



**Oregon**  
Kate Brown, Governor

**Water Resources Department**

725 Summer St NE, Suite A

Salem, OR 97301

(503) 986-0900

Fax (503) 986-0904

July 1, 2021

Eagle Fern Camp  
37706 SE Camp Rd  
Estacada OR 97023

On June 21, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following file(s):

Application G-17141 Permit G-16588

The COBU included a report and map. In the future the Department will review your submittal. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

**Please be aware that the Department has not received a Pump Test as required by the permit. Until such time that a Pump Test is submitted and approved, the Department is unable to review your Claim.**

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:  
[http://www.wrd.state.or.us/OWRD/mgmt\\_reimbursement\\_authority.shtml](http://www.wrd.state.or.us/OWRD/mgmt_reimbursement_authority.shtml)

Customer Service phone: (503) 986-0900

Enclosed you will find a Receipt for \$200.00

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-17141  
Will McGill, CWRE

# Checklist for Claims of Beneficial Use Received at CSG Counter

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

## Fees Required:

- YES  NO  A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES  NO  A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.  
 Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App or Transfer Number

## Map Review:

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

## Report Review:

- On form provided by the Department (OAR 690-014-0100(1))
- Application & permit #; or transfer # (OAR 690-014)
- Ownership information (OAR 690-014)
- Date of survey (OAR 690-014)
- Person interviewed (OAR 690-014)
- County (OAR 690-014)
- CWRE stamp and signature (OAR 690-014-0100)
- Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

**MONEY SLIP**

DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_ APPLICATION PERMIT TRANSFER

CASH  CHECK # \_\_\_\_\_ OTHER (IDENTIFY) \_\_\_\_\_ TOTAL RECD \$ \_\_\_\_\_

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

0407 COPY & TAPE FEES 4611 \$ \_\_\_\_\_

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) COBU \$ 200.00

0607 TREASURY 0487 HYDROELECTRIC

0233 POWER LICENSE FEE (FWWRD) LIC NUMBER \_\_\_\_\_ \$ \_\_\_\_\_

0231 HYDRO LICENSE FEE (FWWRD) \_\_\_\_\_ \$ \_\_\_\_\_

HYDRO APPLICATION \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

## 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

**CLAIM OF  
BENEFICIAL USE  
for Ground Water Permits  
claiming 0.1 cfs or less**



**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.

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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17141	G-16588	



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

APPLICANT/BUSINESS NAME <b>Eagle Fern Camp</b>		PHONE NO. <b>(503) 630-4978</b>	ADDITIONAL CONTACT No.
ADDRESS <b>37700 SE Camp Rd.</b>			
CITY <b>Estacada</b>	STATE <b>OR</b>	ZIP <b>97023</b>	E-MAIL <b>jimb@eagleferncamp.com</b>

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>Eagle Fern Camp</b>			
ADDRESS <b>37700 SE Camp Rd.</b>			
CITY <b>Estacada</b>	STATE <b>OR</b>	ZIP <b>97023</b>	

ADDITIONAL PERMIT HOLDER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

**4. Date of Site Inspection:**

<b>5/11/2021</b>
------------------

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Jim Bjornstad</b>	<b>5/11/2021</b>	<b>Facilities Manager</b>

**6. County:**

<b>Clackamas</b>
------------------

**7. If any property described in the place of use of the permit final order 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.

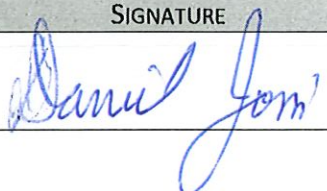


CWRE NAME William E. McGill		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com

Permit Holder's 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
	Daniel Jossi	President	6/11/21

**SECTION 3**

**CLAIM DESCRIPTION**

**1. Point(s) of Appropriation (POA):**

POA NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
<b>Well 1</b>	<b>CLAC 66593</b>	<b>L-102257</b>

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. 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)
<b>Well 1</b>	<b>Irrigation</b>	<b>Sports Field</b>	<b>Mar. 1 – Oct. 31</b>	<b>0.02 cfs</b>
<b>Well 1</b>	<b>Commercial</b>		<b>Year Round</b>	<b>0.07 cfs</b>
<b>Total Quantity of Water Used</b>				<b>0.07 cfs</b>

**3. 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:**

**A 5 HP submersible pump appropriates water from Well 1 and conveys it to a 15,000-gallon storage tank via 2" buried PVC pipe. Water gravity flows from storage tank to places of use via 2" buried galvanized pipe. Water is used for commercial throughout the camp. There are 54 Rainbird 5000 pop-up sprinklers at the sports field connected by 3/4" buried PVC pipe that achieve the irrigation of 1.5 acres. Sprinklers are run 6 at a time.**

**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).**

**4. 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 diversion. 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.")

