

# Checklist for Claims of Beneficial Use Received at CSG Counter

Application # <u>G-15815</u>	WRD Reviewer <u>Coy M.</u>
Transfer #	
Date Received <u>3/31/2021</u>	
CWRE Name <u>Deann Hamilton</u>	

**Priority Date:** 8/9/2002

**Fees Required:**

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

YES  NO A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

**Map Review:**

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

**MONEY SLIP**

DATE: _____		RECEIPT #: _____	
RECEIVED FROM: _____		APPLICATION PERMIT / TRANSFER: _____	
CASH	CHECK # _____	OTHER (IDENTIFY) _____	TOTAL RECD \$ _____
<b>0043 TREASURY 4170 MISC CASH ACCT.</b>			
0407	COPES _____		\$ _____
	OTHER (IDENTIFY) _____		\$ _____
0243 Instream Lease _____ 0244 Multi-User Right Perm. _____ 0245 Cons. Water _____			
<b>0043 TREASURY 4270 WRD OPERATING ACCT.</b>			
MISCELLANEOUS			
0407	COPY & TAPE FEES		\$ _____
0410	RESEARCH FEES	<u>4611</u>	\$ _____
0408	MISC REVENUE (IDENTIFY)		\$ _____
TC142	DEPOSIT LAB (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 \$ _____
0200	LANDOWNER'S PERMIT		0220 \$ _____
	OTHER (IDENTIFY) <u>COBU</u>		\$ <u>2000.00</u>
<b>0047 TREASURY 0447 HYDROELECTRIC</b>			
		LIC NUMBER	\$ _____
0223	POWER LICENSE FEE (FYVWRD)		\$ _____
0231	HYDRO LICENSE FEE (FYVWRD)		\$ _____
	HYDRO APPLICATION		\$ _____
SPECIAL INSTRUCTIONS:			

**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)

RETURN TO APPLICANT – LETTER ATTACHED

**Groundwater File Review:**

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

REC. 4/25/18

\*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)

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 # <b>G-15815</b>	PERMIT # (IF APPLICABLE) <b>G-15807</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>George and Zina Reutov</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>7750 S. Marks Rd.</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</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>George and Zina Reutov</b>			
ADDRESS <b>7750 S. Marks Rd.</b>			
CITY <b>Canby</b>	STATE <b>OR</b>	ZIP <b>97013</b>	

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

**4. Date of Site Inspection:**

<b>March 30, 2018 – needed meter – filed for extension</b>
<b>September 6, 2018 – meter installed but not used</b>
<b>July 23, 2020</b>

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
George Reutov	September 6, 2018	Owner and operator
Zina Reutov	July 23, 2020	Owner and 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		
ADDRESS		
CITY	STATE	ZIP

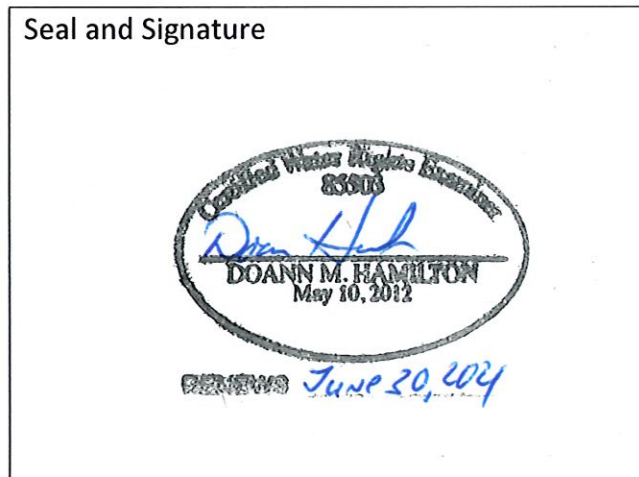
Add additional tables for owners of record as needed

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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.

