

# 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 \$230 must accompany this form for permits with priority dates of July 9, 1987, or later.
- YES  NO  A fee of \$230 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**

0201 SURFACE WATER EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_

0203 GROUND WATER \$ \_\_\_\_\_ 0204 \$ \_\_\_\_\_

0205 TRANSFER \$ \_\_\_\_\_

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR EXAM FEE \$ \_\_\_\_\_ RECORD FEE \$ \_\_\_\_\_

LANDOWNER'S PERMIT \$ \_\_\_\_\_ 0219 \$ \_\_\_\_\_

OTHER (IDENTIFY) COBU \$ 230.00 0220 \$ \_\_\_\_\_

**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

# MONEY SLIP

DATE: 11-1-2021

RECEIPT #: 136744

G-1752

RECEIVED FROM: Dickman Farms, Inc.

APPLICATION	
PERMIT	
TRANSFER	

CASH  CHECK #  25636 OTHER (IDENTIFY)

TOTAL REC'D \$230.00

1083 TREASURY 4170 MISC CASH ACCT.

0407 COPIES \$  
OTHER: (IDENTIFY) \$

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

1083 TREASURY 4270 WRD OPERATING ACCT.

MISCELLANEOUS

46111

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

WATER RIGHTS

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

WELL CONSTRUCTION

	EXAM FEE		RECORD FEE
0218 WELL DRILL CONSTRUCTOR	\$	0219	\$
LANDOWNER'S PERMIT		0220	\$

0200 OTHER (IDENTIFY) COBU \$230-

0607 TREASURY 0467 HYDROELECTRIC

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

## SPECIAL INSTRUCTIONS:

RETURN TO APPLICANT -- LETTER ATTACHED

# CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

A fee of \$230 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-17522</b>	PERMIT # (IF APPLICABLE) <b>G-17322</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
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**2. Property Owner (current owner information):**

**Recently purchased by CMS Land LLC - See attached Assignment**

APPLICANT/BUSINESS NAME <b>CMS Land LLC</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>15829 Mt Angel-Scotts Mills Hwy NE</b>			
CITY <b>Silverton</b>	STATE <b>OR</b>	ZIP <b>97381</b>	CITY <b>Silverton</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>Kristi Moorhouse</b>			
ADDRESS <b>13963 S. Vick Rd.</b>			
CITY <b>Molalla</b>	STATE <b>OR</b>	ZIP <b>97038-9501</b>	

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

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4. Date of Site Inspection:

July 1, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT <b>OWRD</b>
Mark Dickman	April 16, 2020, June 16, 2021	Owner / operator

6. County

Clackamas

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
NA		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

SECTION 2  
SIGNATURES

CWRE Statement, Seal and Signature

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

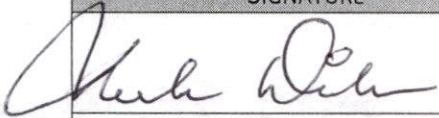


CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5013</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

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
	Mark Dickman	Agent	9-23-2021

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**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 4	CLAC 51358	L-137441 (replacement for L-9255)

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 4	Molalla River Basin	Willamette River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 4	Irrigation	Grass seed and vegetable crops	March 1 through October 31	0.85 cfs
<b>Total Quantity of Water Used</b>				<b>0.85 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 4 (CLAC 51358) using a 60 Hp turbine pump through 6 feet of above-ground, 8-inch steel pipe to the east, then outside the pump shed through an additional 3 feet of steel pipe equipped with a meter before teeing north-south. The north end extends the 8-inch steel pipe 2 feet above ground where it has an adaptor to attach portable, above-ground, 6-inch aluminum mainline extending to the place of use and reducing down to 5- and/or 4-inch pipe when needed. The south end extends 3 feet above ground before going underground, attaching to 8-inch PVC mainline diagonally to the southeast before turning east, then south again, but reducing to 6-inch buried PVC pipeline.

Hydrants along the below-ground mainline to the south and above-ground mainline to the north allow either portable 3- and/or 4-inch handlines with impact sprinklers to be attached or a hard hose traveler. A maximum of 50 impact sprinklers or one hard hose traveler can be used at one time, as needed, on the crops.

