



Oregon
Kate Brown, Governor

Water Resources Department

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

March 25, 2021

Curran Creek Farm
Attn: Jim Randall
PO Box 524
Estacada OR 97023

On March 19, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-16495 Permit G-16057

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-16495
Doann Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-16495	WRD Reviewer: Judy
Transfer #:	
Date Received: March 19, 2021	
CWRE Name: Doann M Hamilton	
Priority Date (s): July 11, 2005	

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.

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

MONEY SLIP

DATE: _____ RECEIPT #: _____

RECEIVED FROM: _____ APPLICATION _____
PERMIT _____
TRANSFER _____

CASH ☐ CHECK # _____ OTHER (IDENTIFY) _____ TOTAL REC'D \$ _____

1083 TREASURY 4178 MISC CASH ACCT. _____
0407 COPIES _____ \$ _____
OTHER: (IDENTIFY) _____ \$ _____

0243 Instream Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

1083 TREASURY 4270 WRD OPERATING ACCT. _____

MISCELLANEOUS 4611 _____
0407 COPY & TAPE FEES _____ \$ _____
0410 RESEARCH FEES _____ \$ _____
0409 MISC REVENUE (IDENTIFY) _____ \$ _____
TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
0240 EXTENSION OF TIME _____ \$ _____

WATER RIGHTS EXAM FEE _____ RECORD FEE _____
0201 SURFACE WATER _____ \$ _____ 0202 _____ \$ _____
0203 GROUND WATER _____ \$ _____ 0204 _____ \$ _____
0205 TRANSFER _____ \$ _____

WELL CONSTRUCTION EXAM FEE _____ RECORD FEE _____
0218 WELL DRILL CONSTRUCTOR _____ \$ _____ 0219 _____ \$ _____
LANDOWNER'S PERMIT _____ \$ _____ 0220 _____ \$ _____
OTHER (IDENTIFY) _____ \$ _____

0607 TREASURY 0487 HYDROELECTRIC _____
LIC NUMBER _____

0233 POWER LICENSE FEE (FWWRD) _____ \$ _____
0231 HYDRO LICENSE FEE (FWWRD) _____ \$ _____

HYDRO APPLICATION _____ \$ _____

SPECIAL INSTRUCTIONS: _____

☐ RETURN TO APPLICANT – LETTER ATTACHED

Fill in App
or Transfer
Number

MONEY SLIP

DATE: <u>3-19-2021</u>	RECEIPT #: <u>134786</u>
------------------------	--------------------------

RECEIVED FROM: Currin Creek Farm

APPLICATION	
PERMIT	
TRANSFER	

CASH ☐ CHECK # 9433 ☒ OTHER (IDENTIFY) ☐

TOTAL REC'D \$ 200.00

1083 TREASURY 4170 MISC CASH ACCT.

0407 COPIES \$
 OTHER: (IDENTIFY) \$

0243 Instream Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

0407 COPY & TAPE FEES \$
 0410 RESEARCH FEES \$
 0408 MISC REVENUE (IDENTIFY) \$
 TC162 DEPOSIT LIAB. (IDENTIFY) \$
 0240 EXTENSION OF TIME \$

WATER RIGHTS

		EXAM FEE		RECORD FEE
0201	SURFACE WATER	\$	0202	\$
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		

WELL CONSTRUCTION

		EXAM FEE		RECORD FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			

0607 TREASURY 0467 HYDROELECTRIC

		LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)		\$
0231	HYDRO LICENSE FEE (FW/WRD)		\$
	HYDRO APPLICATION		\$

SPECIAL INSTRUCTIONS:

☐ 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 permits
with priority dates of July 9, 1987, or later.**

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**SECTION 1
GENERAL INFORMATION**

1. File Information:

APPLICATION # G-16495	PERMIT # (IF APPLICABLE) G-16057	PERMIT AMENDMENT # (IF APPLICABLE) T-NA
---------------------------------	--	---

