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

OREGON WATER RESOURCES DEPARTMENT

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-11344	G-10515	

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
City of Wilsonville (POC: Delora Kerber, Public Works Director)	**503-570-1542**	
Address		
29799 SW Town Center Loop East		

City	State	Zip	E-Mail
Wilsonville	**OR**	**97070**	**kerber@ci.wilsonville.or.us**

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		
City of Wilsonville (POC: Delora Kerber, Public Works Director)		
Address		
29799 SW Town Center Loop East		
City	State	Zip
Wilsonville	**OR**	**97070**

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

11/16/2020

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

Name	Date	Association with the Project
Delora Kerber	**Several times from Jun – Nov 2020**	**Wilsonville Public Works Director**
Martin Montalvo	**November 2020**	**Wilsonville Public Works Operations Manager**
Ian Eglitis	**November 2020**	**Wilsonville Utilities Supervisor**

6. County:

Clackamas / Washington

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**

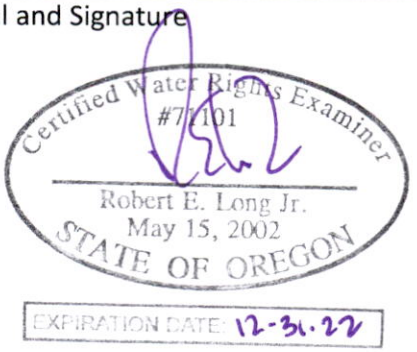
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Robert Long, RG, LHG, CWRE		503 954 1326	Bob.long@cwmh2o.com
ADDRESS 1319 SE Martin Luther King Junior Blvd, Suite 204			
CITY Portland	STATE OR	ZIP 97214	CITY Portland

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
Delora Kerber	Delora Kerber	Public Works Director	8/4/22

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 8491 (Nike Well)	**CLAC 8491**	***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 8491	**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 8491	**Municipal**		**Year-round**	**1.84 cfs (May 3, 1997) ***
Total Quantity of Water Used				**573.82 ac-ft/year (2000)**

**The rate shown here is calculated based on total daily usage data from May 3, 1997. The well produced 1,191,000 gallons in 24-hours, for an average rate of 1.84 cfs. The actual maximum rate is assumed to be higher during a portion of this period.*

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 Nike Well (CLAC 8491) is located in the southeast portion of the Wilsonville UGB, at the north end of Memorial Park. The well is set up to pump directly into a 12" 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 crosses over to the west side of Boeckman Creek at SW Kolbe Lane to supply water to the south central UGB. The well can also provide water to the UGB east of Boeckman Creek via a 12" mainline along Schroeder Way.

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

5. Variations:

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

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

The permit is for the use of 2.228 cfs, though development of the Nike Well has resulted in the maximum use at a rate of only 1.84 cfs, or about 83% of the 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 8291	**1000 gpm (2.228 cfs)**	**1.86 cfs**	**1.84 cfs***	**Municipal**	**NA**	**NA**

**Maximum based on available daily records.*

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 8491 (Nike Well)

A. Place of Use

1. Is the right for municipal use? YES ~~NO~~

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? YES ~~NO~~

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

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

The well exhibits artesian pressure (20 – 30 psi) when not pumping or while pumping at a low level. Artesian pressure is measured with both an analog gauge and an electronic monitoring system. Because the well had to be sealed at the wellhead to prevent artesian flow, there is no sounding tube in place to measure water level manually when artesian pressure is diminished during high pumping. An electronic water level meter is in place.

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
14"	394'	410'	10/24/1984	*(wellhead sealed in 2006)*	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
Fairbanks Morse	11M – 11stg	NA	Vertical turbine	8" cone strainer	8"

3. Motor Information:

Manufacturer	Horsepower
US Motor	150 HP, 1800 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)
150 HP	~110-115 psi	~100 ft *(based on short-duration pumping)*	~190 ft *(if pumped to the City reservoirs)*	1.86 CFS

5. Provide pump calculations:

Pump Capacity = (150 HP*(7.04 ft*cfs/hp))/(110 psi*(2.54 ft/psi)+290 ft)=1.86 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 Nike Well was observed in full operation for approximately 2 minutes. Because the distribution system was unable to receive water from the Nike Well at the time of the site visit, the water was fed through a separate line, which did not have a flow meter installed.*

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 (C), 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

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 YES ~~NO~~

Bulge in System / Reservoir ~~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

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? ~~YES~~ NO

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

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.

