Checklist for Claims of Beneficial Use Received at CSG Counter

Application #: G-18701	WRD Reviewer: Judy
Transfer #:	
Date Received: 12/06/2021	
CWRE Name: Doann Hamilton	
Priority Date (s): 06/08/2018	

Fees Required:

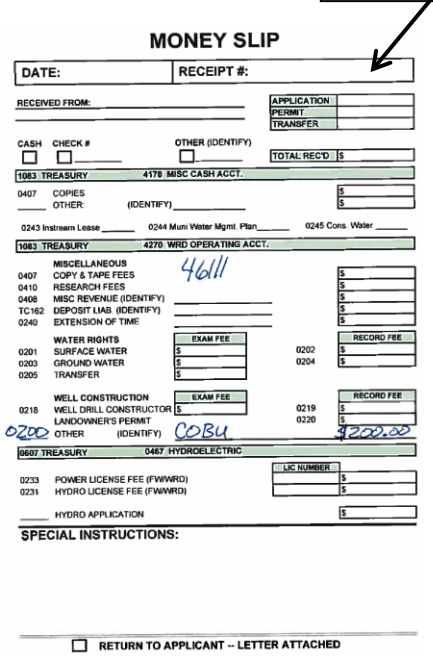
☑ YES NO ☐ A fee of $230 must accompany this form for permits with priority dates of July 9, 1987, or later.

☐ 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.

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))

Fill in App or Transfer Number


MONEY SLIP

DATE: RECEIPT #:

RECEIVED FROM:

APPLICATION
PERMIT
TRANSFER

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

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 4611
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 $200.00

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

Report Review:

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

Groundwater File Review:

☐ Pump Test not required (Priority Date prior to December 20, 1988) *If no, include pump test flyer w/acknowledgment letter
☑ Pump Test required (Priority Date on or after December 20, 1988)
☑ Pump Test submitted
☐ Pump Test not submitted

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

OREGON WATER RESOURCES DEPARTMENT
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
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 #	Permit # (if applicable)	Permit Amendment # (if applicable)
G-18701	**G-18295**	**T-NA**

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Wells Waconda Farm LLC and Cicily Thrush		
Address: **6545 62nd Ave NE**		

City	State	Zip	E-Mail
Salem	**OR**	**97305**	

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		
Cicily Thrush		
Address: **9036 SW 38th Ave**		
City: **Portland**	State: **OR**	Zip: **97219**

Additional Permit Holder of Record		
Wells Waconda Farm LLC		
Address: **6545 62nd Ave NE**		
City: **Salem**	State: **OR**	Zip: **97305**

4. Date of Site Inspection:

March 5, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Paul Kuschnick	March 5, 2021	Lessor / operator

6. County

Marion

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 neede

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.

Seal and Signature

CWRE NAME	PHONE NO.	ADDITIONAL CONTACT NO.
Doann Hamilton	(503) 632-5016	(503) 349-6946
ADDRESS		
18487 S. Valley Vista Road		

CITY	STATE	ZIP	E-MAIL
Mulino	OR	97042	phgdmh@gmail.com

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
	Cicily Thrush		11/11/2021
Dolores V Wells	Wells Waconda Farm Dolores Wells	Member	11-15-21

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SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
Well 1	**MARI 69320**	**L-132863**

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

2. Point of appropriation source, if indicated on permit:

POA Name or Number	Source Basin Located Within	Tributary
Well 1	**Well 1 in Carnes Creek Basin**	**Pudding 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 1	**Irrigation**	**Nursery stock and grass seed**	**March 1 through October 31**	**1.08 cfs**
Total Quantity of Water Used				**1.08 cfs**

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Water is pumped from Well 1 (MARI 69320) using a 40 Hp submersible pump to convey water through a ten-foot-long, 6-inch steel pipe with a flow meter where a 6-inch aluminum above ground mainline is attached. The mainline heads east a short distance, then south along the eastern edge of the property. The mainline crosses Carnes creek over a concrete bridge with a culvert. Flex hose is used to extend the mainline up the hill to the northeast corner of the POU. The portable 6-inch aluminum mainline then continues west along the northern edge of the POU, then south through the middle of the field. Risers are located along the mainline where 3-inch aluminum above ground laterals with impact sprinklers can be attached.

