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

OREGON WATER RESOURCES DEPARTMENT

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

A fee of $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 #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-13868	G-13083	T-9455

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Red Hills Farm LLC		(971) 241-4871	
Address			
15909 NE McDougall Rd.			
City	State	Zip	E-Mail
Dayton	OR	97114	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		
William H. Stoller		
Address		
621 SW Morrison, Suite 500		
City	State	Zip
Portland	OR	97205

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

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature

CWRE Name		Phone No.	Additional Contact No.
William E. McGill		**(503) 510-3026**	**(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
W. Marschall	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 2	YAMH 5249	No tag found
Well 3	YAMH 50307	L-03190
Well 4	YAMH 456	No tag found
Well 5	YAMH 5250	No tag found
Well 6	YAMH 5278	No tag found
Well 6A	YAMH 53886	L-72031
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
Wells 2, 3, 4, 5, 6, 6A, 7	Yamhill River Basin	Willamette River

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

POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Actual Rate or Volume Used (CFS, GPM, or AF)
Well 2	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.029 cfs
Well 3	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.111 cfs
Well 4	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.071 cfs
Well 4	Industrial (Winery)	N/A	Year Round	
Well 5	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.123 cfs
Well 6	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.089 cfs
Well 6A	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	
Well 7	Irrigation	Vineyard & Landscaping	Mar. 1 – Oct. 31	0.156 cfs
Total Quantity of Water Used				0.579 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 wells by submersible pumps and delivered to the place of use and the winery through 4" and 3" buried PVC pipe. The water is applied to the vineyard by a drip system and to the landscaping 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-13083/Amendment T-9455 authorized 349.2 acres of irrigation, but 302.2 acres were developed.
Well 6A location was incorrectly described in the permit. The actual location is defined on the COBU map.

6. **Claim Summary:**

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 2	0.029 cfs	0.01 cfs	*	Irrigation	349.2	302.2
Well 3	0.111 cfs	0.24 cfs	*	Irrigation	349.2	302.2
Well 4	0.071 cfs	0.27 cfs	*	Irrigation/ Industrial (Winery)	349.2	302.2
Well 5	0.123 cfs	0.03 cfs	*	Irrigation	349.2	302.2
Well 6	0.089 cfs	0.10 cfs	*	Irrigation	349.2	302.2
Well 6A	0.089 cfs	0.04 cfs	*	Irrigation	349.2	302.2
Well 7	0.156 cfs	0.10 cfs	*	Irrigation	349.2	302.2

*System not operating at time of onsite inspection.

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.

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:

¾" access port on west side of well cap (see attached picture #27)

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	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

5. Provide pump calculations:

Q = (0.5*7.04) / (101.6+65+164) = 0.01 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 onsite 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 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)
N/A		

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 3

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:

¾" access port on West side of well cap (see attached Well 3 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
Grundfos	40550-15		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'	43'	0.24 cfs

5. Provide pump calculations:

Q = (5*7.04) / (101.6+145-102) = 0.24 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 onsite 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 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)

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 4

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

¾" access port on East side of well cap (see attached Well 4 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
Grundfos	PC4065040S 50-12	9413273	Submersible	6"	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'	31'	0.27

5. Provide pump calculations:

Q = (5*7.04) / (101.6+48-17) = 0.27 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 onsite 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 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)

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.

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
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

5. Provide pump calculations:

Q = (1.5*7.04) / (101.6+60+162) = 0.03 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 onsite 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 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 (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:

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.

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
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

5. Provide pump calculations:

Q = (5*7.04) / (101.6+97+164) = 0.10 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 onsite 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)
0.50 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 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)

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 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

5. Provide pump calculations:

Q = (2*7.04) / (101.6+117+152) = 0.04 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 onsite 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 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 (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 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.

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:

¾" 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
			Submersible	4"	2"

3. Motor Information:

Manufacturer	Horsepower
	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'	244'	0.10

5. Provide pump calculations:

Q = (5*7.04) / (101.6+91+153) = 0.10 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 onsite 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 gpm	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 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)

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 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	1/29/1997		
Begin construction (A)	12/18/1997	8/30/2004	A date in permit is before issuance date. Much of the system was already constructed prior to application. Date provided is when Well 6A drilling began.
Complete construction (B)	10/1/2021	July 2020	Installed 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, 2020 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?

March

c. Was the measurement submitted to the Department? YES NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

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

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 2*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 3*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 4	Rockwell International	519120120 7003	Working	28984.20	Pre-2015
Well 5*	McCrometer	04-10721-4	Working	88461900	Jan. 2005
Well 6	Master Meter	8929089	Working	01527.6	Aug. 2018
Well 6A	Master Meter	8940646	Working	02528.3	June 2005
Well 7*	McCrometer	04-10721-4	Working	88461900	Jan. 2005

***Note: Wells 2, 3, 5, & 7 are metered at the central 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 attached photo.**

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? [YES] NO

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

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

a. Were there special well construction standards? YES [NO]

b. Was submittal of a ground water monitoring plan required? YES [NO]

c. Was submittal of a water management and conservation plan required? YES [NO]

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? ***Not a permit condition.** [YES*] NO

Well ID #	Date Attached To Well
Well 3 (L-3190)	9/12/1996
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):

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
2020 Progress Report	Completed time extension progress report for 10/1/2016-2020.
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 2, 3, 4, 5, 6, 6A, 7
24 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

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ources Department
NE, Suite A
1-1266

Extension of Time
Progress Report Form
For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: William H. Stoller

Application G-13868
Permit G-13083

Report Due no later than October 1, 2020
DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

Progress Report Form for 2020

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-13083. **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, 2020	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, shop ops complex built, PW Expansion	$4.12 million
2020	12 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= 265 *(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.

INCOMPLETE REORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM. USE N/A FOR ITEM 3 IF THE USE IS NOT IRRIGATION.

Signature _____ Date Sept. 27, 2022

For OWRD use only

Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____

Reviewed by: _____

Date: _____

well #8

Oregon Water Resources Department

PUMP TEST FORM COVER SHEET

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; ¼ NE ¼
Well Depth 264 Date Drilled 02/05/03
OwnersWell 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:	9:30 am	Depth to Water:	57.2'
Time:	10:30 am	Depth to Water:	57.2'
Time:	10:25 am	Depth to Water:	57.2'

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

Time:	10:30 am	Discharge Rate:	60gpm
Time:	11:30 am	Discharge Rate:	60gpm
Time:	12:30 pm	Discharge Rate:	60gpm
Time:	1:30 pm	Discharge Rate:	65gpm
Time:	2:30 pm	Discharge Rate:	65gpm

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.

Cascade Water Systems, Inc.

624 Third St, Po Box 100

Lafayette, OR 97127

503-864-4556 Fax 503-864-2701

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

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.

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

Owner Name/Business Name	Phone No.	Additional Contact No.
Red Hills Farm LLC	(971) 241-4871	

Address			
15909 NE McDougall Rd.			
City	State	Zip	E-Mail
Dayton	OR	97114	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		

OREGON WATER RESOURCES DEPARTMENT

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

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 MCDOUGALL 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

New Search

Name History

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 MCDOUGALL 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

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

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, 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.

OFFICIAL STAMP
ROBIN ALEEN BOHN
NOTARY PUBLIC - OREGON
COMMISSION NO. 1000904
MY COMMISSION EXPIRES JUNE 16, 2024

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

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.

OFFICIAL STAMP
ROBIN ALEEN BOHN
NOTARY PUBLIC - OREGON
COMMISSION NO. 1000904
MY COMMISSION EXPIRES JUNE 16, 2024

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

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.

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.

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

OFFICIAL STAMP
ROBIN ALEEN BOHN
NOTARY PUBLIC-OREGON
COMMISSION NO. 954189
MY COMMISSION EXPIRES SEPTEMBER 05, 2020

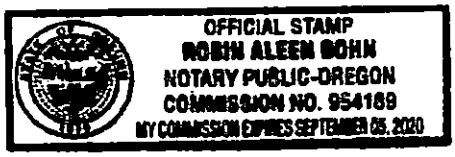
SIGNATURE OF AGENT

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.



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

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

well 2 YAMH 5249

OCT 16 1985

899

WATER RESOURCES DEPT
SALEM, OREGON

45/30-8
(for official use only)

PLEASE TYPE or PRINT IN INK

(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 ☐

☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☑ Industrial ☐ Municipal ☐

Irrigation ☐ Thermal: Withdrawal ☐ Reinjection ☐

Other: Piezometric ☐ Grounding ☐ Test ☐

(5) CASING INSTALLED:

Steel Threaded ☐ Welded ☐ Plastic ☑

6" Diam. from +1 ft. to 38 ft. Gauge 160 #

" Diam. from ft. to ft. Gauge

LINER INSTALLED:

Steel Threaded ☐ Welded ☐ Plastic ☑

4" Diam. from 0 ft. to 290 ft. Gauge 160 #

(6) PERFORATIONS:

Perforated? ☑ Yes ☐ No

Size of perforations 1/4 in. by 6 in.

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.

erature 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 ¼ ¼ of Section 8 of

Township 4S (Township is North or South), Range 3W (Range is East or West), WM.

