

**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)

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**A fee of \$200 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see  
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-11935</b>	PERMIT # (IF APPLICABLE) <b>G-10987</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>NA</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Perrydale Domestic Water Association</b> Attn: Steve Rolston, <sup>SR</sup> <del>Interim</del> General Manager		PHONE NO. <b>503-835-7221 (office)</b>	ADDITIONAL CONTACT NO. <b>971 901-1066 (cell)</b>
ADDRESS <b>11475 W. Perrydale Road</b>			
CITY <b>Amity</b>	STATE <b>OR</b>	ZIP <b>97101</b>	E-MAIL <b>sr.pdwa@onlinenw.com</b>

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

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

PERMIT HOLDER OF RECORD <b>Perrydale Domestic Water Association</b> Attn: Steve Rolston, <sup>SR</sup> <del>Interim</del> General Manager			
ADDRESS <b>11475 W. Perrydale Road</b>			
CITY <b>Amity</b>	STATE <b>OR</b>	ZIP <b>97101</b>	RECEIVED  DEC 10 2021

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**4. Date of Site Inspection:**

<b>March 25, 2021</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
Steve Caldwell	February – March 2021	General Manager of District (former)
Steve Rolston	March – April 2021	<sup>SR</sup> <del>Interim</del> General Manager

**6. County:**

<b>Marion, Polk, Yamhill</b>
------------------------------

**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 <b>NA</b>		
ADDRESS		
CITY	STATE	ZIP

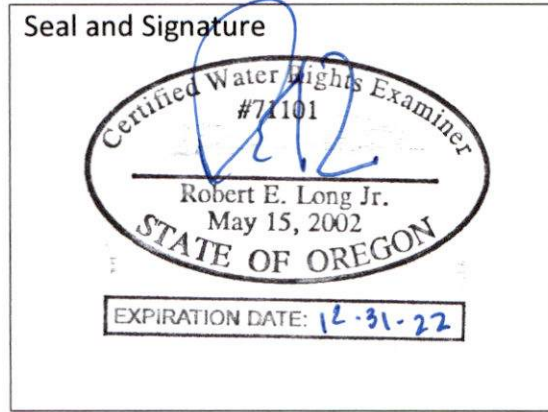
Add additional tables for owners of record as needed.



**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.



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CWRE NAME <b>Robert Long</b>		PHONE NO. <b>503 - 954 - 1326</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1319 SE Martin Luther King Jr. Blvd, Suite 204</b>			
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97214</b>	E-MAIL <b>Bob.long@cwmh2o.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
	<b>Steve Rolston</b>	<sup>sl</sup> <del>Interim</del> <b>General Manager</b>	<b>12/6/2021</b>

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 L2A	(POLK-1140)	NA*

\*A Well Tag application will be submitted by the permit holder around the same time as this claim of beneficial use.

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well L2A (POLK-1140)	Columbia River Basalt Group	Within the Willamette River Basin

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 L2A (POLK-1140)	Quasi- municipal		Year-round	0.094 cfs
<b>Total Quantity of Water Used</b>				<b>0.094 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:

The place of use listed on Permit G-10987 includes the entire service area of the Perrydale Domestic Water Association, which covers parts of <sup>SR</sup> Marion, Polk, and Yamhill counties. The L2A Well (POLK-1140) is connected to the Perrydale distribution system in case of emergency demand, though the well is configured to also supply bulk water to approx. 3-ac of a single farm property immediately adjacent to the well. The well ties directly into the farm water distribution system where it is used for irrigation of corn and tree crops using an irrigation wheel system. A valve between the well and the farm irrigation connection can be turned to pump into the district's distribution system through a 3" buried PVC pipe. The pipe traverses the field northwest of the well and connects to the PDWA system along NW Zena Road. The Perrydale DWA service area covers approx. 130 square miles across <sup>SR</sup> Marion, Polk, and Yamhill counties and connects to approx. 900 members.

**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~~ **NO**

(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.")

