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

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

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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: <u>https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</u> 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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-11935	G-10987	NA

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Perrydale Domestic Water Association Attn: Steve Rolston, Interim General Manager		PHONE NO 503-835-	7221 (office)	ADDITIONAL CONTACT NO. 971 901-1066 (cell)	
Address					
11475 W. Perrydale Roa	d				
Сіту	STATE	ZIP	E-MAIL		
Amity	OR	97101 sr.pdwa@onlinenw.com			

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. <u>Each</u> 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							
Perrydale Domestic Water Association							
Attn: Steve Rolston, Interim General	Manager						
Address							
11475 W. Perrydale Road			RECEIVED				
Сіту	STATE	Zip					
Amity	500001						

4. Date of Site Inspection:

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March 25, 2021

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	81 Interim General Manager		

6. County:

Marion, Polk, Yamhill

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			
Сітү	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		PHONE NO		ADDITIONAL CONTACT NO.	
Robert Long		503 - 954 - 1326			
Address					
1319 SE Martin Luther	King Jr. Blvd, Suite 204				
Сітү	STATE	ZIP	E-MAIL		
Portland OR		97214	Bob.long@	cwmh2o.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	
Str ROD	Steve Rolston	<i>gL</i> Interim General Manager	12/6/2021	

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SECTION 3

CLAIM DESCRIPTION

 Point of appropriation name or number:
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 POINT OF APPROPRIATION
 Well Log ID #
 Well Tag #

 (POA) NAME OR NUMBER
 FOR ALL WORK PERFORMED ON THE WELL
 (IF APPLICABLE)

 (CORRESPOND TO MAP)
 (IF APPLICABLE)
 (IF APPLICABLE)

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

(POLK-1140)

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

Well L2A

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			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	
Total Quantity of	Water Used			0.094 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:

The place of use listed on Permit G-10987 includes the entire service area of the Perrydale Domestic Water Association, which covers parts of 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 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).

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NA*

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.



(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?

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)	DEALN
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A. Place of Use

1. Is the right for municipal use?

Тwp	RNG	Mer	SEC	QQ	GLOT	DLC	Use	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
	The Perrydale Domestic Water						Quasi-	-	-
	Association Service Area						municipal		
Total Ac	otal Acres Irrigated							-	-

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

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 $\frac{3}{4}$ " 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 Stadeli

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.

YES A

YES NO

YES

NO

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YES NO

C. Groundwater Source Information (Sump)

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

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?

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

2. Pump Infor	mation:	
MANULFACTURED	Monri	CEDIA

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE
* 1	*	* -			
*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 Pur	mp = (20 HP)*(80% efficiency) = 0.11 cfs	٦
	(150 ft of lift)	
Efficiency factor	S:	
NOTE:	Pump efficiency factor for centrifugal pump (75%) = 6.61	
	Pump efficiency factor for turbine pump (80%) = 7.04	
Centrif	ugal Pump, 75% eff. (550 ft lb/sec/Hp)(.75) = 6.61 ft ⁴ /sec/Hp	
	(62.4 lb/cu ft)	
Turbin	e & Submersible Pumps, 80% eff. (550 ft lb/sec/Hp)(.80) = 7.04 ft ⁴ /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.

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NO

YES NO

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MABD

YES

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	u	u
4"	~525,000 ft	и	u
6"	~92,000 ft	и	u
8"	~75,000 ft	и	u
14"	~14,400 ft	u	u

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

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	GPM PER	TOTAL	MAXIMUM	TOTAL TAPE	Additional Information
SPACING IN	100 FEET	LENGTH OF	LENGTH OF TAPE	OUTPUT	
INCHES	TOOLEEL	TAPE	USED	(CFS)	

13. Pivot Information: NA

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

E. Storage

 Does the distribution bulge in system / re 	ition system include in-system storage (e.g. storage tank, servoir)?	YES	NO
If "NO", item 2 and 3	B relating to this section may be deleted.		
If "YES" is it a:	Storage Tank Bulge in System / Reservoir	<mark>YES</mark> YES	NO NO

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

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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	
3. Bulge in System / Reservoir: NA	350,000	ABOVE	
RESERVOIR NAME OR NUMBER	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN	

-	C		F La		Dimo
г.	Gra	ανιτν	FIC	w i	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?

(CORRESPOND TO MAP)

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?

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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ACRE FEET)

YES

YES

NO

NO

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall **GWRD** 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	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.		

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- 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:

ENCLOSED.

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 **RECEIVED** multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:		DEC 1 0 2021
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx		OWRD
If "NO", items b through e relating to this section may be deleted.		OWRD
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?	¥ES	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