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. 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:

6S	2W	WM	11	SW NW		8.0
6S	2W	WM	11	SE NW		22.0
					Total:	30.0

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Revised place of use:

6S	2W	WM	11	SW NW	DLC 57	7.7
6S	2W	WM	11	SE NW	DLC 57	21.0
					Total:	28.7

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 1	**0.375 cfs**	**1.08 cfs**	**Not Measured**	**Irrigation**	**30.0**	**28.7**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **NO**

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

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

Well 1

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
6S	2W	WM	11	SWNW	NA	57	IR	7.7	
6S	2W	WM	11	SENW	NA	57	IR	21.0	
Total Acres Irrigated								28.7	

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 south 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 MARI 69320						

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 MARI 69320

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

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

1. Is a pump used? **YES**

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

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Gould	**7CHC**	**MG3508**	**Submersible**	**5 inch**	**5 inch**

3. Motor Information:

Manufacturer	Horsepower
Hitachi	**40 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)
40 Hp	**65 psi**	**65.9 feet (from permit condition pump test)**	**0 feet**	**1.22 cfs**

5. Provide pump calculations:

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Q Pump = $\frac{(40\ Hp) \times (7.04\ ft^4/sec\ Hp)}{(65.9\ ft\ lift + 165.1\ ft\ pressure\ head)}$ = 1.22 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
6 inch	**10 feet**	**Steel**	**Above ground**
6 inch	**3,000 feet**	**Aluminum**	**Above ground**
6 inch	**100 feet**	**Flex hose**	**Above ground**

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3 inch	**3,520 feet**	**Aluminum**	**Above**

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
11/64	**65 psi**	**6.9 gpm**	**80**	**70**	**1.08 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)? **NO**

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

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:

None

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	**October 9, 2019**		
Begin construction (A)	**NA**	**NA**	**NA**
Complete construction (B)	**October 9, 2024**	**September 2020**	**Meter and water system was completed.**
Complete application of water (C)	**October 9, 2024**	**March 2021**	**All the permit conditions were met upon completion of the first annual water level measurement, and water was put to the 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**

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**

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? **NA**

– only the initial water level has been read

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

– only the initial water level has been read

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**

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6. Measurement Conditions:

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

If "NO", items b through f relating to this section may be deleted.
Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

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

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	**McCrometer**	**20-04926-04**	**Working**	**11.915 AF (March 5, 2021)**	**September 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**

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 ID #	DATE ATTACHED TO WELL
L-132863	**May 2020**

e. Other conditions? **YES**

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

e) Condition:

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 tag L-132863 is attached to the well casing.

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 – MARI 69320	**Well log and driller's notes for MARI 69320 – Well 1**
BLM Cadastral Map	**BLM Cadastral Map T. 6S. R. 2W. showing DLC and Government Lot locations**
Pump Test Form Cover Sheet and Pump Test Data Sheet	**Pumping Test Results for Well 1 (MARI 69320) conducted November 6, 2020**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The COBU map was prepared using tax assessor's map 06 2W 11, 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

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

MARI 69320

7/22/2020

WELL I.D. LABEL# L 132863
START CARD # 1046622
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name DELORES Last Name WELLS
Company THRUSH, CICILY
Address 6545 62ND AVE NE
City SALEM State OR Zip 97305

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 211.00 ft.

BORE HOLE

Dia	From	To
16	0	36
12	36	211

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	36	1750	P
		Calculated	1495	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other OAR 690-210-0340
Backfill placed from ft. to ft. Material
Filter pack from 161.7 ft. to 211 ft. Material GRAVEL Size pea gravel
Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	12	☒	2	166	.250	●	○	☒	☐
○	●	10	☐	161.7	211	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 166
Temp casing ☐ Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method plasma cutter
Screens Type V WIRE Material Stainless

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	10	198	209	.187	0.5	88	
Screen	Liner	10	166.7	187.9	.25			

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600		210	4

Temperature 53 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 143 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6.00 S N/S Range 2.00 W E/W WM
Sec 2 SE 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
7900 NE WACONDA RD
SALEM OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/23/2020	98	124				33
3/26/2020	156	158				39
4/3/2020	164	188				39
4/7/2020	198	209				39

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Clay, brown, med.	2	19
Silt, brown, hard	19	54
Silt, Olive gray, hard	54	63
Sand and silt, brown, hard	63	74
Clay, gray, hard, sticky	74	78
Silt, dark brown, soft	78	86
Silt, dark gray, sandy, hard	86	91
Clay, dark gray, soft	91	98
Gravel, brown sand, cobbles to 5"	98	124
Clay, greenish gray, hard, sticky	124	134
Clay, brown, soft	134	140
Clay, dark gray, soft, some gravel	140	146
Clay, dark greenish gray, soft, sandy	146	154
Gravel and sand, black, claybound	154	156
Gravel and black sand, loose	156	158
Clay, green, med	158	160
Silt, dark gray, soft, sandy	160	164
Gravel and black sand, loose, cobbles	164	188

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Date Started 3/17/2020 Completed 5/8/2020

(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.

