



OREGON
WATER
RESOURCES
DEPARTMENT

ATTACHMENT 5

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PUMP TEST UNREASONABLE BURDEN
EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: City of Wilsonville		PHONE NO.: 503-570-1542	ADDITIONAL CONTACT NO.:
ADDRESS: 30000 SW Town Center Loop E			
CITY: Wilsonville	STATE: OR	ZIP: 97035	E-MAIL: igodwin.or@gmail.com

If there is a reason why a pump test cannot be performed on a well, the owner may request from the Director an exemption from the pump test requirement. Requests shall be in writing and include the reason why a pump test cannot be performed. Exemptions, or conditioned exemptions, shall be granted if the reasons are found to valid and eliminating the problem would place an unreasonable burden on the well owner. Exemptions shall be granted for public water supply wells if pump testing will cause interruption of service to customers. OAR 690-217-0015(3).

1. List each well and associated water right(s) for which you are requesting an exemption. If a well is listed on more than one water right, be sure to include them all here. If additional space is needed, please attach another form. If available, please attach all water well reports (i.e. well logs) and a map showing the locations of all wells listed on this form.

	WELL LOG # (EX. MARI 99999)	WELL TAG # (EX. L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	CLAC 4488	L- 14885	Canyon Creek (Well 2)	G-11806	G-10923	T-
b	CLAC 51707	L- 10394	Boeckman (Well 8)	G-11806	G-10923	T-
c		L-		G-	G-	T-
d		L-		G-	G-	T-
e		L-		G-	G-	T-

(CONTINUED)

	TWP (EX: 25S)	RNG (EX: 31E)	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)
a	3S	1W	12	SESW	1550 ft E and 80 ft N of SW corner of Sec 12	45.31773149	-122.75876407
b	3S	1W	14	NWNE	1500 ft W and 150 ft S of the NE corner of Sec 14	45.31707172	-122.77011718
c							
d							
e							

2. Please explain why the test cannot be performed:

The Canyon Creek and Boeckman Wells are currently maintained by the City of Wilsonville as emergency backup supply sources and do not actively pump water into the City distribution system. The wells are operated regularly on a monthly basis for short periods of time (less than an hour). Historical usage reporting and operational data demonstrate both wells' ability to pump at or above the CBU rate for extended periods of time, so a new pump test would add only redundant data about the wells. In order to run a full pump test, the City would have to pump to waste for an extended period of time, as the wells are not able to pump into the system to simulate real system pressures except in case of emergency. A short pump test was performed on the Canyon Creek Well CLAC-4488 (then called the Mentor Graphics Well) by Schneider Drilling in 1991 (this pump test is included with the well log in this application and is attached to the well on the OWRD database). Performing a pump test would place an unreasonable burden on the City because of the effort and resources required from City staff and the large amount of water that would be pumped to waste in the process. The City would also have to reconfigure the wellheads to in order to make measurements of water level and flow rate during a long-term pump test.

I hereby certify that the well(s) requested for exemption(s) are under my ownership.

SIGNATURE: Delara Kerber

DATE: 8/4/22

BOECKMAN

WELL PRODUCTION (1998)

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 WATER RESOURCES DEPT
 SALEM, OREGON

	Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Stafferd Well (432,000)	6/15/98	668,000	706,000	695,000	728,000	708,000	832,000	646,000	
Boeckman Well (504,000)	6	6	6	ON line	230,000	955,000	750,000		
Weideman Well (950,000)	582,000	723,000	449,000	910,000	606,000	907,000	751,000		
Canyon Creek Well (806,000)	635,000	720,000	564,000	6	6	6	6		
Gesellschaft Well (864,000)	499,000	562,000	438,000	740,000	514,000	743,000	622,000		
Nike Well (914,000)	750,000	805,000	720,000	878,000	773,000	976,000	825,000		
Charbonneau Well (468,000)	691,000	6	292,700	240,400	317,700	265,300	6		
East Reservoir (60,000)	47	46	46	46	46	46	45	OVRD	
West Reservoir (40,700)	50	50	50	51	50	51	52		
Charbonneau Reservoir (37,500)	19	19	18	17	17	17	18		
Reservoirs +/-	+21,400	-60,000	-37,500	-34,300	-40,700	+40,700	+21,400		
Metered Gal (4,434,000)	3,203,000	3,516,000	3,158,700	3,496,400	3,148,700	4,678,300	3,594,000		
TOTAL	3,181,600	3,576,000	3,196,200	3,530,700	3,189,400	4,637,600	3,572,600		