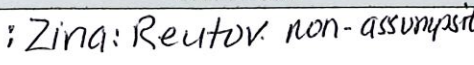



CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5013</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

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
	Zina Reutor		3-11-2021
	George Reutor		3-11-2021

**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 2	CLAC 62924	L-59232

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	Gribble Creek Basin	Molalla 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 2	Irrigation	Berries	May 1 through September 30	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 (CLAC 62924) using a 3 Hp pump to convey water through a 2-inch buried PVC line which supplies the house. From a valve off the house, the 2 inch PVC continues west toward the field where the meter is attached and portable laterals can be attached are used to supply a hard hose traveler to irrigate the place of use. The area irrigates berries and grass for hay as needed during the hotter days of the year.

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. Part of the place of use in this Permit G-15807, is also irrigated under Certificate 31827 modified by Transfer T-10194, creating a remaining right Certificate 83170 and a confirming right. Attached is an affidavit for the partial diminution of this water right in the overlapping areas making this water right supplemental.
2. The location of Well 2 (CLAC 62924) is more correctly placed at: 1,310 feet south and 1,320 feet west from the NE corner, Section 20.
3. The place of use was revised to include reference to the DLC and or Government Lot and show the place of use based on field verification:

**Original authorized place of use:**

4S	1E	WM	20	NW NE	12.0
4S	1E	WM	20	SW NE	11.0
4S	1E	WM	20	NW SE	<u>2.0</u>
<b>Total:</b>					<b>25.0</b>

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**Revised place of use:**

						IR	IS (IR Cert 83170)	IS (IR T-10194)
4S	1E	WM	20	NW NE	DLC 39	9.6	3.4	
4S	1E	WM	20	SW NE	DLC 39	0.0	9.51	0.49
4S	1E	WM	20	NW SE	DLC 39	<u>0.0</u>	<u>0.0</u>	<u>0.60</u>
<b>Total:</b>						<b>9.6</b>	<b>12.91</b>	<b>1.09</b>

**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
<b>Well 2</b>	<b>0.312 cfs</b>	<b>0.11 cfs</b>	<b>Not measured</b>	<b>Irrigation</b>	<b>25.0</b>	<b>23.6</b>

**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 2

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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
4S	1E	WM	20	NW NE	NA	39	Irrigation	9.6	3.4
4S	1E	WM	20	SW NE	NA	39	Irrigation	0.0	10.0
4S	1E	WM	20	NW SE	NA	39	Irrigation	0.0	0.60
<b>Total Acres Irrigated</b>								<b>9.6</b>	<b>14.0</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:

½ inch plug on southwest side of the sanitary seal.

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 62924						

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 62924

**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.

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YES

1. Is a pump used?

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

2. Pump Information:

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MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	Submersible	2 inch	2 inch

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	3 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)
3 Hp	30 psi	110 feet (from well log)	0 feet	0.11 cfs

5. Provide pump calculations:

$$Q \text{ Pump} = \frac{(3 \text{ Hp}) (7.04 \text{ ft}^4/\text{sec HP})}{(110 \text{ ft lift} + 76.2 \text{ ft pressure head})} = 0.11 \text{ cfs}$$

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	300 feet	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	500 feet	Rubber lined fire hose	Above
4 inch	1,000 feet	Rubber lined fire hose	Above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
3/8 inch	60 psi	35.7 gpm	1	1	0.08 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)?

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

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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	119 gallons	Above ground

**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

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.

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**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	December 16, 2004		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	NA	NA	NA
COMPLETE APPLICATION OF WATER (C)	October 1, 2009 extended to: October 1, 2023	July 2020	All the permit conditions were met and water was put to full use.

\* 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? NO

*If "NO", item 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?

March

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:**

a. Was the water user required to submit annual static water level measurements? **YES: Initial + 7**

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

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

MAR 31 2021

March

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

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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? **YES**

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

d. Has the pump test been approved by the Department? **YES**

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 2	EKM Metering	00000501	Working	51,220.9 cubic feet (July 23, 2020)	March 2018

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? **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** **RECEIVED**
- b. Was submittal of a ground water monitoring plan required? **NO** **MAR 31 2021**
- 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** **OWRD**

WELL ID #	DATE ATTACHED TO WELL
L-59232	June 2006

e. Other conditions? **NO**

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

None

**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 62924	Well log and driller's notes for CLAC 62924 – Well 2
BLM Cadastral Map	BLM Cadastral Map T.4S. R.1E. showing DLC and Government Lot locations
Affidavit for the Partial Diminution of a water right permit	Affidavit to diminish part of Permit G-15807

**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 4 1E 20, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained online 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.)

