

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-16467</u>	WRD Reviewer <u>Comy M.</u>
Transfer #	
Date Received <u>3/17/2011</u>	
CWRE Name <u>Robert Longy.</u>	

**Priority Date:** 5/25/2005

**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.

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)

**MONEY SLIP**

DATE:	RECEIPT #:
RECEIVED FROM:	APPLICATION: PERMIT TRANSFER
CASH CHECK #	OTHER (IDENTIFY)
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL RECD \$	
1583 TREASURY 4119 MISC CASH ACCT.	
0407 COPIES	\$
OTHER (IDENTIFY)	\$
0243 Instream Lease	0244 Min Water Mgmt Plan
0245 Cont. Water	
1583 TREASURY 4270 WRD OPERATING A CCT.	
MISCELLANEOUS	
0407 COPY & TAPE FEES	4611 \$
0410 RESEARCH FEES	\$
0408 MISC REVENUE (IDENTIFY)	\$
1C162 DEPOSIT LAB (IDENTIFY)	\$
0240 EXTENSION OF TIME	\$
WATER RIGHTS	
0201 SURFACE WATER	EXAM FEE \$ RECORD FEE \$
0203 GROUND WATER	\$ \$
0205 TRANSFER	\$ \$
WELL CONSTRUCTION	
0218 WELL DRILL CONSTRUCTOR	EXAM FEE \$ RECORD FEE \$
LANDOWNER'S PERMIT	0219 \$
OTHER (IDENTIFY)	0220 \$
0200	COBU \$200.00
0487 TREASURY 0487 HYDROLECTRIC	
0223 POWER LICENSE FEE (FWWRD)	LIC NUMBER \$
0224 HYDRO LICENSE FEE (FWWRD)	\$
HYDRO APPLICATION \$	
SPECIAL INSTRUCTIONS:	

RETURN TO APPLICANT – LETTER ATTACHED

**Groundwater File Review:**

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

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

**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.**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see  
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-16467</b>	PERMIT # (IF APPLICABLE) <b>G-16032</b>	PERMIT AMENDMENT # (IF APPLICABLE)
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Steve Williams</b>	PHONE NO. <b>503 936 2277</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>9664 SE Revenue Road</b>			
CITY <b>Boring</b>	STATE <b>OR</b>	ZIP <b>97009</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>Steve Williams</b>	<b>RECEIVED</b>		
ADDRESS <b>9664 SE Revenue Road</b>	<b>MAR 17 2021</b>		
CITY <b>Boring</b>	STATE <b>OR</b>	ZIP <b>97009</b>	<b>OWRD</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

**July 28, 2020**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Steve Williams</b>	<b>July 28, 2020 and October 14, 2020</b>	<b>Landowner and permit holder</b>

**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)):**

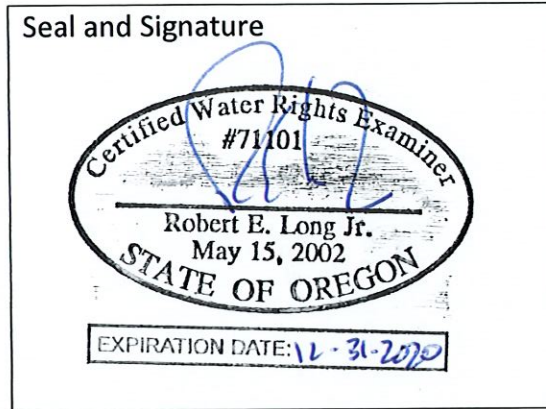
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



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CWRE NAME <b>Robert Long, RG, LHG, CWRE</b>		PHONE NO. <b>503 799 0304</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>1319 SE Martin Luther King Junior Blvd Suite 204</b>				
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97214</b>	CITY <b>Portland</b>	

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
<i>Steve L. Williams</i>	STEVE L. WILLIAMS	OWNER	2/25/21