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

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**5. Variations:**

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

**YES**

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

1. The authorized Well 3 was not performing well and has not been used; therefore, Well 3 is not included in this Claim of Beneficial Use.
2. The location of Well 4 (CLAC 51358) is more correctly placed at: 1,190 feet south and 705 feet west from the NE corner, Section 5.
3. After field verifying the location of crops being irrigated, the place of use was revised from the originally authorized acreage, but the overall total acreage was not changed.

Original authorized acreages in place of use:

5S	2E	4	NW NW	DLC 38	2.5
5S	2E	4	SW NW	DLC 38	31.8
5S	2E	4	SE NW	DLC 38	1.1
5S	2E	4	NE SW	DLC 38	0.8
5S	2E	4	NW SW	DLC 38	28.4
5S	2E	5	NE NE	DLC 38	8.7
5S	2E	5	SE NE	DLC 38	20.6
5S	2E	5	NE SE	DLC 38	<u>7.4</u>
<b>Total:</b>					<b>101.3</b>

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Adjusted acreages in place of use,:

5S	2E	4	NW NW	DLC 38	2.1
5S	2E	4	SW NW	DLC 38	31.1
5S	2E	4	SE NW	DLC 38	1.3
5S	2E	4	NE SW	DLC 38	1.6
5S	2E	4	NW SW	DLC 38	28.5
5S	2E	5	NE NE	DLC 38	7.5
5S	2E	5	SE NE	DLC 38	21.8
5S	2E	5	NE SE	DLC 38	<u>7.4</u>
<b>Total:</b>					<b>101.3</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
Well 4	0.54 cfs	0.86 cfs	Not measured	Irrigation	101.3	101.3

**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 4**

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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
5S	2E	WM	4	NW NW	NA	38	Irrigation	2.1	NA
5S	2E	WM	4	SW NW	NA	38	Irrigation	31.1	NA
5S	2E	WM	4	SE NW	NA	38	Irrigation	1.3	NA
5S	2E	WM	4	NE SW	NA	38	Irrigation	1.6	NA
5S	2E	WM	4	NW SW	NA	38	Irrigation	28.5	NA
5S	2E	WM	5	NE NE	NA	38	Irrigation	7.5	NA
5S	2E	WM	5	SE NE	NA	38	Irrigation	21.8	NA
5S	2E	WM	5	NE SE	NA	38	Irrigation	7.4	NA
<b>Total Acres Irrigated</b>								<b>101.3</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**

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" hole drilled in the base plate of the turbine pump with a metal plug.

**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 51358						



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 51358

**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.

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**D. Diversion and Delivery System Information**

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Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used?

YES

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

**2. Pump Information:**

SOURCE	MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Well	Goulds	10WAHC	MG3224	Turbine	8 inch	8 inch
Hard hose traveler	Cornell	3RB-EM16		Centrifugal	4 inch	4 inch

**3. Motor Information:**

SOURCE	MANUFACTURER	HORSEPOWER
Well	Nidec Motor Corp	60 Hp
Hard hose traveler	Isuzu	55 Hp

**4. Theoretical Pump Capacity:**

SOURCE	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)
Well	60 Hp	70 psi	181.3 feet (from permit condition pump test)	0 feet	1.18 cfs
Hard hose traveler booster	55 Hp	120 psi	181.3 feet (from permit condition pump test)	0 feet	1.62 cfs

**5. Provide pump calculations:**

Well	$Q \text{ Pump} = \frac{(60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(181.3 \text{ ft lift} + 177.8 \text{ ft pressure head})} = 1.18 \text{ cfs}$
Well plus booster pump	$Q \text{ Pump} = \frac{((60 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})) + ((55 \text{ Hp}) \times (6.61 \text{ ft}^4/\text{sec Hp}))}{(181.3 \text{ ft lift} + 304.8 \text{ ft pressure head})} = 1.62 \text{ cfs}$

**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.

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**7. Is the distribution system piped?**

