

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



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

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**A fee of \$230 must accompany this form for permits  
with priority dates of July 9, 1987, or later.**

**A separate form shall be completed for each permit.**

*In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.*

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see  
<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-16364</b>	PERMIT # (IF APPLICABLE) <b>G-16845</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>N/A</b>
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COMPLAINT

1/1/20

1. I am writing to you regarding the complaint received from the complainant on 1/1/20. The complainant has reported that they have been experiencing difficulties with the service provided by your organization. I have reviewed the details of the complaint and have spoken to the relevant staff members. I am sorry to hear that you have had a poor experience and I will do my best to resolve the issue for you as quickly as possible. I have discussed the matter with the relevant staff and we have agreed to take the following steps to resolve the issue. I will contact you again once the issue has been resolved.

Yours faithfully,  
[Signature]

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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Joe Frazier</b>		PHONE NO. <b>509-525-8050</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>1135 Valley Vista</b>				
CITY <b>Walla Walla</b>	STATE <b>WA</b>	ZIP <b>99362</b>	E-MAIL <b>frazierj@charter.net</b>	

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 <b>Same as above</b>			<b>RECEIVED</b>
ADDRESS			<b>OCT 03 2022</b>
CITY	STATE	ZIP	<b>OWRD</b>

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

**4. Date of Site Inspection:**

<b>July 16, 2022</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Joe Frazier</b>	<b>7/16/2022</b>	<b>Landowner, Operator</b>

**6. County:**

<b>Umatilla</b>
-----------------

**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 <b>N/A</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

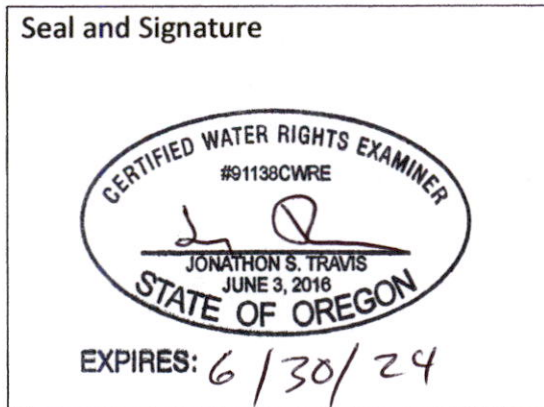
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CWRE Statement, Seal and Signature

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



CWRE NAME <b>Jonathon Travis</b>		PHONE NO. <b>(509) 979-0332</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>8019 W. Quinault Avenue, Suite 201</b>			
CITY <b>Kennewick</b>	STATE <b>WA</b>	ZIP <b>99336</b>	E-MAIL <b>jtravis@geengineers.com</b>

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
	<b>Joe Frazier</b>	<b>Owner</b>	<b>9/20/2022</b>

SECTION 3

CLAIM DESCRIPTION

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1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 1	UMAT 57672	L-116904

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 1	Basalt Well, Walla Walla River Basin	Columbia River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 1	Irrigation	Wheat, peas, corn	March 1-October 31	1.6 CFS
<b>Total Quantity of Water Used</b>				<b>1.6 cfs</b>

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

Water is pumped from well with a 150 hp pump into 8" pipe to 2042' mainline to center pivots, and to hand lines.

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

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

The permit allowed for irrigation of 236.6 acres. The applicant only developed 160.0 acres.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	2.96 cfs	2.06 cfs	1.6 cfs	Irrigation	236.6	160.0

**SECTION 4  
SYSTEM DESCRIPTION**

Are there multiple POAs?

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):

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Well 1

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**A. Place of Use**

1. Is the right for municipal use?

NO

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLot	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
5N	35E	WM	1	NESW	TL 300		Irrigation	33.2	N/A
5N	35E	WM	1	NWSW	TL 300		Irrigation	31.4	N/A
5N	35E	WM	1	SWSW	TL 300		Irrigation	37.1	N/A
5N	35E	WM	1	SESW	TL 300		Irrigation	37.4	N/A
5N	35E	WM	12	NENE	TL 100		Irrigation	13.9	N/A
5N	35E	WM	12	NWNE	TL 100		Irrigation	7.0	N/A
<b>Total Acres Irrigated</b>								<b>160.0</b>	

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

**B. Groundwater Source Information (Well)**

1. Is the appropriation from a well?

YES

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

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

¾ inch port on southeast corner of discharge head with dedicated sounding tube

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 UMAT						
57672						

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.

