# 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

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

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**SECTION 1** 

JUN 1 6 2022

# **GENERAL INFORMATION**

**OWRD** 

1.	F	il	e	ı	n	f	O	rı	m	a	ti	O	n	1

APPLICATION #	PERMIT # (IF APPLICA	BLE) PE	RMIT AMENDME	NT # (IF APPLICABLE)		
G-18341	G-17828	T-	T-NA			
2. Property Owner (current own	er information):					
APPLICANT/BUSINESS NAME		PHONE NO.		Additional Contact No.		
Clearlake Farms LLC						
Address						
8474 Hazelgreen Rd NE						
CITY	STATE	ZIP	E-MAIL			
Silverton	OR	97381				
If the current property owner is not filed with the Department. <u>Each</u> possible of the property owner is not filed with the Department. <u>Each</u> possible of the property owner is not filed with the Department. <u>Each</u> possible of the Permit Holder of Record (this representation of the Permit Holder of Record (this representation of the Permit Holder of Record (this representation of the Permit Holder of the	ermit holder of rec	ord must sig	n this form.			
CITY	STATE	ZIP				
Silverton	OR	97381				
Additional Permit Holder of Record						
NA						
Address						
CITY	STATE	ZIP				

March 6, 2020 June 1, 2022

4. Date of Site Inspection:

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

NAME	DATE	ASSOCIATION WITH THE PROJECT		
Bob Gabriel	March 6, 2020	Owner / operator		
Bruce Gabriel	March 6, 2020	Plant manager	RECEIVED	

6. County

JUN 16 2022

Marion

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

OWNER OF RECORD			
NA			
ADDRESS			
CITY	STATE	ZIP	
1 N 1			

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.



CWRE NAME		PHONE NO.		Additional Contact No.
Doann Hamilton		(503) 632-5	013	(503) 349-6946
Address				
18487 S. Valley Vista Road				
Сіту	STATE	ZIP	E-MAIL	
Mulino	OR	97042	phgdmh@g	mail.com

# Permit Holder of Record Signature or Acknowledgement

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**<u>Each</u>** permit holder of record must sign this form in the space provided below.

**OWRD** 

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
	Robert Hubin	Managen	6/7/2002
			,

# **SECTION 3**

# **CLAIM DESCRIPTION**

1. Point of appropriation name or number:

Johnson Well	MARI 17388	L-125718
(POA) NAME OR NUMBER  (CORRESPOND TO MAP)	FOR ALL WORK PERFORMED ON THE WELL  (IF APPLICABLE)	(IF APPLICABLE)
POINT OF APPROPRIATION	WELL LOG ID #	WELL TAG #

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:

Johnson Well	Clear Lake Basin	Willamette River
NAME OR NUMBER	BASIN LOCATED WITHIN	
POA	Source	Tributary

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	ACTUAL RATE OR VOLUME USED	
			WAS USED	(CFS, GPM, OR AF)	
Johnson Well	Irrigation Blueberries		March 1 through October 31	0.29 cfs	
<b>Total Quantity of</b>	Water Used	0.29 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 water is pumped from Johnson Well (MARI 17388) using a 5 Hp submersible pump. When the demand exceeds the pump capacity, the 15 Hp pump comes one to combine with the 5 Hp to give a 20 Hp capacity. The line is pressurized using two 119 gallon fiberglass pressure tanks. The water can then be conveyed east to supply the house and lawn, or to the west where the water flows through a back-flow check valve and then on to the meter. The check value is in place to prevent any 16 2022 treatment injections into the line from back flowing into the well.

From the meter, the 4-inch mainline continues east toward the house, then turns north from where it tees east-west through a 1.5-inch PVC buried mainline. From this mainline, ¾-inch laterals extend to each row. At the edge of each row, the ¾-inch pipe tees to supply two ½-inch drip lines per row.

Irrigation is done by irrigating 30 rows (60 drip lines) per day for 2 hours.

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.

(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.")

After field verifying the location of crops being irrigated, the place of use was reduced from the
originally authorized acreage of 23.4 to 22.0 acres. The area around the house is supplied by this
well but is not metered and is less than 0.5 acre and will be considered an exempt use.

#### 6. Claim Summary:

NAME OR #	AUTHORIZED	THEORETICAL RATE BASED ON SYSTEM	MEASURED	李	ALLOWED	DEVELOPED	
1 - 1 \ \ \ \ \ \ \ \ \ \ \ \ \	ohnson Well 0.29 cfs 0		Not measured	Irrigation	23.4	22.0	

# **SECTION 4**

# SYSTEM DESCRIPTION

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# Are there multiple POAs?