YES

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

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**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 inch	14 feet	Steel	Above ground
8 inch	1,850 feet	PVC	Buried
6 inch	1,200 feet	PVC	Buried
6 inch	200 feet	Aluminum	Above ground
5 inch	200 feet	Aluminum	Above ground
4 inch	200 feet	Aluminum	Above ground

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1,700 feet	Aluminum	Above Ground
4 inch	1,700 feet	Aluminum	Above Ground
4.1 inch	1,500 feet	Poly hose	Above Ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64	50 psi	4 gpm	125	50	0.67 cfs
11/64	50 psi	6 gpm	125		
Nelson 3 FCN	40 psi	6 gpm	125		
Hard hose traveler Nelson 150 – 0.9	120 psi	258 gpm	1	1	0.57 cfs
Hard hose traveler Nelson 150 – 1.1	120 psi	385 gpm	1	1	0.86 cfs

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

**11. Drip Emitter Information:**

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

**12. Drip Tape Information:**

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
NA					

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
NA				

**E. Storage**

**1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)?**

NO

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

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**F. Gravity Flow Pipe**

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

**1. Does the system involve a gravity flow pipe?**

NO

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

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**G. Gravity Flow Canal or Ditch**

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

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

NO

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

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

None
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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	April 20, 2015		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	April 20, 2020	April 2020	Installation of a meter
COMPLETE APPLICATION OF WATER (C)	April 20, 2020	April 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)?** **NO**

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

**3. Initial Water Level Measurements:**

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

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

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

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 plus Seven**

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

**5. Pump Test:**

a. Did the permit require the submittal of a pump test? **YES**

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

For additional information regarding pump tests see:

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

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

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

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

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

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

**\*\* Claims will not be reviewed until a pump test or exemption has been approved by the Department**

**6. Measurement Conditions:**

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 4	McCrometer	20-02895-08	Working	139,300 gallons July 1, 2021	April 16, 2020

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

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? **YES**

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

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

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

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

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- c. Was submittal of a water management and conservation plan required? **NO**
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

WELL	WELL ID #	DATE ATTACHED TO WELL
Well 4	L-137441 (replacement for L-9255)	January 1997, replacement attached April 2020

- e. Other conditions? **YES**

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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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**e1) Condition:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

**Compliance:**

Well 4 has tag L-137441 on the turbine base plate.

**e2) Condition:**

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

**Compliance:**

Well 4 (CLAC 51358) was drilled approximately 1,350 feet southwest from nearest unnamed creek; therefore, no riparian area was disturbed.

**SECTION 6**  
**ATTACHMENTS**

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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 51358	Well log and driller's notes for CLAC 51358 – Well 4
BLM Cadastral Map	BLM Cadastral Map T. 5S. R. 2E. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well 4 (CLAC 51358) conducted May 20, 2021
Request for Assignment	Assignment from Kristi Moorhouse to CMS Land LLC

**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 maps 5 2E 04 and 05, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:  
<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

**Map Checklist**

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

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation

- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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MAY 17 1951

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CLAC  
51358

CLAC 51358

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

WELL I.D.#

TO 9255  
lost! Repl: 137441

NOV 01 2021

(START CARD) # 94410

OWRD

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

(1) OWNER: Well Number \_\_\_\_\_  
Name ROY MOORHOUSE  
Address 13963 S. VICK RD.  
City MOLALLA State OR Zip 97038

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 381 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	38	BENT.	0	38	66 SACKS
12	38	410				

How was seal placed: Method  A  B  C  D  E  
 Other POURED IN DRY

Backfill placed from 395 ft. to 379 ft. Material BENT. & CEMENT  
Gravel placed from 410 ft. to 395 ft. Size of gravel SWABBING

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12	+2	361	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		361	381	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 381

(7) PERFORATIONS/SCREENS:

Perforations Method MILLS KNIFE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	156	3/8x2 1/2	840			<input checked="" type="checkbox"/>	<input type="checkbox"/>
172	218	3/8x2 1/2	690			<input checked="" type="checkbox"/>	<input type="checkbox"/>
292	307	3/8x2 1/2	225			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250	54		1 hr.
450	115		4 HR
650	163		8 1/2 HR