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Currin Creek Farms and Jim Randall		PHONE No.	ADDITIONAL CONTACT No.
ADDRESS PO Box 524			
CITY Estacada	STATE OR	ZIP 97023	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 Currin Creek Farms c/o Jim Randall			
ADDRESS PO Box 524			
CITY Estacada	STATE OR	ZIP 97023	

ADDITIONAL PERMIT HOLDER OF RECORD NA		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

December 1, 2020

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Jim Randall	December 1, 2020	Owner / Operator

6. County

Clackamas

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

SECTION 2
SIGNATURES

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CWRE Statement, Seal and Signature

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

Seal and Signature



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

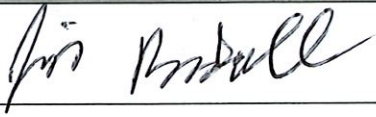
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Permit Holder of Record Signature or Acknowledgement*Each permit holder of record must sign this form in the space provided below.*

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
	Jim Randall	owner	3/10/21

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 1	CLAC 14636	NA

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	Delph Creek Basin	Clackamas River

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

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	Nursery	NA	Year round	January	0.501 cfs
				February	0.501 cfs
				March	0.501 cfs
				April	0.501 cfs
				May	0.501 cfs
				June	0.501 cfs
				July	0.501 cfs
				August	0.222 cfs
				September	0.162 cfs
				October	0.196 cfs
				November	0.501 cfs
				December	0.501 cfs
Total Quantity of Water Used					

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 (CLAC 14636) using a 5 Hp submersible pump. The water is conveyed through a 2-inch PVC buried mainline to the east into a pump shed. Inside the shed the water is conveyed through a meter before going through two 82 gallon pressure tanks. The water then goes either to the irrigation system or supplies two domestic homes. The 2-inch PVC irrigation system mainline continues west about 300 feet then tees north and south. At the northern end the line turns east about 300 feet.

On this mainline, there is a hydrant where the mainline from the well connects to the north south mainline. From this hydrant, a two-inch woven fabric fire hose connects to a Kifco B-110 water-reel to irrigate the two closest fields.

Further down the mainline are three control boxes from which one-inch PVC laterals head east, then north-south along the western edge of the fields. From these laterals, 5/8-inch drip tapes extend one per row to the east.

Note: the permittee attempted to develop additional areas of his property but determined the extensive rocks within the other areas prohibited further development.

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).

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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. The authorized Wells 2 and Well 3 have not been constructed and are, therefore, not included in this Claim of Beneficial Use.
2. The location of Well 1 (CLAC 14636) is more correctly placed at:
990 feet south and 1,010 feet west from the center corner, Section 25.
3. After field verifying the location of crops being irrigated, the place of use was reduced from the originally authorized acreage.

Original authorized place of use:

3S 4E 25 NE SW 38.0
Total: 38.0

Revised place of use:

3S 4E 25 NE SW 9.5
Total: 9.5

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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	0.501 cfs	0.10 cfs	Not measured	Nursery	38.0	9.5

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 1

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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
3S	4E	W.M.	25	NE SW	NA	NA	Nursery	9.5	NA
Total Acres Irrigated								9.5	

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 CLAC 14636						

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 CLAC 14636

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
Grundfos	MS4000	2821139310	Submersible	2 inch	2 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	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	200.3 feet (from permit condition pump test)	0 feet	0.10 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(5.0 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(200.3 \text{ ft lift} + 165.1 \text{ ft pressure head})} = 0.10 \text{ cfs}$$

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

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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	1,750 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
1 inch	1,350	PVC	Buried
2 inch	100 feet	Woven fabric fire hose	Above
2 inch	300 feet	Polyethylene	Above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7 mm	45 psi	15 gpm	1	1	0.033 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
12 inches	(0.76 lph) 0.003346 gpm or 0.3346/ 100 feet	68,000 feet	29,000 feet	97 gpm = 0.22 cfs	none

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)?

YES

If "NO", item 2 and 3 relating to this section may be deleted.

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

YES
NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass - 1	82 gallons	Above
Fiberglass - 2	82 gallons	Above

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.

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

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

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H. Additional notes or comments related to the system:

Well also supplies two houses. Meter records both nursery and domestic use.