**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 L2A (POLK-1140)	0.1337 cfs	~0.11 cfs	0.094 cfs	Quasi-municipal	Perrydale DWA service area	Perrydale DWA service area

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**SECTION 4**

**SYSTEM DESCRIPTION**

Are there multiple POAs?

YES NO

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

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

Well L2A (POLK-1140)

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**A. Place of Use**

1. Is the right for municipal use?

OWRD YES NO

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
The Perrydale Domestic Water Association Service Area							Quasi-municipal	-	-
<b>Total Acres Irrigated</b>								-	-

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

1. Is the appropriation from a well?

YES NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

There is a 3/4" capped access port in the top of the well on the north side to allow measurement access via water level tape.

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
8"	400'	575'	6/15/1989	NA	Perrydale DWA	Charles Stadel

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.

Well L2A (POLK 1140) is housed in a small well enclosure approx. 25 ft north of another well owned by Perrydale Domestic Water Association, POLK 50255, which is no longer used and is much shallower (85 ft) and open to a separate aquifer.



### C. Groundwater Source Information (Sump)

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

### 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? RECEIVED  
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YES  NO

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
*unknown	*unknown	*unknown	Submersible	<6"	2-3" ID

\*The PDWA interim general manager was unable to locate the records for the pump and motor currently installed in the L2A Well. The original pump contractor for the PDWA was purchased by another company and the original records were not carried over. Intake and discharge size can be inferred from well and wellhead construction as observed during the site survey.

#### 3. Motor Information:

MANUFACTURER	HORSEPOWER
*unknown	* 20 HP estimated

\*The PDWA interim general manager was unable to locate the records for the pump and motor currently installed in the L2A Well. The original pump contractor for the PDWA was purchased by another company and the original records were not carried over. Horsepower was estimated from the initial flow rate at the beginning of the March 25, 2021 flow test.

#### 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)
20 HP (estimated)	0 psi (open outflow)	~150 ft	0 ft	0.11 cfs

#### 5. Provide pump calculations:

$$Q \text{ Pump} = (20 \text{ HP}) \cdot (80\% \text{ efficiency}) = 0.11 \text{ cfs}$$

(150 ft of lift)

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61

Pump efficiency factor for turbine pump (80%) = 7.04

Centrifugal Pump, 75% eff.  $(550 \text{ ft lb/sec/Hp}) \cdot (.75) = 6.61 \text{ ft}^4/\text{sec/Hp}$   
(62.4 lb/cu ft)

Turbine & Submersible Pumps, 80% eff.  $(550 \text{ ft lb/sec/Hp}) \cdot (.80) = 7.04 \text{ ft}^4/\text{sec/H}$  (62.4 lb/cu ft)

Total head is the sum of suction lift, pressure head, and discharge lift.

#### 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)
7,843,366	7,844,110	20 min interval	0.083 cfs*

\*Initial pumping rate during the March 25, 2021 flow test reached 43 gpm (0.093 cfs).

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



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

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH*	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~82,000 ft	Unknown	Buried
3"	~1,000 ft	"	"
4"	~525,000 ft	"	"
6"	~92,000 ft	"	"
8"	~75,000 ft	"	"
14"	~14,400 ft	"	"

\*Based on the PDWA Distribution Map included in the 2018 Update to the WMCP.

**9. Lateral or Handline Information: NA**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

**10. Sprinkler Information: NA**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)

**11. Drip Emitter Information: NA**

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

**12. Drip Tape Information: NA**

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

**13. Pivot Information: NA**

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

**E. Storage**

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

YES NO

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

If "YES" is it a:           Storage Tank  
   Bulge in System / Reservoir

YES NO  
 YES NO

Complete appropriate table(s), unused table may be deleted.