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 t	the water user required	d to report the water use to the Department?	YES	NO
If "NO	", item b relating to th	is section may be deleted.		
b. Ha	ive the reports been su	ibmitted?	YES	NO
If the	reports have not been	submitted, attach a copy of the reports if available.		
8. Oth	her conditions require	d by permit, permit amendment final order, or extensior	n final or	der:
a.	Were there special w	ell construction standards?	YES	NO
b.	Was submittal of a gr	round water monitoring plan required?	YES	NO
c.	Was submittal of a w	ater management and conservation plan required?	YES	NO
			VEC	
d.	Was a Well Identifica	tion Number (Well ID tag) assigned and attached	YES	NO
d.	to the well?	tion Number (Well ID tag) assigned and attached	YES	NO
d.		DATE ATTACHED TO WELL	¥ŧs	NO
d.	to the well?		¥ES	NO
d.	to the well? WELL ID # NA*	DATE ATTACHED TO WELL		NO
	to the well? WELL ID # NA*	DATE ATTACHED TO WELL NA*		NO
e. If "YES	to the well? WELL ID # NA* *Well tag application be Other conditions?	DATE ATTACHED TO WELL NA* eing submitted by PDWA around the same time as this application. identify the condition and describe the water user's actio	YES	
e. If "YES compl	to the well? WELL ID # NA* *Well tag application be Other conditions? 5" to any of the above, y with the condition(s)	DATE ATTACHED TO WELL NA* eing submitted by PDWA around the same time as this application. identify the condition and describe the water user's actio	¥ ES ns to	NO

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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 quasimunicipal use, analysis with aerial photos was not used in the preparation of this application map.

RECEIVED Map Checklist DEC 10 2021 Please be sure that the map you submit includes ALL the items listed below. DEC 10 2021 (Reminder: Incomplete maps and/or claims may be returned.) OWRD 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
 - 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

 \boxtimes

CWRE stamp and signature





AREA IN

STATE OF OREGON WATER WELL REPORT

JUL -7 1989 1140 <u>sc # 10670</u>

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Township6S	Nor S, Range	NE		S OF WC	EIVE
Section 32	%		4		
Tax Lot _302_	Lot Block	n/a	_Subdivi	Ision	1020
Street Address of V	Well (or nearest address)	11/a		L' La V	1 4 60
(10) STATIC	WATER LEVEL:	:		O	WRD
	below land surface,		Date E	5-15-	89.
Artesian pressure	lb. per squ	are inch.	Date		
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Depth at which water w	vas first found				
From	То			Rate	SWL
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440	575	100	<u>t</u>		?
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abandonment of	this well is in complia	ance with (Oregon	well con	nstructio
standards. Materia	als used and informatio	n reported	above a	re true t	to my be
knowledge and bel			WWC Nu	umber	
- Signad Chock	K-Dan-John	ctadeli D	Date _	6-31-	89
					10
(bonded) Water	Well Constructor Cen	rtification	toration	or cho	ndonmer
I accept resp	onsibility for the const	construction, all	n dates 1	reported	above. a
- work performed	during this time is	in compl	iance w	vith Or	egon we
construction stan	dards. This report is th	rue to the t	pest of r	ny knov	vienge ai
	11 America	V	WWC N	umber .	N
belief.	V.YD			XA	
Signed	WP		Date _	-30-	89
	SALGUAG, CEPICS Township 6S Section 32 Tax Lot 302 Street Address of 1 (10) STATIC 70 ft Artesian pressure (11) WATER Depth at which water w From 360 (12) WELL L Fine black Soft brown Green grave Soft blue g Clay Green Clay hard g Clay ard g Clay ard g Clay med. ft Clay med. ft Clay med. ft Clay med. ft Clay med. ft Clay soft ft Wood Clay soft ft Wood Clay soft ft Wood Clay soft ft Clay med. ft Clay med. ft Clay med. ft Clay med. ft Clay soft ft Mood Clay soft ft Mood Clay soft ft Clay ft Signed 6 ft Clay ft Signed 6 ft Signed 7 ft Signed 6 ft Signed 6 ft Signed 7 ft Signe	SALEMA, CERENCIAL Latitude Township 6S Nor S, Range Section 32 SW 4 Tax Lot 302 Lot Block Street Address of Well (or nearest address) - - (10) STATIC WATER LEVEL: - -	SALEAN, CREASON, Latitude	SALSAM, OFFICION, Latitude Longitude Township SN Nor S, Range 3W Section 32 N NE 4 Tax Lot 302 Lot Block Subdivision Street Address of Well (or nearest address) n/a n/a (10) STATIC WATER LEVEL:	Tax Lot 302 Lot Block Subdivision Street Address of Well (or nearest address) n/a Itel (10) STATIC WATER LEVEL: O

