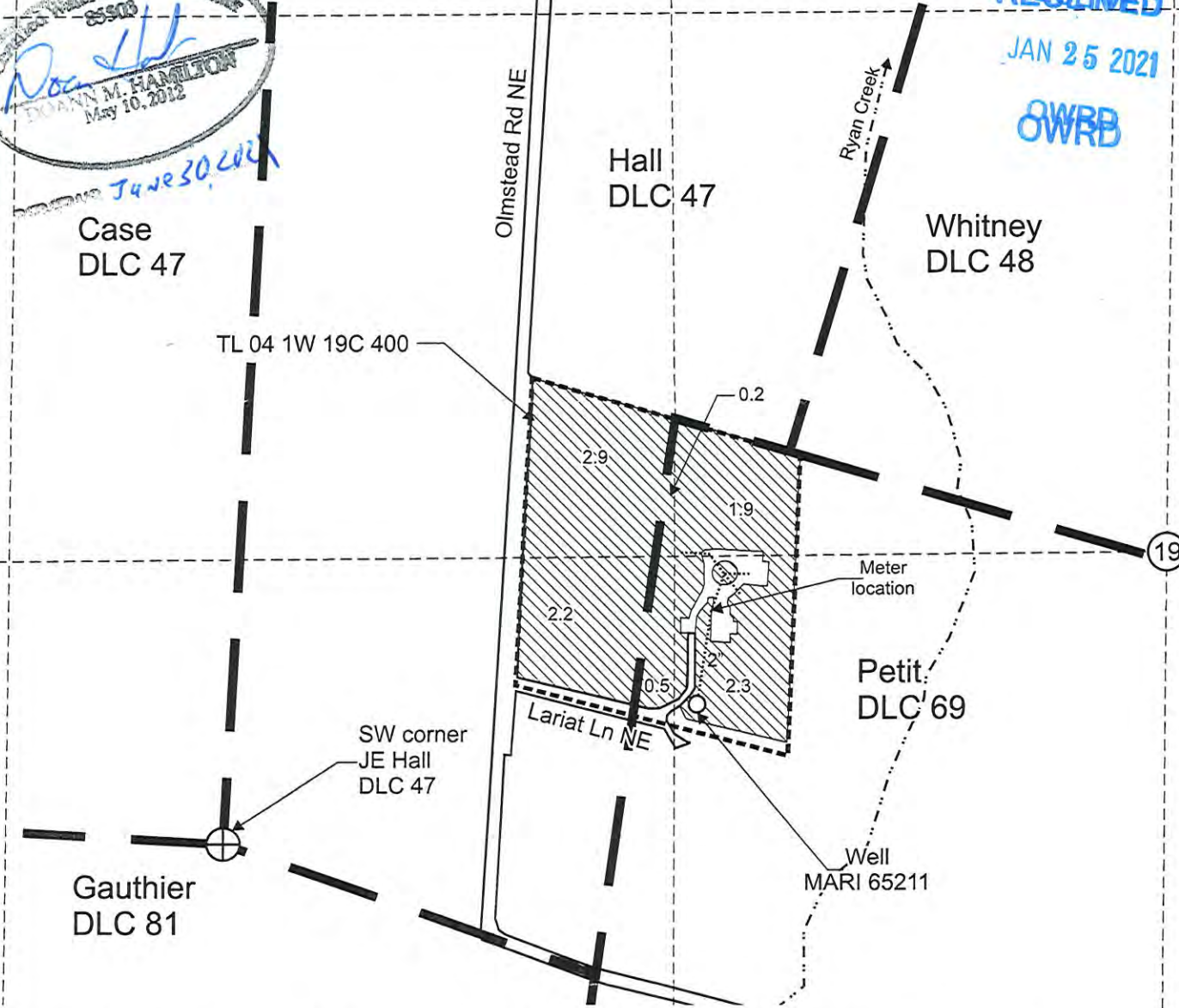
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# T.4S. R.1W. Section 19, W.M.

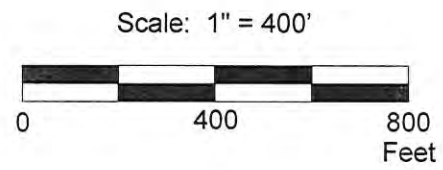

  
 Oregon Water Rights Commission
   
 85500
   
*Doann M. Hamilton*
  
 DOANN M. HAMILTON
   
 May 10, 2012
   
 JUNE 30, 2021

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Well (MARI 65211) is located 340 feet north and 1,145 feet east from the SW corner, JE Hall DLC 47.

