

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



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

A fee of \$230 must accompany this form for permits  
with priority dates of July 9, 1987, or later.

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## SECTION 1 GENERAL INFORMATION

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**1. File Information:**

APPLICATION # <b>G-16513</b>	PERMIT # (IF APPLICABLE) <b>G-16116</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-NA</b>
---------------------------------	--	---

**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Ubaldo and Maria Sanchez</b>		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS <b>955 S. Pacific Hwy</b>			
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>	E-MAIL

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>Ubaldo and Maria Sanchez</b>			
ADDRESS <b>955 S. Pacific Hwy</b>			
CITY <b>Woodburn</b>	STATE <b>OR</b>	ZIP <b>97071</b>	

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

**4. Date of Site Inspection:**

**May 2, 2022**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ubaldo Sanchez	May 2, 2022	Owner / operator
Alexa Sanchez	May 2, 2022	Daughter of Ubaldo

6. County

Clackamas

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

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

Add additional tables for owners of record as needed

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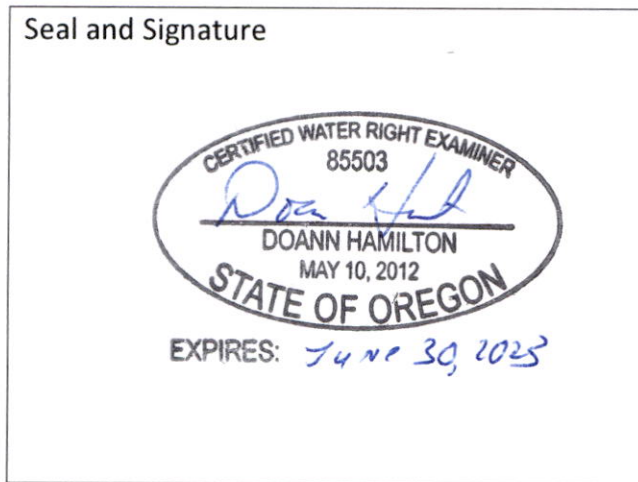
**JUN 08 2022**

**SECTION 2  
SIGNATURES**

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CWRE Statement, Seal and Signature

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



CWRE NAME <b>Doann Hamilton</b>		PHONE NO. <b>(503) 632-5016</b>	ADDITIONAL CONTACT NO. <b>(503) 349-6946</b>
ADDRESS <b>18487 S. Valley Vista Road</b>			
CITY <b>Mulino</b>	STATE <b>OR</b>	ZIP <b>97042</b>	E-MAIL <b>phgdmh@gmail.com</b>

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
<i>Ubaldo Sanchez</i>	Ubaldo Sanchez	owner	5-18-22
<i>Maria G Sanchez</i>	Maria G Sanchez	owner	5-18-22

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SECTION 3

CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well	CLAC 63545	L-84748

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well	A well in Dove Creek Basin	Molalla River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well	Nursery	NA	Year round	0.43 cfs
Total Quantity of Water Used				0.43 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:

Note:

Permit G-16116 was issued October 26, 2006 with a completion date of October 1, 2011. This claim of beneficial use was prepared describing the set up and operation of the facility within that timeframe. At that time only in-ground tree stocks and staging areas were irrigated. Since then, operations have expanded somewhat with additional green houses and can yards. However, the overall acreage covered by nursery operations has not changed. This claim will only describe the

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conditions from 2006 to 2011.

Water is pumped from Well (CLAC 63545) using a 15 hp submersible pump to convey water through above ground, 5-feet-long, 3-inch-diameter steel pipe connected to a 5-feet-long, 3-inch-diameter PVC above ground pipe before going underground. Off the above-ground steel pipe, a faucet is attached. From this faucet, several garden hoses can be connected to supply four portable tripods with Rainbird impact sprinklers.

The mainline from the well heads south approximately 350 feet with hydrants located along that stretch. At each hydrant, portable 3-inch aluminum mainline with hydrants are attached to run east to west. From these above ground mainlines, 3-inch above-ground portable laterals are attached. The laterals support two large-bore impact sprinklers on a stand. Two large-bore impact sprinklers can run at the same time to cover all the areas along with 4 of the tripod Rainbird impact sprinklers.

