

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

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

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

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

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

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

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

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

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

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

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**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-10842</b>	PERMIT # (IF APPLICABLE) <b>G-9957</b>	PERMIT AMENDMENT # (IF APPLICABLE)
---------------------------------	-------------------------------------------	------------------------------------

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

APPLICANT/BUSINESS NAME <b>City of Wilsonville (POC: Delora Kerber, Public Works Director)</b>		PHONE NO. <b>503-570-1542</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>29799 SW Town Center Loop East</b>			
CITY <b>Wilsonville</b>	STATE <b>OR</b>	ZIP <b>97070</b>	E-MAIL <b>kerber@ci.wilsonville.or.us</b>

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

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

PERMIT HOLDER OF RECORD <b>City of Wilsonville (POC: Delora Kerber, Public Works Director)</b>		
ADDRESS <b>29799 SW Town Center Loop East</b>		
CITY <b>Wilsonville</b>	STATE <b>OR</b>	ZIP <b>97070</b>

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>11/16/2020</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Delora Kerber</b>	<b>Several times from Jun – Nov 2020</b>	<b>Wilsonville Public Works Director</b>
<b>Martin Montalvo</b>	<b>November 2020</b>	<b>Wilsonville Public Works Operations Manager</b>
<b>Ian Eglitis</b>	<b>November 2020</b>	<b>Wilsonville Utilities Supervisor</b>

**6. County:**

<b>Clackamas / Washington</b>
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**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)): **NA****

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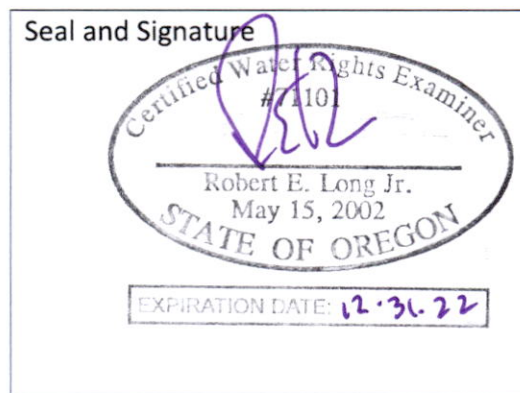
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

## SECTION 2 SIGNATURES

### CWRE Statement, Seal and Signature

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



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CWRE NAME <b>Robert Long, RG, LHG, CWRE</b>		PHONE NO. <b>503 954 1326</b>	ADDITIONAL CONTACT NO. <b>Bob.long@cwmh2o.com</b>	
ADDRESS <b>1319 SE Martin Luther King Junior Blvd, Suite 204</b>				
CITY <b>Portland</b>	STATE <b>OR</b>	ZIP <b>97214</b>	CITY <b>Portland</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>Delora Kerber</i>	<b>Delora Kerber</b>	<b>Public Works Director</b>	<b>8/4/22</b>

**SECTION 3**  
**CLAIM DESCRIPTION**

**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)
CLAC 8086 (Gesellschaft Well)	CLAC 8086	No 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:**

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
CLAC 8086	Columbia River Basalt Group	Boeckman Creek

**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)
CLAC 8086	Municipal		Year-round	1.94 cfs (April 6, 2001)*
<b>Total Quantity of Water Used</b>				<b>802.16 AF/year (2001)</b>

*\*Based on daily production records from April 6, 2001 that reported a pumping rate of 871 gpm or 1.94 cfs, with the well operating for 24 hours that day.*

**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 Gesellschaft Well (CLAC 8086) is located in the east central portion of the Wilsonville UGB, just northwest of Wilsonville High School. The well is set up to pump directly into a 10" mainline of the City's water distribution system, which consists of 116 miles of public water lines and approx. 7 miles of private lines that spread throughout the UGB. Public water system pipes range from 6 to 48" in diameter. The City mainline from the well only crosses over to the west side of Boeckman Creek in two places: one at the Nike Well site (permit G-10515) to the south and one along Boeckman Road to the north. For this reason, the Gesellschaft Well is connected primarily to the residential areas east of Boeckman Creek.

**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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**5. Variations:**

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES  NO

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

The permit allows for a total of 3.34 cfs of use through the Gesellschaft Well, though to date the City has developed only up to 1.94 cfs (58%) of the full permitted rate.