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CANYON CREEK

WELL PRODUCTION (1997)

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WATER RESOURCES DEPT.
SALEM, OREGON

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Date	1-13-97	1-14-97	1-15-97	1-16-97	1-17-97	1-18-97	1-19-97	
Stafford Well (432,000)	off for reservoir → ⊖	⊖	⊖	⊖	⊖	⊖	⊖	
Boeckman Well (504,000)	⊖	⊖	⊖	⊖	⊖	⊖	⊖	
Weldeman Well (950,000)	406,000	918,000	750,000	728,000	558,000	611,000	712,000	
Canyon Creek Well (806,000)	152,000	1,197,000	135,000	740,000	754,000	150,000	⊖	
Gesellschaft Well (864,000)	238,000	⊖	615,000	575,000	575,000	750,000	830,000	
Nike Well (914,000)	⊖	⊖	⊖	⊖	⊖	⊖	⊖	
Charbonneau Well (468,000)	195,800	⊖	⊖	72,000	⊖	⊖	⊖	
East Reservoir (60,000)	46	46	46	46	46	46	46	
West Reservoir (40,700)	52	52	53	52	52	53	52	
Charbonneau Reservoir (37,500)	19	19	19	19	19	19	19	
Reservoirs +/-	⊖	⊖	+40,700	-40,700	⊖	+40,700	-40,700	
Metered Gal (4,434,000)	991,800	2,115,000	1,500,000	2,043,000	1,887,000	1,511,000	1,542,000	
TOTAL	991,800	2,115,000	1,459,300	2,083,700	1,887,000	1,470,300	1,582,700	11,589,800

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 OMSD

CLAC
51707
Pg 2 of 2

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WELL I.D.# L10394

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

MAY 19 1997

(START CARD) # 095320

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: PAGE 2 (CONTINUED)
Ground Elevation _____

Material	From	To	SWL
Basalt Gray&Brown Softer	400	440	
Basalt Brown & Gray			
Volcanic	440	450	
Basalt Gray&BrownMedium	450	470	106
BasaltGray&BrownSofter	470	485	
Basalt Gray&BrownMedium	485	495	
Basalt Gray Medium	495	505	
Basalt Brown & Gray & Yellow Soft	505	515	
BasaltGray Medium/Hard	515	545	
BasaltGray&Black Soft	545	560	
Basalt Gray&Black & Red & Green Soft	560	580	
Basalt Gray Medium/Hard	580	640	
Basalt Gray & Green & Red & Brown Soft	640	668	106
Basalt Gray Hard	668	670	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

J

CLACK
51707
Pg. 1 of 2

RECEIVED WELL I.D.# L10394

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

MAY 19 1997

WATER RESOURCES DEPT. (START CARD)# 095320

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

(1) OWNER: Well Number 424
Name City of Wilsonville Well # 8
Address 3000 SE Town Center Loop E
City Wilsonville State OR Zip 97070

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 670 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	390	cement	0	390	422
8	390	670				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14	+2	390	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 390

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
720		670	4 hrs
440		350	2 hrs.

Temperature of water 57 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom A.G.I.
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 3 N or S Range 1 E or W. WM.
Section 14 NW 1/4 NE 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Boones Ferry Rd & Buckman Rd.