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

(9) LOCATION OF WELL by legal description:  
County CLACKAMAS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5S N or S Range 2E E or W. WM.  
Section 5 NE 1/4 NE 1/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:  
15 ft. below land surface. Date 1-10-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 41

From	To	Estimated Flow Rate	SWL
41	155	U/K	15
172	218	U/K	15
293	305	U/K	15

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

Material	From	To	SWL
DEBRIS TOPSOIL	0	1	
CLAY BROWN	1	6	
CLAY BRN W/COBBLES	6	41	
COBBLE & COURSE GRAVEL W/CLAY	41	79	
CLAY BROWN	79	81	
GRAVEL COURSE W/BRN CALY	81	123	
CLAY GREY W/LAYERS ORGANIC	123		
MATTER DARK, SOME GRAVEL		134	
CLAY GREY W/LAYERS OF SOFT	134		
SILTSTONE SANDSTONE & GRVL		155	
CLAY GREY DARK	155	166	
CLAY BROWN	166	172	
CLAY GREY W/BLK SAND LAYERS	172		
& OCCASIONAL GRAVEL		218	
CLAY BLUE GREEN	218	293	
SAND & GRVL MED CRSE GREY	293	305	
CLAY GREY STICKY	305	323	
CLAY BROWN	323	328	
CLAY BROWN STICKY	328	362	
CLAY GREY STICKY	362	398	

Date started 11-15-96 Completed 1-10-97

(unbonded) Water Well Constructor Certificate  
I certify that the well was constructed, altered, or abandoned 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.

JAN 24 1997

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

(bonded) Water Well Constructor Certificate  
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 Steven Z. Stadel WWC Number 688  
Date 1-20-97

CLAC CLAC 51358

51358 WELL I.D.# 10 9255

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

lost! Repl: 137441 (START CARD) # 94410

OWRD

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

(1) OWNER: Well Number

Name ROY MOORHOUSE

Address 13963 S. VICK RD.

City MOLALLA State OR Zip 97038

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger

Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation

Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well ft.

Explosives used Yes No Type Amount

HOLE

SEAL

Diameter From To Material From To Sacks or pounds

Table with columns for HOLE and SEAL measurements.

How was seal placed: Method A B C D E

Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

Diameter From To Gauge Steel Plastic Welded Threaded

Casing: [checkbox] [checkbox] [checkbox] [checkbox]

[checkbox] [checkbox] [checkbox] [checkbox]

[checkbox] [checkbox] [checkbox] [checkbox]

[checkbox] [checkbox] [checkbox] [checkbox]

Liner: [checkbox] [checkbox] [checkbox] [checkbox]

[checkbox] [checkbox] [checkbox] [checkbox]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method

Screens Type

Material

From To Slot size Number Diameter Tele/pipe size Casing Liner

[checkbox] [checkbox]

[checkbox] [checkbox]

[checkbox] [checkbox]

[checkbox] [checkbox]

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem at Time

1 hr.

[ ] [ ] [ ] [ ]

[ ] [ ] [ ] [ ]

Temperature of water Depth Artesian Flow Found

Was a water analysis done? Yes By whom

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude Longitude

Township 5S N or S Range 2E E or W. WM.

Section 5 NE 1/4 NE 1/4

Tax Lot 300 Lot Block Subdivision

Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Ground Elevation

Table with columns: Material, From, To, SWL

Westerberg Drilling, Inc. 36728 S. Kropf Rd. Molalla, OR 97038 829-2526

Date started 11-15-96 Completed 1-10-97

(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 the best of my knowledge and belief.

WWC Number

Signed Date

(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.