**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Salt Creek Reservoir	20,000	Above
Domaschofsky Reservoir	50,000	Above
Reimer Reservoir	53,000	Above
South Reservoir	53,000	Above
Main Reservoir	250,000	Above
LINCOLN RESERVOIR <i>SR</i>	350,000	ABOVE

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

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

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

YES NO

**G. Gravity Flow Canal or Ditch**

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

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

YES NO

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

Well L2A (POLK-1140) is one of many wells in the Perrydale DWA production system. Its contribution to the District's supply has been limited due to water quality factors, which has led to the use of the well for bulk sale to an adjacent farm for irrigation. The well is still configured to pump into the main system and is available for emergency supply.

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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. **OWRD**

**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	3/12/1990		
BEGIN CONSTRUCTION (A)	3/12/1991	6/1/1989	Well L2A (POLK-1140) construction started
COMPLETE CONSTRUCTION (B)	10/1/1991	6/15/1989	Well L2A (POLK-1140) completed
COMPLETE APPLICATION OF WATER (C)	10/1/1992 (original) 10/1/2017 (extended)	July 2017	Well used in its current configuration (as observed during flow test and site survey) for bulk water sale to irrigator.

\* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

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

**YES**  **NO**

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

a. Did the Extension Final Order require the submittal of Progress Reports?

**YES**  **NO**

b. Were the Progress Reports submitted?

**YES**  **NO**

**3. Initial Water Level Measurements:**

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

**YES**  **NO**

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

Established by June 1, 1990

c. Was the measurement submitted to the Department?

**YES**  **NO**

**4. Annual Static Water Level Measurements:**

a. Was the water user required to submit annual static water level measurements?

**YES**  **NO**

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



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

Monthly, compiled annually

c. Were the static water level measurements taken in the month(s) required? **YES** **NO**

d. If "YES", were those measurements submitted to the Department? **YES** **NO**

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Submitted to OWRD	CWRE	ETAPE	

**5. Pump Test:**

a. Did the permit require the submittal of a pump test? **YES** **NO**

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

For additional information regarding pump tests see:

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

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

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

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

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

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

\*\* 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** **NO**

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** **NO**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well L2A (POLK-1140)	Neptune	06-17 3732	Working	7,843,366 gal (March 25, 2021 @ 9:15am)	Unknown

\*Perrydale Domestic Water Association was unable to locate the records showing when the flow meter was installed, though it appears to be in good, working conditions.

**7. Recording and reporting conditions:**

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

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

b. Have the reports been submitted? **YES** **NO**

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? **YES** **NO**

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

c. Was submittal of a water management and conservation plan required? **YES** **NO**

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

WELL ID #	DATE ATTACHED TO WELL
NA*	NA*

\*Well tag application being submitted by PDWA around the same time as this application.

e. Other conditions? **YES** **NO**

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

The Perrydale DWA submitted an updated WMCP in 2018 which was approved by the OWRD on July 6, 2018. This WMCP remains in effect until June 28, 2028 as determined in the FO.

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Att. 1: CBU Map	Map of the POA and Place of Use (Perrydale DWA Service Area)
Att. 2: Well Log	Driller Log for L2A Well
Att. 3: Pump Test Report	Report form for the March 25, 2021 flow test at L2A Well

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**SECTION 7**  
**CLAIM OF BENEFICIAL USE MAP**

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

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

The information provided on the Claim of Beneficial Use Map was gathered through the review of the Perrydale Domestic Water Association WMCP report, water right documents, and other files, as well as information gathered in the March 25, 2021 site survey. Because of the size and distribution of the Perrydale DWA service area and the quasi-municipal use, analysis with aerial photos was not used in the preparation of this application map.