**5. Claim Summary:**

POD / 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 1</b>	<b>0.07 cfs</b>	<b>0.16 cfs</b>	<b>Not running</b>	<b>IR/CM</b>	<b>1.5</b>	<b>1.5</b>

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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 1

A. Place of Use

Attach Claim of Beneficial Use map.

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (Gov Lot), Quarter-Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, Gov Lot, 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:

1 1/2" access port in top of well 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
6"	422'	503'	1/4/2010	N/A	Eagle Fern Camp	Youngberg Pump & 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.

CLAC 66593, L-102257

C. Groundwater Source Information (Sump)

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

YES  NO

D. Appropriation and Delivery System Information

Provide the following information concerning the appropriation 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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1. Is a pump used?

**YES** NO

If "NO" items 2 through item 5 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)
			<b>Submersible</b>

**3. 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)
<b>5</b>	<b>40</b>	<b>121'</b>	<b>4'</b>	<b>0.16</b>

**4. Provide pump calculations:**

$$Q = 5(7.04) / (101.6+121+4) = 0.16 \text{ cfs}$$

**5. 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)
<b>Not operating at time of inspection.</b>			

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

**6. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
<b>4" pop-up</b>	<b>25-65</b>	<b>2-3 gpm</b>	<b>54</b>	<b>6</b>	<b>0.02-0.04</b>

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

**7. Drip Emitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)

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**8. 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

**E. Storage**

1. Does the distribution system include in-system storage (i.e. 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.

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Metal	15,000	Above Ground

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

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

**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

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

**2. Complete the table:**

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
2"	Galvanized	120	130'	400'	0.325	0.27

**3. Provide calculations:**

$A = \pi(0.083)^2 = 0.022$   
 $P = \pi(0.17) = 0.52$   
 $r = 0.022/0.52 = 0.042$   
 $v = 1.31(120)(0.042^{0.63})(0.325^{0.54}) = 1.31(120)(0.14)(0.55) = 12.1 \text{ fps}$   
 $v(A) = F = 12.1(0.022) = 0.27 \text{ cfs}$

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**4. If an actual measurement was taken, provide the following:**

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)

Attach measurement notes.

**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?**

YES  NO

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

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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 any 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 extension final order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	9/30/2009		
BEGIN CONSTRUCTION (A)	9/30/2014	12/14/2009	Well drilling started
COMPLETE CONSTRUCTION (B)	9/30/2014	1/4/2010	Well drilling completed
COMPLETE APPLICATION OF WATER (C)	9/30/2014	7/1/2010	Irrigation of field completed

\* 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  NO

**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?

March 2010

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

**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, in which 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

**\*Measurements were submitted from 2010-2012. Annual March SWL measurements will continue now.**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

**5. Pump Test:**

a. Is a pump test required?  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

**\*\*The Claim 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

**7. Recording and reporting conditions:**

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

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

WELL ID #	DATE ATTACHED TO WELL
L-102257	1/20/2010

d. Other conditions? YES  NO

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

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The well was continuously cased from +2.5' – 422' and continuously sealed from 0' – 422' satisfying the special construction conditions outlined in the permit.

**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well Log	CLAC 66593
Business Registry	Authorization to sign document
Photos	Photos of system from onsite inspection

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## 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 basis of the survey is aerial photo.**

**Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community.**

**Source Date: 9/20/2020**

### 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 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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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

01-20-2010

WELL LABEL # L 102257

START CARD # 1009041

(1) LAND OWNER Owner Well I.D.

First Name Last Name
Company EAGLE FERN CAMP
Address 37700 SE CAMP RD
City ESTACADA State OR Zip 97023

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

(3) DRILL METHOD
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE
Domestic Irrigation Community
Industrial/ Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Includes rows for Bentonite Chips and Cement.

How was seal placed: Method A B C D E

Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes diagrams of casing and liner profiles.