**SECTION 3  
CLAIM DESCRIPTION**

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**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 #2 (CLAC 62702)	CLAC 62702	68341

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 #2	Deep Troutdale Aquifer POA in Johnson Creek Basin	Un-named tributary of Johnson Creek

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well #2	Nursery Irrigation	Timothy, oats, peas, trees	Year-round	6.62 AF per year (reported 2008)
				Max rate of 0.465 cfs
<b>Total Quantity of Water Used</b>				<b>6.62 AF</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:

Well #2 is located near the southwest corner of Taxlot 0900 along SE Revenue Road. The well pumps into a 4" mainline that runs approx. 40 ft westward towards the taxlot boundary, then runs northward along the boundary approx. 200 ft (Section 1). The mainline then runs northeast through the middle of the property until it crosses over the channel of the un-named intermittent stream after approx. 525 ft (Section 2). The pipeline bends north and runs approx. 270 ft along the eastern side of the stream before bending east and follows the north property boundary to the northeast corner of the lot for approx. 460 ft (Section 3). A short offshoot from Section 3 leads to a discharge into the reservoir on the property (R-14272). Irrigation is conducted section-by-section using movable 3" aluminum lateral lines with sprinkler head connections on them. There are three lateral connection points in Section 1, four in Section 2, and eight in Section 3. Each lateral line can contain up to 10 sprinkler heads, with only 35 or fewer running at any given time. The sprinkler heads used are Rainbird 30-H heads with 11/64<sup>th</sup> inch nozzles with an operating pressure of 50 psi.

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

**5. Variations:**

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

**YES** **NO**

(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit has four points of appropriation attached to it, though only one (Well #2, CLAC 62702) has been developed. This well is capable of putting all water under the permit to beneficial use. The original permit allowed for 13.4 acres of nursery irrigation use. The July 28, 2020 site survey identified approx. 11.3 acres that was under the beneficial use.

**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 #2	0.446 cfs	0.465 cfs	0.390 cfs	Nursery Uses	13.4	11.3

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**SECTION 4**  
**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well #2 (CLAC 62702) is the only existing well on permit G-16032 (see map). There are three other POAs attached to the permit, but none have been developed to any extent.

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**A. Place of Use**

1. Is the right for municipal use?

YES NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1S	4E	Will.	28	NW SW			Nursery	1.8	
1S	4E	Will.	29	NE SE			Nursery	9.5	
<b>Total Acres Irrigated</b>								<b>11.3</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 NO

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

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

There is a 3/4" sounding tube at the top of the well large enough for a water-level tape.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
8 - 10"	500'	500'	8/23/06	-	Steve Williams (Owner)	Ted Pulliam Well Drilling

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

The location of the well in use for irrigation matches the point called "Proposed Irrig Well #2" on the original permit map.

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YES NO

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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 and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkeley	6t30-155	NA	Submersible Turbine	6"	3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin 6" 460-volt	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	50 psi	~300'	0'	0.465

5. Provide pump calculations:

$$\text{Pump Capacity} = (30 \text{ HP} * (6.61 \text{ ft} * \text{cfs}/\text{hp})) / (50 \text{ psi} * (2.54 \text{ ft}/\text{psi}) + 300 \text{ ft}) = 0.525 \text{ cfs}$$

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)
6,847,510	6,848,750	10 minutes	0.276 cfs

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

7. Is the distribution system piped?

YES NO

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



**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	Approx. 1,500 ft	PVC	Buried at 3'

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3"	Variable. Laterals about 200 – 300 ft in length moved section to section. Approx. 1,200 feet max at any given time.	Aluminum	Above ground. Laterals moved section to section and connected to ports installed in the 4" PVC mainline. A total of 15 connection ports are installed but do not operate at the same time.