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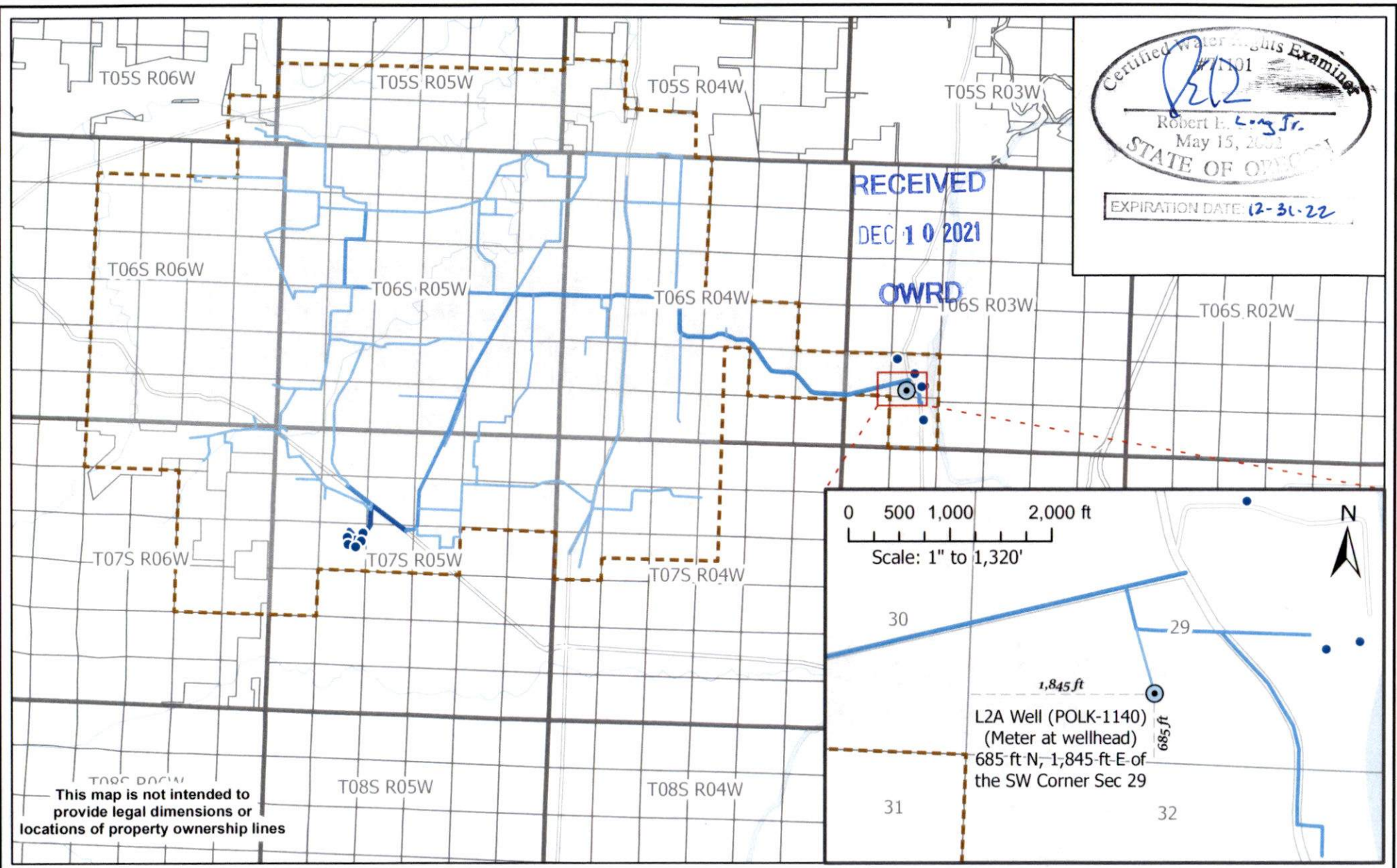
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## Map Checklist

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

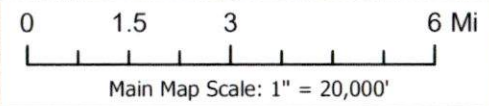




This map is not intended to provide legal dimensions or locations of property ownership lines



1319 SE MLK Jr. Blvd, Suite 204  
Portland, Oregon 97214  
(503) 954-1326



1	DATE	AUTH	DRAFT
No.	Date	By	Revisions

**Figure 1**  
**Claim of Beneficial Use Map**  
**App. G-11935**  
**Permit G-10987**  
  
**Perrydale Domestic Water Association**

- POLK 1140
  - PDWA Wells
  - POU - District Boundary
  - Sections
  - Township
- Pipeline Diameter**
- 2"
  - 4"
  - 6"
  - 8"
  - 14"