-  Area (10.0 Acres) irrigated under Application G-17716, Permit G-17155.
-  Tax lot boundary
-  Donation Land Claim boundary
-  Water main line



This map was prepared for the purpose of identifying the location of a water right only and is not intended to provide legal dimensions or location of property ownership lines.



Claim of Beneficial Use Map  
 Application G-17716, Permit G-17155

Pacific Hydro-Geology Inc.

Brian and Bridget Dupont  
 T.4S. R.1W. Section 19, W.M.

01/2021

Dupont.BApG-17716COBUMap.cdr



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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name Brian Dupont  
Address 20967 Yukon St.  
City Aurora State OR Zip 97002

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Other \_\_\_\_\_

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

(5) BORE HOLE CONSTRUCTION Special Construction:  Yes  No  
Depth of Completed Well 179 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0	55'	Bentonite	0	9'	9 Sacks
6"	55'	179'	Cement	9'	54'	55 Sacks

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite Placed Dry  
Backfill placed from 179 ft. to 180 ft. Material 8/12 Sand  
Gravel placed from 112 ft. to 179 ft. Size of gravel 8-12 CSS

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1.5'	157.5'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	112'	153'	200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Screwed

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 157.5'

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type V-Wire Material S/S

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
153'	178'	.040		4"	p/s	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
58	10'		1 Hr

Temperature of water 56 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Marion  
Tax Lot 400 Lot \_\_\_\_\_  
Township 4 S Range 1 W WM  
Section 19 NE 1/4 SW 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) 9767 Lariat Lane  
Aurora, OR 97002

(10) STATIC WATER LEVEL  
24 ft. below land surface. Date 04/24/2014  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 14'

From	To	Estimated Flow Rate	SWL
143'	178'	150+ gpm	24'

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	2	
Clay Brown	2	9	
Silty Sand Brown	9	14	
Sandy Silt Grey	14	33	
Silty Grey Clay	33	57	
Clay Grey Silty	57	64	
Clay Grey Sticky	64	73	
Clay Grey Sandy	73	96	
Clay Green	96	98	
Clay Grey Sandy	98	107	
Clay Grey w/some Gravel & Sand	107	129	
Clay Green w/Gravel	129	137	
Clay Grey	137	143	
Sand Grey Fine	143	150	
Gravel & Sand Medium Tight	150	156	
Sand Brown Fine w/Silt & Wood	156	161	