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	08/30/1985		
Begin construction (A)	08/30/1986	09/14/1984	Began construction of CLAC 8491
Complete construction (B)	10/01/1986	10/24/1984	Finished construction of CLAC 8491
Complete application of water ©	10/01/2040	July 1995	Maximum instantaneous rate of pumping 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**

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? ~~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 8491	Water Specialties Corp.	941342	Working	-	*unknown*

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*

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

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

The Nike Well exhibits artesian conditions and required sealing of the wellhead to prevent unregulated flow. The wellhead was sealed in 2006 in compliance with this condition.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
ATTACHMENTS 1A-B	**Claim of Beneficial Use Maps** (A: Map of POU, B: Map of POA)
ATTACHMENT 2	**City of Wilsonville Water System Map**
ATTACHMENT 3	**CLAC 8491 Well Log**
ATTACHMENT 4	**Record of Maximum Daily Production (May 1997)**

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

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

Attachment 3
STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

CLAC 08491

RECEIVED
NOV 0 1984
WATER RESOURCES DEPT
SALEM, OREGON

3s/1W-24ba

(for official use only) Pg 16

PLEASE TYPE or PRINT IN INK.

(1) OWNER:
Name City of Wilsonville
Address
City Wilsonvillev State Oregon

(2) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air ☒ Driven ☐
Rotary Mud ☒ Dug ☐
☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Thermal: Withdrawal ☐ Reinjection ☐
Other: Piezometric ☐ Grounding ☐ Test ☐

(5) CASING INSTALLED:
Steel ☒ Plastic ☐
Threaded ☐ Welded ☒
14 " Diam. from +30" ft. to 394 ft. Gauge .375
" Diam. from ft. to ft. Gauge

LINER INSTALLED:
one
Steel ☐ Plastic ☐
Threaded ☐ Welded ☐
" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:
Perforated? ☐ Yes ☒ No
Size of perforations in. by in.
perforations from ft. to 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
Was a pump test made? ☒ Yes ☐ No If yes, by whom? Schneider Eq.
l: 913 gal./min. with 379 ft. drawdown after 26½ hrs.
" " "
Air test 900 gal./min. with drill stem at 620 ft. 2 hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow 120 g.p.m. @ 12psi shut in
perature of water Depth artesian flow encountered 410 ft.

(9) CONSTRUCTION:
Special standards: Yes ☐ No ☒
Well seal—Material used Cement grout
Well sealed from land surface to 40, 354' to 394' ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 0 in.
Amount of sealing material 80 sacks ☒ pounds ☐
How was cement grout placed? pumped from bottom up
394' to 354'-40' to surface
drill mud from 40' to 354'
Was pump installed? no Type HP Depth ft.
Was a drive shoe used? ☐ Yes ☒ No Plugs 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 by legal description:
County Clackamas NE ¼ NW ¼ of Section 24 of
Township T3S (Township is North or South), Range 1W (Range is East or West), WM.
Tax Lot Lot Block Subdivision
MAILING ADDRESS OF WELL (or nearest address)
NIKE WELL

(11) WATER LEVEL of COMPLETED WELL:
Depth at which water was first found 410 ft.
Static level flowing ft. below land surface. Date 10-24-8
Artesian pressure 12 psi lbs. per square inch. Date 10-24-8

(12) WELL LOG:
Diameter of well below casing 12" to 420
8" to 620
Depth drilled 620 ft. Depth of completed well 620 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 silty	0	2	
Clay sandy brn	2	13	
Sand, clay binder brn	13	18	
Clay, sandy gray	18	31	
Conglm med-small	31	33	
Clay gray sticky	33	36	
Clay brn with wood iner beds	36	91	
Clay gray sandy,cong-ib	91	106	
Clay sticky gray	106	116	
Clay gray, claystn inbds	116	165	
Clay sticky gray	165	199	
Clay soft brown	199	221	
Lava crumbly red	221	229	
Clay sticky brn, red inb	229	261	
Clay soft red	261	272	
Clay extremely stickyred	272	356	
Sandstn med green	356	366	
Basalt cap med green-brn	366	378	
Basalt visic-blk-green inb-inbds = inerbeds	378	389	

Date work started 9-14-84 /completed 10-24-84
Date well drilling machine moved off of well 10-17-84 19

(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 (number) Issued by: Union Indemnity (Surety Company Name)
On behalf of Staco Well Services Inc. (type or print name of Water Well Constructor)
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:
(Signed) Chuck Stadeli – (Water Well Constructor)
(Dated) 10-31-84

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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*46866-690