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WATER WE					1111 - 7 106		1	
(as required by	ORS 537.765)	C		1141	JUL - 7 198		0670	
1) OWNER:		1	Well Numbe	er:	WA79JFIFOGAD POIS	OBEWELL by legal d	escriptio	on
ame Perryda	le Domesti				SALEM, OREG	ON Latitude	Longitude	
ddress		<u></u>				N or S, Range		
ity		State		Zip	Section	14		1
2) TYPE OF	WORK.		and the second			Lot Block		
		Recondition	Ab:	endon	Street Address of V	Vell (or nearest address)		
		Recondition		HIGH	-			_
B) DRILL M	100 M 100		N 8		(10) STATIC V	VATER LEVEL:		
	Rotary Mud	Cable		21			D	
Other						below land surface.		
4) PROPOS			-		Concerning of the second se	lb. per square inch	. Date _	
	Community		Irrigat	ion	(11) WATER B	BEARING ZONES:	-	
the second se	the second s	Other			Depth at which water wa	s first found		2
BORE HO	DLE CONSTI	RUCTION	:				imated Flow I	Rate
	approval Yes No	0 Deptho	of Complete	ed Well	ft. From			
xplosives used			Amount					
HOLE eter From	To Materia	SEAL al From	То	Amount sacks or pound	ls			
					(12) WELL LO	Ground elevation		
						Material	From	Г
			1			ONTINUATION		
was seal placed:	Method A	□в □с		∃ E				
Other					- Sndstn brn s	sed/green marine	241	
	ft. to				- sediments			2
ravel placed from	ft. to	ft. Size	of gravel		_ Clay brn har		246	2
3) CASING		P-				m/sandstone black	249	
Diameter	From To	Gauge Steel	Plastic	Welded Thread		ticky brn	252	2
sing:		□				soft black/sndstn	254	
					black sedime		050	2
					Wood and sma		259	
						rn /small gravels	260	-
iner:						clay w/streaks of	-	+
						and brown sndstn		12
al location of sho						brn w/ streaks		
7) PERFOR	ATIONS/SC	CREENS:	23		CLAY STICKY		286	+
					of brown or		286	1 1
Perforation	ns Method				of brown gra		286	1
Perforation Screens	ns Method Type			l	of brown gr.		286	
Screens	Type Slot	T	Material ele/pipe		-		RECE	
	Type			Casing Line	-	avels	RECE	
Screens	Type Slot	T	Material ele/pipe		-		RECE	
Screens	Type Slot	T	Material ele/pipe	Casing Line	-	avels	RECE	
Screens	Type Slot	T	Material ele/pipe	Casing Line	-	avels	RECE	
Screens	Type Slot	T	Material ele/pipe	Casing Line		AVELS CONTINUED	RECE	
Screens	Type Slot	T	Material ele/pipe	Casing Lines	r	CONTINUED COMPleted	RECE	
Screens	Type	r Diameter	Material 'ele/pipe size	Casing Line:	r Date started (unbonded) Water	CONTINUED Completed	RECE	
Screens	Type	r Diameter	Material 'ele/pipe size	Casing Line:	Date started (unbonded) Water I certify that t abandonment of th	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance with	RECH DEC 1	ion, well
Screens	Type	r Diameter	_ Material 'ele/pipe size ; time is	Casing Lines	Date started (unbonded) Water I certify that t abandonment of th standards. Materials	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance with s used and information report	RECH DEC 1	ion, well
Screens	Type	r Diameter	_ Material 'ele/pipe size ; time is	Casing Line:	Date started (unbonded) Water I certify that t abandonment of th	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance with s used and information report	RECE	ion, well re ti
Screens Constraints Constraint	Type	r Diameter	_ Material 'ele/pipe size ; time is	Casing Lines	Date started (unbonded) Water I certify that ta abandonment of th standards. Material knowledge and belie	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance with s used and information report f.	RECI DEC 1 OW eation: e construction the Oregon of ted above ar WWC Nu	ion, well re ti umb
Screens To To (8) WELL T Pump	Type	r Diameter	_ Material 'ele/pipe size ; time is	Casing Lines	T Date started Date started (unbonded) Water I certify that the abandonment of the standards. Materials knowledge and belies Signed	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f.	RECH DEC 1 OW sation: construction the Oregon of ted above ar WWC Nu Date	ion, well re ti umb
Screens rom To (8) WELL T Pump	Type	r Diameter	_ Material 'ele/pipe size ; time is	Casing Lines	T Date started Date started (unbonded) Water I certify that the abandonment of the standards. Materials knowledge and belies Signed (bonded) Water W	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f. Yell Constructor Certificat	RECE DEC 1 OW sation: construction the Oregon of ted above ar WWC Nu Date ion:	ion, well re tr umb
Screens rom To rom (8) WELLT Pump Yield gal/min	Type	num testing	_ Material 'ele/pipe size ; time is m at	Casing Lines	Date started (unbonded) Water I certify that t abandonment of th standards. Materials knowledge and belie Signed (bonded) Water W L accept respon	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f. Vell Constructor Certificat maibility for the construction	RECE DEC-1 OW eation: e construction h Oregon v ted above ar WWC Nu Date ion: , alteration,	ion, well re tr umb
Screens rom To rom (8) WELL T Pump Yield gal/min Temperature of wat	Type	num testing	Material 'ele/pipe size ; time is m at rtesian Flow	Casing Line:	Date started Date started (unbonded) Water I certify that t abandonment of th standards. Materials knowledge and belie Signed (bonded) Water W I accept respon work performed on work performed on	Completed CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f. Vell Constructor Certificat msibility for the construction this well during the construc- turing this time is in con-	RECH DEC 1 DEC 1 COM eation: e construction the Oregon to ted above ar WWC Nu Date ion: , alteration, tion dates r mpliance w	ion, well re tr umb , or report
Screens rom To rom To (8) WELLL T Pump Yield gal/min Temperature of wat Was a water analysi	Type	num testing	Material 'ele/pipe size 	Casing Lines	Date started Date started (unbonded) Water I certify that the abandonment of the standards. Materials knowledge and belies Signed (bonded) Water W I accept respon work performed on work performed on construction stands	CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f. Yell Constructor Certificat	RECH DEC 1 DEC 1 COM eation: e construction the Oregon to ted above ar WWC Nu Date ion: , alteration, tion dates r mpliance w	ion, well re tr umbo , or repol
Screens rom To To (8) WELL T (8) WELL T Temperature of wat Was a water analysi Did any strata contra	Type	num testing	Material 'ele/pipe size 	Casing Lines	Date started Date started (unbonded) Water I certify that t abandonment of th standards. Materials knowledge and belie Signed (bonded) Water W I accept respon work performed on work performed on	Completed CONTINUED Completed r Well Constructor Certific the work I performed on the is well is in compliance wit s used and information report f. Vell Constructor Certificat msibility for the construction this well during the construc- turing this time is in con-	RECI DEC 1 DEC 1 D	ion, well re tr umbe , or report vith ny k