Shoe Inside Outside Other Location of shoe(s) 422

Temp casing Yes Dia 8 From 1 To 60

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type CERTALOK Material PVC

Table with columns: Perf/S, Casing/Liner, Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes test results: 75, 500, 2.

Temperature 56 F Lab analysis Yes By

Water quality concerns? Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Clackamas Twp 3.00 S N/S Range 4.00 E E/W WM
Sec 14 SE 1/4 of the SE 1/4 Tax Lot 2501

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

Street address of well Nearest address

37700 SE CAMP RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Predeepening and Completed Well.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 435

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes layers like TOP SOIL, BROWN CLAY W/ COBBLES, FRACTURED ROCK W/ BRWN CLAY LAYERS, etc.

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Date Started 12-14-2009 Completed 01-04-2010

(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.

License Number 1512 Date 01-20-2010

Electronically Filed

Signed THOMAS YOUNGBERG (E-filed)

(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.

License Number 1771 Date 01-20-2010

Electronically Filed

Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional) YOUNGBERG PUMP & DRILLING PH. 503-630-3970



## Business Registry Business Name Search

[New Search](#)

## Business Entity Data

06-07-2021  
08:04

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
089265-11	DNP	ACT	OREGON	04-06-1970	04-06-2022	
<b>Entity Name</b>	EAGLE FERN CAMP					
<b>Foreign Name</b>						
<b>Non Profit Type</b>	RELIGIOUS					

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## Associated Names

OWRD

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
<b>Addr 1</b>	37700 SE CAMP ROAD					
<b>Addr 2</b>						
<b>CSZ</b>	ESTACADA	OR	97023		<b>Country</b>	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT	Start Date	03-05-2019	Resign Date	
<b>Name</b>	SANDRA		STONE			
<b>Addr 1</b>	150 SE 80TH AVE					
<b>Addr 2</b>						
<b>CSZ</b>	PORTLAND	OR	97215		<b>Country</b>	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS				
<b>Addr 1</b>	37700 SE CAMP RD					
<b>Addr 2</b>						
<b>CSZ</b>	ESTACADA	OR	97023		<b>Country</b>	UNITED STATES OF AMERICA

Type	PRE	PRESIDENT			Resign Date	
<b>Name</b>	DAN		JOSSI			
<b>Addr 1</b>	23830 SE EAGLE CREEK RD					
<b>Addr 2</b>						
<b>CSZ</b>	EAGLE CREEK	OR	97022		<b>Country</b>	UNITED STATES OF AMERICA

Type	SEC	SECRETARY			Resign Date	
<b>Name</b>	AMBER		SMART			
<b>Addr 1</b>	911 SW 8TH ST					
<b>Addr 2</b>						
<b>CSZ</b>	GRESHAM	OR	97080		<b>Country</b>	UNITED STATES OF AMERICA

[New Search](#)

## Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
EAGLE FERN CAMP	EN	CUR	04-09-1992	
EAGLE FERN YOUTH CAMP	EN	PRE	04-06-1970	04-09-1992