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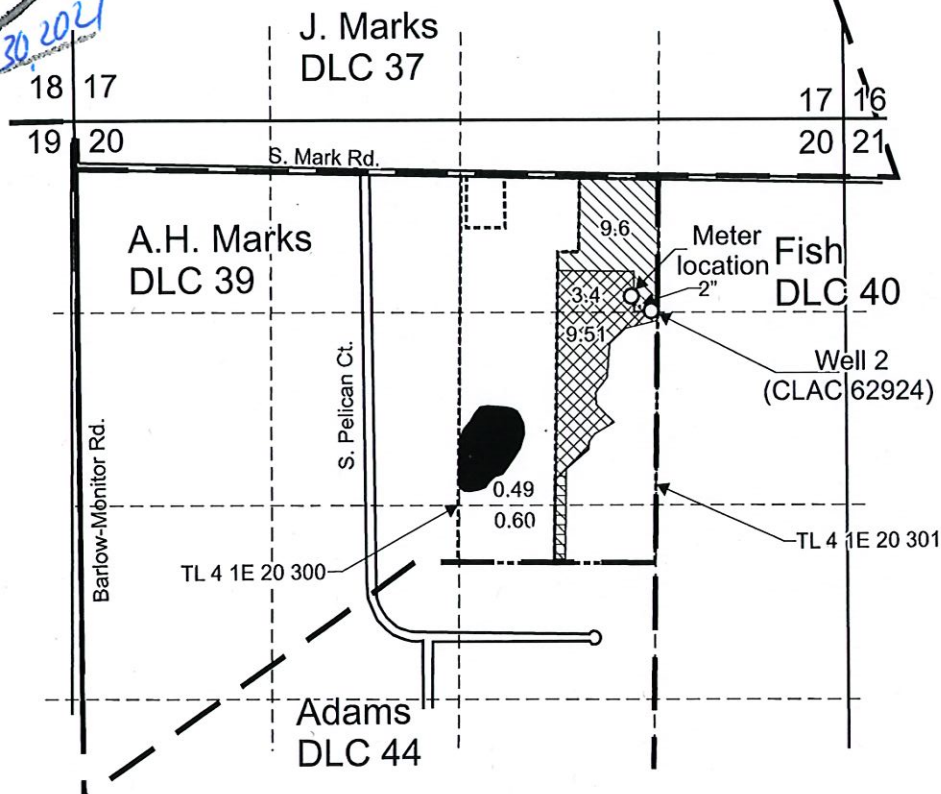
- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government 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

# T.4S. R.1E. Section 20, W.M.




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Well 2 (CLAC 62924) is located 1,310 feet south and 1,320 feet west from the NE corner, Section 20.

-  Area (9.6 Acres) primarily irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, not affected by this diminishment.
-  Area (12.91 Acres) supplementally irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, affected by this diminishment, primary irrigated under Certificate 83170.
-  Area (1.09 Acres) supplementally irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, affected by this diminishment, primary irrigated under T-10194.

----- Tax Lot boundary

— . — Donation Land Claim boundary

..... Water main line

Scale: 1" = 1,320'



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.