**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
CLAC 8086	3.34 cfs	2.34 cfs	1.94 cfs*	Municipal	NA	NA

\*Maintained for the length of a 24-hour pump test.

**SECTION 4**

**SYSTEM DESCRIPTION**

Are there multiple POAs? YES  NO

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

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

CLAC 8086 (Gesellschaft Well)

**A. Place of Use**

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1. Is the right for municipal use? YES  NO

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

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1. Is the appropriation from a well? YES  NO

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

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

A metal sounding tube (approx. 1" ID) is in place for access to water level measurement.

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
10 – 14"	658'	665'	02/17/1984	NA	Wilsonville	Staco Well Services

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.

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

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

**D. Diversion and Delivery System Information**

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

1. Is a pump used? YES  NO

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

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	11CLC 10-stage	FR420701	Lineshaft turbine	8" cone strainer	10"

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
US Motor	125 HP, 1770 rpm, 460 V, 3-phase

**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)
125 HP	40 – 95	~125 ft (water level during short-duration pumping)	~150 ft (if pumping into City reservoirs)	2.34 CFS

**5. Provide pump calculations:**

Pump Capacity = (125 HP\*(7.04 ft\*cfs/hp))/(40 psi\*(2.54 ft/psi) + 275 ft) = 2.34 CFS (measured at wellhead)

**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)
NA*	NA*	NA*	NA*

\*The Gesellschaft Well was not operational during the site visit due to ongoing rehabilitation activities at the well.

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information: data from 2012/2013 WMCP and Water Master Plan

MAINLINE SIZE (IN)	LENGTH (FT)	TYPE OF PIPE*	BURIED OR ABOVE GROUND
Unknown	9,203	DI, CI	Buried
2.0	2,184	CI, DI, S, CU	Buried
2.5	546	DI	Buried
3.0	5	DI	Buried
4.0	21,739	DI, CI, PVC, S, C	Buried
6.0	82,790	DI, CI, PVC, CU	Buried
8.0	232,465	DI, CI, PVC	Buried
10.0	39,875	DI, CI	Buried
12.0	100,723	DI, CI, C	Buried
14.0	26,079	DI, CI, S	Buried
16.0	5,112	DI	Buried
18.0	32,709	DI, CI	Buried
24.0	2,174	DI	Buried
48.0	7,053	S	Buried
63.0	4,338	S	Buried

\*Pipe materials in order of length from left to right

Ductile iron (DI), cast iron (CI), steel (S), polyvinyl carbonate (PVC), concrete @, copper (CU)

9. Lateral or Handline Information: NA

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

10. Sprinkler Information: NA

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

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

11. Drip Emitter Information: NA

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

12. Drip Tape Information: NA

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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**13. Pivot Information: NA**

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

**E. Storage**

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

YES NO

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

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

YES NO  
YES NO

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

**2. Storage Tank:**

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Concrete Clearwell	2.49 MG	Underground
Concrete Reservoir	0.70 MG	Underground
Elligsen Tank B-1, Steel Tank	2.00 MG	Surface
Elligsen Tank B-2, Steel Tank	3.00 MG	Surface

**F. Gravity Flow Pipe**

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

1. Does the system involve a gravity flow pipe?

YES NO

**G. Gravity Flow Canal or Ditch**

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

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

YES NO

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

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**SECTION 5  
CONDITIONS**

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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.

**8. 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	02/11/1983		
BEGIN CONSTRUCTION (A)	02/11/1984	01/26/1984	Construction began on CLAC-8086
COMPLETE CONSTRUCTION (B)	10/01/1984	02/17/1984	Construction of well CLAC-8086 was completed
COMPLETE APPLICATION OF WATER ©	10/01/2040	04/06/2001	Maximum instantaneous rate of use in system was recorded

\* 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

If "NO", item 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 NO

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

a. Was the water user required to submit annual static water level measurements? YES NO

**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

- b. Has the pump test been previously submitted to the Department? YES NO
- c. Is the pump test attached to this claim? YES NO
- d. Has the pump test been approved by the Department? YES NO
- e. Has a pump test exemption been approved by the Department? YES NO