WWC Number 688

Signed Steve M. Stahl Date 1-20-97



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

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Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Kristi Moorhouse
Mailing Address: 36704 S. Hibbard Rd.
City, State, Zip: Molalla, OR 97038
Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: Dickman Farms, Inc.
City, State, Zip: 15829 Mt. Angel-Scotts Mills Rd. NE, Silverton, OR 97381

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 5S (North / South) Range: 2E (East / West) Section: 5 NE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 300 County Clackamas
GPS Coordinates:
Street Address of Well, City: 13963 S. Vick Rd, Molalla 97038
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

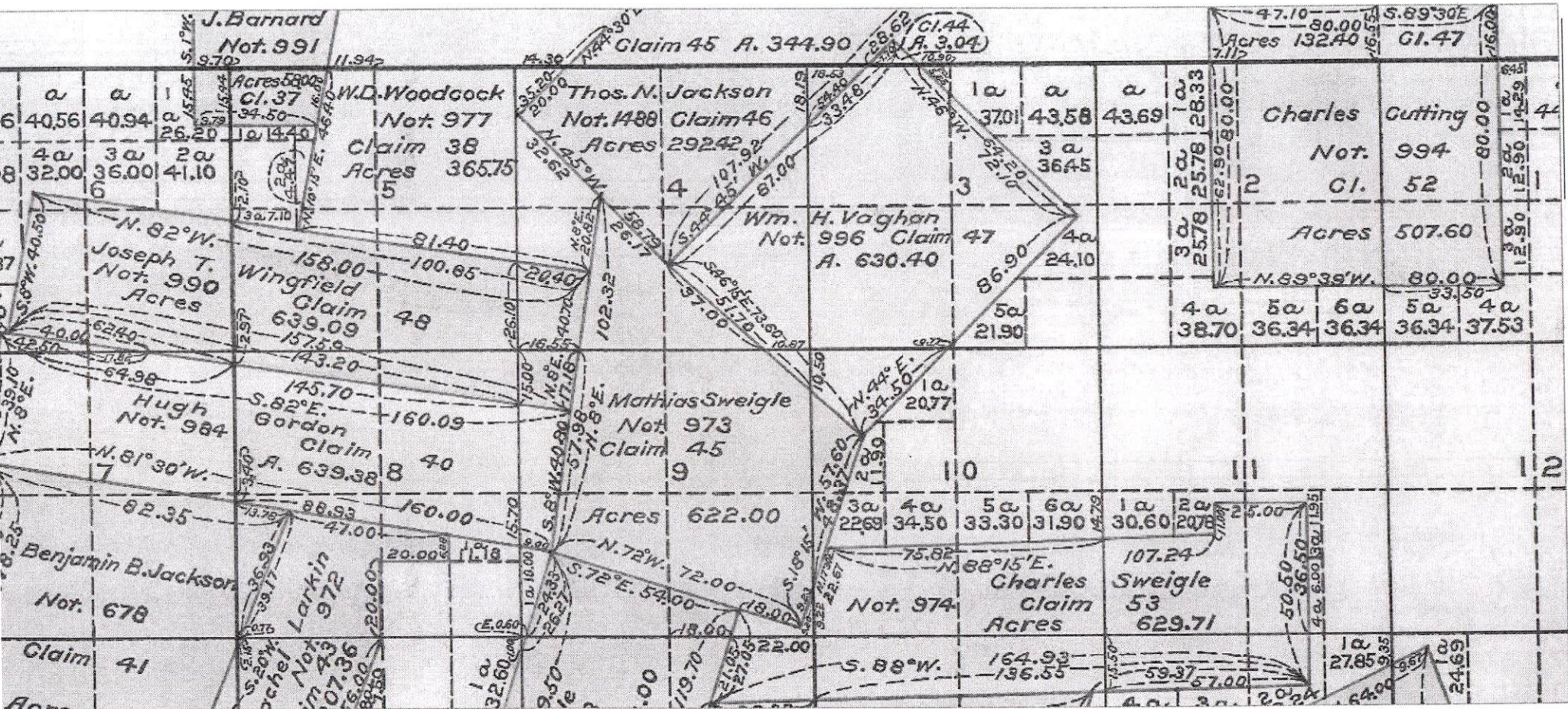
Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 1-10-1997 Total Well Depth: 381' Casing Diameter: 12"
Owner at time the well was constructed (if known): Roy Moorhouse Well Report # (if known): CLAC 51358
Other Information: This is for a replacement tag. Original L-9255 is missing. \*

SUBMITTED BY (please print): Dickman Farms, Inc. (tenant) by Mark Dickman, Secretary
PHONE: (503) 845-6472 EMAIL &/or FAX: dfarms@mtangel.net

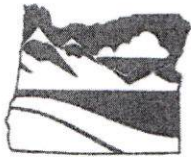
Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\* Replacement well ID!