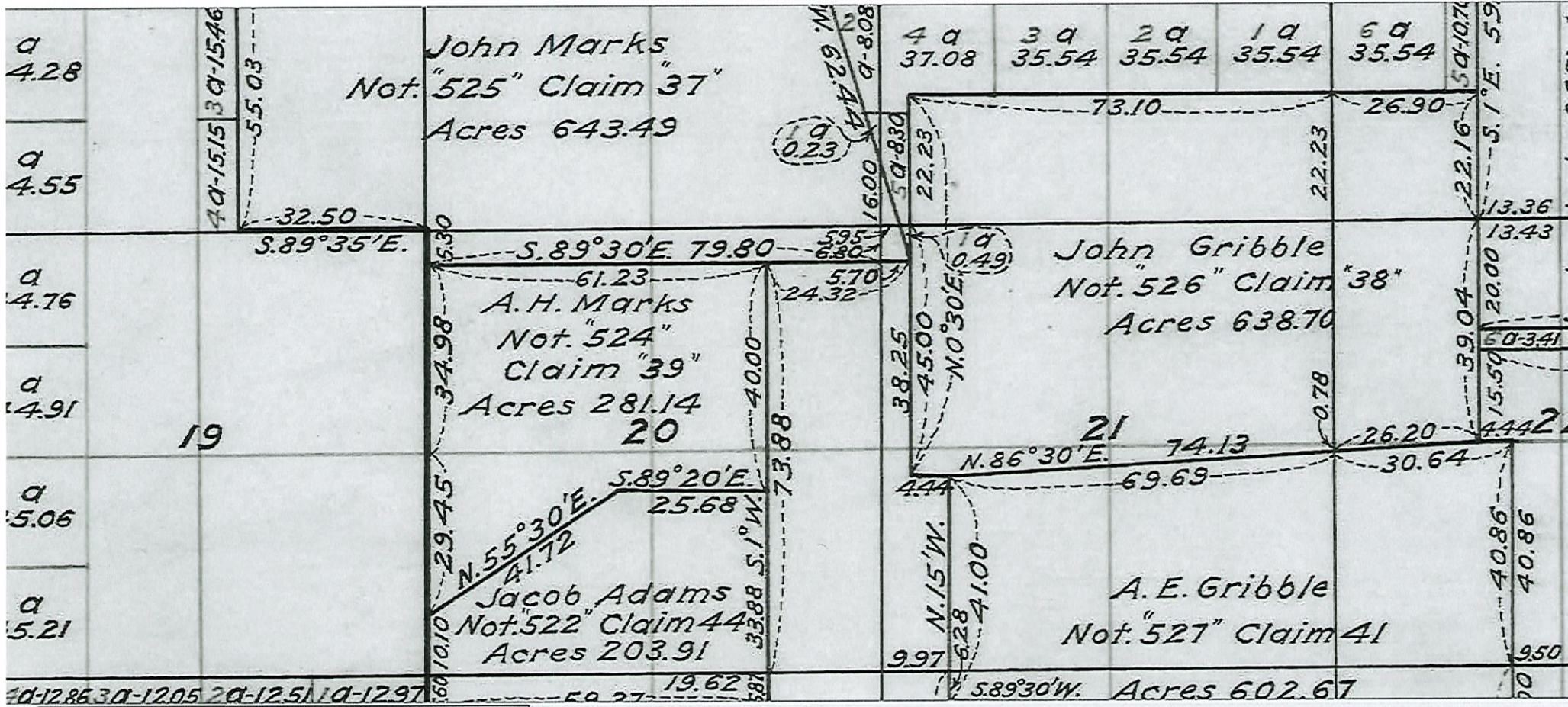


Claim of Beneficial Use and Diminishment Map  
Application G-15815, Permit G-15807

George and Zina Reutov  
T.4S. R.1E. Sec. 20, W.M.

Pacific Hydro-Geology Inc.

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STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WELL I.D. # L 59232 MAR 31 2021  
START CARD # 184652

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

(1) LAND OWNER Well Number 39  
Name George Reutov  
Address 9323 Mt Angel - Garvais Rd  
City Garvais State OR Zip 97026

(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 110 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	30	7/8 Bent	0	30	14 Sacks

How was seal placed: Method  A  B  C  D  E

Other Poured + Probed  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Threaded		
	6	41	80	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	72	110	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 80 Ft

(7) PERFORATIONS/SCREENS  
 Perforations Method 9 1/2" Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
82	110	5x6	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
60+		110	1 hr

Temperature of water 53 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use? Yes Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Clatsop  
Tax Lot 301 Lot \_\_\_\_\_  
Township 45 N or S Range 1 E E or W WM  
Section 20 NW 1/4 NE 1/4  
Lat \_\_\_\_\_ " or 45.2123 (degrees or decimal)  
Long \_\_\_\_\_ " or 122.7073 (degrees or decimal)