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5/11/2021 - Eagle Fern Camp

COBU

Well Tag

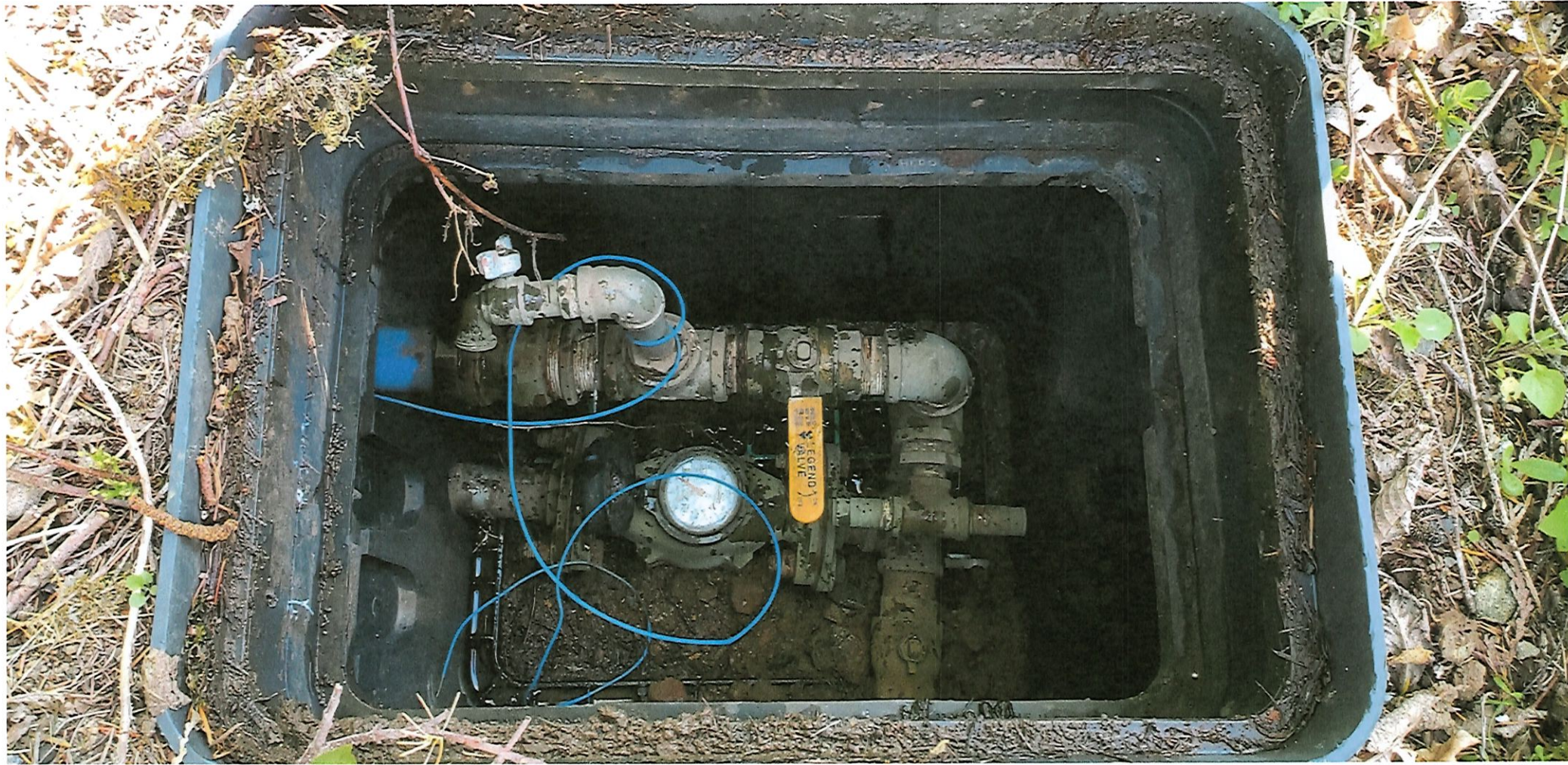




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5/11/2021 Cobu  
Eagle Fern Camp  
Well head





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OWRD

5/11/2021 COBU

Eagle Fern Camp

Flow meter / well discharge 2" O.D. galvanized pipe  
(Hersey)





T-12

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5/11/2021 COBU  
Eagle fern Camp

↳ intake from well to tank  
3.5" O.D.

⑥





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5/11/2021 COBU  
Eagle fern Camp

outlet from tank to IR/CM system,  
gravity flow 2" galvanized pipe

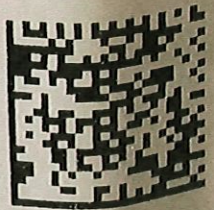




**Franklin Electric**  
Bluffton, Indiana 46714

# 5870206300 SubDrive 300 N4

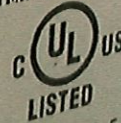
USE WITH	PERFORMANCE
PUMP: 3HP OR 5HP	5HP PUMP CURVE
MOTOR: 5HP	
230V 3 PHASE	RENDEMENT
UTILISER AVEC	COURBE DE RENDEMENT DE POMPE DE 5HP
POMPE: 3HP OR 5HP	
MOTEUR: 5HP	DESEMPEÑO
230V TRIPHASÉ	CURVA DE BOMBA DE 5HP
USAR CON	
BOMBA: 3HP OR 5HP	
MOTOR: 5HP	
TRIFÁSICO DE 230V	



5870206300

SN 13G45-10-00005H

13G45



225135201 REV. 5

225100101 REV. 2

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*5/11/2021 COBU  
Eagle Fern Camp*

*Pump info on  
electrical panel  
5 HP motor*

*(8)*





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OWRD

5/11/2021 COBU

Eagle Fern Camp

Rain bird 5000 sprinkler head @ soccer field.