Tax Lot Lot Block Subdivision

MAILING ADDRESS OF WELL (or nearest address)

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 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	
Brown Clay	1	19	
Blue & brole	19	183	
Gray & brole	183	271	
Brown Sand & Tone	271	278	
Blue & brole	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 SB5167 (number) Issued by: Oregon Auto (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)

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

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

SP*46866-690

Well 3

YAMH 50307 WELL ID 3190

State of Oregon
WATER WELL REPORT (as required by ORS 537.765) Page 1 of 1 Start Card # 85857

RECEIVED
SEP 17 1996
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well No. 1632
Name RED HILLS FARM
Address 523 ASH ST
City DAYTON St OR Zip 97114

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: DOMESTIC

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval: NO Depth of Compl. Well 247 ft
Explosives used NO Type Amount

HOLE Diam.	From	To	Material	SEAL From	To	Amount
10	0	178	BENTONITE	0	38	14 SAX
6	178	247	CEMENT W/GEL	38	178	31 SAX

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

(6) CASING/LINER:

	Diam.	From	To	Gauge	Material	Connection
Casing	6	+2	178	.25	STEEL	WELDED
Liner	4	0	247	SDR26	PLASTIC	WELDED

Final Location of shoe(s) 178

(7) PERFORATIONS/SCREENS:
[X] Perforations Method ELECTRIC SAW
[ ] Screens

From	To	Type Slot Size	Number	Diam.	Material Tele/pipe size	Casing/liner
207	247	6"	72			LINER

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

Yield GPM	Drawdown	Drill stem at	Time
20		247	1 hr.
20		227	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

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

(10) STATIC WATER LEVEL:
145 ft. below land surface. Date 09/12/96
Artesian pressure lb per square in. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 185

From	To	Est Flow Rate	SWL
185	245	20	145

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
TOP SOIL	0	3	
RED CLAY	3	21	
BROWN CLAY	21	61	
RED CLAY	61	88	
BROWN CLAY	88	105	
DECAYED BASALT W/CLAY	105	159	
HARD GRAY BASALT	159	185	
DECAYED BASALT, VESICULAR/UNSTABLE	185	245	145
SOFT CLAY W/SOME ROCK	245	247	

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

Date started 09/11/96 Completed 09/12/96

(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.
WWC Number
Signed 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.
WWC Number 1438
Signed Date 09/12/96

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

RECEIVED

JAN 29 1985

WATER RESOURCES DEPT

SALEM, OREGON

PLEASE TYPE or PRINT IN INK

Yamhill 456

865

4S/3W 4

well 4

(for official use only)

(1) OWNER:

Name John STOLLER

Address RT2

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 ☐ Thermal: ☐ Withdrawal ☐ Reinjection ☐

Other: Piezometric ☐ Grounding ☐ Test ☐

(5) CASING INSTALLED:

Steel ☐ Plastic ☑

Threaded ☐ Welded ☐

6 " Diam. from +1 ft. to 80 ft. Gauge 160 #

" Diam. from ft. to ft. Gauge

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.

150 perforations from 125 ft. to 245 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 30 gal./min. with drill stem at 245 ft. 1 1/2 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 80 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 13 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 ¼ ¼ of Section 4 of

Township 4S (Township is North or South), Range 3W (Range is East or West), WM.

Tax Lot Lot Block Subdivision

MAILING ADDRESS OF WELL (or nearest address)

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 125 ft.

Static level 48 ft. below land surface. Date 1-21-85

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	45	
Brown Clay & Rock	45	75	
Soft Brown Rock	75	245	

Date work started 1-18-85 /completed 1-21-85

Date well drilling machine moved off of well 1-21 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 385167 (number) Issued by: Oregon AGTO (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) 1-22-85

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.

SP*46866-690

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

YAMH 5250

RECEIVED
OCT 16 1985
WATER RESOURCES DEPT
SALEM, OREGON

4S/3W-8 900 Wells

PLEASE TYPE or PRINT IN INK (for official use only)

(1) OWNER:

Name John Stoller

Address R2

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 ☐ Dug ☐
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 +1 ft. to 38 ft. Gauge 160 #

" Diam. from ft. to ft. Gauge

LINER INSTALLED:

Steel ☐ Plastic ☑
Threaded ☐ Welded ☐

4 " Diam. from 6 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.

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 55 gal./min. with drill stem at 245 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 of

Township 4S (Township is North or South) Range 3W (Range is East or West) WM.

Tax Lot Lot Block Subdivision

MAILING ADDRESS OF WELL (or nearest address)

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found 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	
Grey 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 SB 5167 (number) Issued by: Oregon Auto (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) 10-16-85

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.

SP*46866-690

Well 6

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
STATE OF OREGON
(Please type or print)
(Do not write above this line)

YAMH 5278

State Well No. 4/3W-9

State Permit No. _____

OCT 4 1967
STATE ENGINEER
SALEM, OREGON

(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 ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:
Threaded ☐ Welded ☒

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

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.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) 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?
_____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " "
" " " "
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 _____
¼ ¼ Section 9 T. 4S 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.

MATERIAL	From	To	SWL
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

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 (Drilling Machine Operator) Date Nov 27, 1967
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 WELLDRILLING (Person, firm or corporation) (Type or print)
Address 2902 Hoover Blvd, Newberg, Ore 97132
[Signed] John H Meeker (Water Well Contractor)
Contractor's License No. 111 Date Nov 27, 1967

(USE ADDITIONAL SHEETS IF NECESSARY)

YAMH 53886

well 6A

State of Oregon
WATER WELL REPORT (as required by ORS 537.765) Page 1 of 1

State Well ID L72031
Start Card # 166839

RECEIVED
SEP 20 2004
WATER RESOURCES DEPT
SALEM, OREGON

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

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: DOMESTIC

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO Depth of Compl. Well 314 ft
Explosives used NO Type _____ Amount _____

	HOLE			SEAL		
Diam.	From	To	Material	From	To	Amount
10	0	118	BENTONITE CHIP	0	32	18 SAX
6	118	314	CEMENT	32	118	32 SAX

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

(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

(7) PERFORATIONS/SCREENS:
[X] Perf. Method CIRCULAR SAW
[_] Screens Type _____ Material _____

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

(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

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

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

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

(11) WATER BEARING ZONES:
Depth at which water was first found 166\

From	To	Est Flow Rate	SWL
166	306	32	117

(12) WELL LOG:
Ground elevation ___

Material	From	To	SWL
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	

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

Date started 08/30/04 Completed 08/31/04

(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.
WWC Number ____
Signed _____ 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.
WWC Number 1438
Signed David R. Paysinger Date 09/01/04

ORIGINAL & FIRST COPY - WATER RESOURCES DEPTARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91

RECEIVED
AUG 28 1996
WATER RESOURCES DEPT.
SALEM, OREGON

YAMH 50281
yamh
50281

045/03W/08AD
Well ID L03213
Well 7

State of Oregon
WATER WELL REPORT (as required by ORS 537.765) Page 1 of 1

Start Card # 85840

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

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: FARM

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval: NO Depth of Compl. Well 265 ft
Explosives used NO Type Amount

HOLE Diam.	From	To	Material	SEAL From	To	Amount
10	0	118	BENTONITE	0	36	15 SAX
6	118	265	CEMENT W/GEL	36	118	21 SAX

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

(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

(7) PERFORATIONS/SCREENS:
[X] Perforations Method ELECTRIC SAW
[ ] Screens

From	To	Type Slot Size	Number	Diam.	Material Tele/pipe size	Casing/liner
225	265	6"	72			LINER

(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

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

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

(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

(12) WELL LOG:
Ground elevation

Material	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	

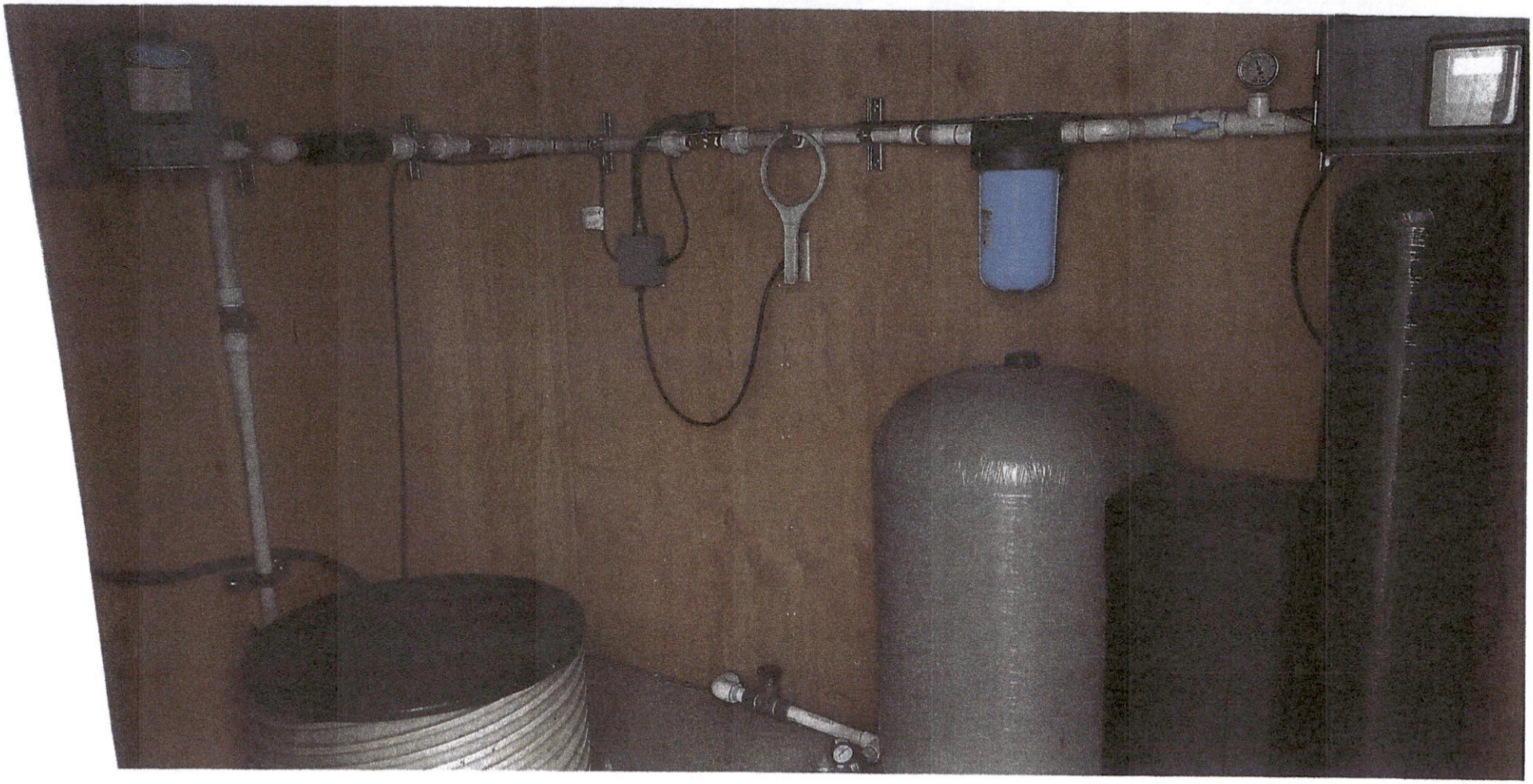
DAVE PAYSINGER, BLUE WATER DRILLING CO.
DAYTON, OR. 97114