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-10-2020 Well Report Number: CLAC 51358 Well Identification #: L-137441



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PUMP TEST FORM  
COVER SHEET

OWRD

Owner Information:

OWNER NAME/BUSINESS NAME: Dickman Farms Inc.		PHONE NO.: 503-845-6472	ADDITIONAL CONTACT No.:
ADDRESS: 15829 Mt. Angel Scotts Mills Rd			
CITY: Silverton	STATE: OR	ZIP: 97381	E-MAIL: dfarms@mtangel.net

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Daniel D Stadeli		QUALIFICATION: (SELECT) WWC	LICENSE #: 1487
COMPANY: Westerberg Drilling, Inc.		PHONE NO.: 503-829-2526	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 1228			
CITY: Molalla	STATE: OR	ZIP: 97038	E-MAIL: wdi@molalla.net

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 51358	L- 137441	Moorhouse #4	381'	Roy Moorhouse	01/10/1997	05/20/2021

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 8)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
5S	2E	5	NE/NE	Tax Lot 300		

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

Land  
Dist  
Case  
6-16-21

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-17522	G-17322	T- NA	NA	<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input type="radio"/> No (Need MWE Form)

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

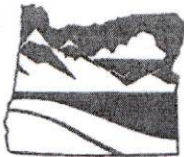
No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate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

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

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

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

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



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**PUMP TEST FORM  
COVER SHEET**

**Water-Level Measurement Method:** Electric Tape

\*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: \_\_\_\_\_ feet.

Length of air line (if used): \_\_\_\_\_  
*\*Airline measurements must be verified by an E-Tape measurement*

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

**Pump Type:** Turbine  
HP: 60 Pump set at: 310 feet.  
Pump idle time: 24+ Hours

**Discharge Measurement Method:** Flowmeter  
Flowmeter (if used):  
Manufacturer: McCrometer Serial #: 20-02895-08  
Date Last Calibrated: Unknown Units: US Gallons

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

**Measuring Point (MP):** Measuring point distance above land surface 1 feet.

Description (e.g., top port of 1 inch port pipe, west side) 1/2" NPT plug removed from North side of discharge head. There is a dedicated PVC sounder tube under this opening.

**Time pump turned on:** Date 05/20/2021 Time 8:30 AM  
**Time pump turned off:** Date 05/20/2021 Time 12:30 PM  
Total pumping time: 4 hours 0 minutes.

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

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

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

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

**Pump test requirements for OAR 690-217 can be found online at:**  
[https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID\\_OARD=1BdwI\\_vnsYAPNSQIw330ZiSFZuMscp4Hfil-1fsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID_OARD=1BdwI_vnsYAPNSQIw330ZiSFZuMscp4Hfil-1fsDAAEsMC2_ROSs!-277278532?selectedDivision=3186)

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

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

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

OPERATOR SIGNATURE: [Signature] DATE: 05/20/2021

OWNER SIGNATURE: [Signature] DATE: 6-14-2021

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**PUMP TEST FORM  
DATA SHEET**  
Page 1 of 2