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

CLAC 08492

RECEIVED
NOV 0 1984
WATER RESOURCES DEPT.
SALEM, OREGON

3S/1W-24ba

PLEASE TYPE or PRINT IN INK. continued (for official use only) B-282

(1) OWNER:
Name City of Wilsonville
Address
City State

(2) TYPE OF WORK (check):
New Well ☐ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air ☐ Driven ☐
Rotary Mud ☐ Dug ☐
☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Thermal: ☐ Withdrawal ☐ Reinjection ☐
Other: Piezometric ☐ Grounding ☐ Test ☐

(5) CASING INSTALLED:
Steel ☐ Threaded ☐ Plastic ☐ Welded ☐
..." Diam. from ... ft. to ... ft. Gauge ...
..." Diam. from ... ft. to ... ft. Gauge ...

LINER INSTALLED: Steel ☐ Threaded ☐ Plastic ☐ Welded ☐
..." Diam. from ... ft. to ... ft. Gauge ...

(6) PERFORATIONS:
Perforated? ☐ Yes ☐ No
Size of perforations in. by in.
... perforations from ... ft. to ... 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
Was a pump test made? ☐ Yes ☐ No If yes, by whom?
... gal./min. with ... ft. drawdown after ... hrs.
Air test ... gal./min. with drill stem at ... ft. hrs.
Bailer test ... gal./min. with ... ft. drawdown after ... hrs.
Artesian flow ... g.p.m.
...perature of water Depth artesian flow encountered ... ft.

(9) CONSTRUCTION:
Special standards: Yes ☐ No ☐
Well seal—Material used ...
Well sealed from land surface to ... ft.
Diameter of well bore to bottom of seal ... in.
Diameter of well bore below seal ... in.
Amount of sealing material ... sacks ☐ pounds ☐
How was cement grout placed? ...
Was pump installed? ... Type ... HP ... Depth ... ft.
Was a drive shoe used? ☐ Yes ☐ No Plugs ... 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 by legal description:
County ... ¼ ¼ of Section ... of
Township ... (Township is North or South) Range ... (Range is East or West) WM.
Tax Lot ... Lot ... Block ... Subdivision ...
MAILING ADDRESS OF WELL (or nearest address) ...

(11) WATER LEVEL of COMPLETED WELL:
Depth at which water was first found ft.
Static level ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing ...
Depth drilled ft. Depth of completed well 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
Basalt gray hard	389	437	H20
Basalt fract med blk	437	462	H20
Basalt hard blk	462	490	
Basalt med - hard brn	490	533	
Basalt weathrd brn-grn	533	542	H20
Basalt hard gray	542	579	
Basalt fract brn-grn	579	583	H20
Basalt hard gray	583	601	
Basalt fract blk visic	601	619	H20
Basalt hard gray	619	620	

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Date work started ... /completed ...
Date well drilling machine moved off of well 19

(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 ... (number) Issued by: ... (Surety Company Name)
On behalf of Staco Well Services Inc. (type or print name of Water Well Constructor)
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
(Signed) ... (Water Well Constructor)
(Dated) ...

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*46866-690

NIKE

Attachment 4

WELL PRODUCTION (1997)

Date	Monday 4/28/97	Tuesday 4/29	Wednesday 4/30	Thursday 5/1	Friday 5/2	Saturday 5/3	Sunday 5/4	TOTAL
Stafford Well (432,000)	0	0	0	0	0	0	0	
Boeckman Well (504,000)	0	0	0	0	0	0	0	
Weideman Well (950,000)	0	0	0	0	0	0	0	
Canyon Creek Well (806,000)	0	0	0	0	0	0	0	
Gesellshaft Well (864,000)	506,000	815,000	1,015,000	681,000	748,000	1,042,000	547,000	
Nike Well (914,000)	861,000	947,000	1,097,000	763,000	978000	1,191,000	1,010,000	
Charbonneau Well (468,000)	368,500	292,700	353,900	260,300	306,400	358,500	210,900	
East Reservoir (60,000)	45	45	45	45	45	46	45	
West Reservoir (40,700)	52	50	51	52	50	52	51	
Charbonneau Reservoir (37,500)	19	18	18	18	19	17	17	
Reservoirs +/-	0	-118,900	+40,700	+40,700	-43,900	+66,400	-19,300	
Metered Gal (4,434,000)	1,735,500	2,054,700	2,465,900	1,704,300	2,032,400	2,591,500	1,767,900	
TOTAL	1,735,500	2,173,600	2,425,200	1,663,300	2,076,300	2,525,100	1,787,200	14,386,200