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

(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.
WWC Number
Signed Date

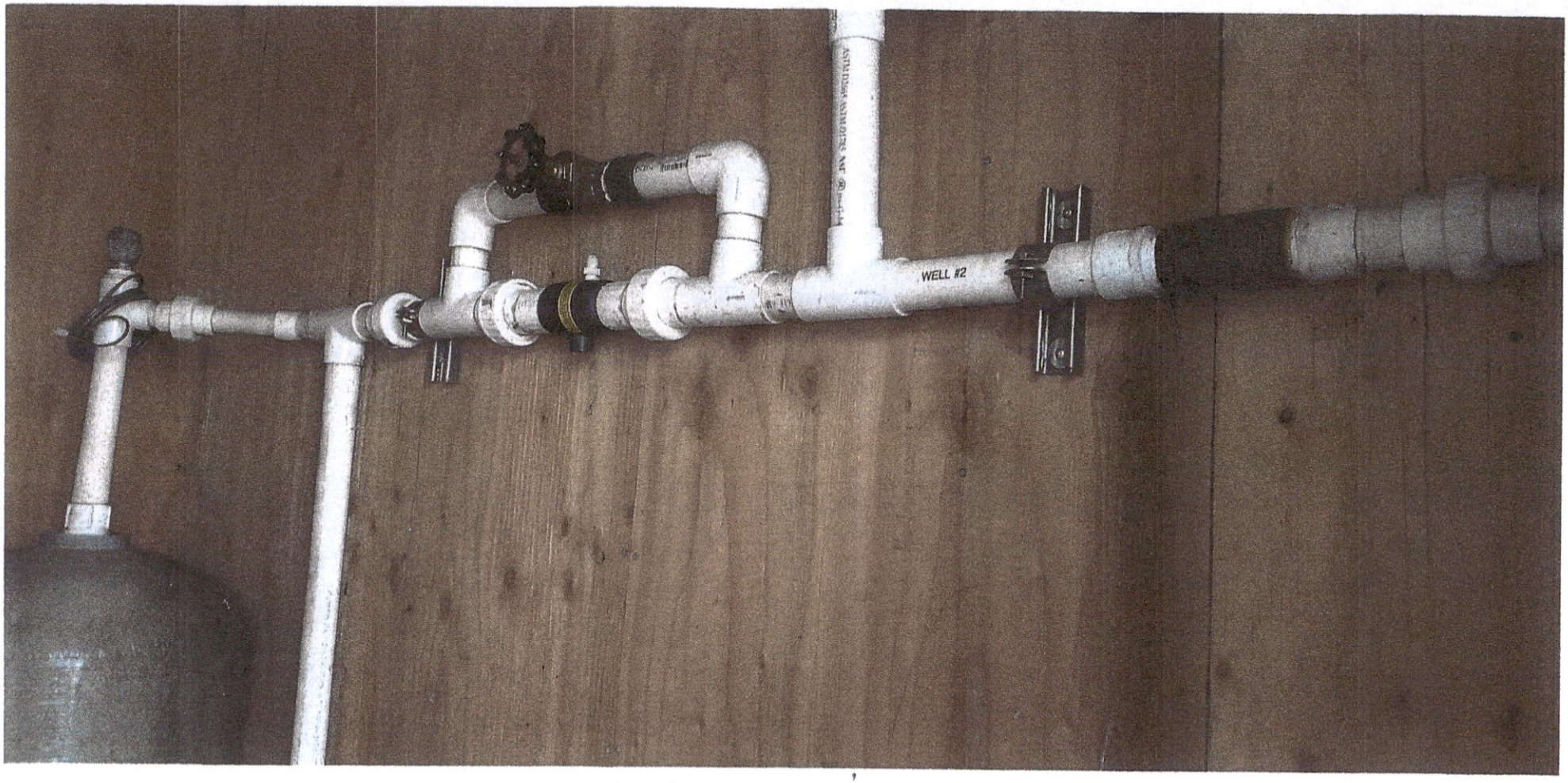
(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1438
Signed Date 08/22/96

ORIGINAL & FIRST COPY - WATER RESOURCES DEPTARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91



Stoller onsite
1-24-22

Well 2



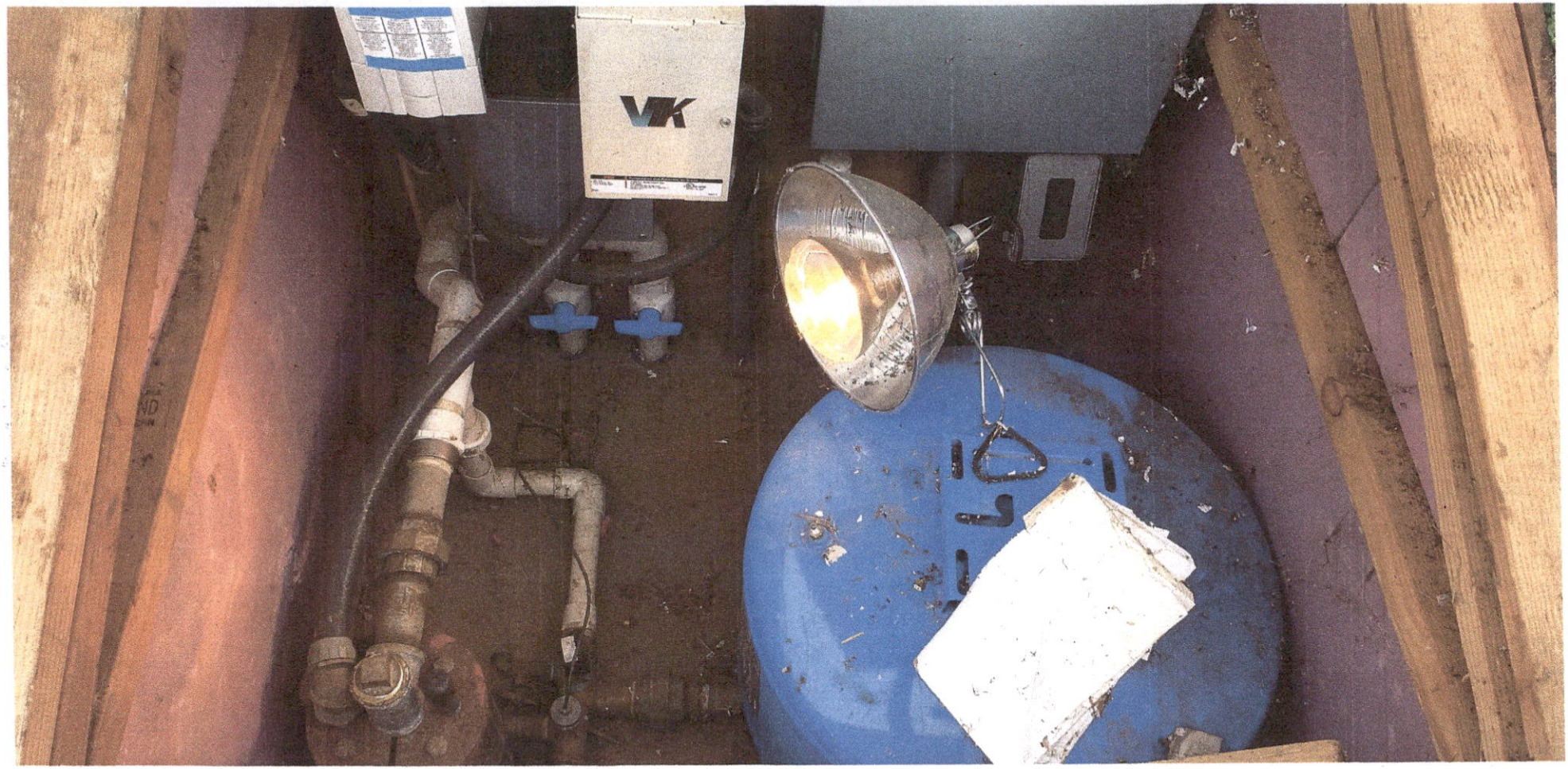
Stoller onsite
1-24-22

Well 2

(26)