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
CLAC 51358	L- 137441	Moorhouse #4	381'	Roy Moorhouse	01/10/1997	05/20/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
05/20/2021	7:40 AM		44.9'	0	Pre-test		1,500	Well idle 24+ Hours
	8:00		44.9'	0	Pre-test		1,500	
	8:20		44.9'	0	Pre-test		1,500	
	8:30		44.9'	600	Pumping		1,500	Pump On
	8:32	2 Min	96.1'	580	Pumping			
	8:34	4 Min	106.9'	580	Pumping			
	8:36	6 Min	113.3'	580	Pumping			
	8:38	8 Min	118.7'	580	Pumping			
	8:40	10 Min	124.5'	580	Pumping			
	8:45	15 Min	133.8'	580	Pumping			
	8:50	20 Min	140.0'	580	Pumping			
	8:55	25 Min	144.2'	580	Pumping			
	9:00	30 Min	147.8'	580	Pumping		18,900	
	9:15	45 Min	156.3'	580	Pumping			
	9:30	1 Hour	161.7'	580	Pumping			
	9:45	1 H 15 M	166.1'	580	Pumping			
	10:00	1 H 30 M	169.0'	580	Pumping		53,700	
	10:15	1 H 45 M	171.2'	580	Pumping			
	10:30	2 Hours	173.5'	580	Pumping			
	10:45	2 H 15 M	174.6'	580	Pumping			
	11:00	2 H 30 M	175.4'	580	Pumping		88,500	
	11:15	2 H 45 M	176.2'	580	Pumping			
	11:30	3 Hours	177.1'	580	Pumping			
	11:45	3 H 15 M	178.1'	580	Pumping			
	12:00	3 H 30 M	179.6'	580	Pumping		123,300	
	12:15	3 H 45 M	181.5'	580	Pumping			
	12:30	4 Hours	182.3'	580	Pumping		140,700	Pump Off
	12:32		172.5'		Recovery			Recovery
	12:34		139.0'		Recovery			
	12:36		124.3'		Recovery			
	12:38		116.1'		Recovery			
	12:40		111.2'		Recovery			
	12:45		101.5'		Recovery			
	12:50		94.5'		Recovery			
	12:55		90.3'		Recovery			
	1:00		86.9'		Recovery			
	1:15		79.3'		Recovery			
	1:30		74.1'		Recovery			
	1:45		71.0'		Recovery			



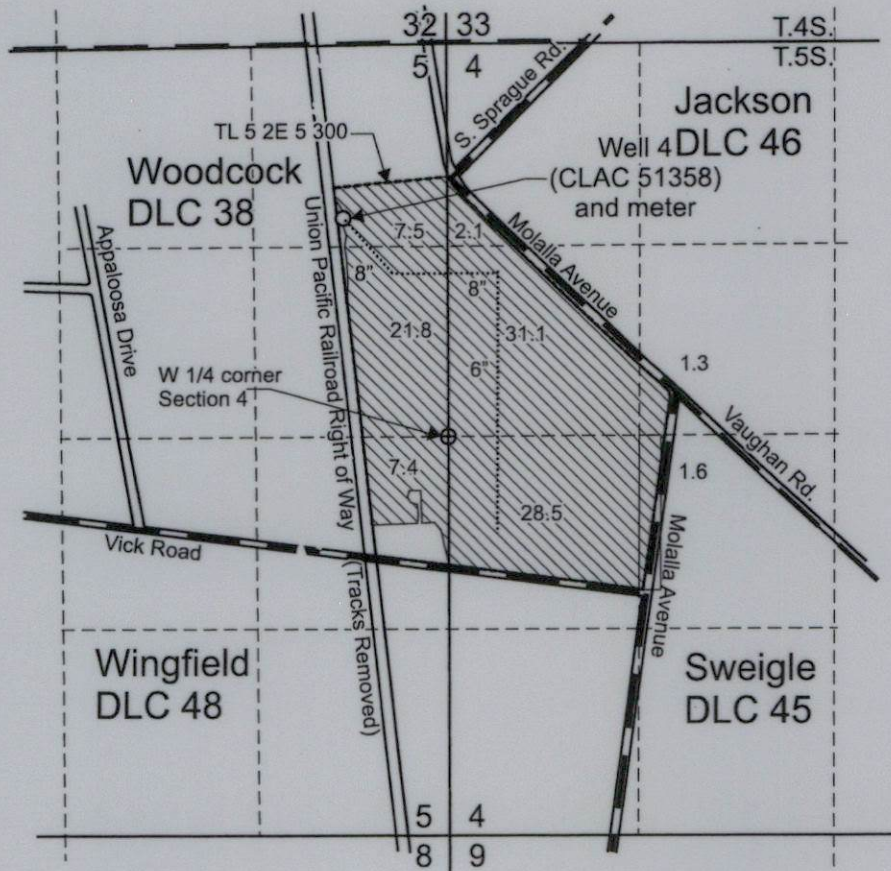


# T.5S. R.2E. Sec. 4 & 5, W.M.


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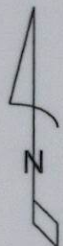


Well 4 (CLAC 51358) is located 1,190 feet south and 705 feet west from the NE corner, Section 5.