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	May 18, 2006		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	October 1, 2010 extended to: October 1, 2021	October 2009	Put water to full use
COMPLETE APPLICATION OF WATER (C)	October 1, 2010 extended to: October 1, 2021	October 2009	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 extension final order(s)?

YES

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

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

b. Were the Progress Reports submitted?

NO, attached to this claim

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**

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

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

March

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

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

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:

March

- 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 1	Master Meter	3953382	working	3,088,335 gallons (December 1, 2020)	April 8, 2007

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?

YES

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?

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?

NO

WELL ID #	DATE ATTACHED TO WELL
NA	

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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):

e) Condition:

The wells shall produce groundwater from no shallower than 60 feet below land surface.

Compliance:

Well 1 (CLAC 14636) was sealed to 20 feet but cased to 60 feet in basalt with water first being recorded at 264 feet. According to the application and map submitted for review, the existence of a well log was noted but the Well Log ID was not listed. During the review of the application, the groundwater section would likely have been aware of the well log, but and did not note any concerns of the well construction. We therefore believe this condition has been met.

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 – CLAC 14636	Well log and driller's notes for CLAC 14636 – Well 1
Extension of Time Progress Reporting Form	Progress Report form for 2020, Application G-16495, Permit G-16057
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 1 (CLAC 14636) conducted April 9, 2007

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 3 4E 25, 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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NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

CLAC

014636

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

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APR 18 1973

STATE ENGINEER
SALEM OREGON

State Well No.

State Permit No.

35/4E-25

ca

(1) OWNER:

Name TIL FORMAN
Address RA 3 BOX 1196 BORING ORE 47009

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒
6" Diam. from 0 ft. to 60 ft. Gage 250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? ☐ Yes ☒ No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

" " " "

" " " "

Ball test 13 gal./min. with 25 ft. drawdown after 2 hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT GROUT
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 12 sacks
Number of sacks of bentonite used in well seal sacks
Brand name of bentonite
Number of pounds of bentonite per 100 gallons
of water lbs./100 gals.
Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County CLACK Driller's well number 5439
NE 1/4 SW 1/4 Section 25 T. 3S R. 4E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 264 ft.
Static level 192 ft. below land surface. Date 4/9/73
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 6

Depth drilled 364 ft. Depth of completed well 364 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	16	
BROWN CLAY AND BOULDERS	16	48	
SOFT GREY BASALT	48	162	
MED. HARD GREY BASALT	162	188	
BROKEN GREY BASALT	188	206	
MED. HARD GREY BASALT	206	258	
RED LAVA	258	264	
SOFT GREY BASALT	264	364	

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Work started APR 4 19 73 Completed APR 10 19 73

Date well drilling machine moved off of well APR 10 19 73

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] Clayton Schmidt Date APR 12 19 73
(Drilling Machine Operator)

Drilling Machine Operator's License No. 5641

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name RJ STRASSER DRILLING CO
(Person, firm or corporation) (Type or print)

Address 2110 SE SUNSET LANE PORTLAND ORE

[Signed] Robert L Strasser
(Water Well Contractor)

Contractor's License No. 10 Date APR 13 19 73

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45856-119



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Extension of Time Progress Reporting Form For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: Jim Randall; Currin Creek Farms

Application G-16495 Permit G-16057

Progress Report Form for 2020

Report Due no later than October 1, 2020
DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

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As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfection of Permit G-16057. FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION BEING DENIED.

DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between November 22, 2016 and October 1, 2020	FINANCIAL INVESTMENT
2017-2019	Additional irrigation system	\$24,658

2. Describe actions taken to comply with terms/conditions of the permit and/or previous extension.
 - a. Read water levels in Well 1 (CLAC 14636) and completed the seven consecutive in 2016
 - b. Installed meter and reported use from Well 1 (CLAC 14636) since 2007

Note: we will not be installing authorized Wells 2 or 3 and have developed this permit to the full extent we wish to use. We will be applying for a claim of beneficial use soon.

3. Total number of acres irrigation to date= 27.8 *9.5 AH*

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, made to date.