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

**6. Measurement Conditions:**

- a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? YES NO

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

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

- b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
CLAC 8086	Endress+Hauser Promag 400, 6"	PC00B816000	Working	-	Spring 2020

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 NO

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

- b. Have the reports been submitted? YES NO

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

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

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Was submittal of a water management and conservation plan required? YES NO
- d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? YES NO

WELL ID #	DATE ATTACHED TO WELL
NA	NA

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- e. Other conditions? YES NO



**SECTION 6  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
<b>ATTACHMENTS 1A-B</b>	<b>Claim of Beneficial Use Maps (1A: POU Map, 1B: POA Map)</b>
<b>ATTACHMENT 2</b>	<b>City of Wilsonville Water System Map</b>
<b>ATTACHMENT 3</b>	<b>CLAC 8086 Pump Test Information</b>
<b>ATTACHMENT 4</b>	<b>CBU Maximum Rate Record</b>

**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 Claim of Beneficial Use surveys consisted primarily of two site visits to confirm the as-built placement of features as mapped. The following aerial imagery was also used in the analysis:**

- 1995 NAIP Imagery Series**
- 2000 NAIP Imagery Series**
- 2005 NAIP Imagery Series**
- 2018 OSIP Imagery Series**

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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

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WATER WELL REPORT  
STATE OF OREGON

CLAC 08086

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MAR 2 1984

State Well No. 35/IW-13ac

PLEASE TYPE or PRINT IN INK

WATER RESOURCES DEPT.  
SALEM, OREGON

State Permit No. 42184

(1) OWNER:

Name City of Wilsonville  
Address City Hall  
City Wilsonville, State Or. 97070

(2) TYPE OF WORK (check):

New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):

Rotary Air  Driven  Domestic  Industrial  Municipal   
Mud  Dug  Irrigation  Test Well  Other   
 Bored  Thermal:  Withdrawal  ReInjection

(5) CASING INSTALLED: Steel  Plastic   
Threaded  Welded   
14" Diam. from +3 ft. to 376 ft. Gauge 312  
" Diam. from ft. to ft. Gauge

LINER INSTALLED:

10" Diam. from -355 ft. to 658 ft. Gauge 250

(6) PERFORATIONS: Perforated?  Yes  No liner

Type of perforator used fact. saw cuts  
Size of perforations 1/8 in. by 2 1/2 in.  
6000 perforations from 355 ft. to 658 ft.  
perforations from ft. to ft.  
perforations from ft. to ft.

(7) SCREENS: Well screen installed?  Yes  No

Manufacturer's Name  
Type Model No.  
Diam. Slot Size Set from ft. to ft.  
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

ump test made?  Yes  No If yes, by whom SchneiderEq.  
gal/min with ft. drawdown after hrs.  
" see attached test results "  
Air test gal/min with drill stem at ft. hrs.  
Bailer test gal/min with ft. drawdown after hrs.  
ian flow g.p.m.  
erature of water 58 Depth artesian flow encountered ft.

(9) CONSTRUCTION: Special standards: Yes  No

Well seal—Material used Cement grout- bentonite  
Well sealed from land surface to 376 ft.  
Diameter of well bore to bottom of seal 18 in.  
Diameter of well bore below seal 14 in.  
Number of sacks of cement used in well seal 74 sacks  
How was cement grout placed? press pumped  
20 sacks cement pumped at 376' drill  
fluid to 55' cement to surface  
Was pump installed? NO Type HP Depth ft.  
Was a drive shoe used?  Yes  No Plug Size: location ft.  
Did any strata contain unusable water?  Yes  No  
Type of Water? depth of strata  
Method of sealing strata off  
Was well gravel packed?  Yes  No Size of gravel:  
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Clackamas Driller's well number  
SW 1/4 NE 1/4 Section 13 T. 3S R. 1W W.M.  
Tax Lot # Lot Blk Subdivision  
Address at well location: NA

(11) WATER LEVEL: Completed well.