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

**RECEIVED** *perk/bs/3w/32 ac*  
 JUL - 7 1989 *1140* SC # 10670

(1) OWNER: Well Number: \_\_\_\_\_  
 Name Perrydale Domestic Water Assoc.  
 Address 11475 W. Perrydale Rd.  
 City Amity State OR Zip 97101

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Normal  Injection  Other Test hole

BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes  No  Depth of Completed Well 440 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount	
From	To	Material	From	To	sacks or pounds
12"	0	400 cement	400	390	9 sacks
12"	325	390 gravel	390	325	
12"	325	90 cement	325	90	135 sacks

Seal was 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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8"	+1	400	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method air perf.  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	390	1/2"	1200	8"	p.s.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_  
 See Attached Sheet

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom Waterlab  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: 440-575

WATER LOCATION OF WELL by legal description:  
 SALEM, OREGON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 6S N or S, Range 3W E or W, M.D.  
 Section 32 SW 1/4 NE 1/4  
 Tax Lot 302 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) n/a

(10) STATIC WATER LEVEL:  
70 ft. below land surface. Date 6-15-89  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
360	390	60	70
440	575	100+	?

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

Material	From	To	SWL
Fine black sand	95	105	8'
Soft brown clay/streaks of green gravel	105	120	
Soft blue green clay	120	144	
Clay green med. hard	144	165	
Clay hard grey	165	171	
Clay soft silty brown	171	176	
Clay hard sticky grey	176	187	
Clay med. brown	187	189	
Clay hard sticky grey	189	191	
Clay med. silty brown w/ green marble sediments	191	196	
Clay soft brown/brn. sandstn sed	196	198	
Wood	198	199	
Clay soft brn/brn. sandstn sed.	199	204	
Clay med. brown silty	204	207	
Clay hard sticky brown	207	211	
Clay med. brn/grn marine sed.	211	212	
Clay med. brn silty	212	214	
Clay soft brn/brn sandstn sed.	214	216	
Sandstn soft brn sed.	216	231	
Clay sticky brown	231	241	

CONTINUED

Date started 6-1-89 Completed 6-15-89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed Chock-Dan-John/et al WWC Number \_\_\_\_\_ Date 6-30-89

(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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed [Signature] WWC Number 723 Date 6-30-89



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65/3w/32ac

SC# 10670

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

POK 1141

(1) OWNER: Well Number: Perrydale Domestic Water Association

(2) TYPE OF WORK: New Well, Deepen, Recondition, Abandon

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

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

BORE HOLE CONSTRUCTION: Special Construction approval, Depth of Completed Well, Explosives used

Table with columns: HOLE (meter, From, To), SEAL (Material, From, To), Amount (sacks or pounds)

Backfill placed from... Gravel placed from... (6) CASING/LINER: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Table for casing and liner properties: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

(7) PERFORATIONS/SCREENS: Perforations, Screens, Method, Type, Material

Table for perforations: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. Pump, Bailer, Air, Flowing Artesian. Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?

LOCATION OF WELL by legal description: SALEM, OREGON. County, Latitude, Longitude, Township, Section, Tax Lot, Block, Subdivision, Street Address of Well

(10) STATIC WATER LEVEL: ft. below land surface, Date, Artesian pressure, lb. per square inch, Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation, Material, From, To, SWL. CONTINUATION. Sndstn brn sed/green marine sediments, Clay brn hard sticky, Clay soft brn/sandstone black, Clay hard sticky brn, Sndstn sed soft black/sndstn black sediments, Wood and small gravels, Clay soft brn /small gravels soft brown clay w/streaks of gravel mix and brown sndstn sediments, Clay sticky brn w/ streaks of brown gravels

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Date started, Completed, OWRD

(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 well construction standards. Signed, Date, WWC Number