Street Address of Well (or nearest address)  
7750 Sth Hawk Rd

(10) STATIC WATER LEVEL  
42 ft. below land surface. Date 06/07/2006  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
18ft	21	15	10
86	108	60+	42

(12) WELL LOG Ground Elevation 167

Material	From	To	SWL
Top Soil	0	2	
Dark Brown Sticky Clay	2	8	
lt. Brown Clay	8	14	
Black Sandy Clay	14	21	10
Blue Clay + sand/gravel	21	34	
Blue Clay	34	41	
Compacted Black S+G	41	52	
Sticky Brown Clay	52	86	
Brown Sandstone + Clay	86	108	42
Brown Clay	108	110	

Date Started 06/06/2006 Completed 06/07/2006

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

WWC Number \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

(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 561 Date 06/07/2006

Signed Dallas L. Davis

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MAR 31 2021

OWRD

AFFIDAVIT FOR THE PARTIAL DIMINUTION OF A WATER RIGHT PERMIT

State of Oregon )
County of Clackmas ) ss

I/We (or authorized agent), George and Zina Reutov, residing at 7750 S. Marks Rd. Canby, OR 97013, being first duly sworn depose and say:

1. I/We are the legal owner(s) of the property described as tax lot number 301, within the NWNE 1/4 SWNE and NWSE 1/4, Section 20, Township 4S N/S, Range 1E E/W, of the Willamette Meridian, in Clackamas County, Oregon, as shown on the attached map and described in the attached deed and legal description and made part of this affidavit;

2. A portion of water right permit number G-15807 issued to George and Zina Reutov, with a date of priority of August 9, 2002 for use of 0.312 CFS / AF of water from Well 2 in Gribble Creek Basin (sources) for the purpose of Irrigation (uses) is appurtenant to my/our property;

3 The appurtenant water right is/is not located within the boundaries of an irrigation, drainage, water improvement, or water control district, or federal reclamation project (if the right is located within a district or reclamation project, name it here: NA);

4. If the water right is issued in the name of an irrigation district, then the affiant must have the concurrence of the district to the diminishment of the portion of the water right. (Signature of district manager on the line below documents concurrence of the district.)

Signature of District Manager NA Printed Name NA Date

5. I/We have obtained a Better (e.g., better, more economical) source of water for the primary irrigation of the portion of this water right shown on the attached map and described as follows: The right to the use of 0.175 CFS / AF from Well 2 for the irrigation of 14.0 acres located:

Table with 4 columns: Quarter, Quarter, Acres, Acres. Rows: NW 1/4 NE 1/4 3.4 Acres, SW 1/4 NE 1/4 10.0 Acres, NW 1/4 SE 1/4 0.6 Acres, 1/4 1/4 Acres, 1/4 1/4 Acres

Section 20 Township 4S N/S, Range 1E E/W, WM;



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**AFFIDAVIT FOR THE PARTIAL DIMINUTION OF A  
WATER RIGHT PERMIT  
(CONTINUED)**

6. I/we request the water right be diminished from a right for supplemental irrigation of the lands described above in item #5;

7. I/We agree that if this change is approved, it is permanent and the right to the use of water from Well 2 in Gribble Creek Basin (source) cannot be changed back to the primary source unless otherwise provided by law. I/We also agree that so long as there is sufficient water available from the new primary source, I am/we are not entitled to use any water from Well 2 in Gribble Creek Basin (source) for primary irrigation of these lands.