Stoller onsite
1-24-22
Well 2

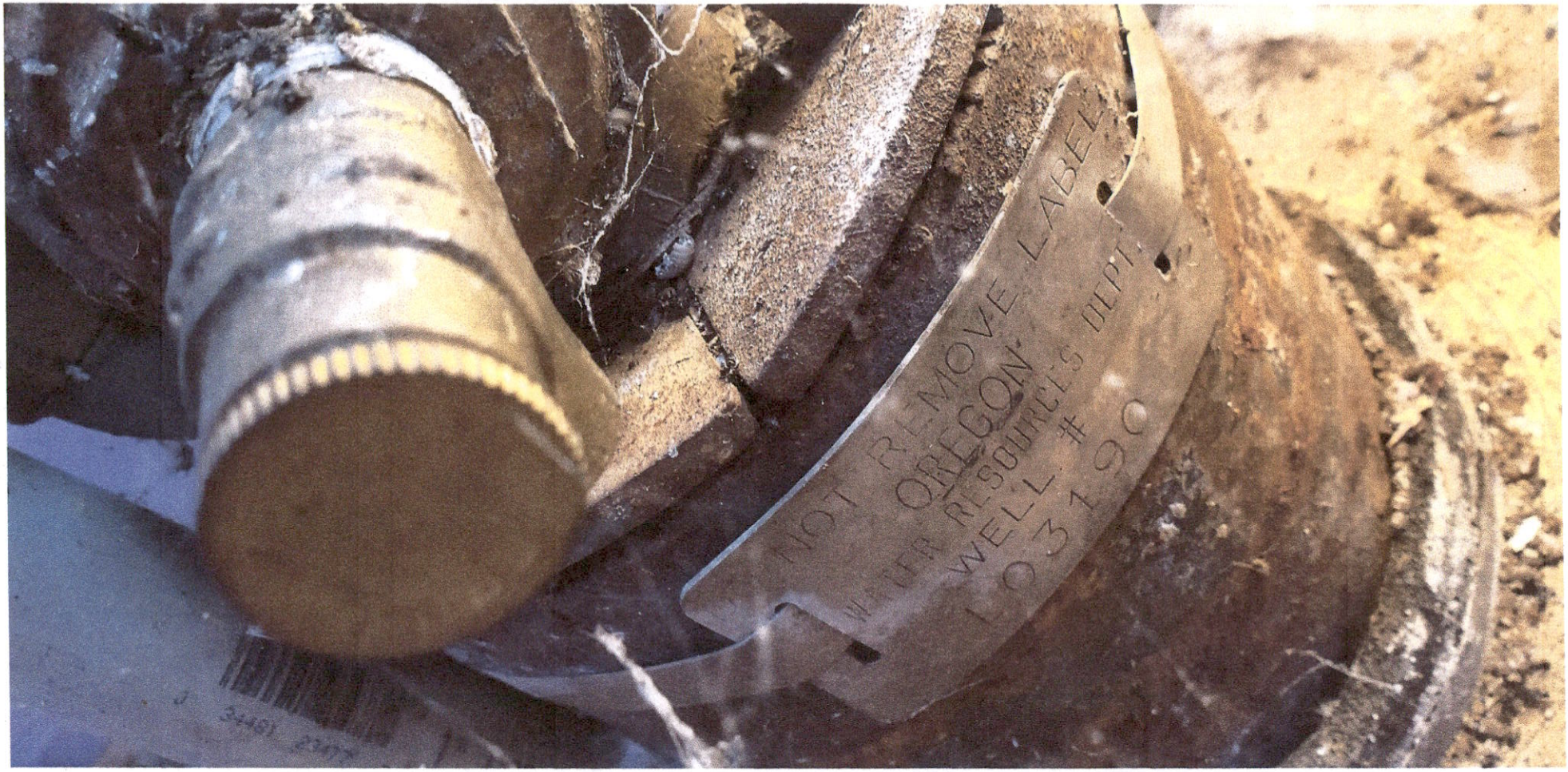
(27)



Stoller onsite
1-24-2022

well 3

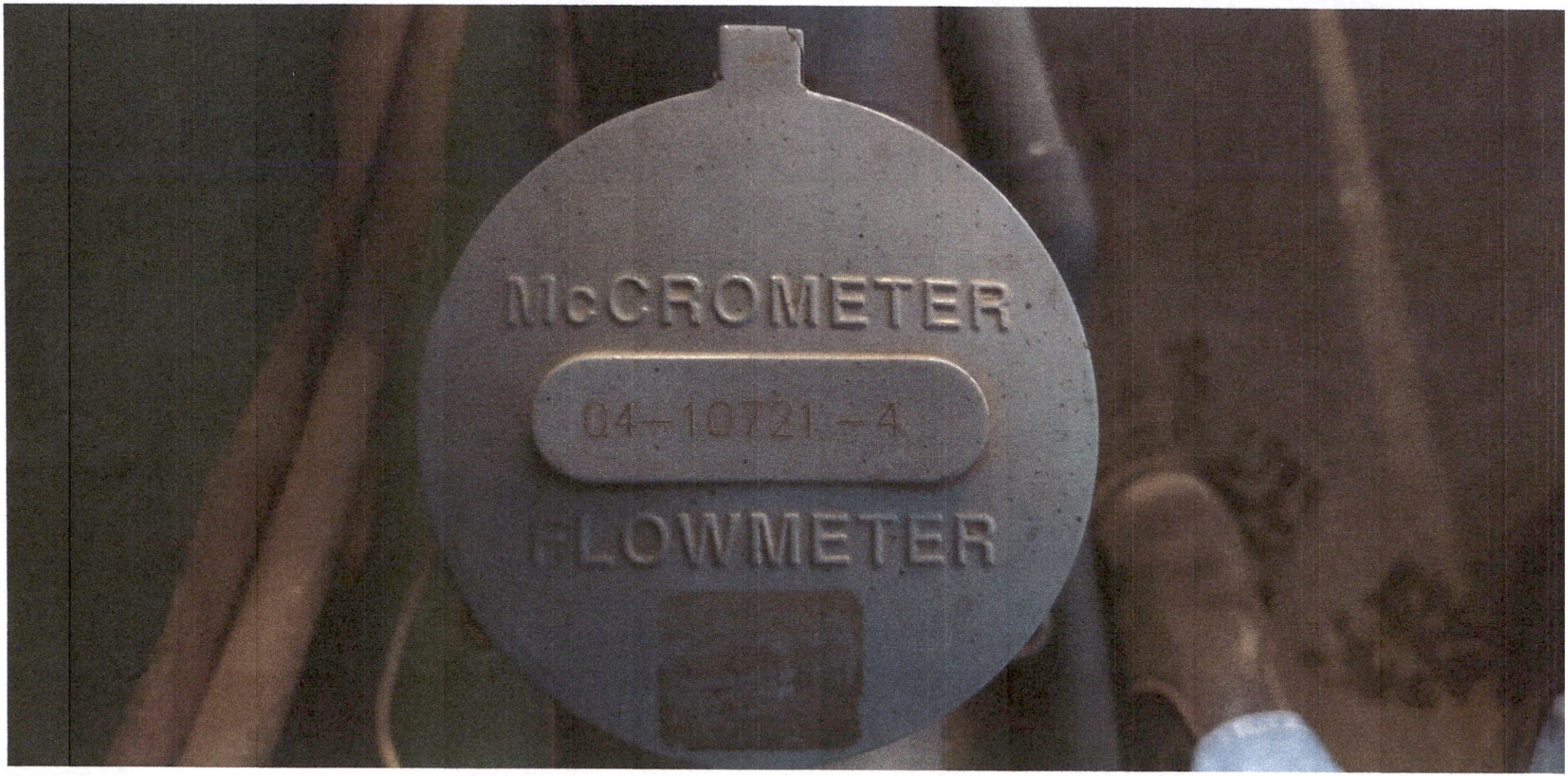
21



Stoller onsite
1-24-2022

Well 3

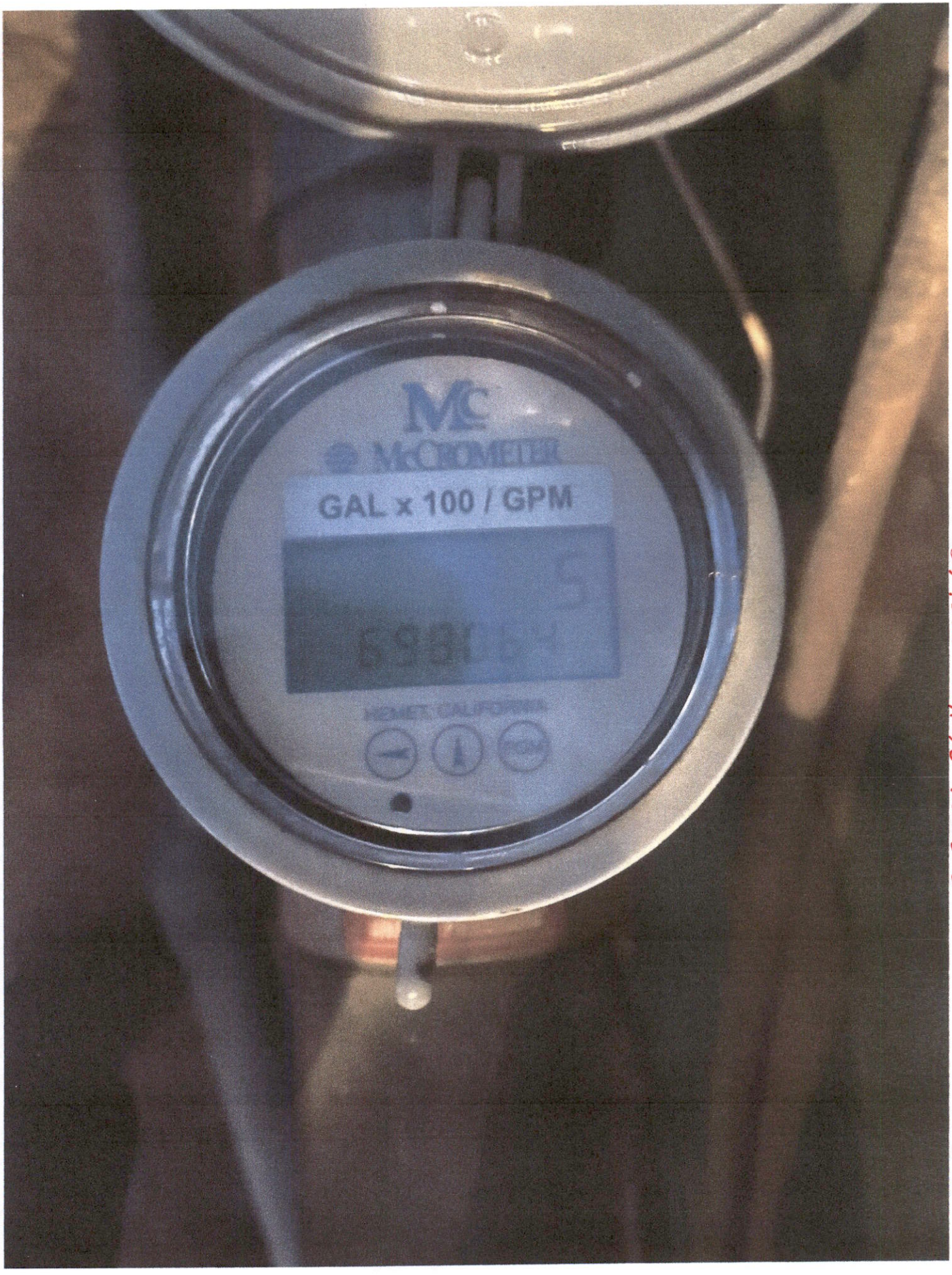
(22)