License 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.

License Number 783 Date 7/22/2020

Signed IVAN GROSSEN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - continuation page

MARI 69320

7/22/2020

WELL I.D. LABEL# L 132863
START CARD # 1046622
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Cemented gravel	188	189.5
Clay, greenish gray, some gravel, hard	189.5	193
Silt, dark green, sandy	193	195
Clay, greenish gray, hard, sticky	195	198
Cemented gravel	198	209
Gravel, claybound, gray clay	209	211

Comments/Remarks

Lift bar 1.5' from bottom
Centering tabs welded top of 10" (can feed gravel as needed)

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PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: E-tape
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:* _____
Discharge Measurement Method: flow meter
Flowmeter (if used):
Manufacturer: Mcrometer *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____
now

Verify here: *Airline:* _____ psi _____ feet.
E-Tape: _____ feet.

Pump Type: Submersable
HP: 40 Pump set at: _____ feet.
Pump idle time: 3 Weeks

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 0 feet.
Description (e.g., top port of 1 inch port pipe, west side) Top Port Sath Side

Time pump turned on: Date 11/6/20 Time 9:00 AM
Time pump turned off: Date 11/6/20 Time 1:00 PM
Total pumping time: 4 hours 0 minutes.

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

- [x] The discharge rate was held constant for the entire pumping phase.
- [x] The pump was on during the entire pumping phase (≥ 4 hours).
- [x] The discharge was measured at the start of pumping and at least once every hour during the test.
- [x] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [x] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [x] 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)
- [x] 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.
- [x] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [x] The pump test cover sheet was completely filled out and signed.
- [x] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [x] The well was idle for at least 16 hours prior to the test.
- [x] 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;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZiSFZuMscp4Hfil-1ftsDAAEsMC2_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

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

OPERATOR SIGNATURE: [signature] DATE: 11/28/2020

OWNER SIGNATURE: _____ DATE: _____

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

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PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
Delores Wells			
ADDRESS: 6545 ~~6619~~ 62nd ave NE			
CITY: Salem	STATE: OR	ZIP: 97325	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Ivan Grossen		QUALIFICATION: (SELECT)	LICENSE #: 783
COMPANY: Grossen Well Drilling		PHONE NO.: 503 519 6077	ADDITIONAL CONTACT NO.:
ADDRESS: 15487 Union School Rd			
CITY: Woodburn	STATE: OR	ZIP: 97071	E-MAIL:

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
MARI 69320	L-132863		211 ft	Delores Wells	5/8/20	11/6/20

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
6.00S	2.00W	25E	NW			

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

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

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

☐ 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)

☐ Is there a lake, stream or other surface water body within ¼ 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 [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

☐ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____
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

OWRD20200115

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MARI 69320	L- 138863		211	Delores Wells	5/8/20	11/6/20

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
11/6/20			43' 8 1/2"	0	Pre-test			
11/6/20			43' 8 1/2"	0	Pre-test			
11/6/20	9:00	0	43' 8 1/2"	0	Pre-test			
11/6/20	9:02	2	61'	550 GPM	Pumping		550 GPM	
		4	61' 5 1/2"					
		6	62' 4"					
		8	62' 7 1/2"					
		10	62' 10"					
		15	63' 1"					
		30	63' 7 1/2"	550 GPM				
		45	63' 11 1/4"					
	10:00 AM	60	64' 2 1/2"					
		75	64' 4"					
		90	64' 7"	550 GPM				
		105	64' 9 1/2"					
	11:00	120	64' 11"					
		135	65' 1 1/2"					
		150	65' 3"	550 GPM				
		165	65' 4"					
	12:00 PM	180	65' 5 1/2"					
		195	65' 7"					
		210	65' 8 1/2"	550 GPM				
		225	65' 9 1/2"					
	1:00 PM	240	65' 10 1/2"					
		2	48' 7 3/4"	0	Recovery			
		4	48'					
		6	47' 9"					
		8	47' 6 1/4"					
		10	47' 4 1/2"					
		15	47' 1 1/2"					
		30	46' 6 3/4"	0				
		45	46' 2 3/4"					
		60	45' 11 1/2"					
		75	45' 9 1/4"					
		90	45' 7 1/4"	0				

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