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
11/64" nozzle (Rainbird 30-H)	50 psi	6.10 gpm	~ 60 heads	~ 35 heads	0.476 cfs (max)

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

**11. Drip Emmitter 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)?

YES NO

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

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

YES NO  
YES NO

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

**3. Bulge in System / Reservoir:**

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Reservoir #1 (permit R-14272)	<3 ft	<1.5 AF

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

YES NO

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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 OWRD distribution system?

YES NO

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

**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 16, 2006		
BEGIN CONSTRUCTION (A)	NA	August 7, 2006	Well #2 (only well) drilling began
COMPLETE CONSTRUCTION (B)	October 1, 2010	August 23, 2006	Well #2 (only well) completed
COMPLETE APPLICATION OF WATER (C)	October 1, 2021 (2017 extension)	July 28, 2020	Site visit by CWRE observed and confirmed that the well pump, mainline, lateral line, and sprinkler infrastructure installed was capable of putting full permitted amount of water to beneficial use.

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



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YES NO

2. Is there an extension final order(s)?

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES NO

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

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3. Initial Water Level Measurements:

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

YES NO

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

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

Before any use

c. Was the measurement submitted to the Department?

YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
8/23/2006	Driller	E-Tape	245.00 ft

4. Annual Static Water Level Measurements:

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

YES NO

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

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required?

YES NO

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

YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/6/2020	Driller	E-tape	250.80
3/20/2019	Driller	E-tape	250.80
3/5/2018	Driller	E-tape	249.70
3/10/2017	Driller	E-tape	248.50
3/11/2016	Driller	E-tape	250.20
3/5/2015	Driller	E-tape	247.80
3/18/2014	Driller	E-tape	245.40
3/13/2013	Driller	E-tape	245.92
3/13/2012	Driller	E-tape	244.50
3/8/2011	Driller	E-tape	244.10
3/2/2010	Driller	E-tape	249.00
3/18/2009	Driller	E-tape	245.75
3/12/2008	Driller	E-tape	244.50
3/15/2007	Driller	E-tape	243.50

**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? **YES** **NO**

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

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

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

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

**Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.**

b. Has a meter been installed? **YES** **NO**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well #2	McCrometer	06-06189-03	Working	6,848,750	8/23/2006

**7. Recording and reporting conditions:**

a. Is the water user required to report the water use to the Department? **YES** **NO**

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

b. Have the reports been submitted? **YES** **NO**

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

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

a. Were there special well construction standards? **YES** **NO**

b. Was submittal of a ground water monitoring plan required? **YES** **NO**

c. Was submittal of a water management and conservation plan required? **YES** **NO**

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** **NO**



WELL ID #	DATE ATTACHED TO WELL
Well #2 (68341)	8/23/2006 (completion)

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YES NO

e. Other conditions?

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

**Well Construction Condition:** The wells shall produce groundwater only from the Deep Troutdale groundwater reservoir between approximately at least 220 feet and about 520 feet below land surface.

-The well was constructed to this standard. CLAC 62702 intercepted three water bearing zones during drilling. The upper two zones (40 – 50 feet and 200 – 210 feet) were closed off with the placement of a cement seal down to 260 feet. Perforations in the casing between 440 – 460 feet draw water from only within the designated Deep Troutdale aquifer zone.

## SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ATTACHMENT 1	Claim of Beneficial Use Map
ATTACHMENT 2	Satellite Imagery Used in Survey
ATTACHMENT 3	Drillers Well Log for CLAC 67202
ATTACHMENT 4	Pump Test from October 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.