STATE OF OREGON

ALEM, OREGON						
	Township N or S, Range					
Section	- 4	-				
Tax Lot Lo	otBlock	د	Subdiv	ision		
Street Address of Well (o	or nearest address)			· · ·		
					_	
0) STATIC WAT	FER LEVEL:					
ft. below	w land surface.	_	Date _			
ft. below	lb. per squ	are inch.	Date _			
1) WATER BEA						
			2 2	-	2 S	
oth at which water was firs				-	01111	
From	To	Estim	ated Flow	Rate	SWL	
		1				
2) WELL LOG:	Ground elevat	tion				
·Ma	terial .		From	То	SWL	
CON	TINUATION	-				
ondstn brn sed	/green mari	ne	241		_	
sediments				246		
lay brn hard	sticky		246	249		
lay soft brn/	sandstone h	olaçk	249	252		
lay hard stic	ky brn		252	254		
Endstn sed sof		lstn	254			
black sediment	S	7		259		
wood and small	gravels	11.11	259	260		
Clay soft brn			260			
soft brown cla						
ravel mix and	brown snds	stn				
sediments				286		
Clay sticky br	n w/ stream	KS	286			
of brown grave	15			291		
* *			RECE	-	-	
			PLUE	IVE	μ_	
C	DNTINUEL	>	-	0.00		
· · · · · · · · · · · · · · · · · · ·			EC.1	0 202	1	
			EC 1	0 202		

onded) Water Well Constructor Certification:

certify that the work I performed on the construction, alteration, or onment of this well is in compliance with Oregon well construction ards. Materials used and information reported above are true to my best edge and belief.

9809C 10/86

	WWC Number
Signed	Date
(bonded) Water Well Cons	structor 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	is time is in compliance with Oregon well report is true to the best of my knowledge and
belief.	WWC Number Z-23
	WWC Number
Signed	Date 6-30-89

STATE	OF OREGON	¥ C el		Po	NK		KECE	IVED 6	s/3	3w,	13	Zac
WATER W. (as required	ELL REP by ORS 537.7			11	42	CONTI	NUATION -7	1989 #5	ć 101	670		
	rydale Do		Wate	Well Number Ass			(9) LOCATION	OF WELL by la RCES DEPT.	egal de	Longitude	ion:	
	175 W. Pe	rrydale		OD		07101	Township	REGON Nor S, Range			E or W,	WM.
City Ami	4		State	UR	Zip	97101	Section			- 14		
(2) TYPE O				Π.,				Lot Bloc				
(3) DRILL N	Deepen	Recor	dition		bandon		Street Address of W	/ell (or nearest address) _				
Rotary Air	Rotary Mu	d 🗆	Cable				(10) STATIC W	VATER LEVEL	:			
(4) PROPOS	ED LICE.							below land surface.	÷	Date .		
	Community	□ Indua	trial	Trainer	tion	*		lb. per squ		Date .		
	Injection	Other		L Inga	tion	· · · · · · · · · · · · · · · · · · ·	(11) WATER B	EARING ZONI	ES:			
BORE H							Depth at which water wa	s first found				······································
Special Construction	n approval Yes	No			ed Well	ft.	From	То	Estin	nated Flow	Rate	SWL
Y	les No								di.			
Explosives used	ц ц Тур	e		amount								
HOLE neter From	To Ma	SE aterial	AL From	То		nount or pounds						
								0				
							(12) WELL LO	G: Ground elevat	ion			
								Material		From	To	SWL
							and the second se	lay w/green				
• was seal placed	: Method	ALB	ЦС.	ЦВІ	ЦЕ		marine se	the second se		291	305	
Backfill placed from	ft to	ft	Mater	rial			Soft brown i	and the second sec		305	309	
Gravel placed from .				fgravel			Small brown	pea gravel		309	311	
(6) CASING							Hard Rock Soft grey c	av w/gmall		311	321	
	A second second	Gauge	Steel	Plastic	Welded	Threaded	gravel sti			321	331	
Casing:							Mix of large			561	331	
Province in succession		-						all gravels		331	342	
							Hard black s	and the second sec	1	342	353	
							Hard brown a	sandstone sed	i.	353	357	
Liner:	+	-						nered grey ba	salt	357	386	
		_						nered basalt		386	440	
al location of sho							Basalt green	and the second se		440	460	
(7) PERFOI		SCREE	NS:				Rock brown		-	460	539	
Perforatio						R.U	Clay sticky Marine depos		atalan 1.4.4	53 9 553	553 575	
Screens	Туре		-	Material			Marine depos	sits grey		555	515	
rom To	Slot size Num	ber. Diam		le/pipe size	Casing	Liner						
								RECEIVED				
		_		· · ·				2 .				
								DEC 1 0 2021	¢.			
		_										
	+				. 🗌		Date started		pleted			
	Equal ar						(unbonded) Water	Well Constructor Ce	rtificati	ion:		
(8) WELL T				ime is 1	L hour Flowin	שר	I certify that the	e work I performed o	n the co	nstructio	n, altera	ation, or
🗆 Pump	Bailer		Air	1	Artesi		abandonment of this standards. Materials u	well is in compliance	reported	Dregon w	ell cons	truction
Yield gal/min	Drawdown	D	rill stem	at	Tir	ne	knowledge app belief.	1 la			,.	5000
		*			1 h	ı r .	. Bere	6 8.	1 15	WC Nun	nber 13	250
							Signed fund	Dente	D	ate	(p-3	0-87
							(bonded) Water Wel	l Constructor Certi	fication	:	a)	
Temperature of wate	er	D	epth Arte	sian Flow l	Found		I accept responsi	bility for the constru	ction. alt	eration.	or aband	onment
Was a water analysis	s done?	Yes By wh	om				work performed on th work performed dur	ing the time is in	compli	ance wit	h Oreg	ove. all on well
Did any strata conta					olittle		construction standar	s. The report is true	to the b	est of my	knowle	dge and
Salty Mudd	ty 📙 Odor 🗌	Colored [Other				belief.		W	WC Nun	nber Z	23
Depth of strata:							Signed		D	ate	30-	89
WHITE COPIES -	WATER RESOL	JRCES DEP	ARTME	NT		YELLOW CO	OPY - CONSTRUCTOR	PINK COL	Y - CUST	OMER	. 9	809C 10/86



