



# Checklist for Claims of Beneficial Use Received at CSG Counter

Application #:	WRD Reviewer: Judy
Transfer #: T-12879	
Date Received: 12/09/2021	
CWRE Name: Doann Hamilton	
Priority Date (s): 07/25/2001	

## 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 RECEIVED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
1983 TREASURY 4178 MISC CASH ACCT			
0427	COPIES	(IDENTIFY)	\$
	OTHER		
6243 Irrigation Lease 6244 Multi Water Right Plan 6245 Cons. Water			
1983 TREASURY 4276 WRD OPERATING ACCT			
MISCELLANEOUS			
0407	COPY & TIME FEES		\$
0410	RESEARCH FEES		\$
0468	MISC REVENUE (IDENTIFY)		\$
TC-162	DEPOSIT (LNS. IDENTIFY)		\$
0040	EXTENSION OF TIME		\$
WATER RIGHTS			
0281	SURFACE WATER	EXAM FEE	RECORD FEE
0283	GROUND WATER	\$	8002
0305	TRANSFER	\$	8004
WELL DRILL CONSTRUCTION			
0218	WELL DRILL CONSTRUCTION	EXAM FEE	RECORD FEE
	LANDOWNER'S PERMIT	\$	8219
	OTHER (IDENTIFY)		8220
0200		COBU	\$200.00
1987 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 Transfer New or Additional POA Only



**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 any Transfer final orders 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.

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## SECTION 1 GENERAL INFORMATION

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both.

YES

*If additional changes were authorized, you will need to select a different form.*

### 1. File Information

APPLICATION # <b>T-12879</b>
---------------------------------

### 2a. Property Owner (current owner information) **TL 4 1E 905 – Convey and use**

APPLICANT/BUSINESS NAME <b>Ray and Marguerite Gannon</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>27011 SW Petes Mountain Rd</b>			
CITY <b>West Linn</b>	STATE <b>OR</b>	ZIP <b>97068</b>	E-MAIL

### 2b. Property Owner (current owner information) **TL 4 1E 1507 – Divert and convey**

APPLICANT/BUSINESS NAME <b>Ray and Marguerite Gannon</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>27011 SW Petes Mountain Rd</b>			
CITY <b>West Linn</b>	STATE <b>OR</b>	ZIP <b>97068</b>	E-MAIL

SECTION 2  
SIGNATURES

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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) 632-5016</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>

**2c. Property Owner (current owner information) TL 4 1E 900 & 1401 – Convey**

APPLICANT/BUSINESS NAME <b>Carolyn R Neuschwander Living Trust, Carolyn R Neuschwander, Trustee</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>6097 Whiskey Hill Rd</b>			
CITY <b>Hubbard</b>	STATE <b>OR</b>	ZIP <b>97032</b>	E-MAIL

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If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

**3. Transfer holder of record (this may, or may not, be the current property owner)**

TRANSFER HOLDER OF RECORD <b>Ray Gannon</b>			
ADDRESS <b>3491 Brooklake Rd NE</b>			
CITY <b>Salem</b>	STATE <b>OR</b>	ZIP <b>97045</b>	

**4. Date of Site Inspection:**

July 20, 2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Steve Robert	July 20, 2021	Farm Manager

**6. County**

Clackamas

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

OWNER OF RECORD <b>NA</b>			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

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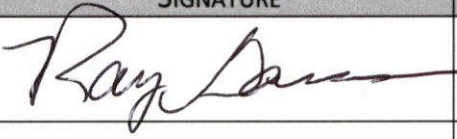
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Transfer Holder of Record Signature or Acknowledgement

**Each** transfer 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
	Ray Gannon	Pres	11/17/21

**SECTION 3**

**CLAIM DESCRIPTION**

**Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.**

**1. New or additional 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)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 2 (Certificate 86986)	CLAC 12713	L-141708	A well in Bear Creek Basin

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

*If well logs are available, items A and B below can be deleted*

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

**NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

None
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**SECTION 2  
SIGNATURES**

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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 <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</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>

3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2 (Certificate 86986)	0.17 cfs	1.73 cfs	0.51 cfs (Irrigating additional acres under Certificate 86986)

SECTION 4

SYSTEM DESCRIPTION

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Are there multiple new or additional Points of Appropriation (POA)?