In addition to observations made during the CWRE site visit, satellite images were used to conduct a review of construction and land use history. Imagery used in this review included:

1995 NAIP Imagery  
2000 NAIP Imagery  
2005 NAIP Imagery  
2009 NAIP Imagery  
2012 NAIP Imagery  
2014 NAIP Imagery  
2018 OSIP (Oregon Statewide Imagery Program) Imagery

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## 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



**ATTACHMENT 2**



1995 NAIP Imagery



2005 NAIP Imagery



2009 NAIP Imagery



2012 NAIP Imagery



2014 NAIP Imagery



2018 OSIP Imagery

**CwM-H2O**   
Complete Water Management

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

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

1	DATE	AUTH	DRAFT
No.	Date	By	Revisions

Scale ≈ 1" : 450'  
Permit G-16032  
T1S R4E Sec 28/29

**Proj#: 1612001**  
S. Williams CBU  
Steve Williams  
9664 SE Revenue Rd  
Boring, OR, 97009





# CLAC 62702

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

Page 1 of 1

State Well ID L68341  
Start Card # 173971

<p>(1) OWNER: Well No. L68341 Name STEVE WILLIAMS Address 9664 SE REVENUE ROAD City BORING St OR Zip 97009</p> <p>(2) TYPE OF WORK: NEW WELL</p> <p>(3) DRILL METHOD: ROTARY AIR</p> <p>(4) PROPOSED USE: DOMESTIC&amp;IRRIGA</p> <p>(5) BORE HOLE CONSTRUCTION: Special Construction Approval NO _____ Depth of Compl. Well 500 ft Explosives used NO _____ Type _____ Amount _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">HOLE</th> <th colspan="2">SEAL</th> <th colspan="2">Amount</th> </tr> <tr> <th>Diam.</th> <th>From To</th> <th>Material</th> <th>From To</th> <th>Amount</th> <th></th> </tr> </thead> <tbody> <tr> <td>14</td> <td>0 80</td> <td>CEMENT</td> <td>12 80</td> <td>48 SACKS</td> <td></td> </tr> <tr> <td>12</td> <td>80 260</td> <td>CEMENT</td> <td>200 260</td> <td>69 SACKS</td> <td></td> </tr> <tr> <td>10</td> <td>260 500</td> <td>BENTONITE</td> <td>0 12</td> <td>14 SACKS</td> <td></td> </tr> </tbody> </table> <p>Seal placement method C&amp;SET PLUG&amp;PUSH Backfill: from _____ ft to _____ ft Material _____ Gravel: from _____ ft to _____ ft Size _____</p> <p>(6) CASING/LINER:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Diam.</th> <th>From To</th> <th>Gauge</th> <th>Material</th> <th>Connection</th> </tr> </thead> <tbody> <tr> <td>Casing</td> <td>10</td> <td>+2 260</td> <td>.250</td> <td>STEEL</td> <td>WELDED</td> </tr> <tr> <td></td> <td>8</td> <td>+1 500</td> <td>.250</td> <td>STEEL</td> <td>WELDED</td> </tr> <tr> <td>Liner</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Final Location of shoe(s) 10.5" 260'; 8.5" 500'</p> <p>(7) PERFORATIONS/SCREENS: <input checked="" type="checkbox"/> Perf. Method AIR KNIFE <input type="checkbox"/> Screens Type _____ Material _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>Slot Size</th> <th>Number</th> <th>Diam.</th> <th>Tele/pipe Size</th> <th>Casing/liner</th> </tr> </thead> <tbody> <tr> <td>440</td> <td>460</td> <td>1/8X2</td> <td>200</td> <td>_____</td> <td>8</td> <td>CASING</td> </tr> </tbody> </table> <p>(8) WELL TESTS: Minimum testing time is 1 hour Test type AIR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Yield GPM</th> <th>Draw-down</th> <th>Drill stem at</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>_____</td> <td>480</td> <td>1 hr.