Maximum rate used to date = 0.11 cfs (cubic feet per second)



Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.

Signature James D. Randall Date 12-1-2020

Printed Name/Title James D. Randall owner

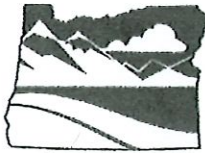
For OWRD use only

Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____

Reviewed by: _____

Date: _____



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PUMP TEST FORM
COVER SHEET

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Owner Information:

OWNER NAME/BUSINESS NAME: <u>Currin Creek Farm</u>	PHONE NO.: <u>503-630-5900</u>	ADDITIONAL CONTACT NO.: <u>503-939-5886</u>
ADDRESS: <u>38499 SE Coupland Rd</u>		
CITY: <u>ESTACADA</u>	STATE: <u>OR</u>	ZIP: <u>97023</u>
E-MAIL: <u>Currin Creek Farms & Reconnect Co.</u>		

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: <u>George Youngberg</u>	QUALIFICATION: (SELECT) <u>DRILLER</u>	LICENSE #: <u>1771</u>
COMPANY: <u>Youngberg Pump & Well Drilling</u>	PHONE NO.: <u>503-209-2341</u>	ADDITIONAL CONTACT NO.: <u>503-630-3970</u>
ADDRESS: <u>36263 SE Kemp Rd</u>		
CITY: <u>ESTACADA</u>	STATE: <u>OR</u>	ZIP: <u>97023</u>
E-MAIL: <u>Youngbergdrill</u>		

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
<u>CLAC014636</u>	<u>L- N/A</u>	<u>Jim Randall</u>	<u>364</u>	<u>TIL FORMER</u>	<u>4/10/73</u>	<u>4/9/07</u>

(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)
<u>3S</u>	<u>4E</u>	<u>25</u>	<u>NE/SW</u>			

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?
<u>G- 164015</u>	<u>G- 16057</u>	<u>T-</u>		☒ Yes ☐ No (Need MWE Form)
<u>G-</u>	<u>G-</u>	<u>T-</u>		☐ Yes ☐ No (Need MWE Form)
<u>G-</u>	<u>G-</u>	<u>T-</u>		☐ Yes ☐ No (Need MWE Form)

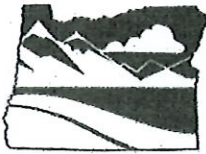
Nearby Wells and Streams: Please check yes or no. Do not leave blank.

☒ **Yes** Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
 Well Logs NOT Found 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)
<u>N/A Domestic</u>	<u>500 FT South</u>	<u>unknown</u>		
<u>N/A Domestic</u>	<u>800 FT West</u>	<u>unknown</u>		
	<u>BOTH OWNERS UNAVAILABLE</u>			

☒ **Yes** 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: 100 FT ft.
 Well elevation is above the surface water body. Approximate elevation difference: Above 7 ft.

☒ **No** Was the test conducted during normal use of the well?
 Please indicate where pumped water was discharged: ON PASTURE LAND
 How far from the pumped well was water discharged? 100 ft.



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PUMP TEST FORM
COVER SHEET

Water-Level Measurement Method: E-TAPE

Length of air line (if used): _____

*Verify here: { Airline: _____ psi _____ feet.
E-Tape: MARKED IN INDEX feet.

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

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: _____

Flowmeter (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Pump Type: Sub.

HP: 5 Pump set at: 357 feet.

Pump idle time: 24 HRS

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 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) TOP OF WELL CASING THEN VENT ACCESS

Time pump turned on: Date 4/9/07 Time 7:00 AM

Time pump turned off: Date 4/9/07 Time 10:00 AM

Total pumping time: FOUR hours 10 minutes.

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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).