Depth at which water was first found 377 ft.  
Static level 58 ft. below land surface. Date 2-21-84  
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 8"

Depth drilled 665 ft. Depth of completed well 665 ft.  
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Soil med brn	0	1	
Clay med brn	1	21	
Clay sandy grey	21	26	
Clay sticky grey	26	44	
Sand, gravel, grey-brn	44	48	
Clay sticky grey	48	63	
Clay med brn	63	77	
Clay, some gravel, grey	77	82	
Clay med brn	82	152	
Clay med grey	152	184	
Sandstn soft grey	184	209	
Claystn soft grey	209	214	
Claystn med brn	214	218	
Clay sticky brn	218	231	
Claystn soft, red-brn	231	362	
Basalt, weathrd brn-grey	362	384	
Basalt hard grey	384	393	
Basalt hard grey-brn-grn	393	428	
Basalt med grey-brn	428	479	
Basalt weathrd brn	479	483	
Lava med porous red	483	487	

Work started 1-26 1984 Completed 2-17 1984  
Date well drilling machine moved off of well 2-22 1984

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_

Bonded Water Well Constructor Certification:

Bond \_\_\_\_\_ Issued by: Union Indemnity  
(number) Surety Company Name  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name Staco Well Services Inc.  
(Person, firm or corporation) (Type or print)  
Address P.O. Box 697 Mt. Angel, Or. 97362  
[Signed] Chris [Signature] Water Well Constructor  
Date 2-27, 1984

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

WATER RESOURCES DEPARTMENT,  
SALEM, OREGON 97310  
within 30 days from the date of well completion.

SP-45292-890

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Clac 8086  
Pg 3 of 4

WELL TEST

Oregon

Date: 2-16-84

Station: 57'

Time: 7:43 AM

Customer: Wilsonville

Pump started:

RESOURCES

Datum Ref: 3' above grd

Top of casing to ground DEPARTMENT

Time	P.L.	Sand Total	Sand In PPM	Totalizer Gallons	GPM	Remarks
9:10 AM	START	X	X	63323250		
9:05	249.4			63328250	1050	
9:10	251.7			63333250	950	OPEN VALVE
9:15	253.5			63338250	1000	
9:20	266.6			63343000	950	OPEN VALVE
9:25	270.2			63348000	1000	
9:30	263.9			63353000	1000	OPEN VALVE
9:35	273.7			63358000	1000	
9:40	271.4			63363000	1000	
9:45	272.2			63368000	1000	
9:50	272.9			63373000	1000	
9:55	274			63378000	1000	
9:00	273.3			63382750	950	
9:15	273.0			63397750	1000	56 gal fuel
9:30	274.5			63412500	983	RECEIVED
9:45	276.5			63427500	1000	
10:00	278.2			63442500	1000	AUG 08 2022
10:15	277.5			63457500	1000	OWRD
10:30	279.5			63472500	1000	
10:45	276.5			63487250	983	THROTTLE REGULATING: LOWERS RPM ADJUSTED BACK UP & VIBRATED
11:00	280.5			63502250	1000	
11:15	284.8			63517500	1016	
11:30	282.5			63532750	1016	CLOSE VALVE
11:45	281.0			63547750	1000	
12:00 PM	282.6			63562750	1000	29.5 GAL FUEL @ 11:50
12:15 PM	283			63577750	1000	



clac 8086  
pg 4 of 4

WELL TEST

WATER  
Temp 58 F

Date: 2-13(17)-84  
Customer: W. Kenville

Station: 57  
Pump started:

Time WATER  
RESOURCES  
DEPARTMENT

Datum Ref: 3' above ground

Top of casing to ground 2

Time	P.L.	Sand Total	Sand In PPM	Totalizer Gallons	GPM	Remarks
2:00 am	294.5			6440650	1016	
2:15	296.3			6442175	1000	
2:30	299.8			6443700	1016	
2:45	295.0			6445200	1000	
3:00	293.0			6446725	1016	
3:15	294.0			6448250	1016	
3:30	295.4			6449775	1016	
3:45	297.8			6451300	1016	
4:00	296.0			6452825	1016	
4:15	296.0			6454350	1016	41.4 gal Diesel
4:30	296.4			6455875	1016	
4:45	295.5			6457400	1016	closed valve slightly
5:00	292.5			6458925	1016	closed valve more
5:15	292.0			6460450	1016	closed valve more
5:30	292.0			6461975	1000	
5:45	290.0			6463475	1016	
6:00	289.5			6464975	1000	RECEIVED
6:15	289.4			6466475	1000	AUG 08 2022
6:30	290.5			6467975	1000	OWRD
6:45	291.3			6469475	1000	
7:00	287.3			6470975	1000	26 Gal Diesel
7:15	292.0			6472475	983	
7:30	292.5			6473975	1016	
7:45	290.8			6475475	1000	
2411-8:00	290.9			6476975	1000	