Date Started 04/08/2014 Completed 04/25/2014

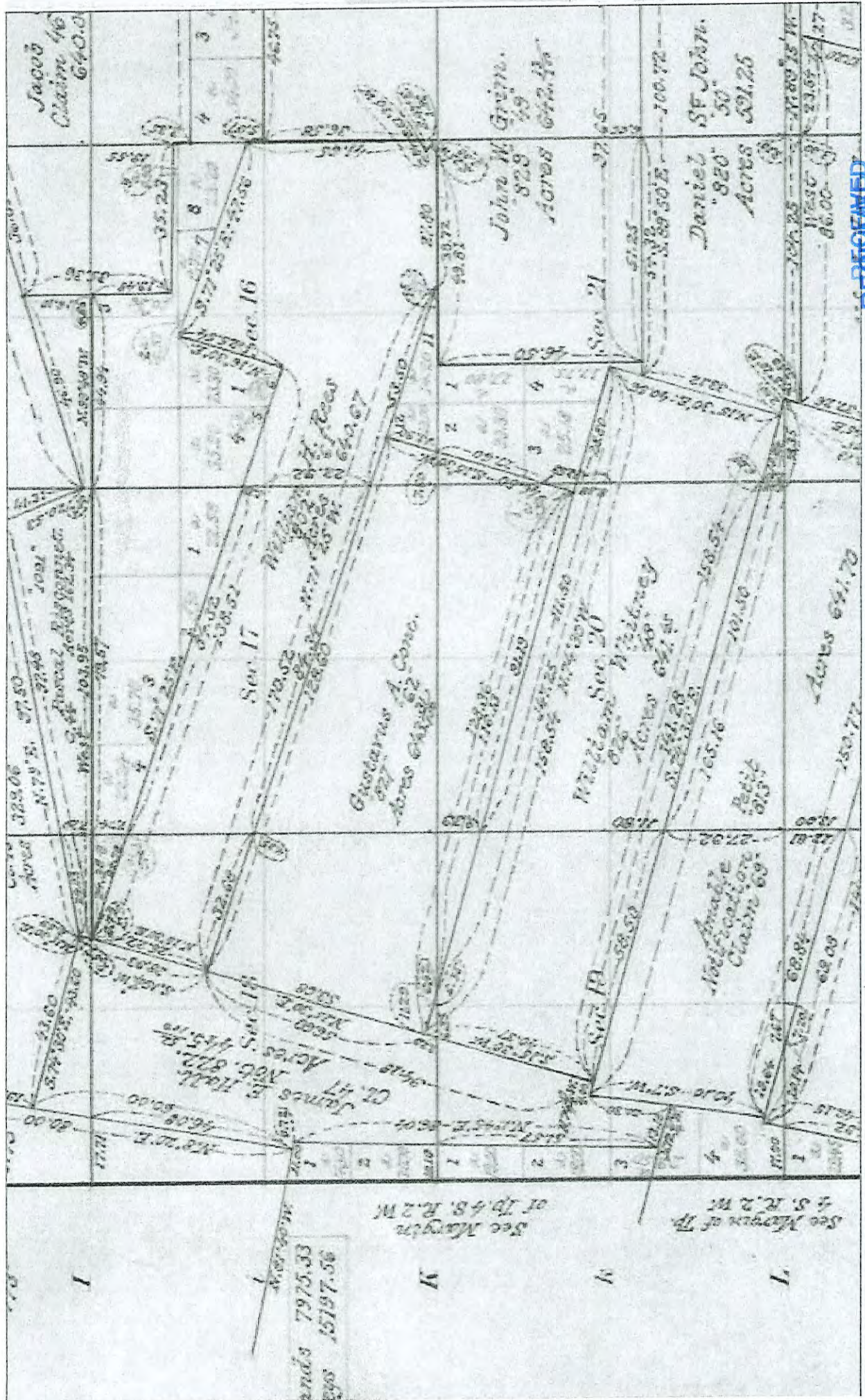
(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported are true to the best of my knowledge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

WWC Number \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_ SALEM, OR

(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.