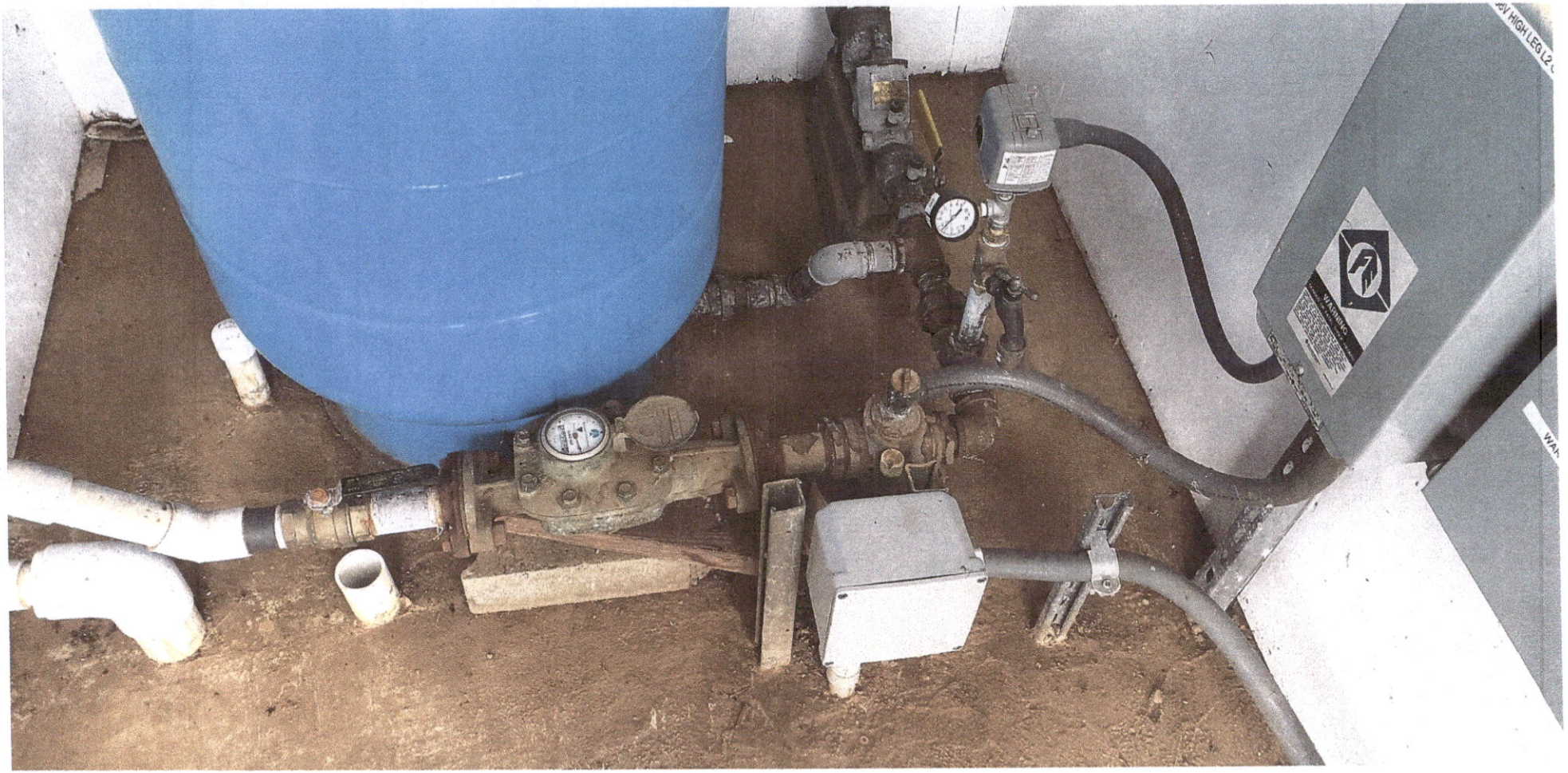
Flow meter cap w/ serial #s for pond pump & well 3 located in filtration Pump house.

2/3/21 / Stoller onsite

6



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



Stoller onsite
1-24-2022

well 4

(18)

Stoller Onsite
1-24-2022

Well 4

(20)

Stoller onsite
1-24-2022

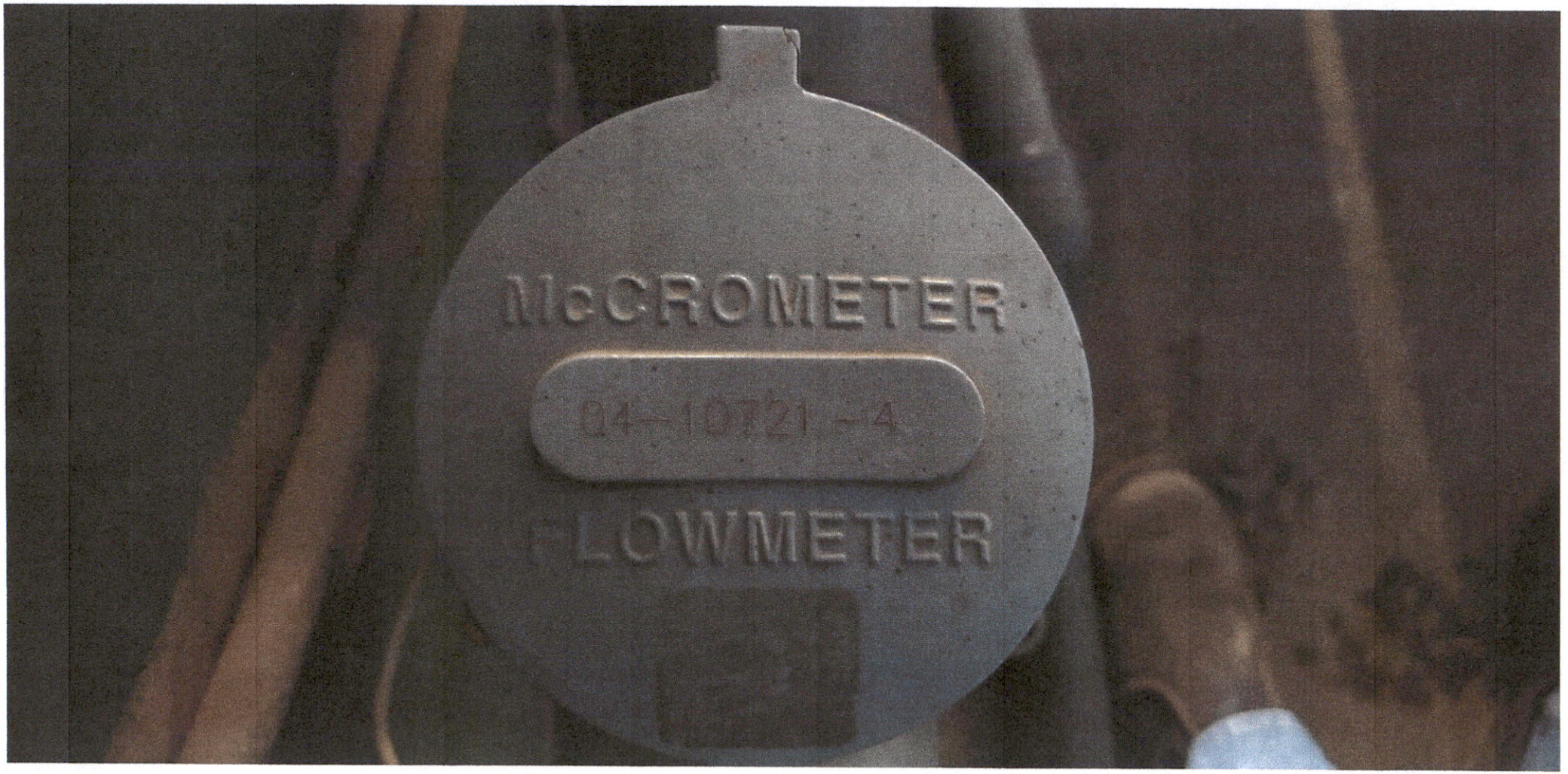
Well 4

(19)