(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. Signed, Date, WWC Number 7-23



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

*POK*  
*1142*

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*6S/3W/32ac*  
*SC 10670*

CONTINUATION JUL - 7 1989

(1) **OWNER:** Well Number: \_\_\_\_\_  
 Name Perrydale Domestic Water Assoc.  
 Address 11475 W. Perrydale Rd.  
 City Amity State OR Zip 97101

(2) **TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

(3) **DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) **PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

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

HOLE	SEAL		Amount
	meter	To	

 \_\_\_\_\_ 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	SEAL			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 \_\_\_\_\_ vertical location of shoe(s) \_\_\_\_\_

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<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
			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:**  
 WATER RESOURCES DEPT.  
 County SALEM, OREGON Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S, Range \_\_\_\_\_ E or W, WM.  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(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 \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Soft brown clay w/green marine sediment	291	305	
Soft brown red clay	305	309	
Small brown pea gravel	309	311	
Hard Rock	311	321	
Soft grey clay w/small gravel streaks	321	331	
Mix of large sandstone sed. & small gravels	331	342	
Hard black shale	342	353	
Hard brown sandstone sedi.	353	357	
Highly weathered grey basalt	357	386	
Broken weathered basalt	386	440	
Basalt green fractured	440	460	
Rock brown fractured	460	539	
Clay sticky blue	539	553	
Marine deposits grey	553	575	

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Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed *Bryan B. Stedler* WWC Number 1358  
 Date 6-30-89

(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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed *[Signature]* WWC Number 733  
 Date 6-30-89





**Owner Information:**

<b>OWNER NAME/BUSINESS NAME:</b> Perrydale Domestic Water Association (Steve Rolston, Interim GM)		<b>PHONE No.:</b> 971 - 901 - 1066	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 11475 W. Perrydale Road			
<b>CITY:</b> Amity	<b>STATE:</b> OR	<b>ZIP:</b> 97101	<b>E-MAIL:</b>

**Pump Test Conducted By (If Different From Owner):**

<b>TEST CONDUCTED BY NAME:</b> Bob Long (CWRE) and Ian Godwin (GIT)		<b>QUALIFICATION:</b> (SELECT) CWRE	<b>LICENSE #:</b> G1235 / 701101 CWRE
<b>COMPANY:</b> CwM-H2O, LLC		<b>PHONE No.:</b> (503) 954-1326	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 1319 SE Martin Luther King Jr., Blvd, Suite 204			
<b>CITY:</b> Portland	<b>STATE:</b> OR	<b>ZIP:</b> 97214	<b>E-MAIL:</b> bob.long@cwmh2o.com

**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
POLK - 1140	L- NA	Well L2A	575 ft	Perrydale DWA	6/15/1989	3/25/2021

(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 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
6S	3W	29	SESW	668 ft North and 2,953 ft East from SW Corner of Sec 29	45.016740	-123.085446

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- 11935	G- 10987	T-		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Need MWE Form)
G-	G-	T-		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Need MWE Form)
G-	G-	T-		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
POLK 50254	~900 ft North	Assumed OFF	-	-
POLK 50292	~800 ft North	Assumed OFF	-	-
POLK 50659	~800 ft North	Assumed OFF	-	-

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  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: To an irrigation ditch running through the field the well is in.  
 How far from the pumped well was water discharged? 20 - 25 ft ft.

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





**Water-Level Measurement Method:** Electric Tape \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_ { E-Tape: 300 ft \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

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

**Pump Type:** Submersible  
HP: \_\_\_\_\_ Pump set at: \_\_\_\_\_ feet.  
Pump idle time: several days

**Discharge Measurement Method:** Flowmeter  
Flowmeter (if used):  
Manufacturer: Neptune Serial #: 06-17 3750  
Date Last Calibrated: Unknown Units: 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) 3/4" port in the top of the well casing on the north side

**Time pump turned on:** Date 3/25/2021 Time 10:05  
**Time pump turned off:** Date 3/25/2021 Time 14:05  
Total pumping time: 4 hours \_\_\_\_\_ minutes.