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 3/15/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 165

From	To	Estimated Flow Rate	SWL
165	x 280	75	75
450	470	200	106
640	668	500	106

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay Brown	0	15	
Clay Gray	15	35	
Clay Gray & Brown			
Decomposed Basalt	35	40	
Clay Gray Sticky	40	95	
Clay Gray & Brown Wood Chips & Decomposed Basalt	95	165	
Basalt Brown & Gray			
Clay Layers Gray	165	200	75
Basalt Gray & Sandstone			
Layers	200	235	
Basalt Brown & Green Clay			
Layers	235	280	
Basalt Brown & Red & Green	280	310	
Basalt Brown Fractured			
Medium Hard	310	330	
Basalt Gray Hard	330	370	
Basalt Gray & Brown Softer	370	390	
Basalt Gray Hard	390	400	

Date started 2/28/97 Completed 4/18/97

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

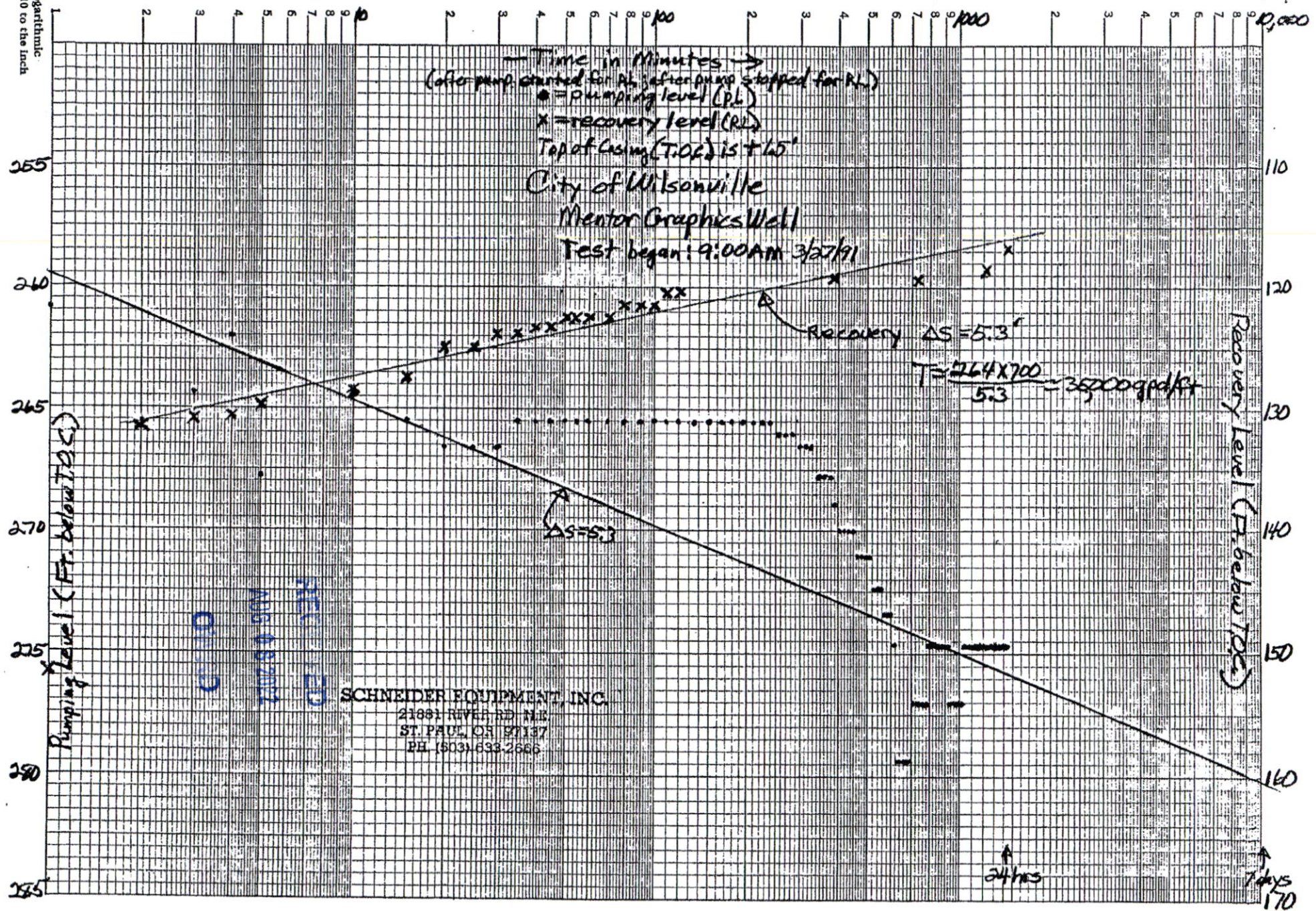
WWC Number 1622
Signed Liquid Blue Date 4/23/97