 Area (101.3 Acres) irrigated under Application G-17522, Permit G-17322.

- Tax lot boundary
- . — Donation Land Claim boundary
- ..... Water main line

CERTIFIED WATER RIGHT EXAMINER  
 85503  
  
 DOANN HAMILTON  
 MAY 10, 2012  
 STATE OF OREGON  
 EXPIRES: *June 30, 2023*



Scale: 1" = 1,320'



0 1,320 Feet

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

**Claim of Beneficial Use Map**  
**Application G-17522, Permit G-17322**

Pacific Hydro-Geology Inc.

09/2021

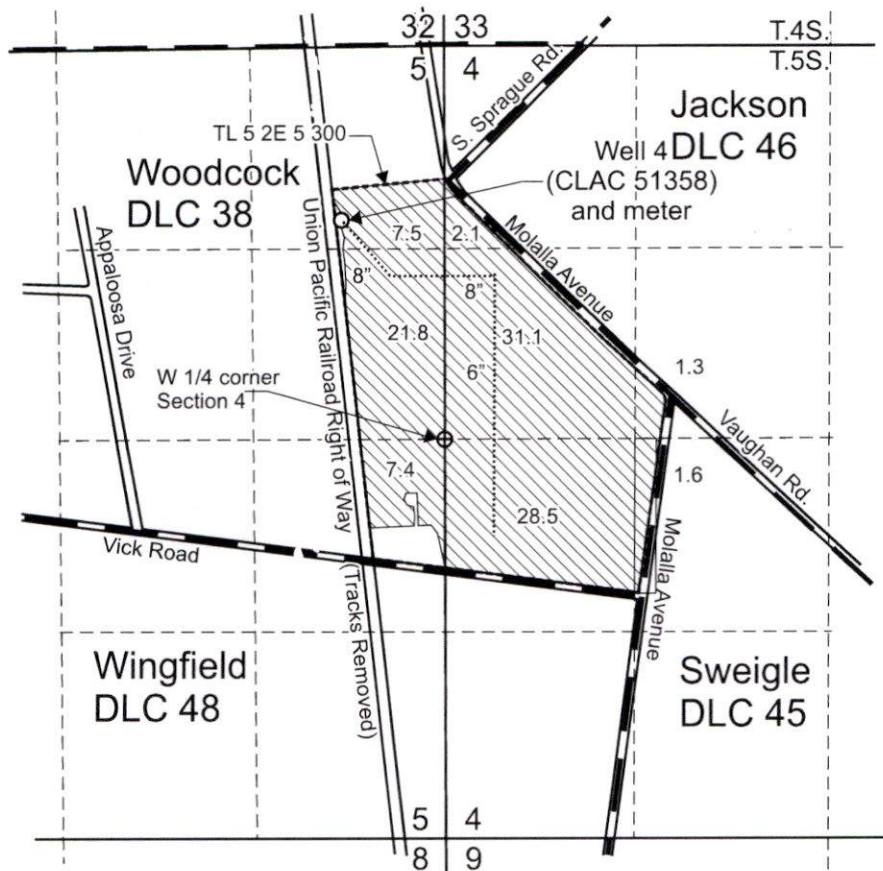
CMS Land LLC  
 T.5S. R.2E. Sec. 4 & 5, W.M.

# T.5S. R.2E. Sec. 4 & 5, W.M.

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Well 4 (CLAC 51358) is located 1,190 feet south and 705 feet west from the NE corner, Section 5.

 Area (101.3 Acres) irrigated under Application G-17522, Permit G-17322.

----- 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 Map  
Application G-17522, Permit G-17322

Pacific Hydro-Geology Inc.

CMS Land LLC  
T.5S. R.2E. Sec. 4 & 5, W.M.

09/2021