NO

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

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

Johnson Well	
JOHN SON WELL	

# A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

6S Total Ac	3W	WM	23	SE NE	NA	NA	Irrigation	22.0	NA NA
TWP	RNG	Mer	SEC	QQ	GLOT	DLC	USE	If Irrigation, # Primary Acres	IF IRRIGATION, # SUPPLEMENTAL ACRES

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 plug on west side of the sanitary seal.

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

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL DRILLED BY
DIAMETER	DEPTH	DEPTH	DATE OF ORIGINAL WELL	DATES OF ALTERATIONS	WAS DRILLED FOR	
See Well Log	MARI 17388					

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

See Well Log MARI 17388

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 <u>and</u> apply the water from the point of appropriation to the place of use.

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1. Is a pump used?

YES

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

2. Pump Information:

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MANUFACTURER	MODEL	SERIAL NUMBER	Type (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE
Wolf	6LM6V	Unknown	Submersible	6 inch	4 inch
Wolf	60WS4MO	Unknown	Submersible	4 inch	3 inch

#### 3. Motor Information:

Manufacturer	Horsepower
Franklin	5 Hp
Franklin	15 Hp

4. Theoretical Pump Capacity:

Horsepower	OPERATING	LIFT FROM SOURCE TO PUMP	LIFT FROM	TOTAL PUMP
	PSI	*IF A WELL, THE WATER LEVEL	Римрто	ОИТРИТ
	<b>的数据的</b>	DURING PUMPING	PLACE OF USE	(IN CFS)
15 Hp together with the 5 Hp		105.09 feet (from permit		O EE ofo
to equal 20 Hp		condition pump test)		0.55 cfs

# 5. Provide pump calculations:

Q Pump 20 Hp (5 Hp + 15 Hp)= (20 Hp) x (7.04 ft<sup>4</sup>/sec Hp) = 0.55 cfs (105.09 ft lift + 152.4 ft pressure head)

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
Not running during site	visit		2.3

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
4 inch	600 feet	PVC	Buried
½ inch	1,150 feet	PVC	Buried

# 9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	Type of Pipe	Buried or Above Ground
0.75 inch	3,040 feet	Flex pipe	Some buried and some above ground
½ Drip line (2 per row)	127,135 feet	Poly tubing	Above

10. Sprinkler Information:

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

Reminder: For sprinkler output determination u

the end of this document.

11. Drip Emitter Information:

SIZE	OPERATING	EMITTER	TOTAL
	PSI	Оитрит	OF E
		(GPM)	
NA			

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TOTAL EMITTER OUTPUT
(CFS)

12. Drip Tape Information:

SPACING IN INCHES  12 inches	0.4 gpm /100 ft	Таре	TAPE USED  32,500 feet	О О ТР О	Information
DRIPPER	GPM PER 100	TOTAL LENGTH OF	MAXIMUM LENGTH OF	TOTAL TAPE	ADDITIONAL

# 13. Pivot Information:

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

# E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank,

bulge in system / reservoir)?

YES

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

If "YES" is it a:

Storage Tank

YES

Bulge in System / Reservoir

NO

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

# 2. Storage Tank:

MATERIAL	CAPACITY	ABOVE GROUND OR BURIED
(CONCRETE, FIBERGLASS, METAL, ETC.)	(IN GALLONS)	
Fiberglass 1	119 gallons	Above ground
Fiberglass 2	119 gallons	Above ground

# F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

NO

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

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# G. Gravity Flow Canal or Ditch

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

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

NO

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

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

The well has two pumps in the well. The 5 hp pump is the first pump to kick on. If the 5 hp cannot handle the demand, the 15 hp will kick on along with the 5 hp to give a combined 20 hp production.

The well also supplies exempt use water to the nearby house and the lawns around the house (less than 0.5 acre).

This well is also authorized under GR-907 and T-12432.

#### **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	August 16, 2017		
BEGIN CONSTRUCTION (A)	NA	NA	NA
COMPLETE CONSTRUCTION (B)	August 16, 2022	August 16, 2017	Johnson Well (MARI 17388) construction was completed June 19, 1991
COMPLETE APPLICATION OF WATER (C)	August 16, 2022	June 1, 2022	All the permit conditions were met and water was put to full use. Full beneficial use

<sup>\*</sup> 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.