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

OWRD

- 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;JSESSIONID\\_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsI-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQIW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsI-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: 3/25/2021

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
POLK-1140	L- NA	L2A	575ft	Perrydale DWA	6/15/1989	3/25/2021

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
3/25	9:15		98.21	0	Pre-test		7893.386	Starting Val
	9:35		98.30	0	Pre-test		.	
	9:55		98.30	0	Pre-test			
	10:00		98.30	0	Pumping			
	10:05		98.31	0			-366	START
	10:06	1	115.50	34	↓		400	
		2	126.35	43		443		
		3	135.63	43		480		
		4	141.87	40		526		
		5	147.72	40		566		
		6	151.26	39		605	RECEIVED	
		7	153.43	36		641	DEC 10 2021	
		8	155.96	39		680		
		9	158.17	38		718		
		10	160.27	35		753	OWRD	
		11	160.78	38		791		
		12	162.50	35		826		
		13	163.28	35		861		
		14	162.82	39		900		
		15	164.63	32		932	Adj A Rate	
		17	165.60	39		4010		
		20	166.90	33		4110	Adj ↑	
		23	168.30	38		4225		
		25	169.23	35		4295	Adj ↑	
		30	168.62	38	4455			
		35	11	35	660			
		40	169.90	35	835			
		45	172.49?	36	5015			
		50	172.00	36	5295	Adj ↑		
		55		38				
		60	173.95	37	5560			
		70	174.43	35	5910	Adj ↑		
		80	175.40	34	6240			
		90	175.60	36	610	Adj ↑		
		105	176.30	37	7170			
		120	177.00	38	7700			
		135	177.60	37	8210			
		150	180.15	36	8750			
		168	181.22	37	9570			





WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
POLK-1140	L- NA	L 2A	575 ft	Perrydale	6/15/1989	3/25/2021

DWA

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
		182	181.70	36			10,020	( Valve Open Fully )
		195	182.10	37			10,370	
		210	182.48	36			7,510,000	
		225	182.86	36			1450	
	14:06	240	183.16	36	Recovery		7,520,000	Shut OFF
	14:08		157.62	0	2 min			
	14:10		140.30	0	4 min			
			129.91	0	6			
			123.66	0	8			
			119.91		10			
			117.91		12			
			116.07		14			
			115.18		16			
			114.38		18			
			113.80		20			RECEIVED
			112.68		25			DEC 10 2021
			111.75		30			
			111.08		35			
			110.65		40			OWRD
			110.14		45			
			109.89		50			
			109.47		55			
					60			
					65			
			108.54		70			
			108.27		75			
					80			
					90			
			107.79		90			
			107.43		100			
			106.70		115			90% Rec.

116.70



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1140 6S/3W/32 ac

SC # 10670

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

OWRD

(1) OWNER: Name Perrydale Domestic Water Assoc. Address 11475 W. Perrydale Rd. City Amity State OR Zip 97101

(2) TYPE OF WORK: [X] New Well [X] Deepen [ ] Recondition [ ] Abandon

(3) DRILL METHOD: [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Other

(4) PROPOSED USE: [ ] Domestic [X] Community [ ] Industrial [ ] Irrigation [ ] Normal [ ] Injection [X] Other Test hole

BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 440 ft. Explosives used [ ] [X] Type Amount

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Amount (sacks or pounds). Rows include cement, gravel, and cement seals.

Seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E. Backfill placed from ft. to ft. Material. Gravel placed from ft. to ft. Size of gravel.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

(7) PERFORATIONS/SCREENS: [X] Perforations Method air perf. [ ] Screens Type Material

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [ ] Bailer [ ] Air [ ] Artesian. Yield gal/min, Drawdown, Drill stem at, Time.