Stoller onsite
4/26/22

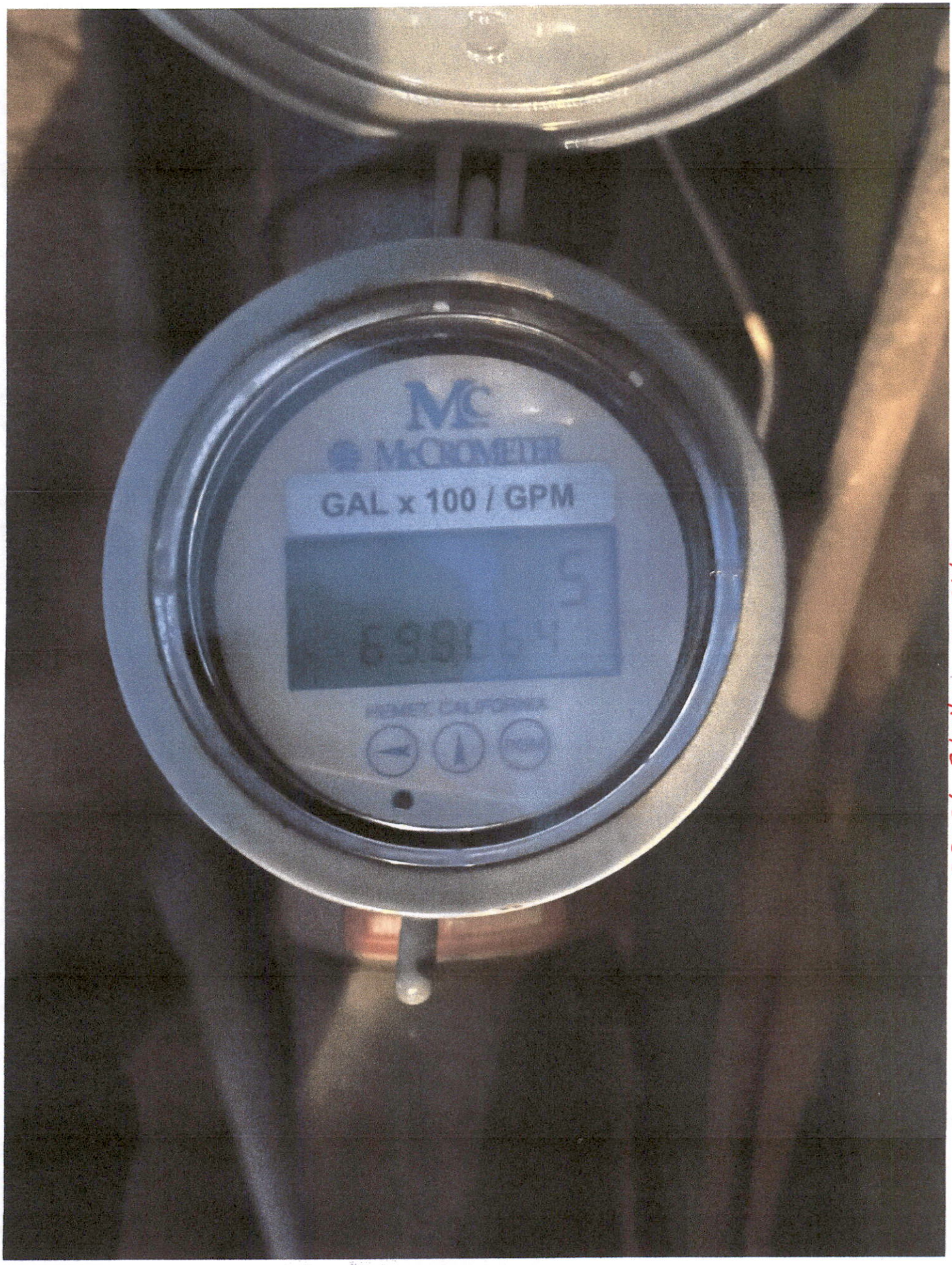
Well 5

(7)



Flow meter cap w/ serial #s for pond pump & well 5 located in filtration pump house.

2/3/21 / Stoller onsite

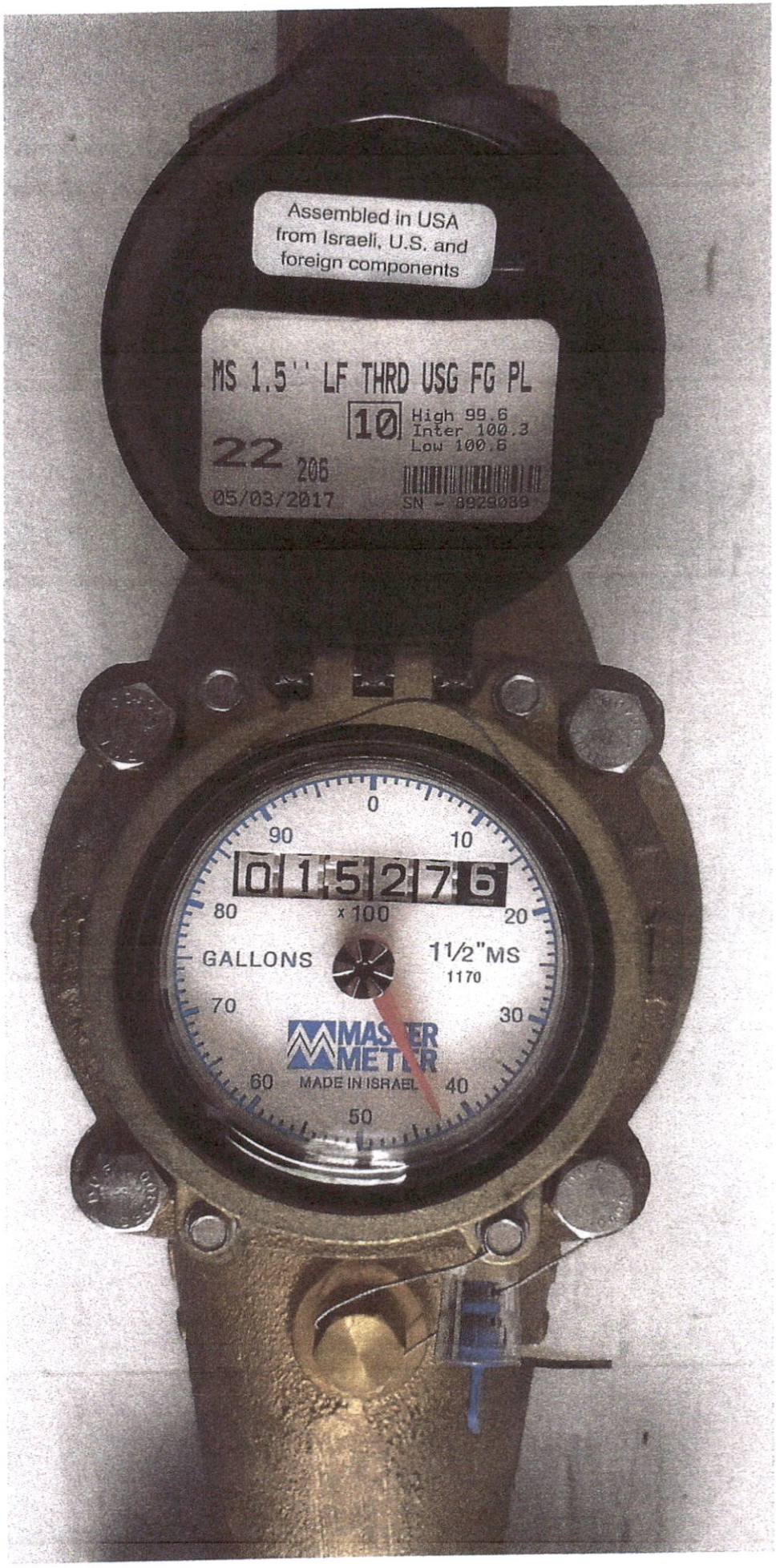


2-3-21 Stoller onsite
well 5 Meter located in filtration pump house.