Owner Information:



DEC 1 0 2021

PUMP TEST FORM COVER SHEET

OWRD

Owner NAME/BUSINESS NAME: Perrydale Domestic Water Association	n (Steve Rolston, Interim C	and the second se	NE NO.: 901 - 1066	ADDITIONAL CONTACT NO.:
ADDRESS: 11475 W. Perrydale Road	l			L
CITY: Amity	STATE: OR	ZIP: 97101	E-MAIL:	

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Bob Long (CWRE) and Ian Godwin (GIT)		QUALIFICATION: (SELECT)	CWRE	LICENSE #: G1235/70(10) CWRE	
Company: CwM-H2O, LLC		PHONE NO.: (503) 954-1326		ADDITIONAL CONTACT NO .:	
ADDRESS: 1319 SE Martin Luthe	King Jr., Blvd, Suite 204				
CITY: Portland	STATE: OR	ZIP: 97214	E-MAIL: 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	RNG	SEC	QQ	SURVEYED LOCATION	LATITUDE	LONGITUDE
(Ex: 25S)	(Ex: 31E)	(Ex: 12)	(Ex: SE/SW)	(Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	(Ex: 44.94473859)	(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-		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.

Yes 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	-	-

No Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface

water and the well head. Well elevation is above the surface water body.

Approximate distance:		ft.
Approximate elevation	difference:	ft

No 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?

To an irrigation ditch running through the field the well is in. 20 - 25 ft

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

ft.

ft.



PUMP TEST FORM COVER SHEET

Water-Level Measurement Length of air line (if used):	Method: Electric Ta	pe *Verify here	∫ Airline:	_ psi	feet.
Length of air line (if used): _ *Airline measurements mus			L E-Tape: 300 ft		feet.
Airline measurements mus	t be verified by an E-	Tape measurement			
Pressure transducer (if used) Manufacturer:			Pump Type: Submersible		
Date Last Calibrated: _	Senar#	I Inits:	HP: Pump	set at:	feet.
Discharge Measurement N			Pump idle time: severa		
Flowmeter (if used):	riowmeter				
Manufacturer: Neptune	Serial #	· 06-17 3750	Note: Well must be idle for a		
Date Last Calibrated: Un	known	Inits: Gallons	test. Additional forms can be htps://www.oregon.gov/OW		
terrer and the second of the second s				ND/FOITIS/F ages/delau	n.aspx
Measuring Point (MP): Me			An out of the manner of the		
Description (e.g., top por	t of 1 inch port pipe,	west side) 3/4" port in the	top of the well casing on the no	rth side	
Time pump turned on: Dat	e 3/25/2021	Time 10:05			
Time pump turned off: Dat	te 3/25/2021	Time 14:05		REC	CEIVED
Time pump turned off: Data Total pumping time: 4		hours	minutes.		
Remember, your pump tes				DEC	1 0 2021
The discharge rate	was held constant	for the entire pumping	nhase		
		mping phase (≥ 4 hour		C	WRD
			east once every hour duri	ng the test.	NAUD
✓ Water levels were	measured to an acc	uracy of 0.1 feet or 0.5	percent.	ig the test.	
Pre-test static wate	er levels were measure	ured at least three time	s in the hour before pump	ing began at r	no less
than 20 minutes ap	oart.				
✓ Water levels were	measured at the spe	ecified intervals during	the pumping phase of the	test for at least	st four
hours (≤2 min for t	ne first 10 minutes, :	≤5 min for 10 – 30 mini	utes, and ≤15 min for the r	emainder of th	ne test)
✓ Water levels were	measured at the spe	ecified intervals (see al	oove) during the recovery	phase of the te	est for four
		m drawdown has reco			
			ape and the depth to wate	$r was \ge 300 fe$	et.
		etely filled out and sign			
the well.	was as close as rea:	sonably possible to the	(anticipated) pumping rat	e during norm	al use of
The well was idle f	or at least 16 hours	prior to the test			
The nump test was	completed by an a	contably qualified per	son (Oregon licensed wate		otoro
Oregon registered	professional geologi	sts or certified enginee	ring geologists; certified w	ater rights exa	aminers.
Oregon registered	professional engine	ers; and individuals wh	ose primary occupation in	volves, wholly	or in
	np installation, servi		, , , , , , , , , , , , , , , , , , , ,	, ,	
		poses only and does not mentation of the rules und	guarantee a pump test appro er OAR 690-217.	oval. The Depart	tment
Pump tests are intended to solve well problems (OAR 6		well information for gro	und water resource charac	cterization and	to help
Pump test requirements for (())	found online at			
https://secure.sos.state.or.u scp4Hfil-1ftsDAAEsMC2 R	s/oard/displayDivision	Rules.action; JSESSIONI	D_OARD=1BdwLynsYAPNS	QtW330ZjSFZu	M
Submit forms to:	Attn: Certificates	Section, Oregon Water	Resources Department		
Forms may additionally be se	0	St NE Suite A, Salem, O			
I hereby certify that this te	st has been condu	cted in accordance w			
OPERATOR SIGNATURE:	Vicit			21	
OWNER SIGNATURE:			DATE:		