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed during the construction dates reported above. All work performed during this construction complies with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Rodney C. Eubank WWC Number 4/23/97 Date 663

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Semi-Logarithmic
4 Cycles x 10 to the Inch



City of Wilsonville
Mentor Graphics Site Well
page 2

by Schneider Drilling Co.

672	683	Basalt, black, med-soft, ves
683	689	Basalt, grey, hard, frac
689	692	Basalt, black, frac, w/clay, green
692	697	Basalt, grey & brn, hard, frac
697	717	Basalt, black, frac, med-hd
717	735	Basalt, grey, v. hard
735	757	Basalt, blk, hard, occ. frac.
757	765	Basalt, blk, porous
765	780	Basalt, w/claystone, grey
780	820	Basalt, grey, hard
820	830	Basalt, red, porous
830	865	Basalt, black
865	870	Basalt, red, porous
870	880	Basalt, black, v. soft

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City of Wilsonville
Mentor Graphics Site Well
Start Card 16878
by Schneider Drilling Co.

From	To	
0	4	Fill
4	7	Top soil, brn
7	23	Clay, brn
23	39	Clay, brn, sandy
39	42	Sand, fine-med & some pea grvl
42	48	Clay, brown
48	56	Clay, dk grey
56	64	Clay, grey & brn
64	75	Clay, brn, sandy, some cement
75	126	Clay, brn & red
126	166	Clay, grey, soft
166	189	Gravel/rock, rusty brn, bkn w/clay, brn
189	197	Clay, grey
197	236	Clay, claystone & sandstone, multi-colored
236	246	Clay, grey-blue
246	272	Clay, claystone & sandstone, brn
272	277	Clay, grey
277	285	Clay, brn & red; CS & SS, multi-clr
285	296	Clay, red
296	319	Sandstone, red, ves, sloughs
319	333	SS, brn-red, ves w/claystone
333	344	SS, brn-red & basalt, blk, bkn
344	351	Clay & claystone, red
351	359	SS, brn-red w/basalt, blk, med
359	366	Basalt, brn, med
366	369	Basalt, grey, med
369	384	Basalt, grey, hard
384	388	Basalt, grey w/brn, frac, med
388	391	Basalt, grey w/blk, frac, med-hd
391	396	Basalt, grey, hard
396	414	Basalt, brn w/grey, bkn, ves, soft
414	417	Basalt, grey, frac, med-hd
417	447	Basalt, grey, hd
447	459	Basalt, brn, ves, soft
459	477	Basalt, blk, frac, med-hd
477	485	Basalt, blk, well frac
485	505	Basalt, grey, some frac, med-hd
505	519	Basalt, brn, ves, some grey
519	523	Basalt, blk, frac
523	566	Basalt, grey, some frac, hard
566	592	Basalt, blk, ves, bkn, cindery
592	611	Basalt, grey, some frac, hard
611	626	Basalt, blk w/red, ves, bkn, some CS, grey
626	630	Basalt, blk w/grn, bkn
630	637	Basalt, blk w/red, ves, some CS
637	643	Basalt, grey, ves
643	653	Basalt, grey, some frac, hard
653	666	Basalt, grey & blk, ves
666	672	Basalt, grey, hard, frac

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

Attachment 3

3S/1W/12 Cd

(START CARD) # 16878

CLACK
 4488

(1) **OWNER:**
 Name City of Wilsonville
 Address 30000 SW Town Center Loop East
 City Wilsonville State OR Zip 97070

Well Number: M.G.