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

**5. Variations:**

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

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

1. The place of use was revised to include reference to the DLC and/or Government Lot and show the reduced place of use based on field verification:

**Original authorized place of use:**

4S	2E	WM	30	SW NE	1.3
4S	2E	WM	30	NW SE	<u>11.3</u>
<b>Total:</b>					<b>12.6</b>

**Revised place of use:**

4S	2E	WM	30	SW NE	Lot 4	1.2
4S	2E	WM	30	NW SE	Lot 5	<u>11.2</u>
<b>Total:</b>						<b>12.4</b>

**6. Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well	0.32 cfs	0.43 cfs	Not measured	Nursery	12.6	12.4

**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

NO

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

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

Well

**A. Place of Use**

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
4S	2E	WM	30	SW NE	Lot 4	NA	Nursery	1.2	NA
4S	2E	WM	30	NW SE	Lot 5	NA	Nursery	11.2	NA
<b>Total Acres Irrigated</b>								<b>12.4</b>	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

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

1. Is the appropriation from a well?

YES

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

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

3/4 inch port on northwest side of the sanitary seal after removing the stainless steel vent tube.

3. If well logs are not available, provide as much of the following information as possible:

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log CLAC 63545						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

See Well Log CLAC 63545

**C. Groundwater Source Information (Sump)**

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

NO

If "NO", items 2 through 4 relating to this section may be deleted.  
 Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

**D. Diversion and Delivery System Information**

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

1. Is a pump used? YES

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	5CHC 6 stage	CCT 07 101	Submersible		3 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Franklin	15 Hp

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
15 Hp	60 psi	92.15 feet (from permit condition pump test)	0 feet	0.43 cfs

**5. Provide pump calculations:**

$$Q \text{ Pump} = \frac{(15 \text{ Hp}) \times (7.04 \text{ ft}^4/\text{sec Hp})}{(92.15 \text{ ft lift} + 152.4 \text{ ft pressure head})} = 0.43 \text{ cfs}$$

**6. Measured Pump Capacity (using meter if meter was present and system was operating):**

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Not running during site visit			

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

7. Is the distribution system piped? YES

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	5 feet	Steel	Above ground
3 inch	350 feet	PVC	Buried
3 inch	1,500 feet	Aluminum	Above ground

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	1,000 feet	Aluminum	Above ground
Garden hose ¾ inch	1,000 feet	Reinforced vinyl /rubber	Above ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Nelson 0.60 inch nozzle	60 psi	80 gpm	1	1	0.18 cfs
Komet 0.63 inch nozzle	60 psi	88 gpm	1	1	0.20 cfs
5/32 Rainbird impact	60 psi	5.5 gpm	5	4	0.05 cfs

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

**11. Drip Emitter Information:**

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

**12. Drip Tape Information:**

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

**13. Pivot Information:**

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

**E. Storage**

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

NO

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

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

NO

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

**G. Gravity Flow Canal or Ditch**

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

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

NO

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

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

**Both large bore nozzles and four impact sprinklers can be run at the same time during the hottest times of the irrigation season.**

**SECTION 5  
CONDITIONS**

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

**1. Time Limits:**

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	<b>October 26, 2006</b>		
BEGIN CONSTRUCTION (A)	<b>NA</b>	<b>NA</b>	<b>NA</b>
COMPLETE CONSTRUCTION (B)	<b>October 1, 2011</b>	<b>2009</b>	<b>Completed construction of the entire system.</b>
COMPLETE APPLICATION OF WATER (C)	<b>October 1, 2011</b>	<b>2009</b>	<b>Water use was reported completing all the permit conditions, and water was put to full use. Full beneficial use of water has been made.</b>

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

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

**NO**

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

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

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**3. Initial Water Level Measurements:**

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

**NO**

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

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

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

**NO**

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



**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

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

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

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

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

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

**6. Measurement Conditions:**

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

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

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

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	McCrometer	07-06317-03	Working	2,910,640 gallons (May 3, 2022)	June 2007

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

**7. Recording and reporting conditions:**

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

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

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

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

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

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

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES**

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WELL ID #	DATE ATTACHED TO WELL
L-84748	May 2007

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e. Other conditions?

YES

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

**e) Condition:**

The wells shall produce groundwater only from the alluvial groundwater reservoir.

**Compliance:**

Well (CLAC 63545) develops water from the alluvial aquifer between the depths of 100 to 233 feet.

It is our understanding that the OWRD considers the entire saturated column of alluvium in this part of the Willamette Valley to be a single aquifer. It appears Well (CLAC 63545) obtains water from the alluvial aquifer; therefore, this condition has been met.