SEE UMAT 57672

**C. Groundwater Source Information (Sump)**

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

NO

**D. Diversion and Delivery System Information**

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

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1. Is a pump used?

YES

If "NO" items 2 through item 6 may be deleted.

**2. Pump Information:**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown	Unknown	Unknown	turbine	10 inch	8 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
NEMA	150 HP

**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)
150HP	70psi	335 ft	0	2.06

**5. Provide pump calculations:**

HP = 150  
 Efficiency = 7.04  
 Lift = 335  
 PSI = 70

---

**Results Calculated**

(hp)(efficiency) = 1056  
 Head based on psi = 177.8  
 Total dynamic head = 512.8  
 (head + lift)

**Pump Capacity = 2.06 cubic feet per second**



**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)
355268.8*100 gallon	355278.4*100 gallon	13 min	1.6 cfs

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

**7. Is the distribution system piped?**

YES

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8 inch	942 feet	PVC	Buried to Center Pivot
8 inch	1100 feet	PVC	Buried to South Side

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
Wheel Line	1200 feet	4" aluminum	Above
Hand Line	1000 feet	3" aluminum	Above

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
R33LP 5/32	70	5	150	150	1.7 cfs

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)
N/A					

**12. Drip Tape Information:**

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

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**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley 7000	1575.4 feet	65	800	1.7

**E. Storage**

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

NO

**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?

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?

NO

**H. Additional notes or comments related to the system:**

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SECTION 5  
CONDITIONS

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

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	April 22, 2011		
BEGIN CONSTRUCTION (A)			Construction of well began. Piping
COMPLETE CONSTRUCTION (B)	April 22, 2016	3/15/2016	Water use began on April 1, 2016
COMPLETE APPLICATION OF WATER (C)	April 22, 2016	April 1, 2016	Water use and crop planted April 1, 2016.

\* 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

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?

NO

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

b. Were the Progress Reports submitted?

NO

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

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

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

February/March

c. Was the measurement submitted to the Department?

YES

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
On file with OWRD			



**4. Annual Static Water Level Measurements:**

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

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

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

**February 15-March 30**

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

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
<b>On file with OWRD</b>			

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**5. Pump Test:**

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

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

For additional information regarding pump tests see:

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

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

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

c. Is the pump test attached to this claim? **NO**

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

e. Has a pump test exemption been approved by the Department? **N/A**

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

**6. Measurement Conditions:**

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

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

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

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
<b>Well #1</b>	<b>Seametrics</b>	<b>0120160 01597</b>	<b>Working</b>	<b>355265.5</b>	<b>March 25, 2016</b>

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

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

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

NAME	TITLE	APPROXIMATE DATE
<b>Flowmeter is installed</b>		

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
<b>Flowmeter</b>	<b>Working</b>	<b>March 25, 2016</b>

**7. Recording and reporting conditions:**

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

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

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

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

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

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

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

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

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

WELL ID #	DATE ATTACHED TO WELL
<b>L-116904</b>	<b>March 3, 2016</b>
<b>UMAT 57672</b>	

e. Other conditions? **NO**

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

**All permit conditions have been met.**

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**SECTION 6**  
**ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Attachment #1	Final Proof Survey Map
Attachment #2	Well Log (UMAT 57672)

**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 authorized point of appropriation, place of use, and visible system components were visited during the site inspection. The location of the point of appropriation and the extent of the place of use were located using an aerial photograph (6/13/2021 - Google Earth) and a field survey completed during the site inspection. The map was created using Geographic Information System software (GIS) and special datasets obtained from ESRI and Oregon Water Resources Department. Additional data and information specific to the water right holder's use of water under the water right described in this Claim of Beneficial Use report were obtained from the water right holder.

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## 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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**Attachment #1**

**Final Proof Survey Map**

**Claim of Beneficial Use Report and Final Proof Survey Map for Permit G-16845**

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STATE OF TEXAS  
AUSTIN, TEXAS

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**Attachment #2**

Well Log UMAT 57672

Claim of Beneficial Use Report and Final Proof Survey Map for Permit G-16845

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STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# 116906-116904 START CARD # 1028787 ORIGINAL LOG #

Umat 57672

(1) LAND OWNER Owner Well I.D. First Name JOE Last Name FRAZIER Company Address 1135 VALLEY VISTA City WALLA WALLA State WA Zip 99362

(9) LOCATION OF WELL (legal description) County UMATILLA Twp 5.00 N N/S Range 35.00 E E/W WM Sec 1 SW 1/4 of the SE 1/4 Tax Lot 300

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing: Material From To Amt sacks/lbs Seal:

(3) DRILL METHOD [X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 817.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Rows include Cement and Calculated values.

