

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



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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

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

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-14292	PERMIT # (IF APPLICABLE) G-13253	PERMIT AMENDMENT # (IF APPLICABLE) T-8746
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME MDB FARMS LLC, (Steve Delashmutt agent)		PHONE NO. 541-523-6125	ADDITIONAL CONTACT NO.
ADDRESS 3640 H Street			
CITY Baker City	STATE OREGON	ZIP 97814	E-MAIL

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 Delashmutt, Donald T. McCabe, William R. Delashmutt		
ADDRESS 64813 HWY 237		
CITY La Grande	STATE OR	ZIP 97850

ADDITIONAL PERMIT HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

4/19/21 , 4/5/22 , 7/5/22

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
John Frisch	4/19/21, 7/5/22	Farm manager and foreman on farm
Steve Delashmutt	8/22	Owner and Agent of MDB LLC

6. County:

Union County

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)):

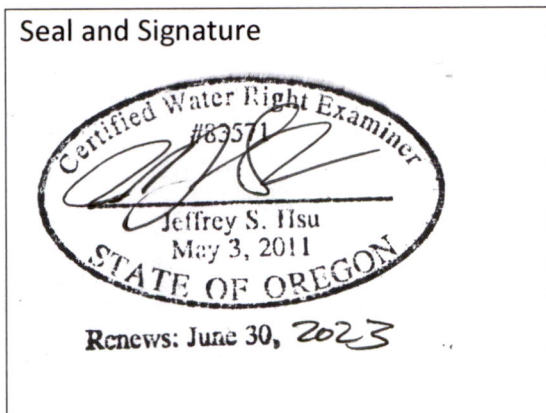
OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

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.



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CWRE NAME Jeffery S Hsu		PHONE NO. 541-963-6092	ADDITIONAL CONTACT NO.
ADDRESS 2006 Adams Avenue			
CITY La Grande	STATE OR	ZIP 97850	E-MAIL jeff@bgbsurveyors.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
<i>Steven DeLashmatt</i>	Steven DeLashmatt	LLC agent	12/7/22

**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 "McCABE SOUTH" (appl. Map Well #5)	UNIO 51274	L-50699
WELL "MICHAELSON" (appl. Map well #6) WELL "McCABE N/HWY 237" (appl. Map well #7)	UNIO 52449 UNIO 52818	L-100223 L-115867

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

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)
McCABE South, MICHAELSON & McCABE North/HWY 237	irrigation	Grain, alfalfa, corn, Sunflowers	March through October	"McCABE 897.344 Af 4/6/22 "MICHAELSON 531.54 Af 2021, new meter 2022 "McCABE N/HWY 237 124.605 7/5/2022
Total Quantity of Water Used				1553.489 Af 7/5/22

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:

All of the wells are tied together and are able to be placed on all of the permitted 40's, and thus the wells are all within the same aquifer and are of the same source. The wells can be used together or in groups of two or three as needed and to better able to properly water various crops that need more water at various times. The wells are regulated with variable speed pumps that are controlled by pressure. The volumes on the fields depend upon the crops being grown in various years. The pivots have end guns that add to the acreage under the pivot, and both of the pivots have swings in addition to the big guns. Steve Delashmutt said that there is a riser set between the two large pivots from the mainline that

connects the McCabe wells to Michaelson well. The corners between the two large pivots are watered by hand lines from this riser in the spring and fall when new seed is being planted . Aerial photos from Google show the corners to the North along the Grande Ronde River green with alfalfa. Corners to the South have been watered, and will be irrigated again this fall. NOTE: Michaelson was redrilled in 2014 after failure of original well drilled in 1996.

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 NW,NW Section 5, 3S 39E depicted on the application map is not irrigated, and therefore deleted from this COBU. Various acres along Spring Slough have also been deleted, as both sides of the slough were shown on the application.

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
"McCABE SOUTH"	Up to 4cfs incl. McCabe North	2.86 CFS	800 gpm	irrigation	672.88	558.81
"Michaelson"	Up to 4cfs	2.86 CFS	950 gpm	Irrigation	672.88	558.81
"McCABE North"	Up to 4cfs incl. McCabe	3.43 CFS	838.18 gpm	Irrigation	672.88	558.81 af

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**SECTION 4
SYSTEM DESCRIPTION**

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YES

Are there multiple POAs?

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

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

"McCABE SOUTH", (well #5 on applications)

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
Total Acres Irrigated									

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:

The port is a 2" pipe with cap located on the EAST side of the well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log attached						

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)?

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

4. Provide sump volume calculations:

NA

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
AmericanTurbine	unknown	2071	Turbine 4wplhs125	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US HIH THRUST HOLLOW SHAFT	125 hp
Shaft vertical Motor	

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
125 hp	65 psi	150'	+5	2.75 CFS

5. Provide pump calculations:

$\frac{125 \times 7.04}{150' + 5 + 165.1} = \frac{880.0}{320.1} = 2.75 \text{ CFS}$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
800 GPM	800 GPM	30 SEC	1.78 CFS

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

7. Is the distribution system piped?

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YES

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

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8. Mainline Information:

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MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	5795.0'	PVC	Below
10" portable (all)	520'	steel	above
5" portable mainline	920'	Aluminum	above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 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)
na					

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
1578' Valley w/287' swing, & endgun 100' rad	1965' rad	60 psi	1900 gpm	4.23 cfs
1668' Valley w/287' swing & endgun 100' rad	2048' rad	60 psi	2000 gpm	4.45 cfs

E. Storage

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

NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a:

Storage Tank

Bulge in System / Reservoir

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YES NO

YES NO

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

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2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR 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?

NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

--

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

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

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	“N” FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997 T-8746- 6/13/2001		
BEGIN CONSTRUCTION (A)	10/15/1996	11/11/1996	Commenced drilling Michaelson & McCabe South. McCabe South & Michaelson hooked into mainlines
COMPLETE CONSTRUCTION (B)		2/18/2020, 05/14/2020	Completed McCabe North and deepened Michaelson
COMPLETE APPLICATION OF WATER (C)	10/1/2024	08/01/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

* 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? YES 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? NO

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

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

c. Was the measurement submitted to the Department?

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?

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:

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

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

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?

NO

c. Is the pump test attached to this claim?

YES

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

YES TWO

e. Has a pump test exemption been approved by the Department?

NO

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

6. Measurement Conditions:

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

YES

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

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

b. Has a meter been installed?

YES

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c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"McCABE SOUTH"	McCrometer	06-09537-10	Working	897.344 AF	2006

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? YES NO

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

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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
L-50699	11/14/02

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):

Empty rectangular box for providing details on conditions.

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Exhibit #1- #2	PERMIT & PERMIT AMENDMENT, PERMIT EXTENDED PG 4 OF PERMIT
Exhibits #3 through #6	Well LOGS "McCABE SOUTH", "McCABE NORTH", "MICHAELSON" Michaelson original well
Exhibits #7 and #9	WELL TESTS FOR McCABE SOUTH, McCABE NORTH, MICHAELSON
Exhibit #10	Extension number 2 extends until 10/1/2024
Exhibit #11 through #12	Pump capacity computations for wells.

**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 well locations were located by using a Leica GPS receiver and physically tying the wells to existing government monuments. Much of the physical topographic locations for sloughs, ditches and irrigated circle wetted perimeters were located by overlaying aerial photos taken by Oregon Tax commission in 2016.

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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.)

- X Map on polyester film
- X Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- X Township, Range, Section, Donation Land Claims, and Government Lots
- X If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- X Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- X Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- X Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- X Point(s) of diversion or appropriation (illustrated and coordinates)
- X Tax lot boundaries and numbers
- X Source illustrated if surface water
- X Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- X Application and permit number or transfer number
- X North arrow
- X Legend
- X CWRE stamp and signature

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**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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):

"McCABE NORTH", (well #7 on applications)

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NO

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A. Place of Use

1. Is the right for municipal use?

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
Total Acres Irrigated									

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:

The port is a 2" pipe with cap located on the EAST side of the well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Log attached						

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)?

NO

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S. A. HANSEN

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

4. Provide sump volume calculations:

NA

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Flowise Turbine	13MC-OL10	82210018	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
US Motor Nima Premium	150 hp
Shaft vertical Motor	

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)
150 hp	65 psi	150'	+5	3.30 CFS

5. Provide pump calculations:

$$\frac{150 \times 7.04}{150' + 5 + 165.1} = \frac{1056}{320.1} = 3.30 \text{ CFS}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
838 GPM	838 GPM	30 SEC	1.87 CFS

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

7. Is the distribution system piped?

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YES

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	5795.0'	PVC	Below
10" portable (all)	520'	steel	above
5" portable mainline	920'	Aluminum	above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 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)
na					

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
1578' Valley w/287' swing, & endgun 100' rad	1965' rad	60 psi	1900 gpm	4.23 cfs
1668' Valley w/287' swing & endgun 100' rad	2048' rad	60 psi	2000 gpm	4.45 cfs

E. Storage

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

NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

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YES NO
YES NO

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

2. Storage Tank:

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

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?

NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

--

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

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

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	“N” FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997 T-8746- 6/13/2001		
BEGIN CONSTRUCTION (A)	10/15/1996	11/11/1996	Commenced drilling Michaelson & McCabe South. McCabe South & Michaelson hooked into mainlines
COMPLETE CONSTRUCTION (B)		2/18/2020, 05/14/2020	Completed McCabe North and deepened Michaelson
COMPLETE APPLICATION OF WATER (C)	10/1/2024	08/01/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

* 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? YES 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? NO

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

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

c. Was the measurement submitted to the Department?

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?

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:

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

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

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?

NO

c. Is the pump test attached to this claim?

YES

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

YES TWO

e. Has a pump test exemption been approved by the Department?

NO

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

6. Measurement Conditions:

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

YES

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

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

b. Has a meter been installed?

YES

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"McCABE NORTH"	Grow Smart	G 1201011 24	Working	124.605 AF	2021

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? YES NO

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

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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
L-115867	03/27/20

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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):

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES

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):

"MICHAELSON", (well #6 on applications)

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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
Total Acres Irrigated									

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:

The port is a 2" pipe with cap located on the SOUTH side of the well

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

CASING DIAMETER	CASING DEPTH	TOTAL DEPTH	COMPLETION DATE OF ORIGINAL WELL	COMPLETION DATES OF ALTERATIONS	WHO THE WELL WAS DRILLED FOR	WELL DRILLED BY
See Well Logs attached						

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)?

NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
NA					

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
NA	

4. Provide sump volume calculations:

NA

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D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
AmericanTurbine	unknown	J01-BF72-H	Turbine	16"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
U.S. MOTOR	125 hp
Shaft vertical Motor	

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
125 hp	65 psi	150'	+5	2.75 CFS

5. Provide pump calculations:

$\frac{125 \times 7.04}{150' + 5 + 165.1} = \frac{880.0}{320.1} = 2.75 \text{ CFS}$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
950 GPM	950 GPM	30 SEC	2.12 CFS

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

7. Is the distribution system piped?

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YES

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

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8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
10" entire project	5795.0'	PVC	Below
10" portable (all)	520'	steel	above
5" portable mainline	920'	Aluminum	above

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4" (all)	1920'	Aluminum	above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
9/64 (hand)	50 psi	4 gpm	99	99 at a time	0.88 cfs

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

11. Drip Emmitter Information:

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
na					

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

13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
1578' Valley w/287' swing, & endgun 100' rad	1965' rad	60 psi	1900 gpm	4.23 cfs
1668' Valley w/287' swing & endgun 100' rad	2048' rad	60 psi	2000 gpm	4.45 cfs

E. Storage

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

NO

If "NO", item 2 and 3 relating to this section may be deleted.

If "YES" is it a: Storage Tank
 Bulge in System / Reservoir

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YES NO
YES NO

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

2. Storage Tank:

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

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?

NO

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

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)

3. Provide calculations:

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

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

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

NO

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	“N” FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)

3. Provide calculations:

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

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SECTION 5
CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	11/19/1997 T-8746- 6/13/2001		
BEGIN CONSTRUCTION (A)	10/15/1996	11/11/1996	Commenced drilling Michaelson & McCabe South. McCabe South & Michaelson hooked into mainlines
COMPLETE CONSTRUCTION (B)		2/18/2020, 05/14/2020	Completed McCabe North and deepened Michaelson
COMPLETE APPLICATION OF WATER (C)	10/1/2024	08/01/2022	All wells in place, working meters in place, mainlines in place, pivots and hand lines in place water flowing on the crops as specified in permit.

* 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? YES 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? NO

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

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NO

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

c. Was the measurement submitted to the Department?

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? **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:

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

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? **NO**

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

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

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

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

6. Measurement Conditions:

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

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

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

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

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
"MICHAELSON "	McCrometer	01- 03474- 08	Working	70.453 AF NEW METER	2022

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? **YES NO**

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

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED

7. Recording and reporting conditions:

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

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
L-100223	03/12/2014
Existing well after first well failed	

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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):

T-8746

Exhibit #1 ALSO

STATE OF OREGON

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COUNTY OF UNION

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ORDER APPROVING AN ADDITIONAL POINT OF APPROPRIATION

Pursuant to ORS 537.211, after notice was given and finding that no injury to existing water rights would result, this order approves, as conditioned or limited herein, PERMIT AMENDMENT T-8746 submitted by

WILLIAM A. DeLASHMUTT, DONALD T. McCABE, WILLIAM R. DeLASHMUTT, ETTA LOU DeLASHMUTT, FERN McCABE BAY, AND SUE BETTIS
64813 OREGON HIGHWAY 237
LA GRANDE, OREGON 97850.

The permit to be modified is Permit G-13253 with a date of priority of APRIL 8, 1996. The permit allows the use of WELL 5 AND WELL 6, in the GRANDE RONDE RIVER BASIN, for IRRIGATION OF 672.88 ACRES. The amount of water to which this permit is entitled is limited to an amount actually beneficially used and shall not exceed 8.0 CUBIC FEET PER SECOND (CFS), BEING 4.0 CFS FROM WELL 5 AND 4.0 CFS FROM WELL 6, if available at the original wells; SE $\frac{1}{4}$ NE $\frac{1}{4}$, SECTION 1, T 3 S, R 38 E, W.M.; NW $\frac{1}{4}$ NE $\frac{1}{4}$, SECTION 6, T 3 S, R 39 E, W.M.; WELL 5 - 60 FEET NORTH AND 819 FEET WEST FROM THE E $\frac{1}{4}$ CORNER OF SECTION 1; WELL 6 - 2042 FEET NORTH AND 2718 FEET EAST FROM THE W $\frac{1}{4}$ CORNER OF SECTION 6, or its equivalent in case of rotation, measured at the wells.

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2).

Pursuant to ORS 536.075 and OAR 137-004-080 and OAR 690-01-005 you may either petition for judicial review or petition the Director for reconsideration of this order.

T-8746.PKS

Page 1 of 4 Special Order Volume 55, Page 733.

The amount of water used for irrigation, together with the amount secured under any other right existing on the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year.

The use shall conform to any reasonable rotation system ordered by the proper state officer.

The authorized place of use is as follows:

SW $\frac{1}{4}$ SE $\frac{1}{4}$ 19.70 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 31.40 ACRES
SECTION 36

TOWNSHIP 2 SOUTH,
RANGE 38 EAST, W.M.

SW $\frac{1}{4}$ SW $\frac{1}{4}$ 25.40 ACRES
SE $\frac{1}{4}$ SW $\frac{1}{4}$ 37.80 ACRES
NE $\frac{1}{4}$ SE $\frac{1}{4}$ 9.10 ACRES
SW $\frac{1}{4}$ SE $\frac{1}{4}$ 38.50 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 39.70 ACRES
SECTION 31

TOWNSHIP 2 SOUTH,
RANGE 39 EAST, W.M.

NE $\frac{1}{4}$ NE $\frac{1}{4}$ 39.89 ACRES
NW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.68 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.10 ACRES
SE $\frac{1}{4}$ NE $\frac{1}{4}$ 39.10 ACRES
SECTION 1

TOWNSHIP 3 SOUTH,
RANGE 38 EAST, W.M.

NW $\frac{1}{4}$ NW $\frac{1}{4}$ 39.57 ACRES
SECTION 5

NE $\frac{1}{4}$ NE $\frac{1}{4}$ 38.56 ACRES
NW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.68 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 34.90 ACRES
SE $\frac{1}{4}$ NE $\frac{1}{4}$ 12.50 ACRES
NE $\frac{1}{4}$ NW $\frac{1}{4}$ 39.81 ACRES
NW $\frac{1}{4}$ NW $\frac{1}{4}$ 34.93 ACRES
SW $\frac{1}{4}$ NW $\frac{1}{4}$ 34.46 ACRES
SE $\frac{1}{4}$ NW $\frac{1}{4}$ 39.10 ACRES
SECTION 6

TOWNSHIP 3 SOUTH,
RANGE 39 EAST, W.M.

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SALEM, OREGON

The right to use water for the above purpose is restricted to beneficial use on the lands or place of use described.

The applicant proposes an additional point of appropriation for WELL 5 located:

WELL 7 - NE¼ NE¼, SECTION 1, T 3 S, R 38 E, W.M.;
1770 FEET NORTH AND 819 FEET WEST FROM THE E¼ CORNER OF
SECTION 1.

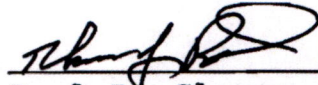
THIS CHANGE TO AN EXISTING WATER PERMIT MAY BE MADE PROVIDED THE FOLLOWING CONDITIONS ARE MET BY THE WATER USER:

1. The quantity of water diverted at the new point of appropriation (well), together with that diverted at the old point of appropriation, shall not exceed the quantity of water lawfully available at the original point of appropriation.
2. The water user shall install and maintain a headgate, an in-line flow meter, weir, or other suitable device for measuring and recording the quantity of water diverted. The type and plans of the headgate and measuring device must be approved by the Department prior to beginning construction and shall be installed under the general supervision of the Department.
3. Water shall be acquired from the same aquifer as the original point of appropriation.
4. All other terms and conditions of the permit remain the same.