PUMP TEST FORM DATA SHEET

Page 1 of 2

(EX: MARI 99999) (EX: L-999999)		WELL TAG # (EX: L-999999)	WELL NAME OR	#	WEL DEP		ORIGI	C. 275 (1997)	DATE DRILLED	TEST DATE
POLK	-1140	L- NA	LZA		5	;75ft	Perr	ydale	6/15/1989	3/25/2021
							and the second se	WA		
Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discha Rate (gpm, o GPM	e cfs,	Phase (Test Pumpi Recove	ng,	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
3/25	9:15		98.21	0		Pre-test			7,843366	Starting Vol
	9:35		98.30	0		Pre-test				
	9:55		18.30	0		Pre-test				
	10:00		98.30	0		Pumpi	29			
	10:05	and the second design of the s	98.31	0		1	-		- 366	START
	10:06		115.50	34					400	
		2	126.35	43					443	
		3	135.63	43		(4%0	
		4	141.57	40		2			526	
		5	147.72	40					566	RECEIVE
		6	151.20	39					605	TALOEIVE
		7	153.43	36					641	DEC TOTO
		8	155.96	39		V			680	DEC 1020
		9	158.17	38		1			718	
		10	160.27	35					753	OWRD
		11	160 78	38					791	CAND
		12	162 50	35					826	
		13	16328	35					861	
		14	162.52	39					900	
		15	164.63	32					932	Mij A Rate
		17	165.60	39					4010	
		20	166.90	33					4110	AZ: A
		21	163.30	38					4225	,
		3025	169.23	35					4295	Ad T
		30	166 32	38		V			440914185	9
		35	11	35	-	(660	
		40	168.30	35					835	
		45	172.49 ?	36					5015	
		50	172.00	36					5195	AJ, T
		55		8						0
		60	173.95	37					5560	
		70	174.43	35					5910	Ado 1
		80	175 10	34					624180	(
		90	175.60	36					610	AJ, 1
		105	176.30	37					7170	150.0
		120	177.00	38		(7700	
		135	177.60	37					\$210	
		150	180.15	36		V			8750	
		168	181.22	37					9570	

Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx



PUMP TEST FORM DATA SHEET

Page 2 of 2

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	LZA	575 Ft	Perrydale	6/15/1989	3/25/2021
				DWA		

							DUA		
	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
[182	181.70	38			10,020	(value)
[195	182.10	37			10 3700	(Open Fully)
[210	182.48	36			74510000	(oper party /
[225	1.82.86	36			1450	
[14:06	240	183.16	36	Recovery		7052000	Shot OFF!
		14:08		157.62	U	2 min			
[14:10		140.30	U	4 min			
[_	1		12991	0	6			
				123.66	U	8			
l				119.91	1	10			
1			-	117.51	5	12			
				116.07		19			
L		V		115.18		16			
				114.38		14			DECENTE
tet.B				113.80	\checkmark	20			RECEIVE
ter				112.68	i	25			250
				111.75		30			DEC 1 0 202
				111.08		36			
				110.63		40			OWRD
				110.14		45			AAND
				109.89		50			
				109.47		55			
						60			
L						65			
				108.54		70			
						75			
				108.27		80			
						20			
				107.79	\langle	40090			
				107.43	V	10100			
				106.70	V	115			90% Rec.
									NOID REG
Γ				_					

Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

3 8		K	EUE	IVEN	6-1 5-1 (5- 5-3 8 8 P I		e.,		-	
		D	EC 1	0 2021	RECEIV	Dpolks.	3/3	w/E	32	a
STATE OF		i.	40 (44) 2		JUL -7 198	9 1140 s	= # 106	70		
(as required by (RS 537.765)		OW	RD						
OWNER:			ll Numbe	WA	TOR LOCATION	SOF WELL by l	egal des	criptio	n:	
me Perryda	le Domestic	Water A	SSOC.			AL Latitude	0	ongitude _ H		VM
	. Perrydale	Rd. State OF		Zip 97101	22	N or S, Range SW 14	NE		S OF W, Y	-
y Amity		State OF	<u> </u>	<u> </u>	Section <u>32</u> Tax Lot <u>302</u>				sion	
) TYPE OF			—		Street Address of V	Vell (or nearest address) .				
the second s	Deepen	condition	L Aba	ndon	Strett radiess or .					
B) DRILL MI				2	(10) STATIC	VATER LEVEI	.:			
	Rotary Mud	Cable				below land surface.		Date _6	5-15-	89.
Other	DUSE.				Artesian pressure		uare inch.	Date _		
4) PROPOSE	Community II In	dustrial	Irrigati	on		BEARING ZON	ES:			
- Domeorie -	Injection Store	ther Test	hole					-		
	LE CONSTRU	ICTION:			Depth at which water w		Patim	ated Flow I	Rate	SWL
pecial Construction a	oproval Yes No	Depth of	Complete	d Well <u>440</u> ft.	From	To 390	Estima 6		tate	70
Yes	No Li La	· Aı			360	240	6	V		/ 4
xplosives used	X Type		nount			-				T.
HOLE ter From	o Material	SEAL From	То	Amount sacks or pounds	440	575	100	1+		?
	00 cement	400	390	9 sacks	(12) WELL LO)G: Gundala	ation			1.24
12" 325 3		390	325	135 sacks	FRR NUR AT			From	To	SW
12" 325	90 cement	325	90	135 Sacks		the second se		95	105	8'
				1 1_p	Fine black	lay/streaks	of	105		
	Method 🗆 A 🗆	B Fat C	יעם		green grave				120	
Other	ft. to	A Materi	al	_	Soft blue g		_	120	144	
Backfill placed from Bravel placed from			gravel_		Clay green	med. hard -	-	144	165	
(6) CASING/					Clay hard g	rey		165	171	
Diameter	From To Ga	uge Steel H	lastic	Welded Threaded	Clay soft s			171	176	
Casing: 8"		50 0			Clay hard s	and a second		176 187	187	
					Clay med. b			189	191	
					Clay hard s	ilty brown W/	areen	191		1
					marble sedi	ments	MAGAN		196	
Liner:			П		Clay soft h	rown/brn. sno	lstn se	a 196	198	
al location of shoe	(e)		_		Wood		141	198	199	
	ATIONS/SCI	EENS:			Clay soft h	m/brn. sndst	in sed.	199	204	
(7) FERFOR	Mathod C	air perf		-	Clay med, h	rown silty		204	207	
Screens	Type	- ² -2	Materia	I	Clay hard s	ticky brown	7	207	211	
L Scieens	Slot		le/pipe		Clay med.	orn/grn marine	e seq.	212	214	-
'rom To	size Number		size	Casing Liner	Clay med. 1	orn/orn sndst	n sed.	214	216	
360 390	1200	_0"	p.s.		Sndstn soft			216	-	
					Clay stick			231	241	4
					-	ONTINUED		1	- 110	
					Date started	- 89	Completed _	6-13	2.89	
					- (unbonded) Wat	er Well Constructor	Certifica	tion:		
(8) WELL T	ESTS: Minimu	im testing	time is	1 hour Flowing	T antifur that	the work I performe this well is in compl	d on the c	onstruct	ion, alte	eratio
I Pump	□ Bailer	🗌 Air		Artesian	standards. Materia	als used and informati	on reported	d above a	re true	to my
Yield gal/min	Drawdown	Drill sten	n at	Time	knowledge and bel	ief.				
				1 hr.	Clark	- Dan-John	Kadeli	Date	6-31-	89
	See Attac	hed Shee	et	•						
					- I I I I I I I I I I I I I I I I I I I	Well Constructor C onsibility for the con	atmiction a	Iteration	or abe	ndon
Temperature of wat	er	Depth Ar	tesian Flo	w Found		+his mall Author the	construction	on dates I	reported	i abov
Was a water analys	s done? Yes	By whom	Water!	Lab	- work performed	during this time i dards. This report is	s in comp	best of	with On ny know	regon
Did any strata cont	ain water not suitable	for intended us	e? 🗆 🤉	loo little	belief.	and the report is	uic to the	WWC N Date	umber	723
Salty I Mud	$\frac{1}{440} - 57$	ored Othe	er		Signed			Data	-30-	89
Depth of strata:								Date	-	