**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Claim of Beneficial Use Map	Claim of Beneficial Use Map
State Water Well Report – CLAC 63545	Well log and driller's notes for CLAC 63545
BLM Cadastral Map	BLM Cadastral Map T. 4S. R. 2E. showing DLC and Government Lot locations
Pump Test Form Cover Sheet and Pump Test Data Sheet	Pumping Test Results for Well (CLAC 63545) conducted April 7, 2022.

**SECTION 7  
CLAIM OF BENEFICIAL USE MAP**

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

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

The COBU map was prepared using tax assessor's map 4 2E 30, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained on line from the Natural Resources Conservation Service, Image Metadata:

<http://datagateway.nrcs.usda.gov/Catalog/ProductDescription/NAIPM.html>

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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

# T.4S. R.2E. Section 30, W.M.

Well (CLAC 63545) is located 50 feet south and 595 feet east from the center corner, Section 30.

 Area (12.4 Acres) of nursery operation under Application G-16513, Permit G-16116 .

 Tax lot boundary

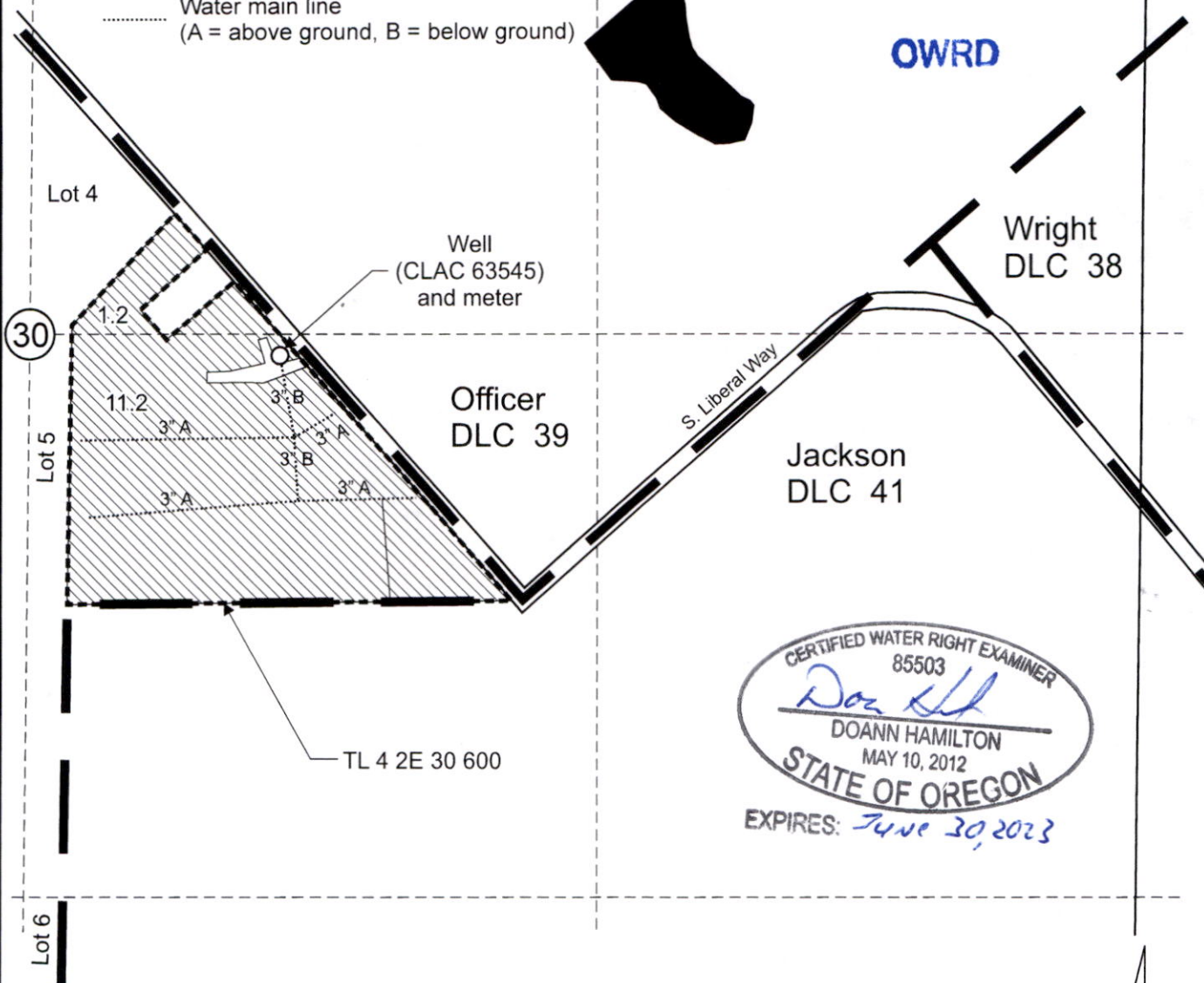
 Donation Land Claim boundary

 Water main line  
(A = above ground, B = below ground)