#### 3. Initial Water Level Measurements:

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

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

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b.	What month was the initial measurement to be taken in?	JUN 1 6 202
	March	JON 1 0 202

c. Was the measurement submitted to the Department?

YES

d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	Метнор	Measurement
NA			

# 4. Annual Static Water Level Measurements:

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

YES

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

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

c. Were the static water level measurements taken in the month(s) required?

YES

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

YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
NA			

# 5. Pump Test:

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

YES

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

For additional information regarding pump tests see:

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

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

b. Has the pump test been previously submitted to the Department? YES

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

d. Has the pump test been approved by the Department? Unknown

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
Johnson Well	Seametrics FT430W	0520170 04561	Working	1,278,402 gallons (March 6, 2020) 9,208,263 gallons (April 1, 2022)	September 2017

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?

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

YES

to the well?

L-125718	March 2017
WELL ID#	DATE ATTACHED TO WELL

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JUN 1 6 2022

e. Other conditions?

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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):

# e1) Condition:

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well.

#### **Compliance:**

Well tag L-125718 is on the well

#### e2) Condition:

If the riparian area is disturbed in the process of developing a point of diversion, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

Compliance:

Johnson Well (MARI 17388) was drilled approximately 1,500 feet from nearest creek to the ESE of this property; therefore, no riparian area was disturbed.

### **SECTION 6**

#### **ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION		
Claim of Beneficial Use Map	Claim of Beneficial Use Map		
State Water Well Report – MARI 17388	Well log and driller's notes for MARI 17388 - Johnson Well		
BLM Cadastral Map	BLM Cadastral Map T.6S. R.3W. showing DLC and Government		
	Lot locations		

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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 COBU map was prepared using tax assessor's maps 06 3W 23A and 24B, overlain by a 2014 aerial photo titled USDA-FSA-APFO NAIP County Mosaic and obtained online from the Natural Resources Conservation Service. Image Metadata:

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

# **Map Checklist**

PΙ	ease	be su	re th	iat the	map	you	submit	includ	des ALI	_ the	items	listed	below.	
(R	emin	der: Ir	ncom	plete	maps a	and/	or claim	s may	be retu	irned.	.)			

$\boxtimes$	Map on polyester film
$\boxtimes$	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
$\boxtimes$	Township, Range, Section, Donation Land Claims, and Government Lots
$\boxtimes$	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
$\boxtimes$	Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
$\boxtimes$	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)

		OWRD
$\boxtimes$	CWRE stamp and signature	
$\boxtimes$	Legend	JUN 1 6 2022
$\boxtimes$	North arrow	RECEIVED
$\boxtimes$	Application and permit number or transfer number	
$\boxtimes$	Disclaimer ("This map is not intended to provide legal dimension lines")	ions or locations of property ownership
	Source illustrated if surface water	
$\boxtimes$	Tax lot boundaries and numbers	
$\boxtimes$	Point(s) of diversion or appropriation (illustrated and coordinate	ates)