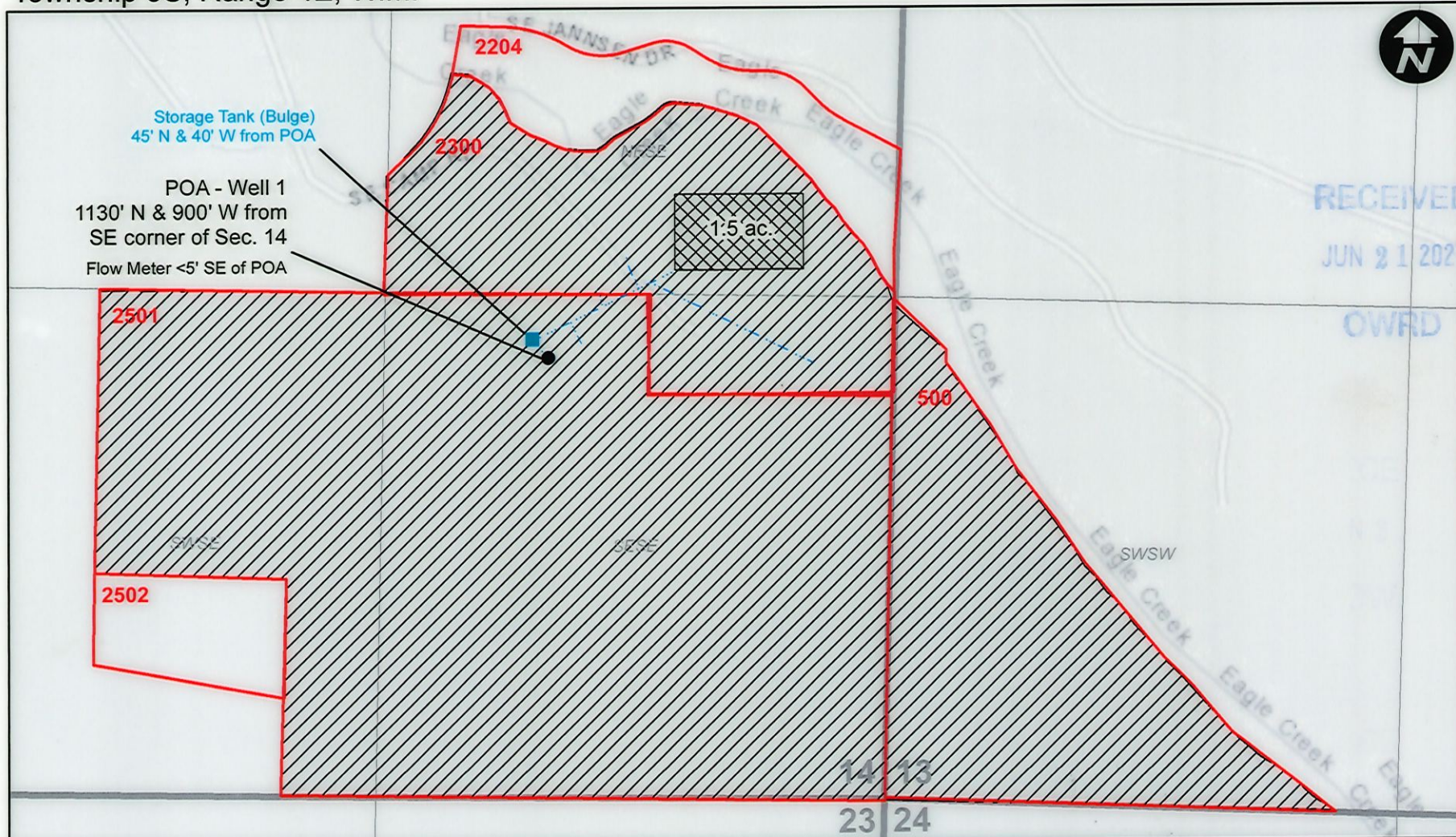
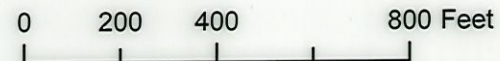
9



# Claim of Beneficial Use




Application G-17141, Permit G-16588

Township 3S, Range 4E, W.M.



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

## Legend

 IR POU  CM POU  2" Pipeline  Tax Lots



EXPIRES: 12-31-2022