Stoller onsite
4/26/22

Well 6

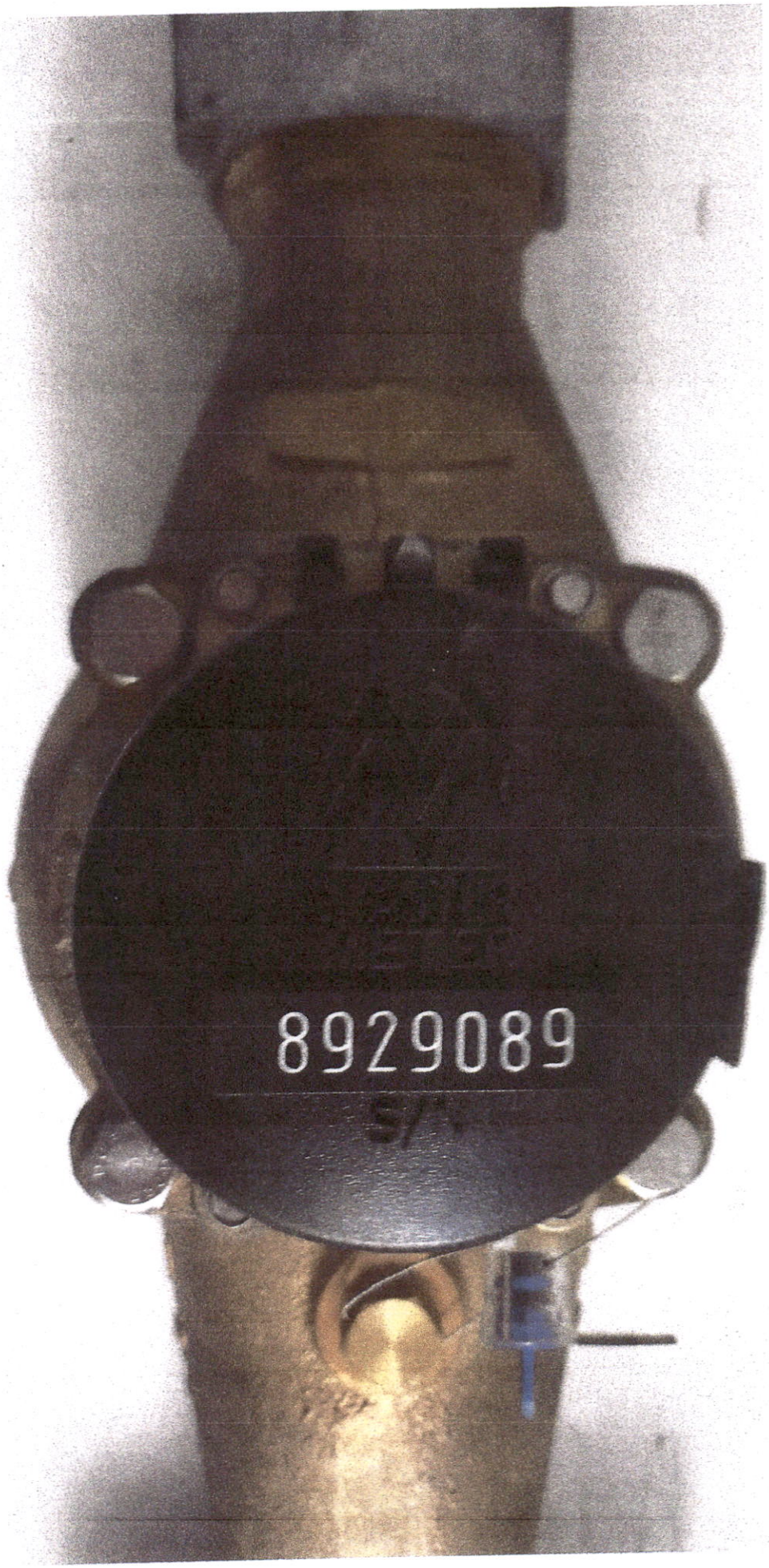
(4)



Stoller on site
4/26/22

Well 6
Flow meter

(5)



Stoller onsite
4/26/22

Well 6
Flow meter cap

(6)

20220426_122013.jpg

Stoller onsite
1-24-22

Well 6A

(6)

Stoller onsite
1-24-22

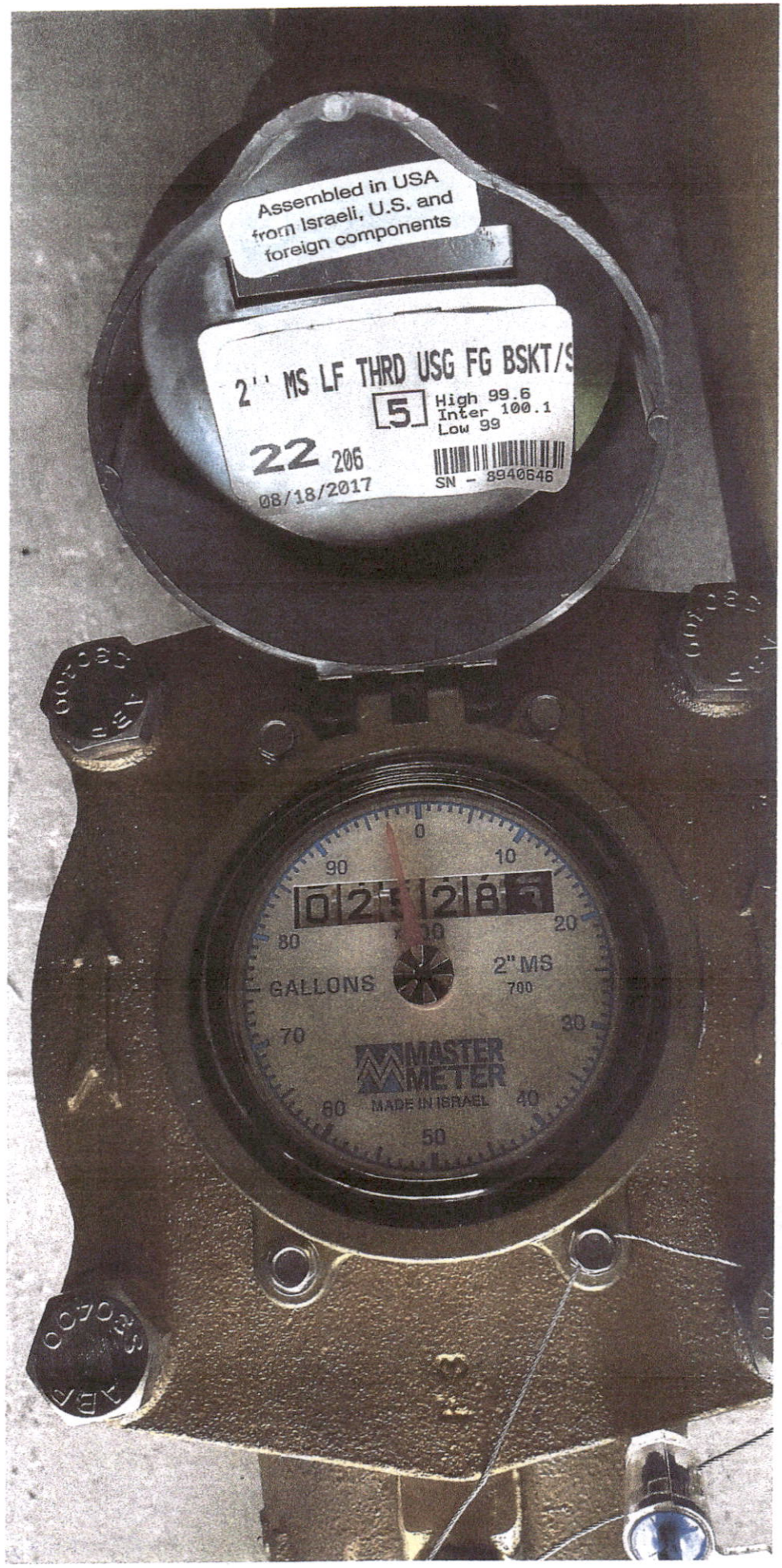
Well 6A

(7)

Stoller onsite
4/26/22

Well # 6A
Flow meter cap

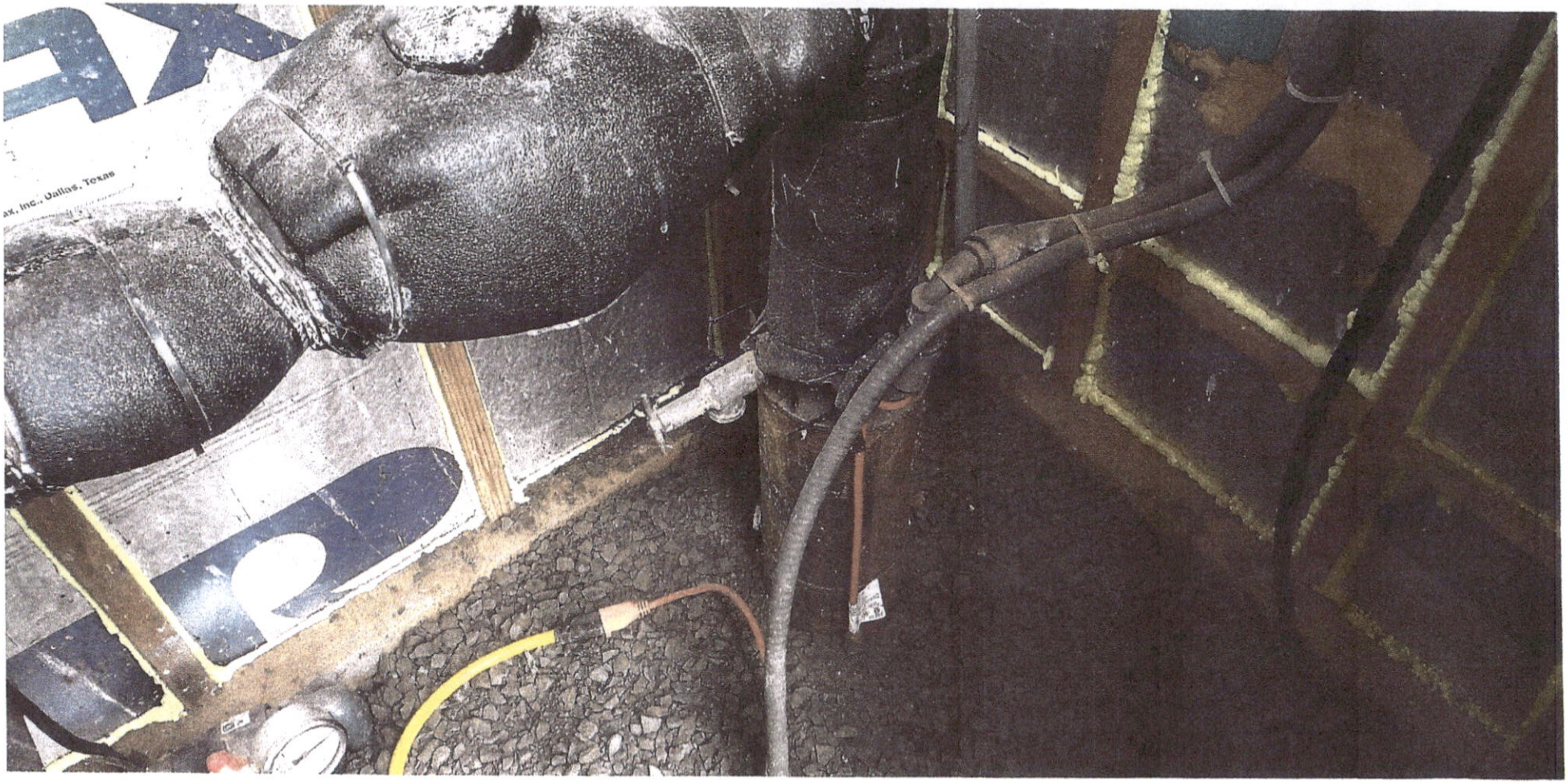
(3)