How was seal placed: Method [ ] A [ ] B [X] C [X] D [ ] E Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Per/ Casing/ Screen Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 72 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount 200 ppm From To Description Amount Units

WELL PERMIT#G16845 MILTON CEMETARY RD & GRANT RD MILTON FREEWATER, OR

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 3/3/2016 319

WATER BEARING ZONES Depth water was first found 430.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Soil Brown hard clay Basalt/Rocks/Claystone Brown Claystone and Rock Caleche Black Basalt/Hard Gray Claystone Black Basalt and trace Brown Claystone Basalt weathered brown Basalt Black w/Brown weathered Black/Brown Broken Scoria Brown weathered Scoria Soft Black Basalt w/ some Brown Black Basalt Black Basalt w/Brown Hard Black Basalt Black/Brown Basalt w/ some Claystone Black w/ some Brown Basalt Broken Black Basalt w/ Blue Claystone Black Basalt w/ some Brown Basalt Black Basalt w/Blue Claystone

Date Started 11/9/2015 Completed 3/3/2016

(unbonded) Water Well Constructor Certification I certify that the work I performed on this well is in compliance with Oregon water supply well construction standards. Materials used are as reported above and are the best of my knowledge and belief. License Number 1963 Date 3/15/2016

Signed JOHN KLINE (E-filed)

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, 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. License Number 1881 Date 3/15/2016

Signed GARRY L ZOLLMAN (E-filed) Contact Info (optional) Garry Zollman



RECEIVED

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03 03 5050  
RECEIVED

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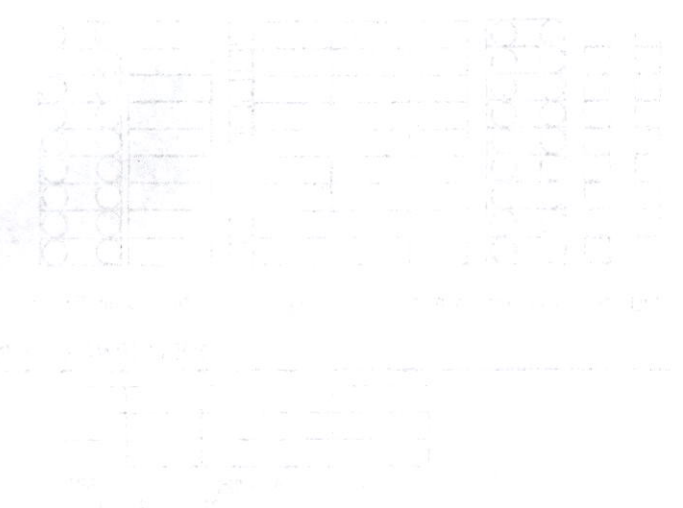
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Table with multiple columns and rows, containing handwritten data. The text is mostly illegible but appears to be a ledger or record.





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Additional handwritten notes and diagrams on the left side, including a smaller grid structure.

Final handwritten notes and a signature at the bottom left of the page.

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OMBU  
DET. O. B. BASS  
RECEIVED

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Handwritten notes and diagrams on the right side, including a large grid structure.

Final handwritten notes and a signature at the bottom right of the page.



8019 West Quinault Avenue, Suite 201  
Kennewick, Washington 99336  
509.209-2846

September 30, 2022

RECEIVED

OCT 03 2022

OWRD

Oregon Water Resources Department  
Certificate Section  
725 Summer Street NE, Suite A  
Salem, OR 97301

ATTN: Gerry Clark

RE: Claim of Beneficial Use Report and Final Proof Survey Map for G-16845  
Joe Frazier

Dear Gerry:

On behalf of our client, Joe Frazier, please find enclosed the Claim of Beneficial Use Report and Final Proof Survey Map for Ground Water Permit G-16845.

Should you have any questions regarding the claim or map, please do not hesitate to contact me.

Sincerely,

Molly Reid  
Senior Planner  
(509) 209-2846 Direct Line  
(541) 310-7264 Cell

Enclosures: Claim of Beneficial Use and Final Proof Survey Map for G-16845

Cc: Joe Frazier  
File