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- 11

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PO1K-1141

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65/3w/32ac SC# 10670

- 12

STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765) JUL - 7 1989

	ANTERO ATION OF STELL by legal description:
Ven Humber	
me Perrydale Domestic Water Association	SALEM, OREGON
lress State Zip	Township N or S, Range E or W, WM.
	Section ¼ ¼
) TYPE OF WORK:	Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address)
) DRILL METHOD	
Rotary Air Rotary Mud Cable	(10) STATIC WATER LEVEL:
Other	ft. below land surface Date
) PROPOSED USE:	Artesian pressure lb. per square inch. Date
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:
iermal Injection Other	
BORE HOLE CONSTRUCTION:	Depth at which water was first found
cial Construction approval Yes No Depth of Completed Wellft	From 10
Yes No	3
plosives used D Type Amount	
HOLE SEAL Amount	
eter From To Material From To sacks or pounds	
	(12) WELL LOG: Ground elevation
	Material From To SWL
	CONTINUATION
was seal placed: Method A B C D E	
Other	Sndstn brn sed/green marine 241
ckfill placed from ft. to ft. Material	sediments 246
avel placed from ft. to ft. Size of gravel	Clay brn hard sticky 246 249
) CASING/LINER:	Clay soft brn/sandstone black 249 252
Diameter From To Gauge Steel Plastic Welded Threader	Clay hard sticky brn 252 254
	Sndstn sed soft black/sndstn 254
	black sediments 259
	Wood and small gravels 259 260
	Clay soft brn /small gravels 260
	soft brown clay w/streaks of
	gravel mix and brown sndstn
al location of shoe(s)	sediments 286
7) PERFORATIONS/SCREENS:	Clay sticky brn w/ streaks 286
Perforations Method	of brown gravels 291
Screens Type Material	
Slot Tele/pipe	RECEIVED
From To size Number Diameter size Casing Liner	(DNTINUED
	DEL 10 2021
	Date started Completed OWRD
8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Yield gal/min Drawdown Drill stem at Time 1 hr.	 (unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my be knowledge and belief. WWC Number
III.	- Signed Date
	(bonded) Water Well Constructor Certification:
	I accept responsibility for the construction, alteration, or abandonme
Temperature of water Depth Artesian Flow Found	- work performed on this well during the construction dates reported above.
Vas a water analysis done? Yes By whom	 work performed during this time is in compliance with Oregon we construction standards. This report is true to the best of my knowledge and
Did any strata contain water not suitable for intended use?	belief. WWC Number 7-23
	TT TT UTILIDEI
Salty Muddy Odor Colored Other	Signed Date DateDAte _

7		Q	the	RECEIVED 6s/	2.1	1.2	7
STATE	OF OREGON	*	-11-		\mathcal{W}_{p}	10	20
	ELL REPORT by ORS 537.765)		142 CONT	IN WATION L -7 1989 56 10	670		
(1) OWNER		Well Nu	mber:	(9) LOCATION OF WELL by legal d	escript	ion:	
	rydale Domes		SOC.	County Find ODEC ANUNCES	Longitud	e	,
Address 114 City Ami	75 W. Perryd	State OR	Zip 97101	Township Nor S, Range		_E or W,	WM.
	*	Suite OIX	210 37101	Section ¼		•	
(2) TYPE O	an a	· · · · · · · · · · · · · · · · · · ·		Tax Lot Lot Block			
the second se	·····	Recondition	Abandon	Street Address of Well (or nearest address)			
(3) DRILL I Rotary Air	Rotary Mud	Cable	-	(10) STATIC WATER LEVEL:			
(4) PROPOS	SED LIGE.			ft, below land surface.			• en 11.0
	the second se	Industrial 🗌 Irrig	*	Artesian pressure lb. per square inch	Date		
	TANK AND	Other	ation	(11) WATER BEARING ZONES:			
the second s	OLE CONSTR	The second s		Depth at which water was first found			
Special Construction	n approval Yes No		eted Well ft.	From To Esti	mated Flow	Rate	SWL
	es No						
Explosives used	Type	Amount			_		
HOLE neter From	To Material	SEAL From To	Amount sacks or pounds				ļ
				(12) WELL LOG: Ground elevation			
				Material	From	То	SWL
·				Soft brown clay w/green	-		
# was seal placed Other	: Method 🗌 A 🗌		LE	marine sediment	291	305	
	ft. to	ft. Material		Soft brown red clay	305	309	
	ft. to			Small brown pea gravel Hard Rock	309	311 321	
(6) CASING	and the second			Soft grey clay w/small	311	521	
Contraction of the second s	From To Ga	uge Steel Plastic	Welded Threaded	gravel streaks	321	331	
Casing:				Mix of large sandstone			
8 90-000 -000-000-000-000-000-000-000-000-				sed. & small gravels	331	342	
0 10				Hard black shale	342	353	
r.				Hard brown sandstone sedi.	353	357	
Liner:				Highly weathered grey basalt	357	386	
al location of sho	e(s)			Broken weathered basalt Basalt green fractured	386	440	·
	RATIONS/SCR	EENS.		Rock brown fractured	440	460 539	
Perforatio		EEEO.		Clay sticky blue	539	553	
Screens	Type	Materi	al	Marine deposits grey	553	575	
	Slot	Tele/pipe					
'rom To	size Number D		Casing Liner	RECEIVER			
	+			*			
				DEC 1 0 202			
					<u> </u>		
				Date started	11		
(8) WELL T	ESTS: Minimur	m testing time is		(unbonded) Water Well Constructor Certifica I certify that the work I performed on the c		n, alter	ation c
D Pump	Bailer	☐ Air	Flowing Artesian	abandonment of this well is in compliance with	Oregon w	ell cons	structio
Yield gal/min	Drawdown	Drill stem at	Time	standards. Materials used and information reported knowledge applielief.	above are	e true to	my bes
			1 hr.		WWC Nur	nber \underline{I}	358
					Date	6-3	0-80
				(bonded) Water Well Constructor Certification	1:		
Temperature of wate	er	_ Depth Artesian Flo	v Found	I accent regnonsibility for the construction a	taration	or aband	donmen
Was a water analysis		By whom		work performed on this well during the construction a work performed during the time is in compl construction standards. This report is true to the	n dates re	ported a	bove. a
	in water not suitable for			construction standards. This report is true to the	best of my	knowle	dge an
	Today Color	ed 🗌 Other			WWC Nur		23
🗋 Salty 🗋 Mudd						1001	~