(9) **LOCATION OF WELL by legal description:**
 County Clack Latitude _____ Longitude _____
 Township 35 N or S, Range 1W E or W, WM.
 Section 12 SE 1/4 of SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Mentor Graphics Site
 Boekman Rd.

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other Reverse Circulation

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 880 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	3.5	Gran Bent	0	3.5	8sks
12	3.5	366	Cement	3.5	366	243 sks
8	366	507				
	507	880				

How was seal placed: Method A B C D E
 Other Bent, was poured & probed
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14	+2.5	366	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 366

(7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
 1000 300 1 hr.
 1000 303 2.5 hr
 700 See attached graph of test

Temperature of water 62°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Owner
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) **STATIC WATER LEVEL:**
 117 ft. below land surface. Date 3/22/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 35

From	To	Estimated Flow Rate	SWI
366	666	*see (12)	*
366	880	see (8)	see(11)

(12) **WELL LOG:** Ground elevation Approx 223'

Material	From	To	SWI
See attached log			
*With hole @ 666' depth: air tested 500gpm, drill stem @ 660, 2hr air tested 300gpm, drill stem @ 460, 1/2 hr Pump tested 300gpm, 210' DD, 1hr SWL on 4/17/90-119' SWL on 7/23/90-132' SWL on 2/25/91-116'			

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APR 15 1991

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 4/3/90 Completed 4/5/91

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Donald S. Boyd WWC Number 1085
 Date 4/8/91

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed Stephen Schneider WWC Number 649
 Date 4/8/91

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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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 4488 & CLAC 51707 Well Logs
ATTACHMENT 4	CBU Maximum Rate Records
ATTACHMENT 5	Pump Test Unreasonable Burden Exemption Request Form

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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- 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 4488 (Well 2, Canyon Creek Well)	Water Specialties Corp.	973088	Working	-	unknown
CLAC 51707 (Well 8, Boeckman Well)	Water Specialties Corp.	980912	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
10394	2002
14885	2002

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- 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):

**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	08/23/1989		
BEGIN CONSTRUCTION (A)	08/23/1990	04/03/1990	Begin construction of Canyon Creek Well
COMPLETE CONSTRUCTION (B)	10/01/1991	04/05/1991	Finish construction of Canyon Creek Well
COMPLETE APPLICATION OF WATER ©	10/01/2040	06/20/1998	Maximum rate of pumping achieved between both wells.

* 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

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

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.

H. Additional notes or comments related to the system:

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

MAINLINE SIZE	LENGTH	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

13. Pivot Information: NA

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	7CLC, 6-stage	NA	Turbine	~4"	~6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motors	125 HP, 1785 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	~15 – 130 psi	~350 ft (based on short duration pumping)	~150 ft (if pumping to City reservoirs)	1.64 CFS

5. Provide pump calculations:

Pump Capacity = $(125 \text{ HP} * (7.04 \text{ ft} * \text{cfs}/\text{hp})) / (15 \text{ psi} * (2.54 \text{ ft}/\text{psi}) + 500 \text{ ft}) = 1.64 \text{ CFS}$ (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 water system was not able to accept water from the Boeckman Well during the site visit. The well was run in full operation for about 2 minutes, with the water bypassing the flow meter in place on the production line.

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.

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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 51707 (Boeckman 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:

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

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

Table with 7 columns: CASING DIAMETER, CASING DEPTH, TOTAL DEPTH, COMPLETION DATE OF ORIGINAL WELL, COMPLETION DATES OF ALTERATIONS, WHO THE WELL WAS DRILLED FOR, WELL DRILLED BY. Row 1: 8-18", 670', 670', 04/18/1997, NA, Wilsonville, American Drilling Co

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.