Stoller onsite
4/26/22

Well 8 GA
Flow meter

(2)



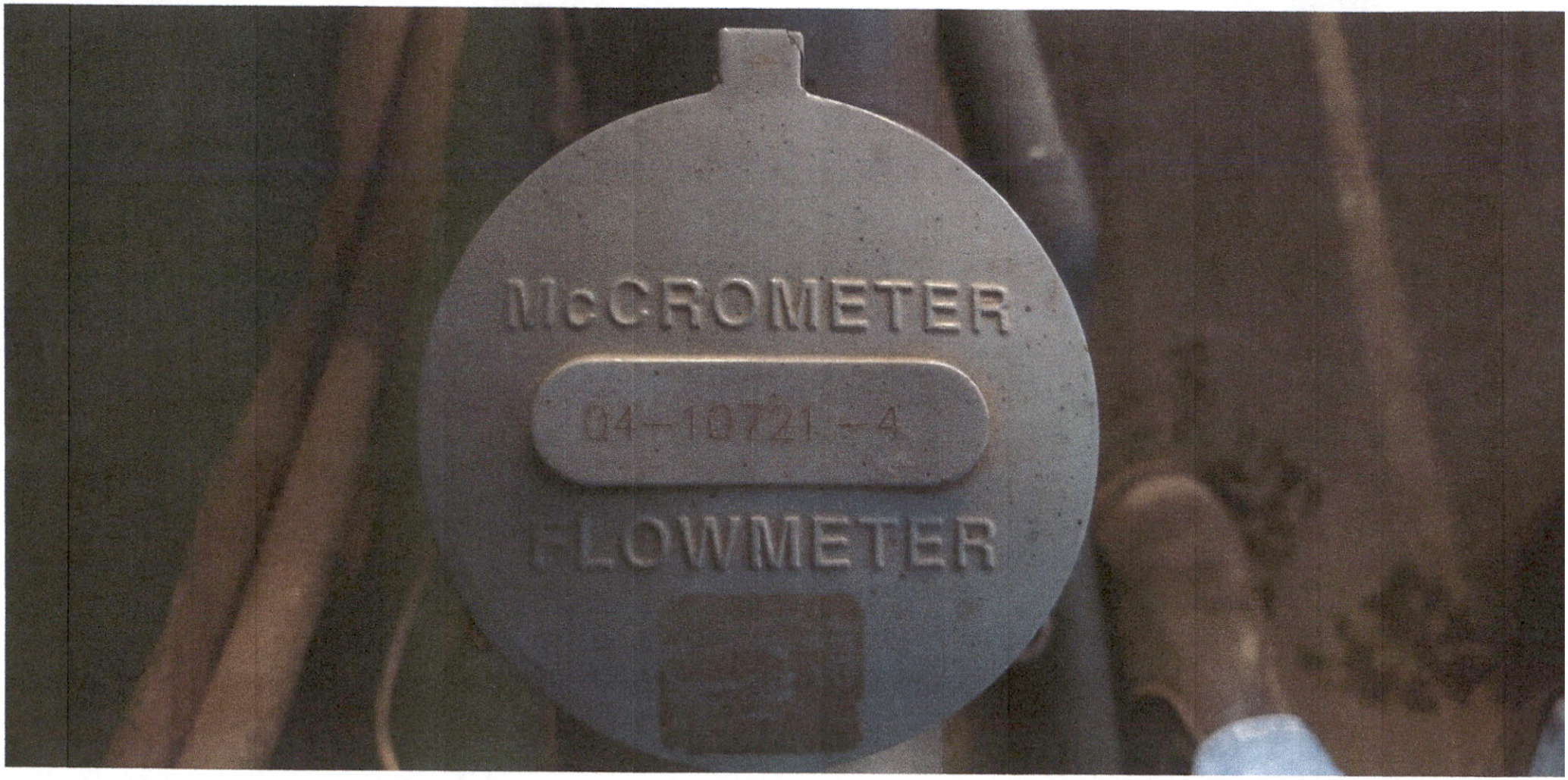
Stoller onsite
1-24-22

Well 7

Stoller onsite
1-24-22

Well 7

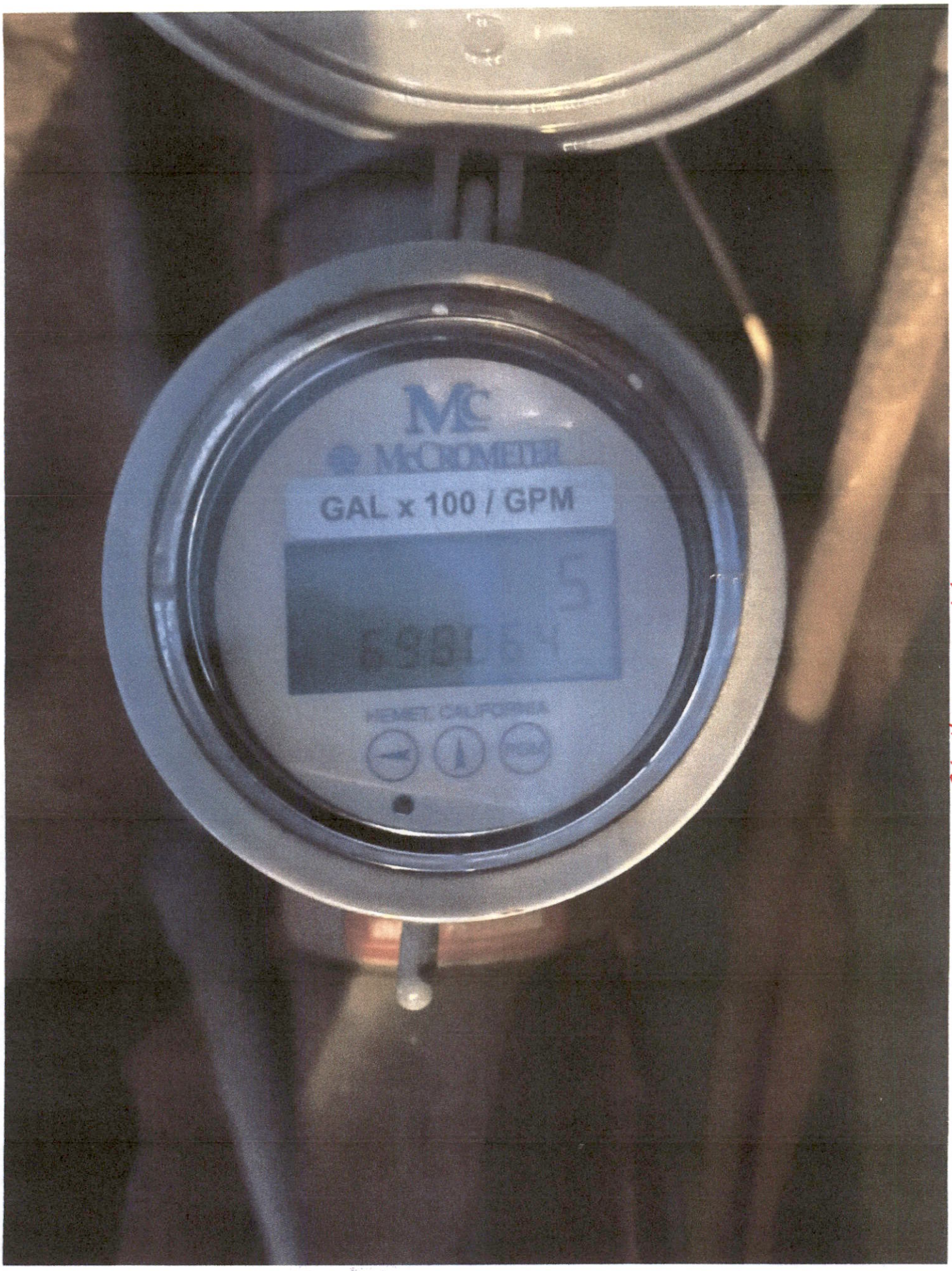
(16)



Flow meter cap w/ serial #s for pond pump & well 7 located in filtration pump house.

2/3/21 / Stoller onsite

6



2-3-21 Stoller onsite
Well 7 Meter located in filtration pump house.

OREGON
WATER RESOURCES DEPARTMENT

RECEIVED
SEP 30 2022
OWRD

Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Red Hills Farm LLC
15909 NE McDougall Rd Dayton, OR 97114

Transaction Type: COBU

Fees Received: $ 250

☐ **Cash** ☑ **Check:** **Check No.** 2058

Name(s) on Check: Will McGill Surveying

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Dante Luongo
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash; and place the other copy with the submission (*i.e., the application or other document*).
- Date-stamp all pages. (*NOTE: Do not stamp check.*)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "*RECEIVED OVER THE COUNTER*" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with submission (*application/other document*) in the top drawer of filing cabinet.