WWC Number 688 Date 04/29/2014  
Signed Steve M. Steinhilber





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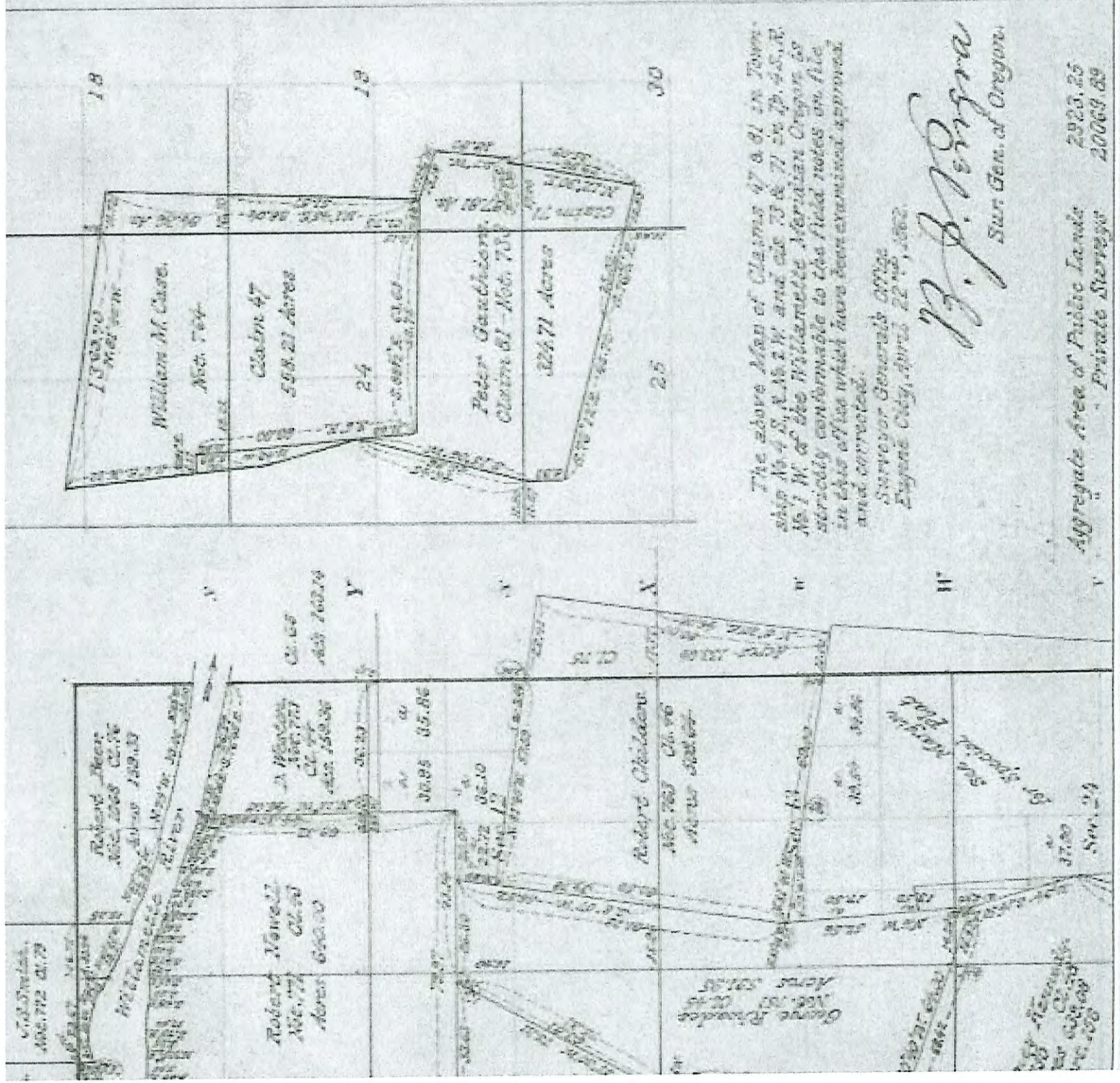
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The above Map of Claims 47 & 61 in Township 4 S., R. 15 W. and 61 71 & 72 T. 4 S., R. 15 W. of the Willamette Meridian Oregon is strictly conformable to the field notes on file in this office which have been examined approved and corrected.

Surveyor General's Office  
Eugene City, April 22<sup>nd</sup>, 1862.

*W. P. Veingra*  
Sur. Gen. of Oregon.

Aggregate Area of Public Lands 2923.25  
Private Storage 20669.89





Doann Hamilton <phgdmh@gmail.com>

**COBU for Permit G-17155**

**BROWN Travis C \* WRD** <Travis.C.Brown@oregon.gov>

Wed, Sep 30, 2020 at 10:36 AM

To: Greg Kupillas <phggek@bctonline.com>

Cc: BYRD Kristopher R \* WRD <Kristopher.R.Byrd@oregon.gov>, IVERSON Justin T \* WRD

<Justin.T.Iverson@oregon.gov>, CLARK Gerald E \* WRD <Gerald.E.Clark@oregon.gov>, Doann Hamilton <phgdmh@gmail.com>

Hello Greg,

I have reviewed Permit G-17155 and the water supply well report for the authorized POA, MARI 65211. Based on the well construction and reported static water levels, I agree that installing a dedicated measuring tube in the well is not necessary to obtain static water level measurements in this well. As such, I believe that the applicant should not be required to meet the requirements of Condition 7T (dedicated measuring tube condition) in order to obtain a Certificate for Permit G-17155.

Please include this email when you submit the COBU for this permit so that Certificate Staff may include a copy in the water right file for documentation. If you have any questions or concerns, please let me know.

Thank you,

**Travis Brown, RG** | Hydrogeologist – Groundwater Section

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Pronouns: He/him/his

Email: Travis.C.Brown@oregon.gov | Phone: 503-986-0843 | Fax: 503-986-0902



725 Summer St. NE, Suite A | Salem, OR 97301

\*\*\*Teleworking. Apologies for any inconvenience.\*\*\*

[Quoted text hidden]



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**PUMP TEST FORM  
COVER SHEET**

**Owner Information:**

<b>OWNER NAME/BUSINESS NAME:</b> Brian Dupont		<b>PHONE No.:</b> 503-502-8388	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 9757 Lariat Lane			
<b>CITY:</b> Aurora	<b>STATE:</b> OR	<b>ZIP:</b> 97002	<b>E-MAIL:</b>