CLAC 51707

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.

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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

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

H. Additional notes or comments related to the system:

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

MAINLINE SIZE	LENGTH	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 Emmitter 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)

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Goulds	9RCLC	FR399145	Submersible	6 5/8"	~6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	125 HP, 3525 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	~30 – 120 psi	~250 ft (based on short duration pumping)	~130 ft (if pumping to City reservoirs)	1.93 CFS

5. Provide pump calculations:

Pump Capacity = $(125 \text{ HP} * (7.04 \text{ ft} * \text{cfs}/\text{hp})) / (30 \text{ psi} * (2.54 \text{ ft}/\text{psi}) + 380 \text{ ft}) = 1.93 \text{ CFS}$ (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 Canyon Creek Well was not operational during the site visit due to ongoing rehabilitation activities at the well.

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.

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**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 4488 (Canyon Creek 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:

A metal sounding tube (~1" ID) is in place to allow for water level measuring.

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
8 – 14"	880'	880'	04/05/1991	NA	Wilsonville	Schneider Drilling Co

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.

CLAC 4488

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.

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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 2 (CLAC 4488)	2.22 cfs	1.93 cfs	1.85 cfs	Municipal	NA	NA
Well 8 (CLAC 51707)	2.22 cfs	1.64 cfs	1.48 cfs	Municipal	NA	NA

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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)
CLAC 4488 (Well 2, Canyon Creek Well)	CLAC 8491	14885
CLAC 51707 (Well 8, Boeckman Well)	CLAC 51707	10394

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 2	Columbia River Basalt Group	Boeckman Creek
Well 8	Columbia River Basalt Group	Coffee Lake 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)
Well 2	Municipal		Year-round	1.85 cfs (Jan 1997)
Well 8	Municipal		Year-round	1.48 cfs (Jun 1998)
Total Quantity of Water Used				827.8 AF/year (1998)

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 Canyon Creek Well (Well 2, CLAC 4488) is located in the east-central portion of the Wilsonville UGB. The well is set up to pump directly into a 12" lateral that connects to the 18" Boeckman Road mainline of the City's water distribution system, which runs west-east across the middle of the UGB. The Boeckman Well (Well 8, CLAC 51707) is similarly situated along the Boeckman Road mainline in the center of the UGB. The Boeckman Well is set up to pump into a short 8" lateral that connects to the mainline. The City distribution system 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.

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**

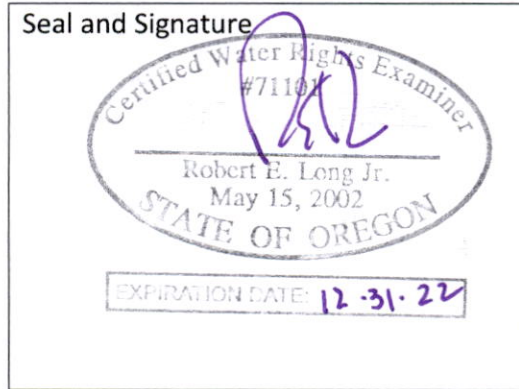
(e.g. "The permit allowed three points of appropriation. The water user only developed one of the points." Or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

The permit allows for the use of 4.44 cfs equally split between the two approved points of appropriation. Historical pumping records show that the Canyon Creek Well (Well 2) has developed 1.85 cfs of its portion of the right, while the Boeckman Well (Well 8) has developed 1.48 cfs of its portion. Overall, 3.33 cfs (75% of the permitted rate) has been developed to date.

**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 Robert Long, RG, LHG, CWRE		PHONE NO. 503 954 1326	ADDITIONAL CONTACT NO. 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
<i>Delora Kerber</i>	Delora Kerber	Public Works Director	8/4/22

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2. Property Owner (current owner information):

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

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



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

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**A fee of \$200 must accompany this form for 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>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-11806	PERMIT # (IF APPLICABLE) G-10923	PERMIT AMENDMENT # (IF APPLICABLE) T-8550
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