

**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 \$230 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 503-979-9103.

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-18893	PERMIT # (IF APPLICABLE) G-18514	PERMIT AMENDMENT # (IF APPLICABLE) T-N/A
---------------------------------	--	--

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Huneus Vinters LLC, Benton Lane Winery LLC Steve Girard		PHONE NO. 541-847-5785	ADDITIONAL CONTACT NO. 541-847-5792
ADDRESS 23860 Territorial Highway			
CITY Monroe	STATE OREGON	ZIP 97456	E-MAIL steve@benton-lane.com

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 Steve Girard, Benton Lane Winery LLC, Huneus Vinters LLC		
ADDRESS P.O. Box 99		
CITY Monroe	STATE OREGON	ZIP 97456

ADDITIONAL PERMIT HOLDER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

4. Date of Site Inspection:

3/30/2021

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Steve Girard	03/25/2021	Owner

6. County:

Benton

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

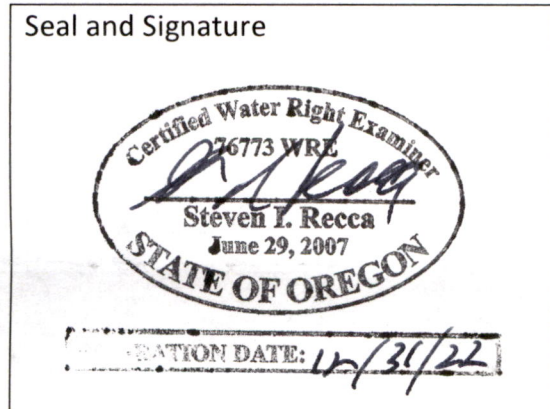
OWNER OF RECORD N/A		
ADDRESS N/A		
CITY N/A	STATE N/A	ZIP N/A

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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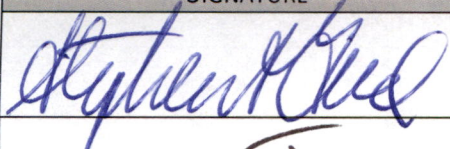
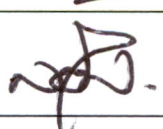
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CWRE NAME Steven I. Recca	PHONE NO. 541-688-8322	ADDITIONAL CONTACT NO.
ADDRESS 2535 B Prairie Road		
CITY Eugene	STATE OREGON	ZIP 97402
E-MAIL steverecca@egrassoc.com		

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
	Steve Girard	Owner	8-3-22
	Benton Lane Winery LLC	Owner	7-11-22
	Huneus Vintners LLC	Owner	7.11.22

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)
Well 1	BENT 51463	L38279

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 1	Long Tom River Basin	Willamette River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Industrial	N/A	Jan 1- Dec 31	0.147 cfs
Total Quantity of Water Used				0.147 cfs

4. Provide a general narrative description of the distribution works. This description must trace the water system from each point of appropriation to the place of use:

Water is pumped from well 1 (BENT 51463) through 2-inch pvc lines to a 28550 gallon above ground storage tank. Water is distributed via gravity flow via 2 inch pvc lines from the tank to the place of use at the bottling and winery facility.

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, **NO**
permit amendment final order, or extension final order? If yes, describe below.

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

The permit allowed a rate of 0.13 cfs and the amount measured was 0.147 cfs.

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 1	0.13 cfs	0.147 cfs	0.147 cfs	Industrial	N/A	N/A

SECTION 4
SYSTEM DESCRIPTION

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NO OWRD

Are there multiple POAs?

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

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

Well 1

A. Place of Use

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
15S	5W	WM	9	NW,NE	N/A	N/A	Industrial	N/A	N/A
Total Acres Irrigated								N/A	N/A

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

Water level measured at vent port at top of sanitary seal.

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"	0-39 ft	130 ft	4/11/2000	N/A	Benton Lane Vineyards	Mid Valley Drilling Inc.
6"	39-130 ft	130 ft	4/11/2000	N/A	Benton Lane Vineyards	Mid Valley Drilling Inc.

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.

BENT 51463 well log is attached to this claim.

C. Groundwater Source Information (Sump)

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

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

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
Grundfos	45S50-998924049	Not Available	Submersible	4"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Grundfos 96405802	5

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)
5	0	104	-237 ft	0.147 cfs

5. Provide pump calculations:

$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$
 $(5)(7.04)/(104)=0.338 \text{ cfs}$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A	N/A	N/A	N/A

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

7. Is the distribution system piped?

YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	Approx 5600 ft	PVC	Buried

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YES **OWRD**

E. Storage

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

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

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Fiberglass	28850	Above

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

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
2"	PVC	150	237 feet	3300 feet	7.2%	0.140

3. Provide calculations:

Pipe Capacity Calculator

for pipes flowing full, using the Hazen-Williams Formula

Data Entry (fill in underlined blanks)

Interior Diameter = 2 inches, or 0.1666667 feet
 Roughness Coefficient (C) = 150
 Fall = 237 feet per 3300 feet of distance
 Grade = 0.07181818 , or 7.2%

Results calculated

Area of cross-section = 0.021817 square feet
 Wetted Perimeter = 0.523599 feet
 Hydraulic Radius = 0.041667
 Velocity = 6.439322 feet per second

Pipe Capacity = 0.140 cubic feet per second

4. If an actual measurement was taken, provide the following:

DATE OF MEASUREMENT	WHO MADE THE MEASUREMENT	MEASUREMENT METHOD	MEASURED QUANTITY OF WATER (IN CFS)
N/A	N/A	N/A	N/A

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

NO

**SECTION 5
CONDITIONS**

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	12-12-2019		
BEGIN CONSTRUCTION (A)	12-12-2019	12-12-2019	Uses existing distribution system.
COMPLETE CONSTRUCTION (B)	12-12-2019	12-12-2019	
COMPLETE APPLICATION OF WATER (C)	12-1-2020	12-1-2020	

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

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

NO

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

3. Initial Water Level Measurements:

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

YES

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

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department?

YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/25/2021	Steven I. Recca (CWRE)	E-Tape	18.02

4. Annual Static Water Level Measurements:

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

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

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

March

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
3/25/2021	Steven I. Recca	E-Tape	18.02

5. Pump Test:

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

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

For additional information regarding pump tests see:

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

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

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

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

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

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

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1	Sensus	6971166	Working		5/2003

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

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d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? **NA**

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

NAME	TITLE	APPROXIMATE DATE
N/A	N/A	N/A

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A	N/A	N/A

7. Recording and reporting conditions:

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

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

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

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

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

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

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

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

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

WELL ID #	DATE ATTACHED TO WELL
BENT51463	Unknown

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):

Well tag was attached at an unknown date.

SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
BENT 51463	Well Log L38279
Pump Test Report	Pump test for well L38279
Claim Map	COBU Map
Water Level Reporting Form	3/25/2021 Water Level Check

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SECTION 7
CLAIM OF BENEFICIAL USE MAP

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

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

Survey method is google earth aerial photograph with imagery date of 7/26/2018.

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

Oregon Water Resources Department
PERMIT CONDITION WATER-LEVEL REPORTING FORM

409

Your water right requires periodic static water-level measurements in your well. Please review your water right to determine when measurements should be made, when reports are due, and who is allowed to make the measurements. Keep a copy of all measurement reports for your records. Your well must be measured regardless of whether it is in use. Please contact the Department if you are no longer the holder of the water right that lists this well or if you wish to cancel the right.

Application	G 18893
Permit	G 18514
Certificate	
Transfer	
POD	1
Userid	29323

STEVE GIRARD
 BENTON LANE WINERY
 PO BOX 99
 MONROE OR 97456

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Water Right (OWRD Use Only):

Permit: G 18514 * {205068}

A. Identification of Measured Well (Provide as much information as possible. Correct any errors.)

Water Resources Well Log Id	BENT 51463*	Well name on water right	WELL 1 (BENT 51463/51610/L38279)
Well Id- Well Tag on Well: L-		Owner's well name	WELL 5 (L-38279)
Water Use Report Id		Water use rpt facility name	

* Per OWRD records, if shown

Logid (Well History)	Type Work	Startcatd Nbr	Well Tag	Csq (inches)	Max Depth	Complete Date	Owner on Well Log
BENT 51463	NEW	128783	38279	6	130.00	04/11/2000	BENTON LANE VINYARDS
BENT 51610	DPN	135559	38279	6	205.00	09/14/2000	BENTON LANE VINYARDS

B. Well Location Lat (WGS1984): 44.287516 Long: -123.307032 Est loc error (feet): 25 Loc Source (gps...): WR APPL MAP EXISTING WELL
 Location on water right: In the NW qtr of the NW qtr of Section 9, T. 15.00S, R. 5.00W, 159 FT S & 924 FT E FR NW COR, S9

C. Water-Level Measurement

Date of measurement: 3/25/2021 Measurements should be made to at least the nearest tenth of a foot (10.2"), the nearest inch (10" 3") or the nearest pound, if using a gage.

Depth to water below measuring point: 18.92 Airline length or transducer depth (below land surface): feet

Measuring point height above / below land surface: 0.90 Airline gage pressure: psi x 2.31 = feet

Depth to water below land surface: 18.02 Shut-in pressure (flowing wells): psi x 2.31 = feet

Measurement status: Static ☐ Pumping ☐ Rising ☐ Flowing ☐ Other ☐

Measurement method: E-tape ☒ Airline ☐ Other ☐

Length of time well was idle prior to measurement: >24 hours

Measuring point description: Vent hole in sanitary seal.

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage. Measuring points should not be used for airline measurements as airline length should be referenced to land surface.

Flowing wells should be fully shut off until the gage pressure is stable to get a "static" measurement. The measuring point is the height of the gage above land surface.

Comments:

D. Certification I certify that this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Steven M. Recca

Signature of measurer: *[Signature]*

Company: EGR & Associates, Inc.

License number (Circle license type: CWRE, RG, PE, WWC, Pump Installer): R.G. 1436, C.W.R.E. 76773 WRE

Daytime phone number: 541-688-8322 Email address: steverecca@egrassoc.com

Questions? Call the Measurement & Reporting Section of the Department at 503-930-3828.

Return this Form to: OWRD, Meas & Rpt Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266.

Or email it as an attachment to reportingmmts@wrdd.state.or.us.

Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD>

OWRD GW/BPS 2/18/2021

Water Level Data on File at OWRD for this well (last 3 measurements only, most recent date on top):

Date	Arln Len	WL BMP	MP Height	WL BLS	Status	Method	Measured By	Measuring Point Description
03/21/2012		13.93	0.90	13.03	STATIC	ETAPE	STEVE RECCA	3/4" access port in sanitary seal on N side.
03/25/2011		16.23	0.90	15.33	STATIC	ETAPE	PHILLIP STALLINGS	3/4" ACCESS PORT IN SANITARY SEAL
03/26/2010		19.61	1.00	18.61	STATIC	ETAPE	PHILLIP STALLINGS	3/4" ACCESS PORT IN SANITARY SEAL

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:

Name: Benton Lane Winery
Address: P.O. Box 99
County: Benton
City: Monroe State: OR Zip: 97456
Original owner (from well log): Benton Lane Vineyards

Well Location:

Township: S Range: E
Section: 1/4 : NE 1/16 : NE 1/64 : NE
Well depth: _____ Date drilled: _____
Owners well no. (if any): 1
POD ID: Well #1

Water Right Information:

Application: G-15218 Permit: G-15300 Certificate: NA
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Steven I. Recca, R.G., C.W.R.E. Well Owner? ☐ Yes
Company: EGR & Associates, Inc.
Address: 2535B Prairie Road Date of Test: 10/05/2018
City: Eugene State: OR Zip: 97402
Daytime phone: 541-688-8322

Method of discharge measurement (see our brochure for more information): Manometer
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used): _____

Pump type (pick one or enter other method used): Submersible
Was the pump test conducted during normal use of the well? ☐ Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: _____
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Vent port at top of sanitary seal

Measuring point distance above land surface 0.75 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>8:17 am</u>	<u>63.47</u>	<u>62.72</u>
<u>8:32 am</u>	<u>63.46</u>	<u>62.73</u>
<u>9:32 am</u>	<u>63.47</u>	<u>62.72</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>10:05 am</u>	<u>66.00</u>	<u>gpm (gallons per minute)</u>
<u>10:25 am</u>	<u>63.00</u>	<u>gpm (gallons per minute)</u>
<u>11:25 am</u>	<u>69.00</u>	<u>gpm (gallons per minute)</u>
<u>12:10 pm</u>	<u>68.00</u>	<u>gpm (gallons per minute)</u>
<u>1:10 pm</u>	<u>66.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: _____ Date 10/05/2018 Time 9:48 am
Time pump turned off: _____ Date 10/05/2018 Time 2:05 pm
Total pumping time: 4 hours 15 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: www.oregon.gov/owrd

Signature: [Signature]

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OWRD

PUMP TEST DATA SHEET

Page 1 of 1

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Recovery Data

[illegible]

OWRD 2/9/2000

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

WELL I.D. # L 38279
START CARD # 128783

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER



EGR & Associates, Inc.

Engineers, Geologists and Surveyors

2535B Prairie Road
Eugene, Oregon 97402

(514) 688-8322
Fax (541) 688-8087

LETTER OF TRANSMITTAL

DATE: 9/13/22 JOB NO: 5223-15-0031

ATTENTION: Oregon Water Resources

RE: Submission of Claim of Beneficial
Use to the Oregon Water Resources
Department

TO: Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266

WE ARE SENDING YOU:

- ☐ Drawings ☐ Report ☐ Letter ☐ Copy of Letter ☐ Plans
☐ Specifications ☐ Change Order ☒ Application to use groundwater

VIA: ☐ Fax Transmittal ☐ Postal Service ☐ Express Courier ☐ Hand Deliver ☐ _____

NO.	COPIES	DATE	DESCRIPTION
1	1	9/23/2022	Claim of Beneficial Use
2	1	9/23/2022	Claim Map on Standard Paper
3	1	9/23/2022	Claim Map on Mylar with CWRE Stamp
4	1	9/23/2022	Submission fee 230\$

THESE ARE TRANSMITTED AS CHECKED BELOW:

- ☐ As Requested ☐ For Your Use ☒ For Approval ☐ For Review and Comment ☐ Returned For Corrections
☐ Approved as Noted ☐ Approved as Submitted ☐ Return Corrected Prints ☐ Resubmit for Approval ☐ _____

REMARKS:

Attached are the Claim of Beneficial Use documents on behalf of Benton Lane Winery. Included with this packet are the signed claim documents. Two claim maps one on mylar and one on standard paper. The last item is the 230\$ submission fee.

RECEIVED

SEP 15 2022

OWRD

COPY TO :

SIGNED:

[Signature] 9-13-22
J. R. Frank