RECEIVED

Attachment 4

AUG 08 2022

OWRD PUMP STATION REPORT

Month / Year: April 2001

Pump Station: Gesellschaft

Date	Time	Mtr	Gal	GPM	KWH	Hrs	PSI	Rate	Gal/R	PPM	Poly/R	Gal/R
1	8:50	319573	907,000	690	1934.1	21.9	26 96	30/30	26	.48	30/30	10
2	8:30	320515	942,000	691	1956.8	22.7	26 95	30/30	45/2	.34	30/30	6/55
3	7:10	321417	902,000	686	1978.7	21.9	25 95	30/30	41	.76	30/30	54
4	8:00	322398	981,000	695	2002.2	23.5	26 95	30/30	36	.38	30/30	49
5	7:30	323318	920,000	690	2024.4	22.2	25 95	30/30	33	.41	30/30	44
6	9:00	324317	999,000	871	2048.5	24.1	25 95	30/30	26	.52	30/30	40
7	7:20	325203	880,000	687	2070.0	21.5	25 95	30/30	23	.50	30/30	35
8	8:20	326191	988,000	689	2093.9	23.9	25 95	30/30	18	.52	30/30	30
9	9:10	327172	981,000	690	2117.6	23.7	24 95	30/30	25/13	.54	30/30	25
10	8:45	328113	941,000	691	2140.4	22.8	26 95	30/30	35/8	.61	30/30	21
11	9:30	329080	967,000	690	2163.8	23.4	24 95	30/30	30	.95	30/30	16/56
12	9:00	329994	914,000	689	2185.9	22.1	24 95	30/30	25	1.28	30/30	52
13	9:00	330901	909,000	698	2207.0	21.1	24 95	30/30	20	.53	30/30	48
14	8:30	331828	927,000	691	2230.3	23.3	24 95	30/30	15	.51	30/30	43
15	8:40	332782	954,000	690	2253.5	23.2	23 95	30/30	10	.46	30/30	39
16	8:30	333668	986,000	687	2274.9	21.4	24 95	30/30	5/34	.40	30/30	34
17	8:35	334604	936,000	690	2297.6	22.7	23 95	30/30	28	.85	30/30	29
18	8:20	335535	931,000	688	2320.1	22.5	23 95	30/30	23	.46	30/30	25
19	9:10	336504	969,000	696	2343.6	23.5	23 95	30/30	17/47	.42	30/30	20/55
20	9:30	337443	939,000	686	2366.4	22.8	26 95	30/30	42	.49	30/30	52
21	8:00	338279	836,000	686	2386.7	20.3	27 95	30/30	36	.52	30/30	47
22	8:30	339261	982,000	687	2410.5	23.8	26 95	30/30	30	.72	30/30	41
23	8:40	340228	967,000	687	2434.0	23.5	22 95	30/30	25	.47	30/30	37
24	8:45	341160	932,000	692	2456.7	22.7	23 95	30/30	19	.60	30/30	33
25	9:00	342097	937,000	688	2479.4	22.7	23 95	30/30	14/44	.59	30/30	28/53
26	8:10	342998	901,000	690	2501.3	21.9	23 95	30/30	37	.56	30/30	51
27	8:55	343955	957,000	683	2524.6	23.3	22 95	30/30	32	.49	30/30	46
28	8:00	344875	920,000	687	2546.9	22.3	22 95	30/30	25	.47	30/30	41
29	9:40	345878	1,003,000	687	2571.4	24.4	21 95	30/30	20	.43	30/30	36
30	8:35	346781	903,000	689	2593.4	22.0	21 95	30/30	14	.43	30/30	32
31												
Total												

28,115,000 gallons / 706 GPM

681.6 hrs.

151 gallons CL2

127 gal Poly