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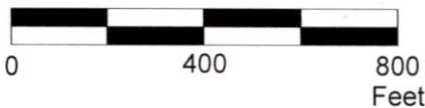
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CERTIFIED WATER RIGHT EXAMINER  
85503  
*Doann Hamilton*  
DOANN HAMILTON  
MAY 10, 2012  
STATE OF OREGON  
EXPIRES: *June 30, 2023*

Scale: 1" = 400'



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

Claim of Beneficial Use Map  
Application G-16513, Permit G-16116

Ubaldo and Maria Sanchez  
T.4S. R.2E. Section 30, W.M.

Pacific Hydro-Geology Inc.

05/2022

SanchezG-16573COBUMap.cdr

CLAC 63545

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Westorberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

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

WELL I.D. # L 84748

START CARD # 191078

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

(1) LAND OWNER
Name Ubaldo Sanchez
Address 955 S. Pacific Hwy
City Woodburn State OR Zip 97071

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Construction: Yes No
Depth of Completed Well 249 ft.
Explosives used: Yes No Type Amount

Table with columns for BORE HOLE (Diameter, From, To, Material) and SEAL (From, To, Sacks or Pounds). Includes rows for 12" and 8" diameters.

How was seal placed: Method A B C D E
Other Bentonite placed dry
Backfill placed from 165.5 ft. to 250 ft. Material
Gravel placed from 165.5 ft. to 250 ft. Size of gravel 6-9

(6) CASING/LINER table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes rows for 8" casing and 6" riser.

Drive Shoe used Inside Outside None
Final location of shoe(s) 174.5'

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type V-wire Material stainless

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes row for 200 gal/min yield and 97' drawdown.

Temperature of water 55 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 (legal description)
County Clackamas
Tax Lot 600 Lot
Township 4 S Range 2 E WM
Section 30 NW 1/4 SE 1/4

Lat degrees or decimal
Long degrees or decimal

Street Address of Well (or nearest address) (no address assigned)
S. Liberal Way Canby, OR 97013

(10) STATIC WATER LEVEL
30 ft. below land surface. Date 5-23-07
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES
Table with columns: From, To, Estimated Flow Rate, SWL. Includes row for 100 to 233 ft. with flow rate >200.

(12) WELL LOG
Table with columns: Soil, Material, From, To, SWL. Lists soil layers from 0 to 116 ft.

Date Started 4-19-07 Completed 5-24-07

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

WWC Number 1768 Date 5-30-07

Signed [Signature]