Temperature of water, Depth Artesian Flow Found, Was a water analysis done? [X] Yes By whom Waterlab. Did any strata contain water not suitable for intended use? [ ] Too little [X] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other. Depth of strata: 440-575

WATER LOCATION OF WELL by legal description: COUNTY OREGON Latitude Longitude Township 6S N or S, Range 3W E or W, WM. Section 32 SW 1/4 NE 1/4 Tax Lot 302 Lot Block Subdivision Street Address of Well (or nearest address) n/a

(10) STATIC WATER LEVEL: 70 ft. below land surface. Date 6-15-89. Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Rows show zones from 360-390, 440-575.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Lists soil layers like Fine black sand, Soft brown clay, green gravel, etc.

Date started 6-1-89 Completed 6-15-89

(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 well construction standards. Signed Chock-Dan-John/Gradi Date 6-30-89 WWC Number

(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. Signed Date 6-30-89 WWC Number 723



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SC# 10670

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

201K 1141

(1) OWNER: Name Perrydale Domestic Water Association, Well Number, Address, City, State, Zip

(2) TYPE OF WORK: New Well, Deepen, Recondition, Abandon

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

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

BORE HOLE CONSTRUCTION: Special Construction approval, Depth of Completed Well, Explosives used, HOLE, SEAL, Amount

Backfill placed from, Gravel placed from

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

(7) PERFORATIONS/SCREENS: Perforations, Screens, Method, Type, Material

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. Pump, Bailer, Air, Flowing Artesian. Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Depth of strata

(9) LOCATION OF WELL by legal description: SALEM, OREGON, County, Latitude, Longitude, Township, N or S, Range, E or W, WM, Section, Tax Lot, Lot, Block, Subdivision, Street Address of Well

(10) STATIC WATER LEVEL: ft. below land surface, Date, Artesian pressure, lb. per square inch, Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation, Material, From, To, SWL. CONTINUATION. Sndstn brn sed/green marine sediments, Clay brn hard sticky, Clay soft brn/sandstone black, Clay hard sticky brn, Sndstn sed soft black/sndstn black sediments, Wood and small gravels, Clay soft brn /small gravels soft brown clay w/streaks of gravel mix and brown sndstn sediments, Clay sticky brn w/ streaks of brown gravels

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Date started, Completed

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief. WWC Number 7-23, Signed, Date 6-30-89



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

POK  
1142

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bs/3w/32ac  
JUL - 7 1989  
SC 10670

CONTINUATION

(1) OWNER: Well Number: \_\_\_\_\_  
Name Perrydale Domestic Water Assoc.  
Address 11475 W. Perrydale Rd.  
City Amity State OR Zip 97101

(9) LOCATION OF WELL by legal description:  
WATER RESOURCES DEPT.  
County SALEM, OREGON Longitude \_\_\_\_\_  
Township \_\_\_\_\_ Nor or S, Range \_\_\_\_\_ E or W, WM.  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

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

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 hermal  Injection  Other \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

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

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

HOLE			SEAL			Amount sacks or pounds
meter	From	To	Material	From	To	

Material	From	To	SWL
Soft brown clay w/green marine sediment	291	305	
Soft brown red clay	305	309	
Small brown pea gravel	309	311	
Hard Rock	311	321	
Soft grey clay w/small gravel streaks	321	331	
Mix of large sandstone sed. & small gravels	331	342	
Hard black shale	342	353	
Hard brown sandstone sedi.	353	357	
Highly weathered grey basalt	357	386	
Broken weathered basalt	386	440	
Basalt green fractured	440	460	
Rock brown fractured	460	539	
Clay sticky blue	539	553	
Marine deposits grey	553	575	

\_\_\_\_\_ 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 \_\_\_\_\_

Date started \_\_\_\_\_

(6) CASING/LINER:  
Diameter From To Gauge Steel Plastic Welded Threaded  
Casing: \_\_\_\_\_  
Liner: \_\_\_\_\_

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed *[Signature]* WWC Number 1358  
Date 6-30-89

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

(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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed *[Signature]* WWC Number 723  
Date 6-30-89

(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: \_\_\_\_\_