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*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=1BdwLynsYAPNSQW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-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

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

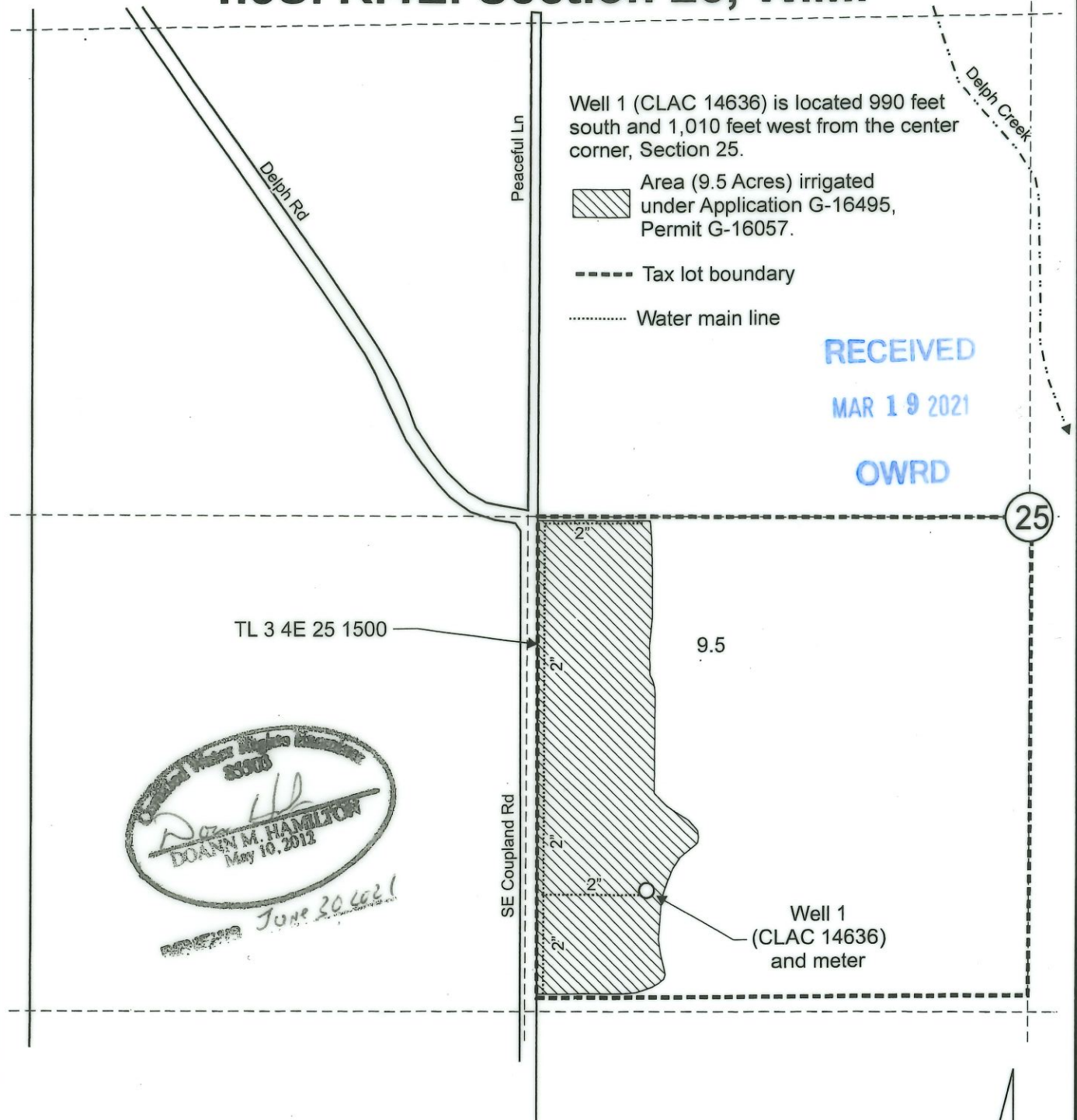
OPERATOR SIGNATURE: George D. Youngberg DATE: 4/9/07

OWNER SIGNATURE: James J. Anderson DATE: 4/9/07

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

OWRD 20200115

T.3S. R.4E. Section 25, W.M.



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-16495, Permit G-16057

Currin Creek Farms c/o Jim Randall
T.3S. R.4E. Section 25, W.M.

Pacific Hydro-Geology Inc.

01/2021