NO

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

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

Well 2 (Certificate 86986)

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	Unknown	COO6181	Turbine	12 inch	8 inch

2. Motor Information

MANUFACTURER	HORSEPOWER
Newman	7.5Hp

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)
75 Hp	80 psi	102 feet (from pump test recorded on well log)	0 feet	1.73 cfs

4. Provide pump calculations:

$$Q \text{ Pump} = \frac{(75 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(102 \text{ ft lift} + 203.2 \text{ ft pressure head})} = 1.73 \text{ cfs}$$

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)
24,986,072 gallons	24,987,886 gallons	8 minutes	0.51 cfs (Irrigating additional acres under Certificate 86986)



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

**B. Groundwater Source Information (Well and Sump)**

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

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NO

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If "NO", items 4 through 6 relating to this section may be deleted.

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

Well 2 (CLAC 12713) also supplies Certificate 86986

**SECTION 5  
CONDITIONS**

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	<b>February 25, 2020</b>	
COMPLETENESS DATE FROM ORDER (C)	<b>October 1, 2021</b>	<b>January 28, 2021</b>

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

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

NO

If "NO", you may delete the following table.

**3. Measurement Conditions:**

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2 (Certificate 86986)	Seametrics	042019000800	Working	24,987,886 gallons (July 20, 2021)	March 27, 2020

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

4. Recording and reporting conditions

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

YES

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

b. Have the reports been submitted?

YES

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

5. Other conditions required by the transfer 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. 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):

**c1) Condition per the T-12879 FO issued February 25, 2020:**

**Water shall be acquired from the same aquifer (water source) as the original point of appropriation.**

**Compliance:**

**Original Well 1 (CLAC 12700) was drilled to a depth of 154 feet, cased from 0 to 154 feet, perforated from 88 to 150 feet in gravel over clay with some sand lenses.**

**Original Well 2 (CLAC 51287) was drilled to a depth of 140 feet, cased from 0 to 140 feet, perforated from 76 to 119 feet in gravel over clay with some sand lenses.**

**Well 2 (Certificate 86986) (CLAC 12713) was drilled to a depth of 345 feet but the well was completed to 155 feet, cased from 0 to 155 feet, screened from 105 to 155 feet in gravel over clay with some sand lenses.**

**It is our understanding that the OWRD considers the entire saturated column of alluvium in this part of the Willamette Valley to be a single aquifer. All of these wells obtain water from the alluvial aquifer; therefore, it appears this condition has been met.**

**c2) Condition per Certificate 93512:**

**The water user 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-141708 is attached to the turbine base plate.

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**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 12713	Well log and driller’s notes for CLAC 12713 – Well 2 (Certificate 86986)
BLM Cadastral Map	BLM Cadastral Map T.4S. R.1E. showing DLC and Government Lot locations

**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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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

The COBU map was prepared using tax assessor’s map 4 1E 32, 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.)

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- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- 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

NOTICE TO WATER WELL CONTRACTOR  
The original and first copy  
of this report are to be  
filed with the

**RECEIVED** CLAC 12713  
OCT - 4 1971 WATER WELL REPORT

CLAC

4/1-32

STATE OF OREGON  
STATE ENGINEER (Please type or print)  
SALEM, OREGON (Do not write above this line)

State Well No. \_\_\_\_\_  
State Permit No. \_\_\_\_\_

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(1) OWNER:  
Name Don Hanson - Twin Creek Farms  
Address Rt. Box 340, Canby, Ore. 97013