</td> </tr> </tbody> </table> <p>Temperature of water 50F Depth Artesian Flow Found _____ Was water analysis done? NO By whom _____ Reason for water not suitable for use _____ Depth of strata _____</p>	HOLE		SEAL		Amount		Diam.	From To	Material	From To	Amount		14	0 80	CEMENT	12 80	48 SACKS		12	80 260	CEMENT	200 260	69 SACKS		10	260 500	BENTONITE	0 12	14 SACKS			Diam.	From To	Gauge	Material	Connection	Casing	10	+2 260	.250	STEEL	WELDED		8	+1 500	.250	STEEL	WELDED	Liner	_____	_____	_____	_____	_____	From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner	440	460	1/8X2	200	_____	8	CASING	Yield GPM	Draw-down	Drill stem at	Time	200	_____	480	1 hr.	<p>(9) LOCATION OF WELL by legal description: County CLACK Lat. ° ' " Long. ° ' " Township 1 S Range 4 E WM. Section 29 NE 1/4 SE 1/4 Tax Lot 900 Lot Block Subdivision Street Address of Well (or nearest Address) 9664 SE REVENUE ROAD BORING, OR 97009</p> <p>(10) STATIC WATER LEVEL: 245 ft. below land surface. Date 08/23/06 Artesian pressure _____ lb per square in. Date _____</p> <p>(11) WATER BEARING ZONES: Depth at which water was first found 40</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>Est Flow Rate</th> <th>SWL</th> </tr> </thead> <tbody> <tr> <td>40</td> <td>50</td> <td>10+ GPM</td> <td>18</td> </tr> <tr> <td>200</td> <td>210</td> <td>20+ GPM</td> <td>131</td> </tr> <tr> <td>438</td> <td>495</td> <td>200 GPM</td> <td>245</td> </tr> </tbody> </table> <p>(12) WELL LOG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Material</th> <th colspan="2">Ground elevation</th> <th rowspan="2">SWL</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>TOP SOIL</td> <td>0</td> <td>3</td> <td></td> </tr> <tr> <td>BROWN CLAY</td> <td>3</td> <td>28</td> <td></td> </tr> <tr> <td>LARGE BOULDERS &amp; LIGHTLY CEMENTED GRAVL</td> <td>28</td> <td>70</td> <td>18</td> </tr> <tr> <td>CEMENTED GRAVEL &amp; SAND</td> <td>70</td> <td>120</td> <td></td> </tr> <tr> <td>CEMENTED GRAVEL</td> <td>120</td> <td>260</td> <td>131</td> </tr> <tr> <td>GRAVEL W/SEAMS OF BLUE CLAY</td> <td>260</td> <td>360</td> <td></td> </tr> <tr> <td>SAND &amp; CLAY &amp; GRAVEL</td> <td>360</td> <td>415</td> <td></td> </tr> <tr> <td>FINE SAND</td> <td>415</td> <td>435</td> <td></td> </tr> <tr> <td>LIGHTLY CEMENTED GRAVEL &amp; SAND</td> <td>438</td> <td>480</td> <td>245</td> </tr> <tr> <td>SAND &amp; GRAVEL</td> <td>480</td> <td>495</td> <td>245</td> </tr> <tr> <td>BLUE BROWN CLAY</td> <td>495</td> <td>500</td> <td></td> </tr> </tbody> </table> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">MAR 17 2021</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">OWRD</p> <p>Date started 08/07/06 Completed 08/23/06</p> <p>(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief. Signed _____ WWC Number _____ Date _____</p> <p>(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Signed <i>Steve Williams</i> WWC Number 616 Date 08/28/06</p>	From	To	Est Flow Rate	SWL	40	50	10+ GPM	18	200	210	20+ GPM	131	438	495	200 GPM	245	Material	Ground elevation		SWL	From	To	TOP SOIL	0	3		BROWN CLAY	3	28		LARGE BOULDERS & LIGHTLY CEMENTED GRAVL	28	70	18	CEMENTED GRAVEL & SAND	70	120		CEMENTED GRAVEL	120	260	131	GRAVEL W/SEAMS OF BLUE CLAY	260	360		SAND & CLAY & GRAVEL	360	415		FINE SAND	415	435		LIGHTLY CEMENTED GRAVEL & SAND	438	480	245	SAND & GRAVEL	480	495	245	BLUE BROWN CLAY	495	500	
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