**Pump Test Conducted By (if Different From Owner):**

<b>TEST CONDUCTED BY NAME:</b> Weston Stadeli	<b>QUALIFICATION:</b> (SELECT) Pump Installer	<b>LICENSE #:</b>
<b>COMPANY:</b> Westerberg Drilling, Inc.	<b>PHONE No.:</b> 503-829-2526	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> PO Box 1228		
<b>CITY:</b> Molalla	<b>STATE:</b> OR	<b>ZIP:</b> 97038
<b>E-MAIL:</b> wdi@molalla.net		

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # (Ex: MARI 99999)	WELL TAG # (Ex: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 65211	L- 112587		179	Brian Dupont	04/25/2014	11/20/2020

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
4S	1W	19	NE/SW			

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (Ex: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

No Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. **Approximate distance:** \_\_\_\_\_ ft.  
Well elevation is  above the surface water body. **Approximate elevation difference:** \_\_\_\_\_ ft.

Yes Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: \_\_\_\_\_  
How far from the pumped well was water discharged? \_\_\_\_\_ ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.



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**PUMP TEST FORM  
COVER SHEET**

**Water-Level Measurement Method:** Electric Tape \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_ E-Tape: \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

**Pump Type:** Submersible  
HP: 5 Pump set at: 135 feet.  
Pump idle time: 16 hrs

**Discharge Measurement Method:** Flowmeter  
Flowmeter (if used):  
Manufacturer: Hersey Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

**Measuring Point (MP):** Measuring point distance above land surface 1.5 feet.  
Description (e.g., top port of 1 inch port pipe, west side) Top of 6" casing with pitless cap removed.

**Time pump turned on:** Date 11/20/2020 Time 9:30 AM  
**Time pump turned off:** Date 11/20/2020 Time 1:30 PM  
Total pumping time: 4 hours 0 minutes.

**Remember, your pump test may not be approved unless it meets the following criteria\*:**

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:  
[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLynsYAPNSQ!W330ZjSFZuMscp4Hfil-1fsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQ!W330ZjSFZuMscp4Hfil-1fsDAAEsMC2_ROSs!-277278532?selectedDivision=3186).

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

**I hereby certify that this test has been conducted in accordance with OAR 690-217:**

OPERATOR SIGNATURE:  DATE: 12/14/2020

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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PUMP TEST FORM  
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 65211	L- 112587		179	Brian Dupont	04/25/2014	11/20/2020

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
11/20/2020	8:30 AM		37.75'	0	Pre-test			
	8:50		37.75'	0	Pre-test			
	9:10		37.75'	0	Pre-test			
	9:30		37.75'	63	Pumping			
	9:32	2 Min	52.1'		Pumping			
	9:34	4 Min	53'		Pumping			
	9:36	6 Min	53.7'		Pumping			
	9:38	8 Min	54.1'		Pumping			
	9:40	10 Min	54.25'		Pumping			
	9:45	15 Min	54.8'		Pumping			
	9:50	20 Min	55.1'		Pumping			
	9:55	25 Min	55.4'		Pumping			
	10:00	30 Min	55.5'		Pumping			
	10:15	45 Min	56'		Pumping			
	10:30	1 Hr	56.16'	63	Pumping			
	10:45	1 H 15 M	56.25'		Pumping			
	11:00	1 H 30 M	56.5'		Pumping			
	11:15	1 H 45 M	56.66'		Pumping			
	11:30	2 Hr	56.75'	63	Pumping			
	11:45	2 H 15 M	56.83'		Pumping			
	12:00	2 H 30 M	56.91'		Pumping			
	12:15	2 H 45 M	57'		Pumping			
	12:30	3 Hr	57'	63	Pumping			
	12:45	3 H 15 M	57'		Pumping			
	1:00	3 H 30 M	57.08'		Pumping			
	1:15	3 H 45 M	57.08'		Pumping			
	1:30	4 Hr	57.08'	63	Pumping			
	1:32		42.5'		Recovery			
	1:34		41.58'		Recovery			
	1:36		41.16'		Recovery			
	1:38		40.83'		Recovery			
	1:40		40.5'		Recovery			
	1:45		40.08'		Recovery			
	1:50		40'		Recovery			
	1:55		39.58'		Recovery			
	2:00		39.58'		Recovery			
	2:15		39.08'		Recovery			90% Recovery



# Checklist for Claims of Beneficial Use Received at CSG Counter

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

## 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) )

## 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 not required (Priority Date prior to 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 not submitted