(2) TYPE OF WORK (check):  
New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):  
Rotary  Driven  Domestic  Industrial  Municipal   
Cable  Jetted  Irrigation  Test Well  Other   
Dug  Bored

CASING INSTALLED: Threaded  Welded   
12" Diam. from 0 ft. to 155 ft. Gage .250  
18" Diam. from 0 ft. to 60 ft. Gage .250  
" Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

PERFORATIONS: Perforated?  Yes  No.  
Type of perforator used \_\_\_\_\_  
Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(7) SCREENS: Well screen installed?  Yes  No  
Manufacturer's Name Roscco Moss  
Type Louvered Model No. \_\_\_\_\_  
Diam. 12 Slot size 1/4 Set from 105 ft. to 155 ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom?  
Yield: 500 gal./min. with 30 ft. drawdown after 5 hrs.  
800 " 45 " 4 "  
" 1000 " 70 " 10 "  
Bailer test gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
Artesian flow g.p.m. \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

(9) CONSTRUCTION:  
Well seal—Material used Bentonite - Cement Grout  
Well sealed from land surface to 60 ft.  
Diameter of well bore to bottom of seal 24 in.  
Diameter of well bore below seal 12 in.  
Number of sacks of cement used in well seal 8 sacks  
Number of sacks of bentonite used in well seal 7 sacks  
Brand name of bentonite National  
Number of pounds of bentonite per 100 gallons of water \_\_\_\_\_ lbs./100 gals.  
Was a drive shoe used?  Yes  No Plugs \_\_\_\_\_ Size: location \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_  
Was well gravel packed?  Yes  No Size of gravel: 1/4 - 3/4  
Gravel placed from 60 ft. to 160 ft.

(10) LOCATION OF WELL:  
County Clackamas Driller's well number \_\_\_\_\_  
1/4 Section 32 T. 4S R. 1E W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

(11) WATER LEVEL: Completed well.  
Depth at which water was first found 60 ft.  
Static level 32 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

(12) WELL LOG: Diameter of well below casing 6"  
Depth drilled 345 ft. Depth of completed well 155 ft.  
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Topsoil-Brown	0	3	
Clay-Brown	3	20	
Clay-Blue	20	60	
Clay-Bl-Sandy-Blk-Fine-	60	64	
Water trace			
Clay-Br-Sand seams-Fine-Br	64	94	
Sand-Blk-Fine-Clay-Blue	94	125	
Sand-Blk-Fine-Gravel traces	125	160	
Fine-Clay-Blue			
Clay-Bl-Sand streaks-Fine	160	180	
gravel			
Sand-Blk-Claystone-Blue	180	190	
Clay-Green-Blue	190	195	
Clay-Blue	195	200	
Clay-Gray	200	230	
Claystone-Blue	230	275	
Gravel-Lrg-Clay-Blue	275	278	
Claystone-Blue	278	290	
Claystone-Gray-Blue	290	300 (Cont)	

Work started 5-29 1971 Completed 9-7 1971  
Date well drilling machine moved off of well 9-7 1971

Drilling Machine Operator's Certification:  
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] Bennett Skinner Date 9-25, 1971  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 277

Water Well Contractor's Certification:  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name S & M Drilling & Supply  
(Person, firm or corporation) (Type or print)  
Address Rt. 1 Box 31, Canby, Ore. 97013  
[Signed] Bennett Skinner  
(Water Well Contractor)  
Contractor's License No. 520 Date 9-25, 1971

State Well No. 4/1-32  
 State Permit No. \_\_\_\_\_

**(1) OWNER: (Cont.)**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
**(2) TYPE OF WORK (check):**  
 New Well  Deepening  Reconditioning  Abandon   
 If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:** Rotary  Cable  Dug   
 Driven  Jetted  Bored   
**(4) PROPOSED USE (check):** Domestic  Industrial  Municipal   
 Irrigation  Test Well  Other