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

WWC Number 688 Date 5-30-07

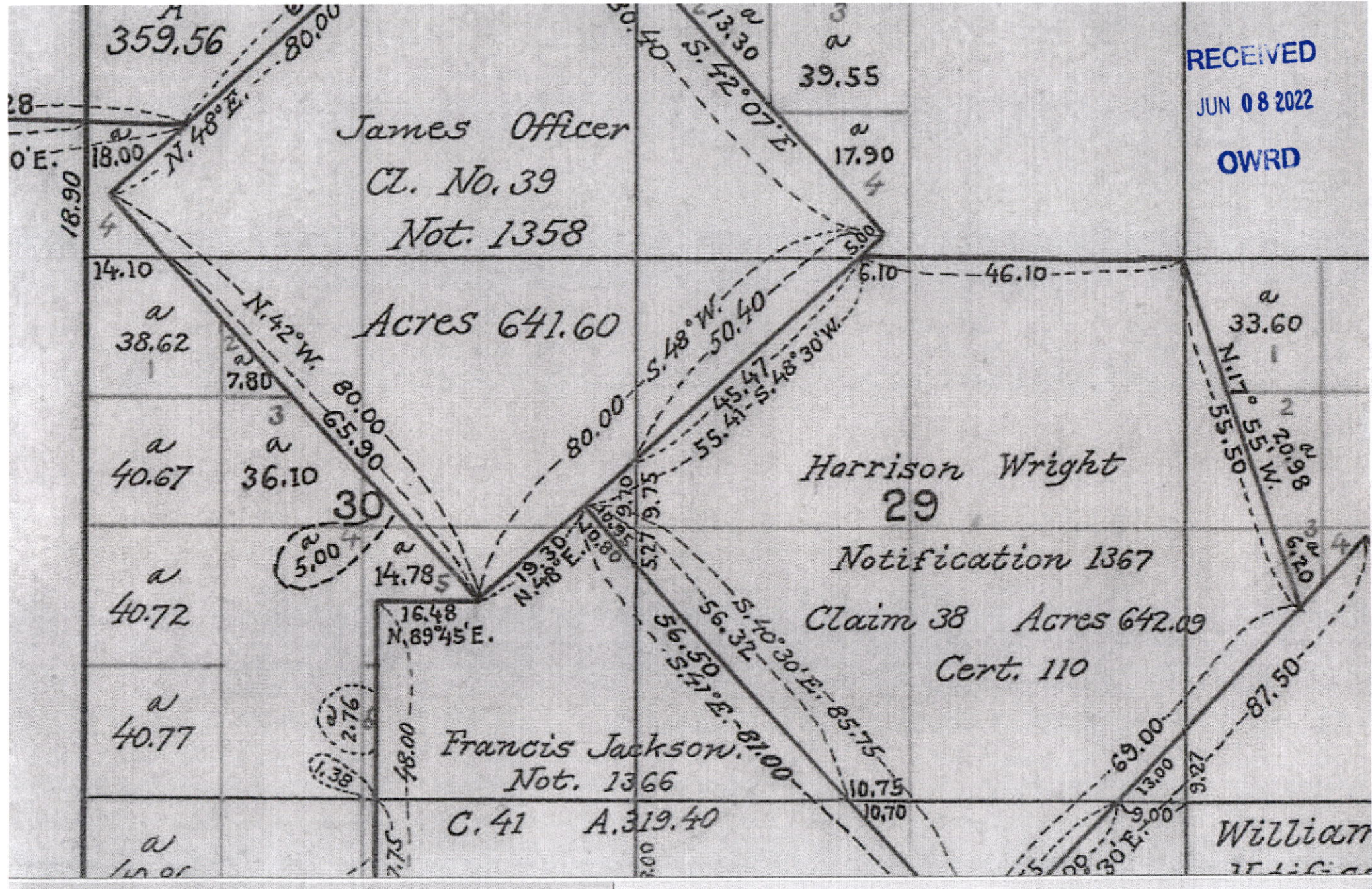
Signed [Signature]

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James Officer  
CL. No. 39  
Not. 1358

Acres 641.60

Harrison Wright  
29

Notification 1367  
Claim 38 Acres 642.09  
Cert. 110

Francis Jackson  
Not. 1366  
C. 41 A. 319.40

William



Owner Information:

OWNER NAME/BUSINESS NAME: Ubaldo Sanchez		PHONE No.: 503-984-2660	ADDITIONAL CONTACT No.:
ADDRESS: 12600 S Liberal Way			
CITY: Canby	STATE: OR	ZIP: 97013	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Kenneth Wernecke		QUALIFICATION: (SELECT)	LICENSE #:
COMPANY: Fisher's Supply Inc		PHONE No.: 503-263-8557	ADDITIONAL CONTACT No.:
ADDRESS: 659 SW 1st Ave			
CITY: Canby	STATE: OR	ZIP: 97013	E-MAIL:

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 84748	Ubaldo Sanchez				4-7-22

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 3'E)	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)

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

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

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

No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

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

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

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

Well elevation is  above the surface water body. Approximate distance: \_\_\_\_\_ ft.

Approximate elevation difference: \_\_\_\_\_ ft.

Yes Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: farmer's filed  
How far from the pumped well was water discharged? 600 ft.

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





Water-Level Measurement Method: Electric Tape
Length of air line (if used):
\*Airline measurements must be verified by an E-Tape measurement
Pressure transducer (if used):

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

Manufacturer: Serial #: Date Last Calibrated: Units:

Pump Type: Sub HP: Pump set at: feet. Pump idle time:

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCometer Serial #: Date Last Calibrated: Units:

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 12 feet.
Description (e.g., top port of 1 inch port pipe, west side)

Time pump turned on: Date 4-7-22 Time 8:30am
Time pump turned off: Date 4-7-22 Time 4:05pm
Total pumping time: hours minutes.

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

- Checklist items: 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. 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=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\_ROSsl-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD\_DL\_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: DATE: 4-7-22

OWNER SIGNATURE: DATE:



