

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-16016	PERMIT # (IF APPLICABLE) G-15661/G-18706	PERMIT AMENDMENT # (IF APPLICABLE) T-13630
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Red Hills Farm LLC		PHONE NO. (971) 241-4871	ADDITIONAL CONTACT NO.
ADDRESS 15909 NE McDougall Rd.			
CITY Dayton	STATE OR	ZIP 97114	E-MAIL ryan@stollerfamilyestate.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 Red Hills Farm LLC			
ADDRESS 15909 NE McDougall Rd.			
CITY Dayton	STATE OR	ZIP 97114	

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

1/24/2022 & 4/26/2022

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Ryan Thornton	4/26/2022	Senior Facilities Manager
Jason Tosch	4/26/2022	Vice President of Vineyard Operations

6. County:

Yamhill

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		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**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 William E. McGill	PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE		
CITY Turner	STATE OR	ZIP 97392
E-MAIL willmcgill.surveying@gmail.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
	Wayne Marschall	Manager, Red Hills Farm LLC	9/30/2022

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 8	YAMH 53274	L-60255
Drain Tile (POD A)	N/A	N/A
Well 2	YAMH 5249	No tag found
Well 5	YAMH 5250	No tag found
Well 6A	YAMH 53886	L-72031
Well 6	YAMH 5278	No tag found
Well 7	YAMH 50281	L-03213

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 8, Drain Tile (POD A), 2, 5, 6A, 6, 7	Miller Creek Basin	Yamhill 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 8, Drain Tile (POD A), Well 2, 5, 6A, 6, 7	Irrigation to make up deficiency in rate	Vineyard & Landscaping	May 1 – Oct. 31	0.14 cfs
Total Quantity of Water Used				0.14 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 each of the sources by submersible pumps and delivered to the place of use through 6", 4", and 3" buried PVC pipe. The water is applied to the vineyards by a drip system and to the landscaped areas by pop-up sprinklers and a small gun.

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.")

Permit G-15661/G-18706/T-13630 authorized 349.2 acres of irrigation and 302.2 acres were developed. The Drain Tile (POD A) location was developed on the East side of Stoller Reservoir consistent with the COBU for supplemental Permit S-54076. The described permit location was on the dam.

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 8	0.14 cfs	0.16 cfs	System not operating at time of inspection.	Irrigation to make up deficiency in rate	349.2	302.2
Drain Tile (POD A)	0.14 cfs	0.34 cfs				
Well 2	0.14 cfs	0.01 cfs				
Well 5	0.14 cfs	0.03 cfs				
Well 6A	0.14 cfs	0.04 cfs				
Well 6	0.14 cfs	0.10 cfs				
Well 7	0.14 cfs	0.10 cfs				

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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):

Well 8

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

Access well by removing 5 bolts and well cap (see attached Well 8 picture).

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
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See attached well log.

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
Berkeley	L50P4KMSG		Submersible	4"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	7.5

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)
7.5	40	0'	225'	0.16

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5. Provide pump calculations:

$$Q = (7.5 * 7.04) / (101.6 + 62 + 163) = 0.16 \text{ cfs}$$

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)
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System not operating at time of inspection.

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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 (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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):

Drain Tile (POD A)

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

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

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
Berkeley	6TS6"	6TS30-155	Submersible	3"	3"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Berkeley	30

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)
30	180	0'	164'	0.34

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5. Provide pump calculations:

$$Q = (30 * 7.04) / (457.2 + 164) = 0.34 \text{ cfs}$$

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)
System not operating at time of inspection.			

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6"	~3,150'	PVC	Buried
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

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13. Pivot Information:

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

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 (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
Stoller Reservoir	25'	30.0

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

12" ADS drain tile drains into the Stoller Reservoir. From there, water is pumped from the reservoir at POD A by a 30 HP submersible pump through buried 6" PVC mainline to the filtration pump house. Water is delivered from the pump house to the vineyards and landscaping by 3" and 4" buried PVC mainline.

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):

Well 2

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

3/4" access port on West side of well cap (see attached Well 2 picture).

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
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See attached well log.

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
Berkeley	10P4F0ZMG S-03	1A012	Submersible	4"	1.25"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	0.5

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)
0.5	40	0'	229'	0.01

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5. Provide pump calculations:

$$Q = (0.5 * 7.04) / (101.6 + 65 + 164) = 0.01 \text{ cfs}$$

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)
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System not operating at time of inspection.

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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 (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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):

Well 5

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

Access well by removing 5 bolts and well cap (see attached Well 5 picture).

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
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See attached well log.

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
STA-RITE	L20P4HH-02	1H96K	Submersible	4"	1"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	1.5

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)
1.5	40	0'	222'	0.03

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5. Provide pump calculations:

$$Q = (1.5 * 7.04) / (101.6 + 60 + 162) = 0.03 \text{ cfs}$$

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)
-----------------------	----------------------	---------------------------	----------------------------

System not operating at time of inspection.

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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 (2- at Well 5, 1- at central filtration system)	3x 5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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SECTION 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):

Well 6A

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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 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:

1" access port on Southwest side of well cap (see attached Well 6A picture)

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
See attached well log.						

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
Berkeley	15 gpm		Submersible	4"	1.25"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	2

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)
2	40	0'	269'	0.04

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5. Provide pump calculations:

$$Q = (2 * 7.04) / (101.6 + 117 + 152) = 0.04 \text{ cfs}$$

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)
System not operating at time of inspection.			

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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 (1- at Well 6A, 1- at central filtration system)	2x 5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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):

Well 6

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

Access well by removing 5 bolts and well cap (see attached Well 6 picture).

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
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See attached well log.

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
Grundfos	40350-15	94293696	Submersible	4"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	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	40	0'	261'	0.10

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5. Provide pump calculations:

$$Q = (5 * 7.04) / (101.6 + 97 + 164) = 0.10 \text{ cfs}$$

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)
System not operating at time of inspection.			

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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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 (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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):

Well 7

A. Place of Use

1. Is the right for municipal use?

YES 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
4S	3W	WM	4	NWSW	8		IR		28.3
4S	3W	WM	4	NWSW		41	IR		1.8
4S	3W	WM	4	SWSW		41	IR		1.9
4S	3W	WM	4	SWSW	9		IR		33.2
4S	3W	WM	5	SWNE		40	IR		1.8
4S	3W	WM	5	NESW		40	IR		0.4
4S	3W	WM	5	SESW		40	IR		6.1
4S	3W	WM	5	NESE		41	IR		18.6
4S	3W	WM	5	NESE		40	IR		9.2
4S	3W	WM	5	NWSE		40	IR		26.3
4S	3W	WM	5	SWSE		40	IR		20.1
4S	3W	WM	5	SESE		40	IR		2.9
4S	3W	WM	5	SESE		41	IR		33.6
4S	3W	WM	8	NENE		41	IR		37.9
4S	3W	WM	8	NENE	1		IR		0.6
4S	3W	WM	8	NWNE		41	IR		4.3
4S	3W	WM	8	NWNE		40	IR		7.7
4S	3W	WM	8	SWNE		41	IR		2.7
4S	3W	WM	8	SENE		41	IR		12.4
4S	3W	WM	8	SENE	1		IR		0.8
4S	3W	WM	9	NWNW	1		IR		31.6
4S	3W	WM	9	NWNW		41	IR		1.8
4S	3W	WM	9	SWNW	2		IR		18.2
Total Acres Irrigated									302.2

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.

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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:

3/8" access port on West side of well cap (see attached Well 7 picture).

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
-----------------	--------------	-------------	----------------------------------	---------------------------------	------------------------------	-----------------

See attached well log.

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
			<u>Submersible</u>	<u>4"</u>	<u>2"</u>

3. Motor Information:

MANUFACTURER	HORSEPOWER
	<u>5</u>

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)
<u>5</u>	<u>40</u>	<u>0'</u>	<u>244'</u>	<u>0.10</u>

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5. Provide pump calculations:

$$Q = (5 * 7.04) / (101.6 + 91 + 153) = 0.10 \text{ cfs}$$

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)
System not operating at time of inspection.			

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:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
2"	~8,000'	PVC	Buried
3"	~3,350'	PVC	Buried
4"	~31,600'	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
N/A			

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird 1800	40	3	1500	58	0.39
9 mm gun	80	18	1	1	0.04

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

11. Drip Emitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
0.5 gph	40	0.0083	369,772	25,600	0.48

12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
N/A					

13. Pivot Information:

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

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 (located at central filtration system)	5,000	Buried

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

G. Gravity Flow Canal or Ditch

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

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

YES NO

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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	7/1/2004		
BEGIN CONSTRUCTION (A)	7/1/2004	8/30/2004	Began drilling Well 6A.
COMPLETE CONSTRUCTION (B)	10/1/2021	July 2020	Install drip on last vineyard planting.
COMPLETE APPLICATION OF WATER (C)	10/1/2021	July 2020	Irrigated last vineyard planting.

* 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.

b. Were the Progress Reports submitted?

YES NO*

*2016 submitted, 2021 attached

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

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.

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

c. Was the measurement submitted to the Department?

YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
*Each of the wells have March SWL measurements, but not able to determine when water use began for each individual well under Permit G-15661.			

4. Annual Static Water Level Measurements:

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

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 NO

d. If "YES", were those measurements submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 8	Master Meter		Working	08779.8	Feb. 2003
Drain Tile (POD A)*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 2*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 5*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 6A	Master Meter	8940646	Working	02528.3	June 2005
Well 6	Master Meter	8929089	Working	01527.6	Aug. 2018
Well 7*	McCrometer	04-10721-4	Working	88461900	Jan. 2005

*Note: Drain Tile (POD A), Well 2, 5, and 7 are all metered at the filtration pump house. The picture of this meter was taken at the 2/3/2021 onsite for Permit S-54076, so the meter reading listed is a current reading and does not match the photo.

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? YES NO

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
- *Not a permit condition

WELL ID #	DATE ATTACHED TO WELL
Well 8 (L-60255)	2/5/2003
Well 6A (L-72031)	8/31/2004
Well 7 (L-03213)	8/22/1996

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):

1. Usable access port: All wells have usable access ports for measuring water level elevations.

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SECTION 6
ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
2021 Progress Report	Completed time extension progress report for 10/1/2016-2021.
Pump Test	2 pages – Well 8 Pump Test
Pump Test Exemption Request	2 pages
Authorization Documents	7 pages showing authorization for Wayne Marschall to sign
Well Logs	Wells 8, 2, 5, 6A, 6, 7
20 Pictures	Taken at onsite inspections

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 basis of the survey is aerial photo provided by Maxar Technologies and field GPS.
Source Date: 10/25/2020**

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
 725 Summer Street NE, Suite A
 Salem Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

**Extension of Time
 Progress Report Form
 For Checkpoints**

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: Red Hills Farms LLC

Application G-16016
 Permit G-15661

Report Due no later than October 1, 2021
 DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

Progress Report Form for 2021

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and
 perfections of Permit G-15661. FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION
 BEING DENIED.

INSERT DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between October 1, 2016 and October 1, 2021	FINANCIAL INVESTMENT
2016	1 Acre of grapes planted	\$ 30,000
2017	15 Acres of grapes planted	\$ 450,000
2018	2 Acres of grapes planted	\$ 60,000
2019	14 Acres of grapes, vit ops complex built, PW Expansion	\$ 24.12 million
2020	1.2 Acres of grapes, Warehouse built, EC built	\$ 15.24 million

2. Compliance with terms and conditions of the permit and/or previous extension.

3. Total number of acres irrigated to date = 255 (if applicable)

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, made to date.

Maximum rate used to date = _____ cfs (cubic feet per second), or

Maximum rate used to date = 230 gpm (gallons per minute), or

Acre Feet stored to date = _____ AF

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

Signature: [Handwritten Signature]
 Ryan Thornton

Date: Sept. 20, 2022

For OWRD use only

Diligence Shown Yes No

Reviewed by: _____ Date: _____

Date Public Noticed: _____

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

well #8



Well Owner:
 Name Stoller Vineyards
 Address 15909 NE McDougall Rd
 County Yamhill
 City, State, Zip Dayton, OR 97114

Well Location: Well #2
 Twnshp 4 (S), Range 3 (W)
 Section 8 1/4, 1/4, 1/4: 1/4 NE 1/4
 Well Depth 264 Date Drilled 02/05/03
 Owners Well No. (if any) 8

Water Right Information:

Application No. _____ Permit No. _____ Certificate No. _____
 Does this pump test apply to more than one water right? _____ If Yes, fill out numbers below:
 App. No. _____ Permit No. _____ Cert. No. _____
 App. No. _____ Permit No. _____ Cert. No. _____

Pump Test:

Test conducted by: Alex Shenk Well Owner? No
 Company Cascade Water Systems
 Address PO Box 100 Date of Test 02/24/03
 City, State, Zip Lafayette, OR 97127

Method of Discharge Measurements: Flow meter
 Method of Water Level Measurement: Sounder
 Depth of Air Line (if used) _____
 Pump type: Submersible
 Was pump test conducted during normal use of the well? No
 Description of point from which water level was measured: top of sounder tube +5'

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. 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: #6- 600' turned off #7- 500' turned off

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? No
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approximate distance: _____ Approximate elevation difference: _____
 Is well elevation above or below the surface water body? _____

Static water level measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>9:30 am</u>	Depth to Water: <u>57.2'</u>
Time: <u>10:30 am</u>	Depth to Water: <u>57.2'</u>
Time: <u>10:25 am</u>	Depth to Water: <u>57.2'</u>

Discharge Measurements: (A discharge measurements is required at the start of pumping and once an hour during the test):

Time: <u>10:30 am</u>	Discharge Rate: <u>60gpm</u>
Time: <u>11:30 am</u>	Discharge Rate: <u>60gpm</u>
Time: <u>12:30 pm</u>	Discharge Rate: <u>60gpm</u>
Time: <u>1:30 pm</u>	Discharge Rate: <u>65gpm</u>
Time: <u>2:30 pm</u>	Discharge Rate: <u>65gpm</u>

Pump turned on: Date: 2/24/03 Time: 10:30am Pump turned off: Date: 02/24/03 Time: 2:30pm
 Total pumping time: 4 hours, 0 minutes.

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

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Cascade Water Systems, Inc.

624 Third St, Po Box 100

Lafayette, OR 97127

503-864-4556 Fax 503-864-2701

Customers Name and Address: Stoller Vineyards 15909 NE McDougall RD Dayton, OR 97114	Invoice # #103372
--	-----------------------------

PUMP TEST DATA SHEET

DRAWDOWN DATA							RECOVERY DATA						
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	GALLONS PER MINUTE (GPM)	COMMENTS	DATE	TIME	TIME SINCE PUMP STOP (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
2/24/03	10:30am	0	57.2	5'	60gpm			2:30pm	0	169	5'		
	10:32am	2	85.5		60gpm			2:32pm	2	115.3			
	10:34am	4	105.9					2:34pm	4	103.2			
	10:36am	6	122.7					2:36pm	6	98.9			
	10:38am	8	138.1					2:38pm	8	96.9			
	10:40am	10	147.3					2:40pm	10	95.8			
	10:50am	20	148.9					2:50pm	20	92.1			
	11:00am	30	149.8					3:00pm	30	89.7			
	11:15am	45	151.9					3:15pm	45	86.8			
	11:30am	60	154.6					3:30pm	60	84.9			
	11:45am	75	156.1					3:45pm	75	83.1			
	12:00pm	90	157.1					4:00pm	90	81.4			
	12:15pm	105	158.4					4:15pm	105	80.8			
	12:30pm	120	158.8					4:30pm	120	79.9			
	12:45pm	135	159		60gpm								
	1:00pm	150	165.9		65gpm								
	1:15pm	165	166.6										
	1:30pm	180	167.2										
	1:45pm	195	167.9										
	2:00pm	210	168										
	2:15pm	225	168.7										
	2:30pm	240	169		65gpm								

Please Note: It is our finding, on this date, that this well produced 65 gpm for 4 hours.

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OWNER NAME/BUSINESS NAME Red Hills Farm LLC		PHONE NO. (971) 241-4871	ADDITIONAL CONTACT NO.	
ADDRESS 15909 NE McDougall Rd.				
CITY Dayton	STATE OR	ZIP 97114	E-MAIL ryan@stollerfamilyestate.com	

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

- 1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);**
- 2. One of the wells has been tested and the test has been approved by OWRD; and**
- 3. The wells are within 5 miles of the tested well.**

1. List the *tested* well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
YAMH 53274	L-60255	Well 8	2/24/2003	G- 16016	G-15661/18706	T-13630	

(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)
4S	3W	9	NWNW	540' S & 680' E from NW cor. of sec. 9		

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	APPLICATION	PERMIT	TRANSFER
a	YAMH 5249		Well 2	G-16016/ G-13868	G-18706/ G-13083	T-13630/ T-9455
b	YAMH 50307	L-3190	Well 3	G-13868	G-13083	T-9455
c	YAMH 456		Well 4	G-13868	G-13083	T-9455
d	YAMH 5250		Well 5	G-16016/ G-13868	G-18706/ G-13083	T-13630/ T-9455
e	YAMH 5278		Well 6	G-16016/ G-13868	G-18706/ G-13083	T-13630/ T-9455
f	YAMH 53886	L-72031	Well 6A	G-16016/ G-13868	G-18706/ G-13083	T-13630/ T-9455
g	YAMH 58281	L-03213	Well 7	G-16016/ G-13868	G-18706/ G-13083	T-13630/ T-9455

(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	4S	3W	8	NWNE	150'S & 2010'W from NE cor. of sec. 8		
b	4S	3W	5	NESE	1560'N & 175'W from SE cor. of sec. 5		
c	4S	3W	5	SESE	480'N & 70'W from SE cor. of sec. 5		
d	4S	3W	8	NENE	1075'S & 30'W from NE cor. of sec. 8		
e	4S	3W	9	NWNW	1070'S & 500'E from NW cor. of sec. 9		
f	4S	3W	9	NWNW	1030'S & 1150'E from NW cor. of sec. 9		
g	4S	3W	9	NWNW	415'S & 1140'E from NW cor. of sec. 9		

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**PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM**

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: William E. McGill DATE: 9-28-2022 LICENSE #: 30680 CWRE

PRINTED NAME: WILLIAM E. MCGILL (CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: (503) 510-3026 EMAIL: WILLMCGILL.SURVEYING@GMAIL.COM

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Business Registry Business Name Search

[New Search](#)

Business Entity Data

04-26-2022 16:31

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
443409-82	DLLC	ACT	OREGON	02-16-1995	02-16-2023	
Entity Name	RED HILLS FARM, L.L.C.					
Foreign Name						

[New Search](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS					
Addr 1	16161 NE MCDUGALL RD						
Addr 2							
CSZ	DAYTON	OR	97114		Country	UNITED STATES OF AMERICA	

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	08-14-2014	Resign Date	
Of Record	171980-11	THE STOLLER GROUP, INC.					
Addr 1	7401 SW WASHO CT STE 200						
Addr 2							
CSZ	TUALATIN	OR	97062		Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS					
Addr 1	7401 SW WASHO CT STE 200						
Addr 2							
CSZ	TUALATIN	OR	97062		Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER		Resign Date		
Of Record	171980-11	THE STOLLER GROUP, INC.				
Addr 1	7401 SW WASHO CT STE 200					
Addr 2						
CSZ	TUALATIN	OR	97062		Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER		Resign Date		
Not of Record	WILLIAM H. STOLLER TRUST					
Addr 1	7401 SW WASHO CT STE 200					
Addr 2						
CSZ	TUALATIN	OR	97062		Country	UNITED STATES OF AMERICA

Type	MGR	MANAGER		Resign Date		
Name	WAYNE		MARSCHALL			
Addr 1	7401 SW WASHO CT STE 200					
Addr 2						
CSZ	TUALATIN	OR	97062		Country	UNITED STATES OF AMERICA

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SEP 30 2022

[New Search](#)

Name History

OWRD

Business Entity Name	Name Type	Name Status	Start Date	End Date
RED HILLS FARM, L.L.C.	EN	CUR	02-16-1995	

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Jan 14, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

44340982

REGISTRATION DATE

02/16/1995

BUSINESS NAME

RED HILLS FARM, L.L.C.

BUSINESS ACTIVITY

DOMESTIC LIMITED LIABILITY COMPANY

MAILING ADDRESS

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

16161 NE MCDUGALL RD
DAYTON OR 97114 USA

JURISDICTION

OREGON

REGISTERED AGENT

17198011 - THE STOLLER GROUP, INC.

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

17198011 - THE STOLLER GROUP, INC.

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

MEMBER

WILLIAM H. STOLLER TRUST

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

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MANAGER

WAYNE MARSCHALL

7401 SW WASHO CT STE 200
TUALATIN OR 97062 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

WAYNE MARSCHALL

TITLE

AUTHORIZED AGENT

DATE SIGNED

01-14-2021

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OWRD

DURABLE SPECIAL POWER OF ATTORNEY

I, **William H. Stoller**, Trustee of the **William H. Stoller Trust** created on **July 26, 1990** and amended and restated on **July 21, 2015** (the "Trust"), and pursuant to Section 8.2 and 8.11 of the Trust, do hereby make, constitute and appoint **Wayne Marschall**, President and Chief Financial Officer of **The Stoller Group, Inc.**, as my Agent and attorney in fact (my "Agent"), with full power and authority for me and in my behalf and on behalf of the Trust established by me and for my benefit, to take any actions reasonably necessary relating to assets of the Trust as I might do if personally present, whether such acts are expressly hereinabove enumerated or not, and I hereby ratify and confirm each and every act and thing which my said Agent may do by virtue of this power of attorney.

This power of attorney and authorization shall continue in full force and effect, notwithstanding that I may become legally disabled or incompetent, until revocation thereof signed by me has been recorded in the county where this power of attorney has been recorded.

I have signed this power of attorney this 20th day of November, 2020.

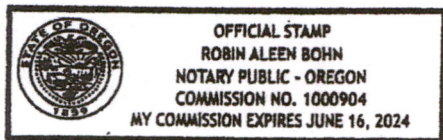
WILLIAM H. STOLLER TRUST
DATED JULY 21, 2015

By: *William H. Stoller*
William H. Stoller, Trustee

STATE OF OREGON)
) ss.
County of Washington)

On this 20th day of November, 2020, before me personally appeared **William H. Stoller, Trustee of the William H. Stoller Trust as amended and restated July 21, 2015** and acknowledged to me that he executed this power of attorney freely and voluntarily.

Robin Aleen Bohn *Robin Aleen Bohn*
Notary Public for Oregon
My commission expires: June 16, 2024



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SEP 30 2022

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SIGNATURE OF AGENT

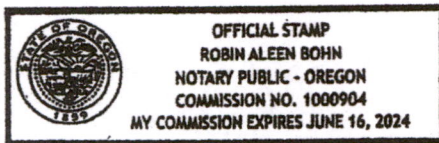
Agent acknowledges that the following is Agent's signature:

W. Marschall

Wayne Marschall

STATE OF OREGON)
) ss.
County of Washington)

On this 20th day of November, 2020, **Wayne Marschall**, personally appeared before me and acknowledged to me that he executed this power of attorney, freely and voluntarily, as the above-named Agent.



Robin Aleen Bohn *Robin Aleen Bohn*
Notary Public for Oregon
My commission expires: June 16, 2024

RECEIVED
SEP 30 2022
OWRD

DURABLE SPECIAL POWER OF ATTORNEY

I, **William H. Stoller**, do hereby make, constitute and appoint **Wayne Marschall**, President of **The Stoller Group, Inc.**, as my Agent and attorney in fact (my "Agent"), with full power and authority for me and in my behalf, to take any actions reasonably necessary as I might do if personally present, whether such acts are expressly hereinabove enumerated or not, and I hereby ratify and confirm each and every act and thing which my said Agent may do by virtue of this power of attorney.

This power of attorney and authorization shall continue in full force and effect, notwithstanding that I may become legally disabled or incompetent, until revocation thereof signed by me has been delivered to my Agent.

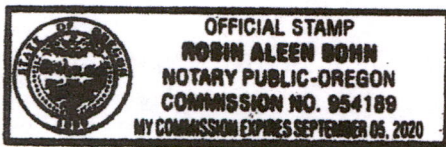
I have signed this power of attorney this 8th day of October, 2018.

W H Stoller
William H. Stoller

STATE OF Oregon)
) ss.
County of Washington)

On this 8th day of October, 2018, before me personally appeared **William H. Stoller**, and acknowledged to me that he executed this power of attorney freely and voluntarily.

Robin Aleen Bonn
Notary Public of *Washington County*
My commission expires: *Sept. 05, 2020*



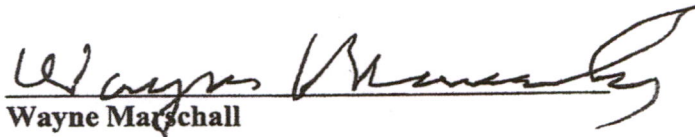
RECEIVED

SEP 30 2022

OWRD

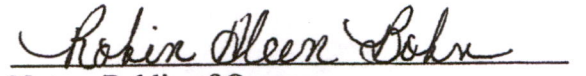
SIGNATURE OF AGENT

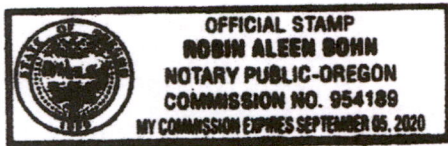
Agent acknowledges that the following is Agent's signature:


Wayne Marschall

STATE OF OREGON)
) ss.
County of Washington)

On this 5th day of October, 2018, **Wayne Marschall**, personally appeared before me and acknowledged to me that he executed this power of attorney, freely and voluntarily, as the above-named Agent.


Notary Public of Oregon
My commission expires: Sept. 05, 2020



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SEP 30 2022

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State of Oregon
 WATER WELL REPORT (as required by ORS 537.765)

Page 1 of 1

State Well ID L60255
 Start Card # 151253

RECEIVED

FEB 28 2003
 WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER: Well No. 2187
 Name STOLLER VINEYARDS
 Address 15909 NE MCDUGALL RD
 City DAYTON St OR Zip 97114

(9) LOCATION OF WELL by legal description:
 County YAMHILL Lat. ' ' ' Long. ' ' '
 Township 4 S Range 3 W. W. N.
 Section 9 ~ 1/4 ~ 1/4
 Tax Lot 100 Lot Block Subdivision
 Street Address of Well (or nearest Address)
 15909 NE MCDUGALL RD DAYTON, OR

(2) TYPE OF WORK: NEW WELL
 (3) DRILL METHOD: ROTARY AIR
 (4) PROPOSED USE: FARM

(10) STATIC WATER LEVEL:
 62 ft. below land surface. Date 02/05/03
 Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval NO _____ Depth of Compl. Well 264 ft
 Explosives used NO _____ Type _____ Amount _____
 HOLE SEAL

Dian.	From	To	Material	From	To	Amount
10	0	80	BENTONITE CHIP	0	39	26 SAX
8	80	260	CEMENT W/GR	39	80	12 SAX
6	260	264				

(11) WATER BEARING ZONES:
 Depth at which water was first found 169

From	To	Est Flow Rate	SWL
169	259	60	62
_____	_____	_____	_____
_____	_____	_____	_____

Seal placement method C AND POURED
 Backfill: from _____ ft to _____ ft Material _____
 Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	6	
CLAY, RED	6	29	
CLAY, BROWN	29	34	
SANDSTONE BROWN, STERED W/BASALT, DECAVED	34	71	
BASALT, MEDIUM GRAY	71	169	
BASALT, VESICULAR DECAV AND MEDIUM GRAY	169	259	62
CLAY, GRAY MARINE	259	264	

(6) CASING/LINER:

Dian.	From	To	Gauge	Material	Connection
Casing 6	+2	260	.25	STEEL	WELDED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Liner	_____	_____	_____	_____	_____

 Final Location of shoe(s) 6X10 TRAP @ 80'

DAVE PAYSINGER, BLUE WATER DRILLING CO.
 (503) 868-7878

 Date started 01/31/03 Completed 02/05/03

(7) PERFORATIONS/SCREENS:
 Perf. Method DR PERFORATOR
 Screens Type _____ Material _____

From	To	Slot Size	Number	Dian.	Tele/pipe Size	Casing/liner
240	255	.2X1"	198	_____	_____	CASING
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

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

Yield GPM	Draw-down	Drill stea at	Time
60	_____	255	1 hr.
60	_____	235	1
_____	_____	_____	_____

 Temperature of water 53F Depth Artesian Flow Found _____
 Was water analysis done? YES By whom BMD _____
 Reason for water not suitable for use _____
 Depth of strata _____

(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. All 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.
 Signed *David S. Paysinger* WWC Number 1438
 Date 02/05/03

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 SEP 30 2022
 OWRD

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

well 2
YAMH
5249
 PLEASE TYPE or PRINT IN INK

OCT 16 1985
 WATER RESOURCES DEPT
 SALEM, OREGON
 847
 45/3W-8
 (for official use only)

(1) OWNER:

Name John Stoller
 Address RT 2
 City DAYTON State OR

(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
 Cable Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Withdrawal Reinjection
 Other: Piezometric Grounding Test

(5) CASING INSTALLED:

Steel Plastic
 Threaded Welded
 6" Diam. from ti ft. to 38 ft. Gauge 160#
 " Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED:

Steel Plastic
 Threaded Welded
 4" Diam. from 0 ft. to 290 ft. Gauge 160#

(6) PERFORATIONS:

Size of perforations 1/4 in. by 6 in. Perforated? Yes No
150 perforations from 190 ft. to 290 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 13 1/2 gal./min. with drill stem at 290 ft. 1 hrs.
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m.
 _____ temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes No
 Well seal—Material used Cement grout
 Well sealed from land surface to 38 ft.
 Diameter of well bore to bottom of seal 8 1/2 in.
 Diameter of well bore below seal 6 in.
 Amount of sealing material 7 sacks pounds
 How was cement grout placed? pumped
 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 Yamhill 1/4 1/4 of Section 8
 Township 45 Range 3W WM.
 (Township is North or South) (Range is East or West)
 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 201 ft.
 Static level 65 ft. below land surface. Date 10-7-85
 Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6
 Depth drilled 290 ft. Depth of completed well 290 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
Top Soil	0	1	
Bottom Clay	1	19	
Blue shale	19	183	
Gray shale	183	271	
Yellow sand & tone	271	278	
Blue shale	278	290	

Date work started 10-4-85 / completed 10-7-85
 Date well drilling machine moved off of well 10-7 19 85

(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 505167 Issued by: OREGON AUTO
 (number) (Safety Company Name)
 On behalf of Robert Shelburne
 (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) Robert Shelburne
 (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.

RECEIVED
 SP*48866-690
 SEP 30 2022
 OWRD

Well 5

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

YAMH
5250
PLEASE TYPE or PRINT IN INK

RECEIVED

OCT 16 1985

WATER RESOURCES DEPT
SALEM, OREGON

900
1/5/3W-8
Well 5
(for official use only)

(1) OWNER:
Name John S. Toller
Address 113
City Dayton State Ore

(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 Aug Cable Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal
Irrigation Thermal: Withdrawal ReInjection
Other: Piezometric Grounding Test

(5) CASING INSTALLED: Steel Plastic
Threaded Welded
6" Diam. from 4.8 ft. to 38 ft. Gauge 160 #

LINER INSTALLED: Steel Plastic
Threaded Welded
4" Diam. from 0 ft. to 245 ft. Gauge 160 #

(6) PERFORATIONS: Perforated? Yes No
Size of perforations 1/4 in. by 6 in.
120 perforations from 165 ft. to 245 ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ 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?
Air test 55 gal./min. with 1 ft. drawdown after 1 hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. _____

(9) CONSTRUCTION: Special standards: Yes No
Well seal—Material used Cement grout
Well sealed from land surface to 38 ft.
Diameter of well bore to bottom of seal 8 1/2 in.
Diameter of well bore below seal 6 in.
Amount of sealing material 7 sacks pounds
How was cement grout placed? pumped

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 Yamhill 1/4 of Section 8 of
Township 45 Range 3W WM.
(Township is North or South) (Range is East or West)
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 190 ft.
Static level 60 ft. below land surface. Date 10-9-85
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 6
Depth drilled 245 ft. Depth of completed well 245 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
Top Soil	0	1	
Brown Clay	1	21	
Blue Shale	21	168	
Gray Shale	168	245	

Date work started 10-7-85 / completed 10-9-85
Date well drilling machine moved off of well 10-9 1985

(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 585167 Issued by: Oregon Auto
(number) (Surety Company Name)
On behalf of Robert Shelburne
(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) Robert Shelburne
(Water Well Constructor)
(Dated) 10-10-85

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.

RECEIVED
SEP 30 2022

OWRD

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SEP 20 2004
WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Well No. 2316
Name STOLLER VINEYARDS
Address 15909 NE MCDUGALL RD
City DAYTON St OR Zip 97114

(9) LOCATION OF WELL by legal description:
County YAMHILL Lat. ' ' ' ' Long. ' ' ' '
Township 4 S Range 3 W W.W.
Section 9 SW 1/4 NW 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest Address)
15909 NE MCDUGALL RD DAYTON, OR

(2) TYPE OF WORK: NEW WELL
(3) DRILL METHOD: ROTARY AIR
(4) PROPOSED USE: DOMESTIC

(10) STATIC WATER LEVEL:
117 ft. below land surface. Date 08/31/04
Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:

Special Construction	Approval NO	Depth of Compl. Well	314 ft
Explosives used NO	Type _____	Amount _____	
SEAL			
Diam.	From	To	Material
10	0	118	BENTONITE CHIP
6	118	314	CEMENT

(11) WATER BEARING ZONES:

Depth at which water was first found	166'	To	Est Flow Rate	SWL
From 166	To 306	Est Flow Rate 32	SWL 117	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Seal placement method C AND POURED
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL W/COBBLES AND DECAYED ROCK	0	6	
BASALT, DECAYED W/CLAY, ALL BROWN	6	20	
BASALT, MED GRAY W/BROWN DECAY	20	45	
BASALT, MED GRAY W/RED DECAY	45	61	
BASALT, SOFT GRAY	61	90	
BASALT, MED GRAY	90	112	
BASALT, HARD BROWN/GRAY	112	155	
BASALT, MED GRAY W/OCC BROWN	155	222	117
BASALT, MED GRAY	222	255	117
BASALT, MED/HARD GRAY	255	306	117
BASALT, MED GRAY MIXED W/MARINE CLAY	306	309	
CLAY, GRAY MARINE	309	314	

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 6	+2	118	.25	STEEL	WELDED
Liner 4	0	314	SDR26	PLASTIC	WELDED

Final Location of shoe(s) 118

DAVE PAYSINGER, BLUE WATER DRILLING CO.
(503) 868-7878
Date started 08/30/04 Completed 08/31/04

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Number	Diam.	Material	Tele/pipe	Casing/liner
274	294	.1X7"	38				LINER
304	314	.1X7"	20				LINER

(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 my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

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

Yield GPM	Draw-down	Drill stem at	Time
32	_____	314	1 hr.
32	_____	300	1

(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. All 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.
Signed *David L. Paysinger* WWC Number 1438
Date 09/01/04

RECEIVED
SEP 30 2022
OWRD

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

WATER WELL REPORT YAMHILL

STATE OF OREGON

(Please type or print)

(Do not write above this line)

STATE ENGINEER SALEM, OREGON

State Well No. 4/3w-9 State Permit No.

(1) OWNER:

Name Wilbur Stoller Address Rt 2, Dayton

(2) TYPE OF WORK (check):

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

(3) TYPE OF WELL:

Rotary [] Cable [] Dug [] Driven [] Jetted [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [] Irrigation [] Test Well [] Other []

(5) CASING INSTALLED:

Threaded [] Welded []

6 5/8 OD - Diam. from 0 ft. to 165 ft. Gage 250 5 9/16 OD - Diam. from 165 ft. to 200 ft. Gage 10

(6) PERFORATIONS:

Perforated? [] Yes [] No.

Type of perforator used cutting torch Size of perforations 1/4 in. by 12 in. 50 perforations from 60 ft. to 163 ft. 20 perforations from 165 ft. to 200 ft.

(7) SCREENS:

Well screen installed? [] Yes [] No

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

(8) WATER LEVEL: Completed well.

Static level 57 ft. below land surface Date NOV 27-67 Artesian pressure lbs. per square inch Date

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [] Yes [] No If yes, by whom? Bailer test 40 gal./min. with 40 ft. drawdown after 1 hrs. Artesian flow g.p.m. Date Temperature of water Was a chemical analysis made? [] Yes [] No

(10) CONSTRUCTION:

Well seal-Material used bentonite Depth of seal 45 ft. Diameter of well bore to bottom of seal 10 in. at 20 ft. Were any loose strata cemented off? [] Yes [] No Depth Was a drive shoe used? [] Yes [] No 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: 1/4 to 1/2 Gravel placed from 163 ft. to 45 ft.

(11) LOCATION OF WELL:

County Yamhill Driller's well number 1/4 Section 9 T. 11S R. 3 W.M. Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing 5 in.

Depth drilled 202 ft. Depth of completed well 202 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 as drilling proceeds. Note drilling rates.

Table with columns: MATERIAL, From, To, SWL. Rows include: brown top soil (0-3), clay, red (3-15), rock, brown, soft (15-87, 28 ft), rock, brown, soft, broken (87-117), rock, gray, med soft, broken (117-147), rock, gray, med hard 17-18gpm (147-175, 48 ft), rock, gray, hard, broken 27gpm (175-192), rock, gray, brown, very hard broken & caving 40gpm (192-202, 57 ft)

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Work started NOV 20 1967 Completed Nov 27 1967 Date well drilling machine moved off of well Nov 27 1967

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Donald Brown Date Nov 27, 1967 (Drilling Machine Operator)

Drilling Machine Operator's License No. 453

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME JOHN MEEKER WELL DRILLING (Person, firm or corporation) (Type or print)

Address 2902 Hoover Blvd. Newberg, Ore 97132

[Signed] John R. Meeker (Water Well Contractor)

Contractor's License No. 111 Date Nov 27 1967

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YAMH 50281

045/03W 108AD

Well ID 103213

Well 7

State of Oregon
WATER WELL REPORT (as required by ORS 537.765)

AUG 28 1996
Page 1 of 1 50281

Start Card # 85840

WATER RESOURCES DEPT.

Salem, Oregon

(1) OWNER:
Name RED HILLS FARM
Address 523 ASH ST
City DAYTON St OR Zip 97114

(9) LOCATION OF WELL by legal description:
County YAMHILL Lat. Long. . . .
Township 4 S Range 3 W WBL.
Section 8 SE 1/4 NE 1/4
Tax Lot 4308 Lot 0100 Block Subdivision
Street Address of Well (or nearest Address)
15909 SE MCDUGAL RD DAYTON, OR

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: FARM

(10) STATIC WATER LEVEL:
91 ft. below land surface. Date 08/22/96
Artesian pressure lb per square in. Date

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval: NO
Explosives used NO Type
Depth of Compl. Well 265 ft
Amount
SEAL
Diam. From To Material From To Amount
10 0 118 BENTONITE 0 36 15 SAK
6 118 265 CEMENT W/GEL 36 118 21 SAK

(11) WATER BEARING ZONES:
Depth at which water was first found 141
From To Est Flow Rate SWL
141 181 22 91
241 263 33 91

Seal placement method C
Backfill: from ft to ft Material
Gravel: from ft to ft Size

(12) WELL LOG:
Material Ground elevation
From To SWL
TOP SOIL 0 4
BROWN CLAY 4 17
DECAYED CLAY/SANDY DECAYED ROCK 17 108
MEDIUM TO HARD GRAY BASALT 108 141
DECAYED BASALT 141 181 91
MEDIUM GRAY BASALT 181 210
DECAYED BASALT, VESICULAR 210 241 91
DECAYED BASALT 241 263
LIGHT GRAY MUDSTONE, SOFT/STICKY 263 265

(6) CASING/LINER:
Diam. From To Gauge Material Connection
Casing 6 +2 118 .25 STEEL WELDED
Liner 4 0 265 SDR26 PLASTIC WELDED
Final Location of shoe(s) NO SHOE

DAVE PAYSINGER, BLUE WATER DRILLING CO.
DAYTON, OR. 97114

(7) PERFORATIONS/SCREENS:
[X] Perforations Method ELECTRIC SAW
[] Screens Type Material
Slot Tele/pipe
From To Size Number Dian. size Casing/liner
225 265 6" 72 LINER

Date started 08/21/96 Completed 08/22/96

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
55 265 1 hr.
55 245 1
Temperature of water 52 Depth Artesian Flow Found
Was water analysis done? NO By whom
Reason for water not suitable for use
Depth of strata 0

(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 my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(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. All 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.

Signed *David E. Paysinger* WWC Number 1438
Date 08/22/96

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

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Stoller onsite
1-24-22

Well 8

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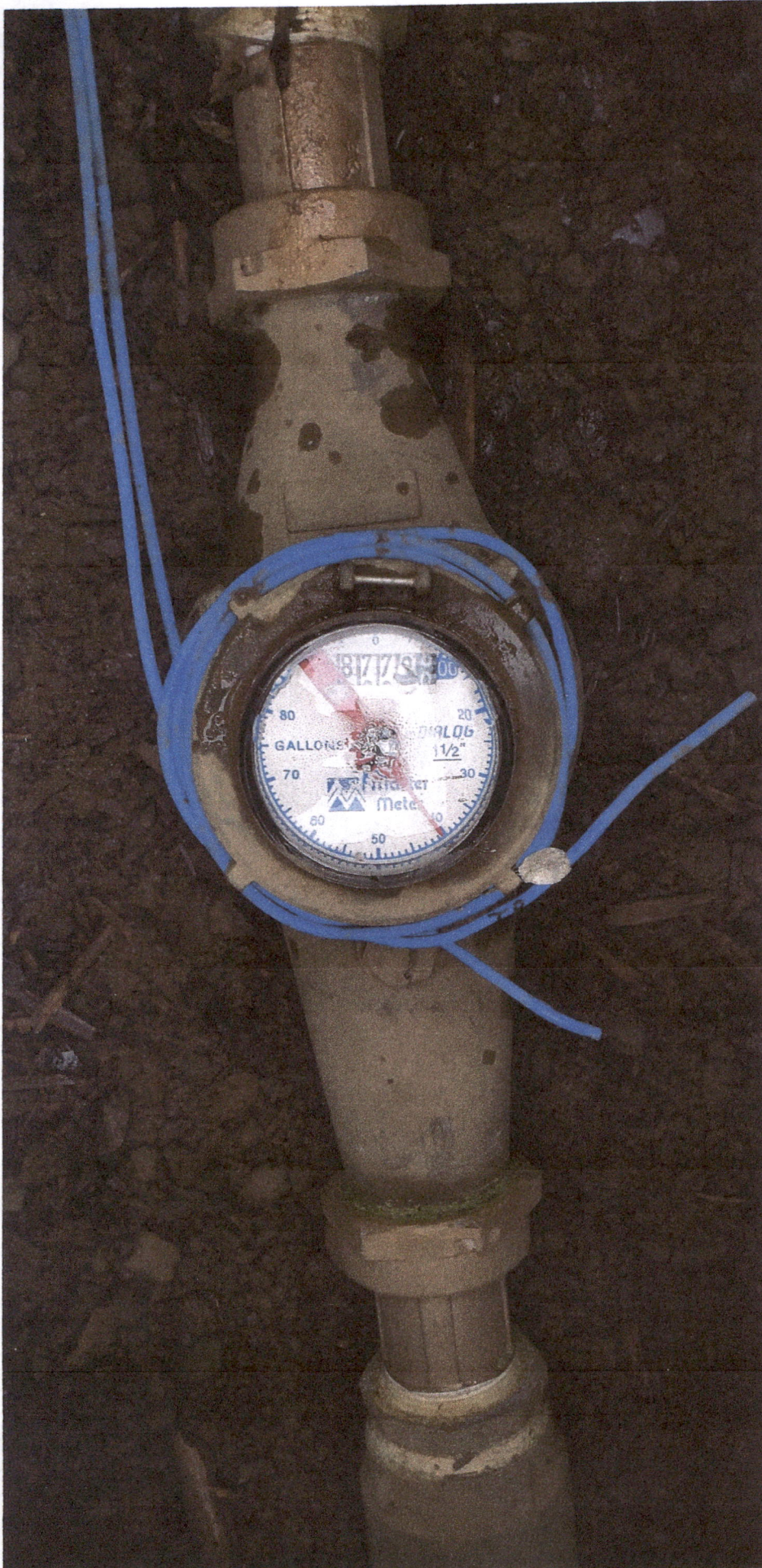
(11)



Well 8
Stoller onsite
1-24-22

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(12)



Stoller onsite
1-24-22

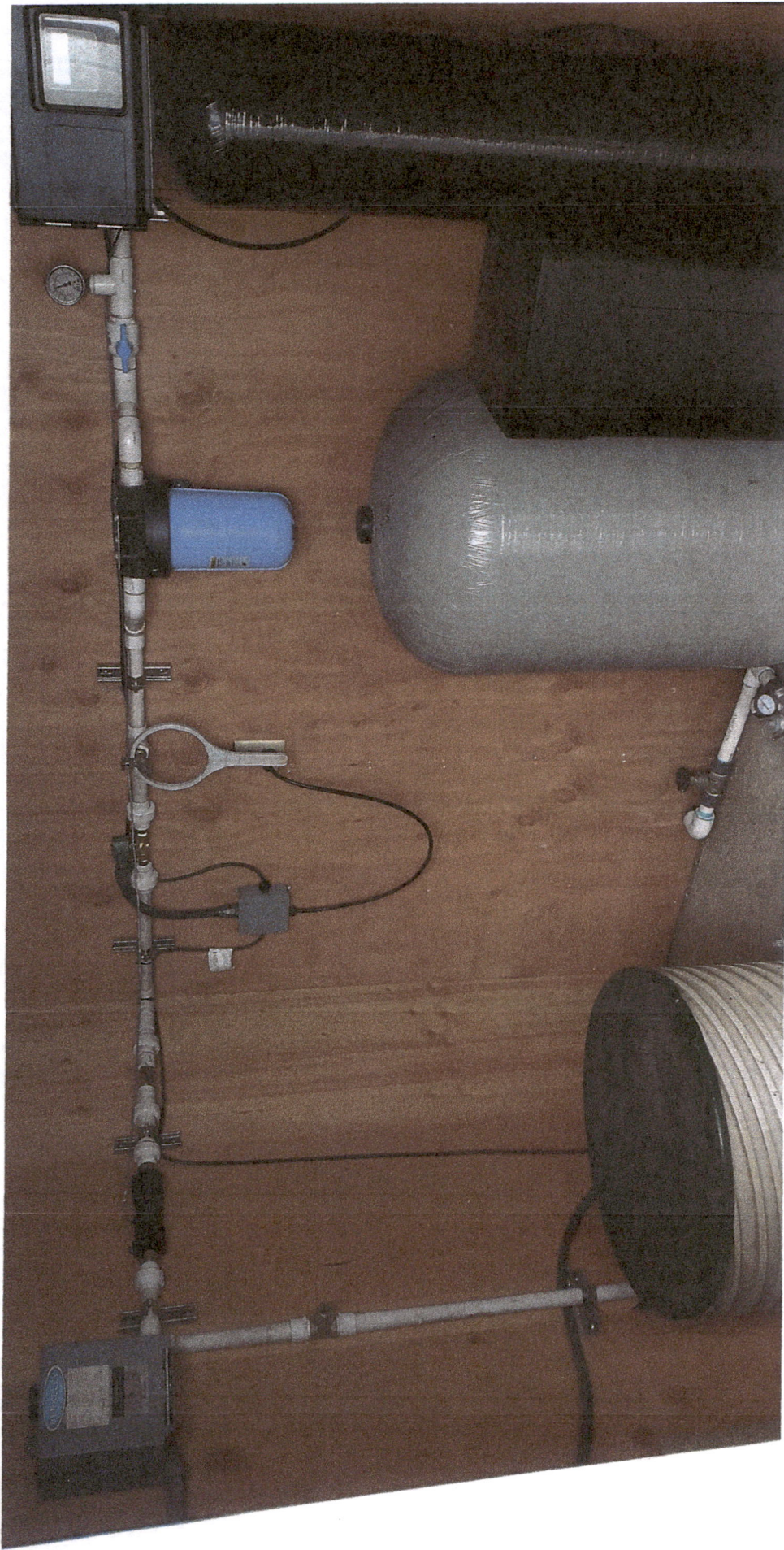
Well 8 Meter

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13

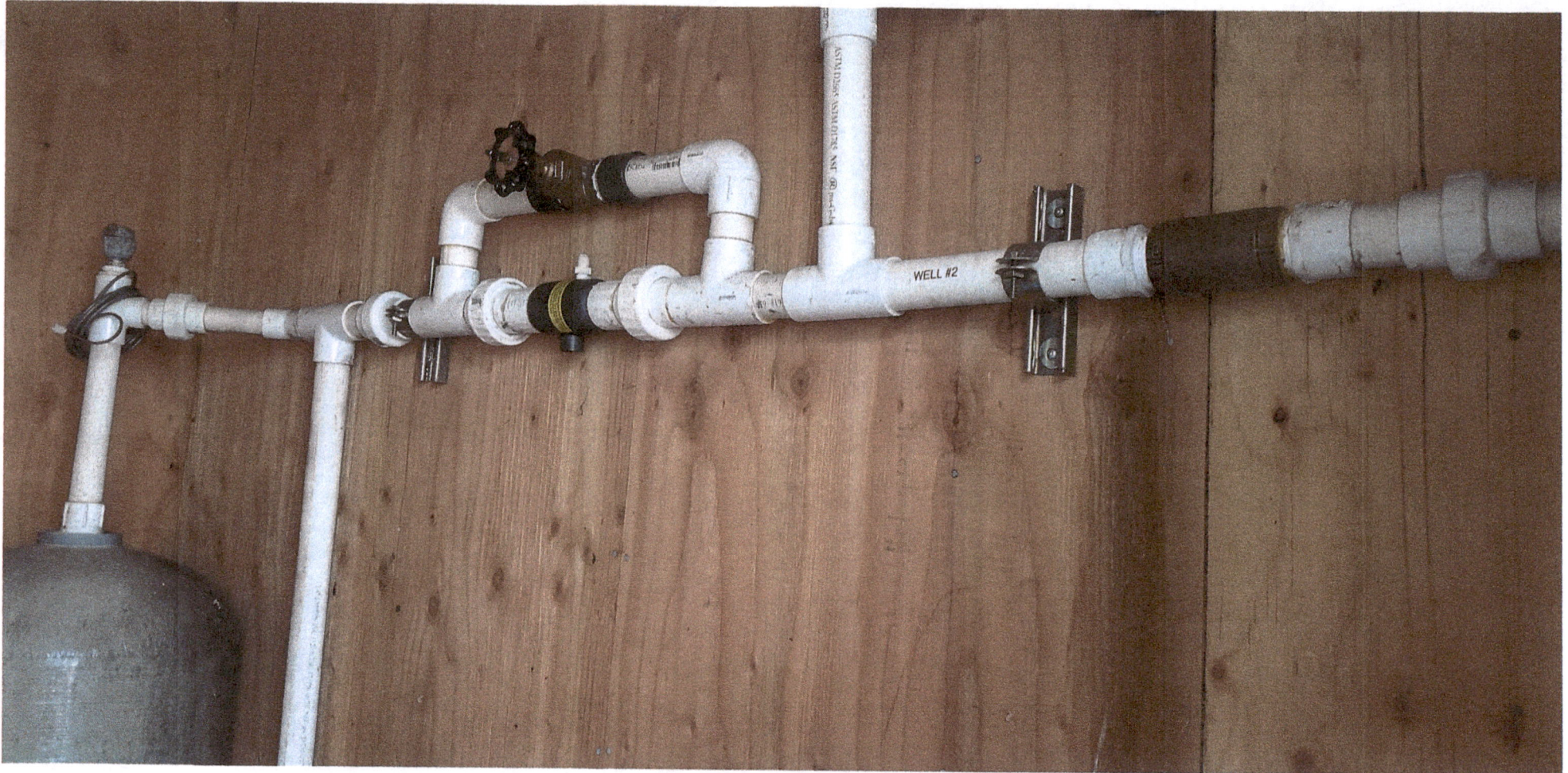


*Stoller onsite
1-24-22*

Well 2

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Stoller onsite
1-24-22

Well 2

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Stoller onsite
 1-24-22
 Well 2

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27



Stoller onsite
4/26/22

Well 5

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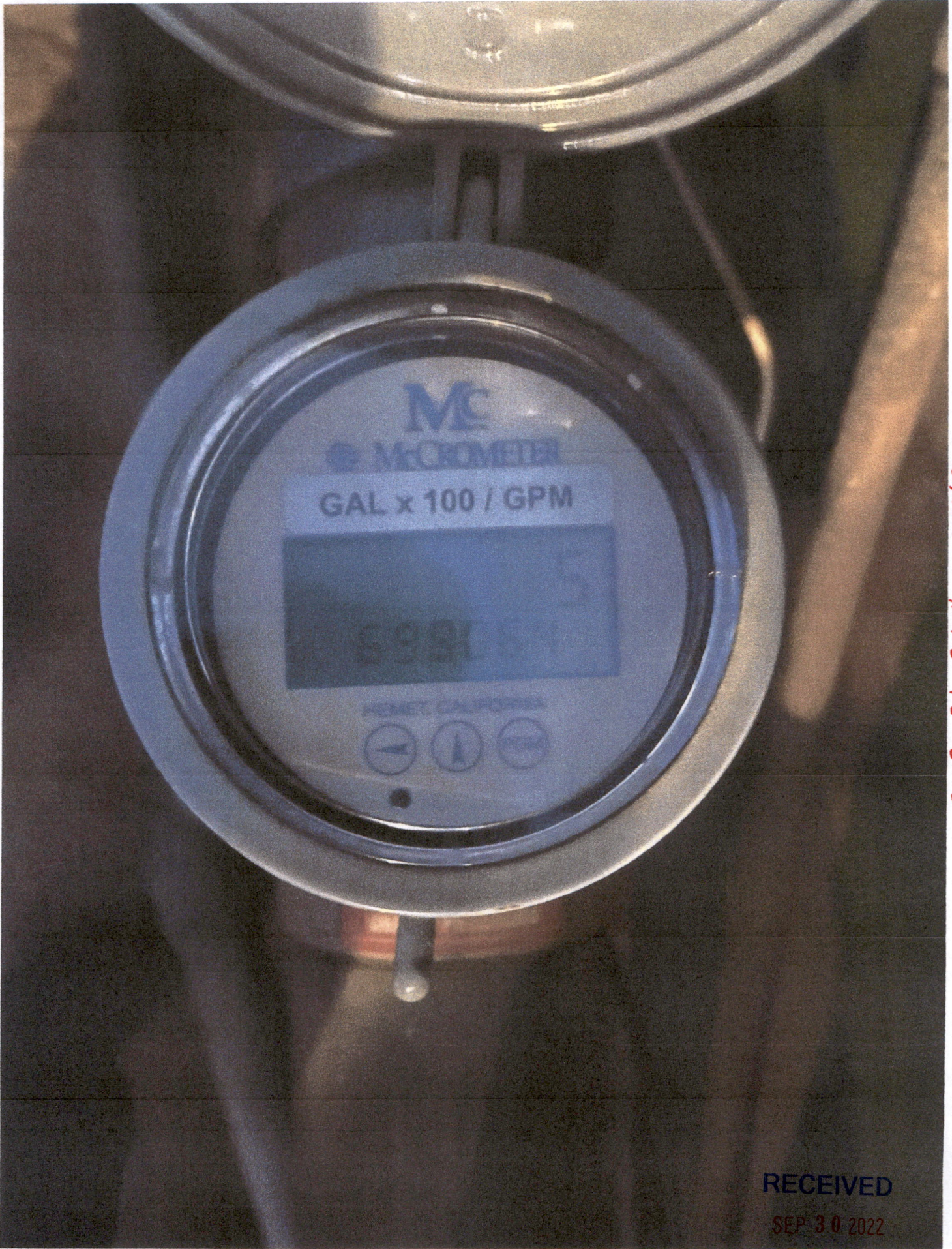
Flow meter cap
w/ serial #s
for pond pump & well 5 located in
filtration pump house.
2/3/21 / Stoller onsite

6

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2-3-21 Stoller onsite
Well 5 Meter located in filtration pump house.

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SEP 30 2022



Stoller onsite
1-24-22

Well 6A

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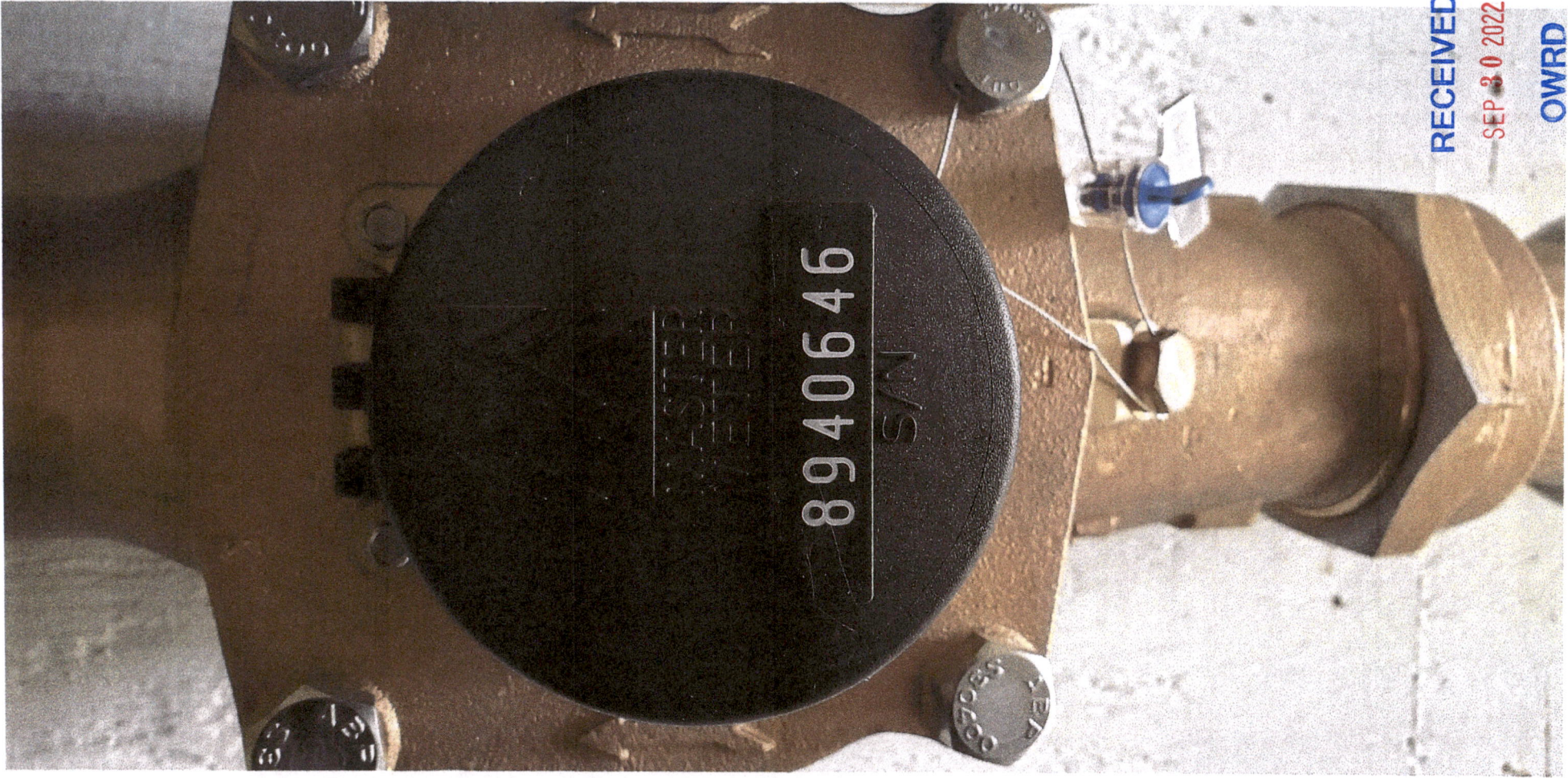


*Stoller onsite
1-24-22*

Well 6A

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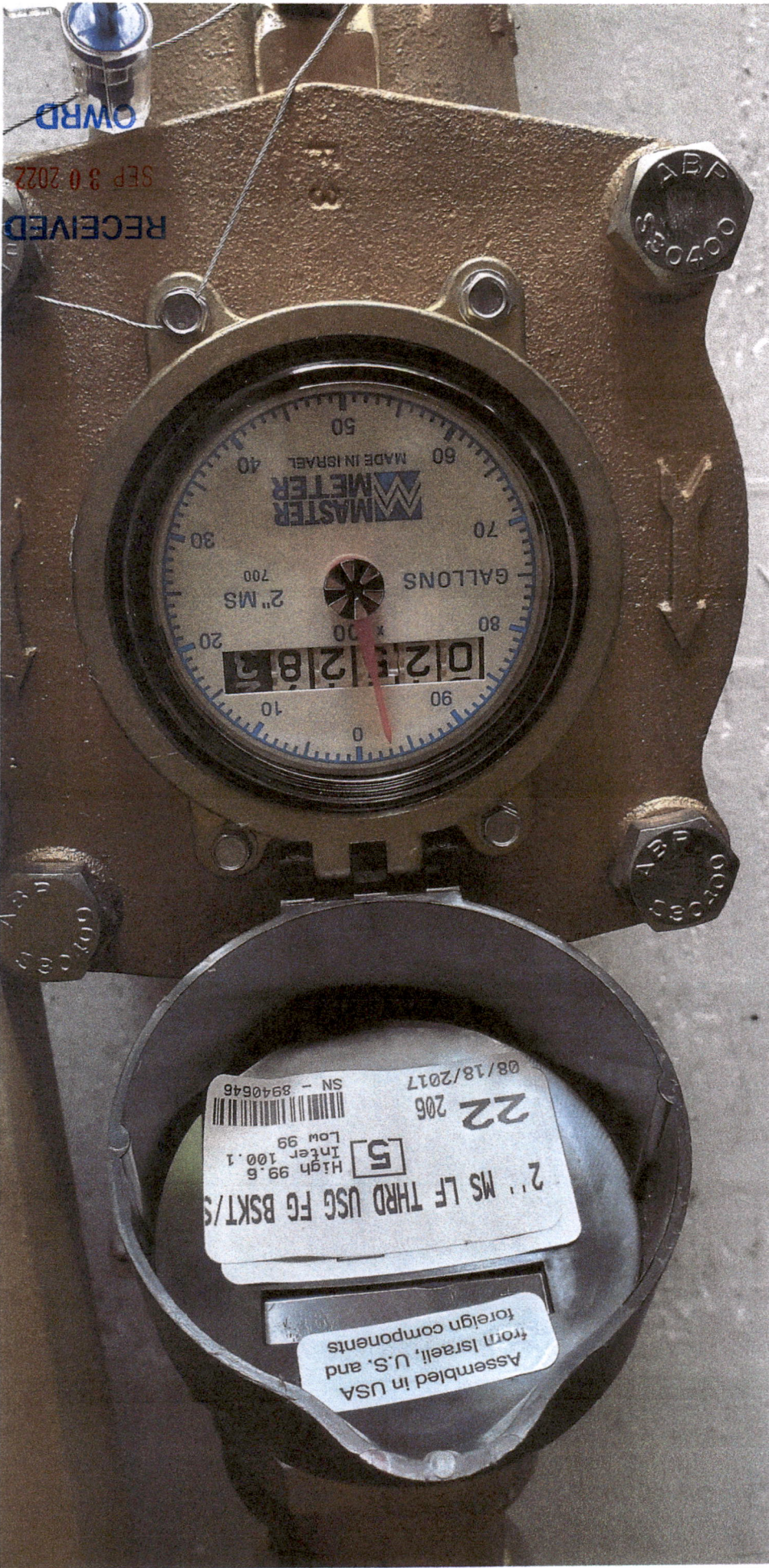
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Steller onsite
 4/26/22
 Well # 6A
 Flow meter cap

3



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Well & GA
Flow meter

Stoller onsite
4/26/22

2



Stoller onsite
4/26/22

Well 6

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4

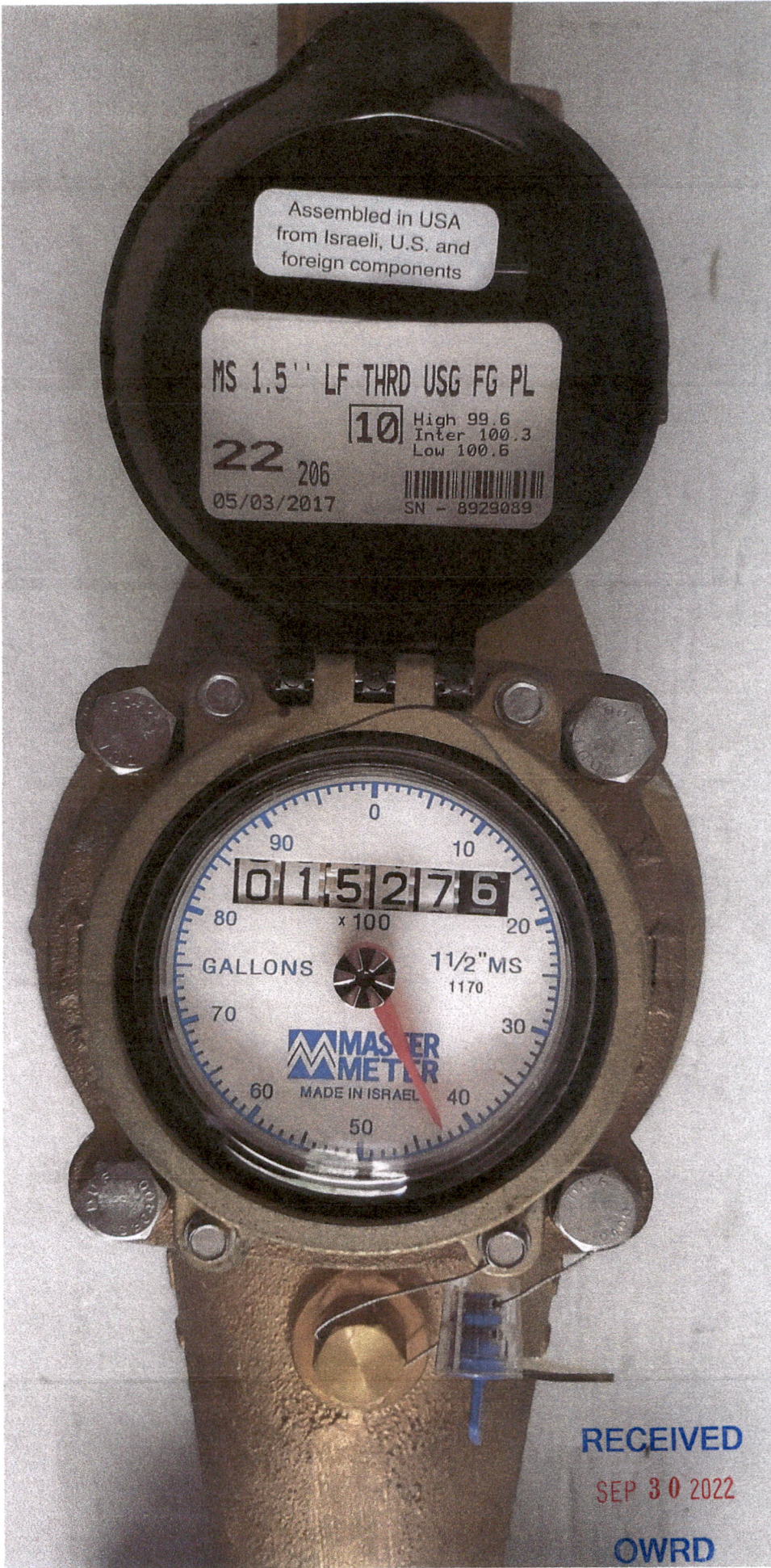


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 SEP 30 2022
 OWRD

Stoiler onsite
 4/26/22

Well 6
 Flow meter cap

⑥

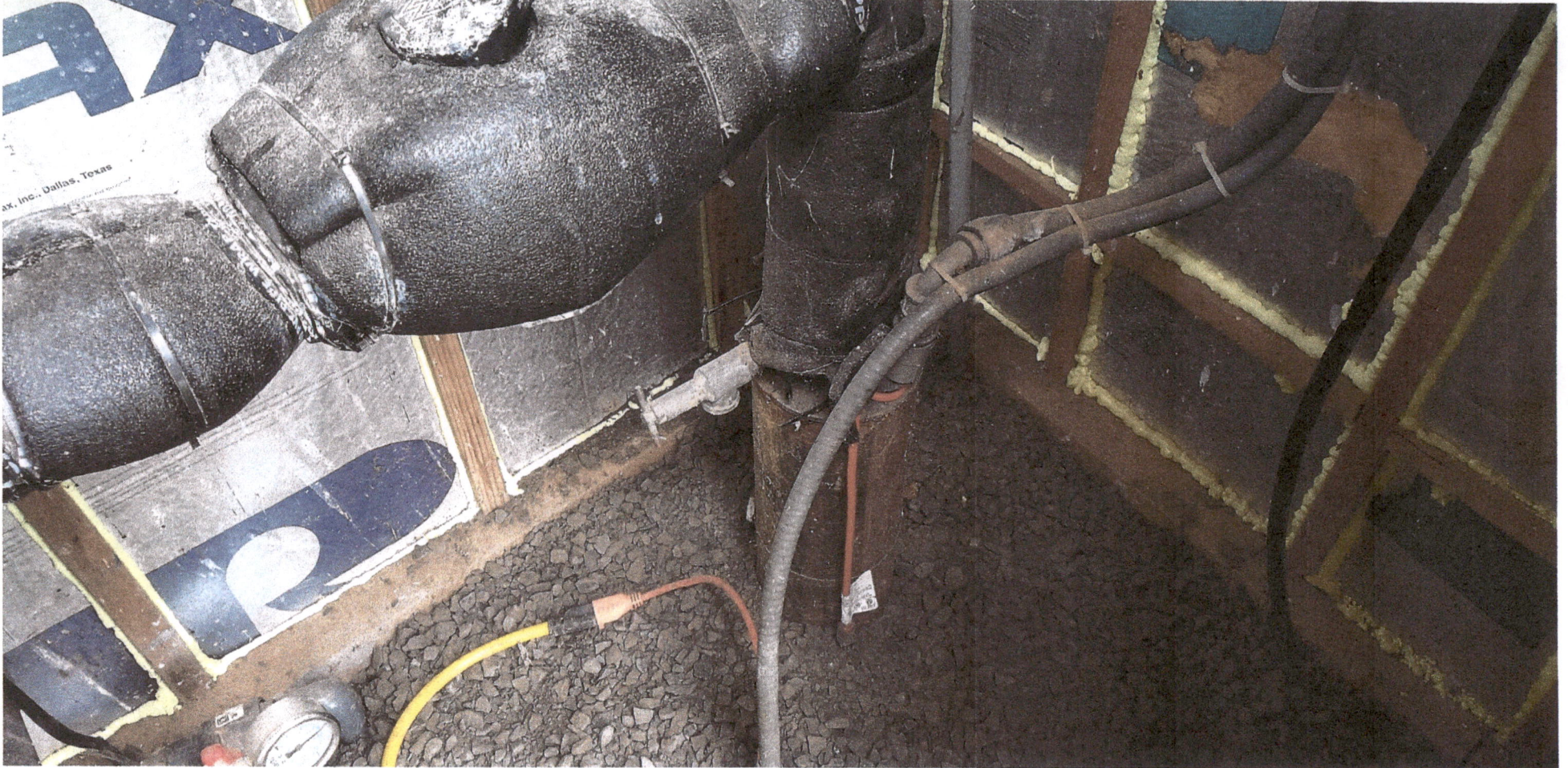


Stoller on site
 4/26/22

Well 6
 Flow meter

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 SEP 30 2022
 OWRD

5



Stoller onsite

1-24-22

Well 7

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SEP 30 2022
OWRD



Stoller onsite
1-24-22

Well 7

RECEIVED
SEP 30 2022
OWRD



Flow meter cap
w/ serial #s

2/3/21 / Stoller onsite

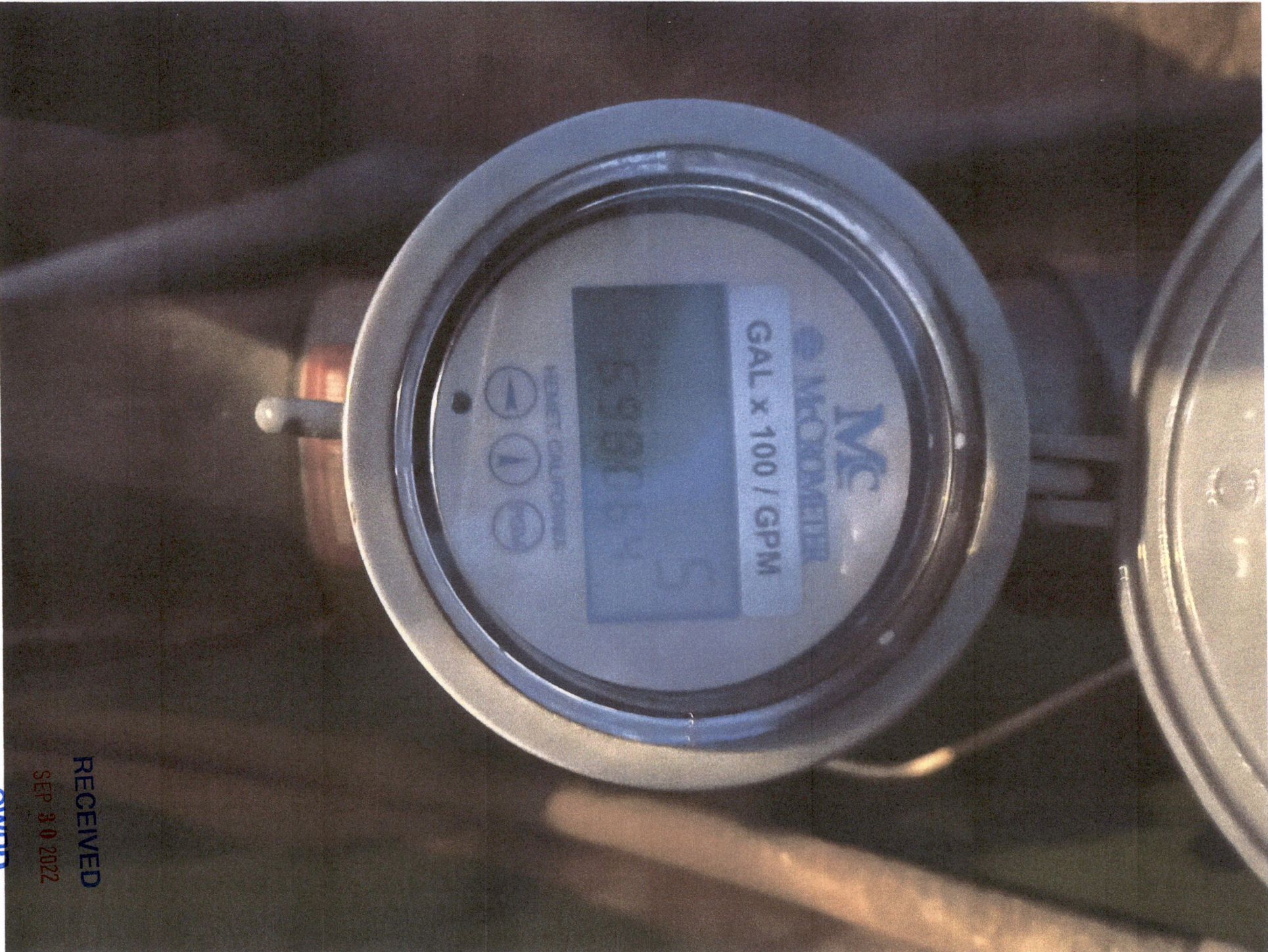
for pond pump and well 7

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SEP 30 2022

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2-3-2021 Stoller onsite

Well 7 Meter Located in Filtration Pump House

RECEIVED

SEP 30 2022

OWRID