*[Handwritten Signature]*

Signature of legal owner as listed on deed, or authorized agent

12-15-2020  
Date

: Zinavida Reutov: non assumpt

Signature of legal co-owner as listed on deed  
(if applicable)

12-15-2020  
Date

Subscribed and Sworn to Before Me this 15 day of December, 2020



*[Handwritten Signature]*  
Notary Public for Oregon

My Commission Expires 11/01/2021

**PLEASE ATTACH A LEGIBLE COPY OF : 1) A DEED WHICH LISTS LAND OWNERS AND INCLUDES A LEGAL DESCRIPTION OF AFFECTED LANDS, AND 2) AN ADJUDICATION MAP, WATER RIGHT FINAL PROOF MAP, OR A TAX LOT MAP WITH THE PORTION OF THE WATER RIGHT AND/OR LANDS TO BE DIMINISHED CLEARLY DRAWN AND IDENTIFIED. IF ACTING AS AN AUTHORIZED AGENT, INCLUDE COPY OF POWER OF ATTORNEY OR OTHER DOCUMENTS GRANTING AUTHORITY TO ACT ON BEHALF OF LEGAL OWNER(S) AS LISTED ON THE DEED.**

# T.4S. R.1E. Section 20, W.M.

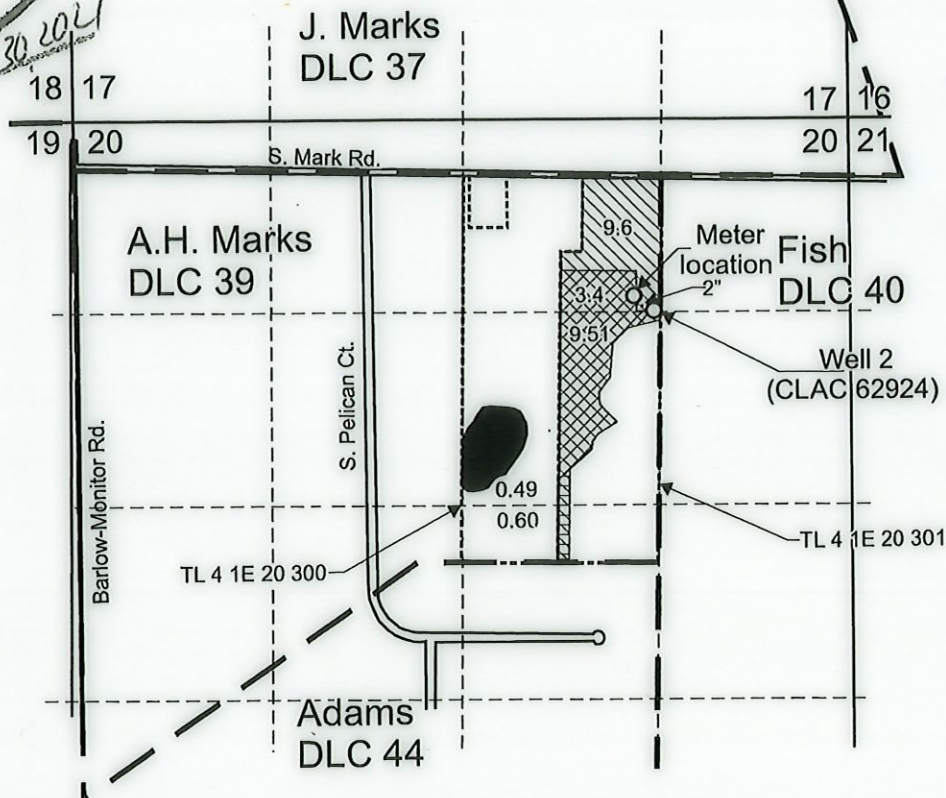
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MAR 31 2021

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June 30 2021



Well 2 (CLAC 62924) is located 1,310 feet south and 1,320 feet west from the NE corner, Section 20.

- Area (9.6 Acres) primarily irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, not affected by this diminishment.
- Area (12.91 Acres) supplementally irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, affected by this diminishment, primary irrigated under Certificate 83170.
- Area (1.09 Acres) supplementally irrigated under Application G-15815, Permit G-15807, priority date August 9, 2002, affected by this diminishment, primary irrigated under T-10194.

- Tax Lot boundary
- Donation Land Claim boundary
- Water main line

Scale: 1" = 1,320'



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 and Diminishment Map Application G-15815, Permit G-15807

Pacific Hydro-Geology Inc.

George and Zina Reutov  
T.4S. R.1E. Sec. 20, W.M.

12/2020