**CASING INSTALLED:** Threaded  Welded   
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

**PERFORATIONS:** Perforated?  Yes  No.  
 Type of perforator used \_\_\_\_\_  
 Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(7) SCREENS:** Well screen installed?  Yes  No  
 Manufacturer's Name \_\_\_\_\_  
 Type \_\_\_\_\_ Model No. \_\_\_\_\_  
 Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(8) WELL TESTS:** Drawdown is amount water level is lowered below static level  
 Was a pump test made?  Yes  No If yes, by whom?  
 Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 " " " " " " " " " " " " " " " " " " " " " " " "  
 Bailor test \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.  
 Artesian flow \_\_\_\_\_ g.p.m.  
 \_\_\_\_\_ erature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**  
 Well seal—Material used \_\_\_\_\_  
 Well sealed from land surface to \_\_\_\_\_ ft.  
 Diameter of well bore to bottom of seal \_\_\_\_\_ in.  
 Diameter of well bore below seal \_\_\_\_\_ in.  
 Number of sacks of cement used in well seal \_\_\_\_\_ sacks  
 Number of sacks of bentonite used in well seal \_\_\_\_\_ sacks  
 Brand name of bentonite \_\_\_\_\_  
 Number of pounds of bentonite per 100 gallons of water \_\_\_\_\_ lbs./100 gals.  
 Was a drive shoe used?  Yes  No Plugs \_\_\_\_\_ Size: location \_\_\_\_\_ ft.  
 Did any strata contain unusable water?  Yes  No  
 Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_  
 Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION OF WELL:**  
 County \_\_\_\_\_ Driller's well number \_\_\_\_\_  
 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_ W.M.  
 Bearing and distance from section or subdivision corner \_\_\_\_\_

**(11) WATER LEVEL: Completed well.**  
 Depth at which water was first found \_\_\_\_\_ ft.  
 Static level \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:** Diameter of well below casing \_\_\_\_\_  
 Depth drilled \_\_\_\_\_ ft. Depth of completed well \_\_\_\_\_ ft.  
 Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Claystone-Sandstone seams-Water	300	340	32
Sand-Fine-Gray-Blank	340	345	

Work started \_\_\_\_\_ 19 \_\_\_\_\_ Completed \_\_\_\_\_ 19 \_\_\_\_\_  
 Date well drilling machine moved off of well \_\_\_\_\_ 19 \_\_\_\_\_

**Drilling Machine Operator's Certification:**  
 This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
 [Signed] Benneth Skinner \_\_\_\_\_, 19\_\_\_\_\_  
 (Drilling Machine Operator)  
 Drilling Machine Operator's License No. \_\_\_\_\_

**Water Well Contractor's Certification:**  
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
 Name \_\_\_\_\_ (Person, firm or corporation) \_\_\_\_\_ (Type or print)  
 Address \_\_\_\_\_  
 [Signed] Benneth Skinner \_\_\_\_\_  
 (Water Well Contractor)  
 Contractor's License No. \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_



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

OWRD

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JAN 28 2021

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

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Ray Gannon

Mailing Address: 2591 Brooklake Rd NE

City, State, Zip: Salem, OR 97303

Mail Well ID to: [X] SAME AS ABOVE [ ] In Care Of (C/O)

Name & Address: Ray Gannon 27011 SW Petes Mountain rd. West Linn OR 97068

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

Township: 4S (North / South) Range: 1E (East / West) Section: 32 SE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1507 County Clackamas

GPS Coordinates:

Street Address of Well, City: no site address 7299 S Barnards rd. Canby 97013

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): September 7, 1971 Total Well Depth: 155 feet Casing Diameter: 12 inch

Owner at time the well was constructed (if known): Don Hanson- Twin Creek Farms Well Report # (if known): CLAC 12713

Other Information:

SUBMITTED BY (please print): Ray Gannon

PHONE: 503 781 6304 EMAIL &/or FAX: treman3157@aol.com Fax: 503 393 3817

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.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-28-21

Well Report Number:

CLAC 12713

Well Identification #:

L-141708