STATE OF OREGON

WATER RESOURCES DE T. MARIES

65/36/23	ad
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WATER WELL REPORT (as required by ORS 537.765)	(START CARD) # 30566
(1) OWNER: Well Number: 2935	(9) LOCATION OF WELL by legal description:
Name RICK JOHNSON	County Marion Latitude Longitude
Address 1585 Clearlake Rd. N.E.	Township 6S Nor S, Range 3W E or W, WM.
City Keizer, Oregon 9730 State Zip	Section 23 SE 1/4 NE 1/4
(2) TYPE OF WORK:	Tax Lot Lot Block Subdivision
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address)
(3) DRILL METHOD	1585 Clearlake Rd. N.E.
Rotary Air Rotary Mud Cable	(10) STATIC WATER LEVEL:
Other	
(4) PROPOSED USE:	Artesian pressure lb. per square inch. Date
□ Domestic □ Community □ Industrial □ Irrigation	
☐ Thermal ☐ Injection ☐ Other	(11) WATER BEARING ZONES:
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found
Special Construction approval Yes No Depth of Completed Well 200	ft. From To Estimated Flow Rate SWL
Yes No	75 200 <b>XXXX</b> 1000+
Explosives used Type Amount	
HOLE SEAL Amount	
Diameter From To Material From To sacks or pound	
14 0 19 12001bs. 0 19 Dry Benton	(12) WELL LOG: Ground elevation
8 0 200	
How was seal placed: Method	
Other As Per 690-210-340	
Backfill placed fromft. toft. Material	
Gravel placed fromft. toft. Size of gravel	
(6) CASING/LINER: Diameter From To Gauge Steel Plastic Welded Thread	
Diameter From To Gauge Steel Plastic Welded Thread Casing: 8" +1 200 .250 X	Outside Parkets
Casing:	Black Sand and Gravel 180 200
Liner:	
	RECEIVED
Final location of shoe(s) 200 °	_
(7) PERFORATIONS/SCREENS:	ILIN 1 6 2022
X Perforations Method Mills Knife (3/8" X 2½")	3014 1 0 1-1-1
Screens Type Material	
Slot Tele/pipe	OWRD
From To size Number Diameter size Casing Lines	
120 150 312 🕅	
183 200 240 X	
	Date started 6/17/91 Completed 6/19/91
	(unbonded) Water Well Constructor Certification:
(8) WELL TESTS: Minimum testing time is 1 hour	I certify that the work I performed on the construction, alteration, or
☐ Pump ☐ Bailer <b>X</b> Air ☐ Artesian	abandonment of this well is in compliance with Oregon well construction
Yield gal/min Drawdown Drill stem at Time	standards. Materials used and information reported above are true to my best knowledge and belief.
	123
500+ 199 1 hr.	- Signed Mark DBeer WWC Number Date 6/20/91
Temperature of water 53° Denth Artesian Flow Found	_   (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment
Temperature of water Depth Fit colair Flow Found	work performed on this well during the construction dates reported above. all
Was a water analysis done?	- work performed during this time is in compliance with Oregon well
Did any strata contain water not suitable for intended use?   Too little  Salty Muddy Odor Colored Other	construction standards. This report is true to the best of my knowledge and belief. WILLAMETTE DRILLING CO. WWC Number 753

Depth of strata:

# **MARI 17388**



Last Update: 2/2/16

# Application for Well ID Number

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

MAR 13 2017

I. OWNER INFORMATION		SALEM, OR
Current Owner Name (please print): Clea	arlake Farms LLC c/o Robert Gabriel	See Well log MARI 17388
Mailing Address: 8474 Hazelgreen Ro	i NE	
City, State, Zip: Silverton, OR 97381		
Mail Well ID Tag to: SAME AS	ABOVE In Care Of (C/O)	
Name & Address:		
City, State, Zip:		
II. WELL LOCATION INFORMATIO	DN (Please fill out as completely as possible)	
	ange: 3 West (East / West) Section: 23	SE1/4 of theNE1/4
Tax Lot (usually last 3-5 numbers of Tax	Map #): TL 06 3W 23A(1100) County	Marion
GPS Coordinates:		
AFOF Olea	ır Lake Rd NE, Keizer, OR 97303	
Street Address of Well, City: 1585 Clea		
If the property had a different street addre	ess in the past:	
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built)  Owner at time the well was constructed (i	on (Please fill out as completely as possible, AND a roial, industrial, monitoring):    Complete   Domestic, Irrigation	ttach copy of Well Log, if available) n
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built)  Owner at time the well was constructed (i  Other Information:	on (Please fill out as completely as possible, AND a reial, industrial, monitoring):	ttach copy of Well Log, if available)  n  feet Casing Diameter: 8 inch
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built)  Owner at time the well was constructed (i	on (Please fill out as completely as possible, AND a reial, industrial, monitoring):    6-19-91	ttach copy of Well Log, if available)  n  feet Casing Diameter: 8 inch
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built):  Owner at time the well was constructed (i  Other Information:  SUBMITTED BY (please print): 1200  PHONE: 53377 1200  Send application to: Oregon Water Resource	on (Please fill out as completely as possible, AND a reial, industrial, monitoring):    6-19-91	ttach copy of Well Log, if available)  feet Casing Diameter: 8 inch  og # (if known): MARI 17388  13 ©  regon 97301; or fax to (503) 986-0902.
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built):  Owner at time the well was constructed (i  Other Information:  SUBMITTED BY (please print):  PHONE: (503) \$73-120  Send application to: Oregon Water Resource Applications are processed in the order they	ess in the past:	regon 97301; or fax to (503) 986-0902.
If the property had a different street addre  III. GENERAL WELL INFORMATIO  Use of Well (domestic, irrigation, comme  Date Well Constructed (or property built):  Owner at time the well was constructed (i  Other Information:  SUBMITTED BY (please print):  PHONE: (503) \$73-120  Send application to: Oregon Water Resource Applications are processed in the order they	ess in the past:	regon 97301; or fax to (503) 986-0902.

Well I.D. Number/2 WCC

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