Permit G-13253, in the name of WILLIAM A. DeLASHMUTT, DONALD T. McCABE, WILLIAM R. DeLASHMUTT, ETTA LOU DeLASHMUTT, FERN McCABE BAY, and SUE BETTIS is amended as described herein.

WITNESS the signature of the Water Resources

Director, affixed JUL 13 2001.


Paul R. Cleary, Director

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Exhibit #1

Permit G-13253

STATE OF OREGON

COUNTY OF UNION

PERMIT TO APPROPRIATE THE PUBLIC WATERS

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PHONE: (541) 523-6671

THIS PERMIT IS HEREBY ISSUED TO

WILLIAM A. DeLASHMUTT, DONALD T. McCABE,
WILLIAM R. DeLASHMUTT, ETTA LOU DeLASHMUTT,
FERN McCABE BAY, AND SUE BETTIS
64813 HWY 237
LA GRANDE, OREGON 97850

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-14292

SOURCE OF WATER: WELL #5 AND WELL #6 IN THE GRANDE RONDE RIVER BASIN

PURPOSE OR USE: IRRIGATION 672.88 ACRES

MAXIMUM RATE: 8.0 CUBIC FEET PER SECOND (CFS), BEING 4.0 CFS FROM WELL #5 AND 4.0 CFS FROM WELL #6

PERIOD OF USE: MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: APRIL 8, 1996

POINT OF DIVERSION LOCATION: SE 1/4 NE 1/4, SECTION 1, T3S, R38E, W.M.;
NW 1/4 NE 1/4, SECTION 6, T3S, R39E, W.M.; WELL #5 - 60.0 FEET NORTH &
819.0 FEET WEST FROM E1/4 CORNER, SECTION 1; WELL #6 - 2042.0 FEET NORTH
& 2718.0 FEET EAST FROM W1/4 CORNER, SECTION 6

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

SW 1/4 SE 1/4 19.7 ACRES
SE 1/4 SE 1/4 31.4 ACRES
SECTION 36
TOWNSHIP 2 SOUTH, RANGE 38 EAST, W.M.
SW 1/4 SW 1/4 25.4 ACRES
SE 1/4 SW 1/4 37.8 ACRES
NE 1/4 SE 1/4 9.1 ACRES
SW 1/4 SE 1/4 38.5 ACRES
SE 1/4 SE 1/4 39.7 ACRES
SECTION 31
TOWNSHIP 2 SOUTH, RANGE 39 EAST, W.M.

Application G-14292 Water Resources Department

T. 8746 Δ APOA sp. v. 55p 733
PERMIT G-13253

NE 1/4 NE 1/4 39.89 ACRES
 NW 1/4 NE 1/4 39.68 ACRES
 SW 1/4 NE 1/4 39.1 ACRES
 SE 1/4 NE 1/4 39.1 ACRES

SECTION 1

TOWNSHIP 3 SOUTH, RANGE 38 EAST, W.M.

NW 1/4 NW 1/4 39.57 ACRES

SECTION 5

NE 1/4 NE 1/4 38.56 ACRES
 NW 1/4 NE 1/4 39.68 ACRES
 SW 1/4 NE 1/4 34.9 ACRES
 SE 1/4 NE 1/4 12.5 ACRES
 NE 1/4 NW 1/4 39.81 ACRES
 NW 1/4 NW 1/4 34.93 ACRES
 SW 1/4 NW 1/4 34.46 ACRES
 SE 1/4 NW 1/4 39.1 ACRES

SECTION 6

TOWNSHIP 3 SOUTH, RANGE 39 EAST, W.M.

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Measurement, recording and reporting conditions:

- A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.
- B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

Application G-14292 Water Resources Department

PERMIT G-13253

STANDARD CONDITIONS

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

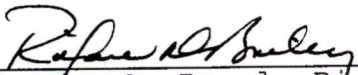
By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Actual construction of the well shall begin within one year from permit issuance. Complete application of water to the use shall be made on or before October 1, 2001.

Issued November 19, 1997


 Martha O. Pagel, Director
 Water Resources Department

"C" Ext to: 10-1-2010

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 SALEM, OREGON

Application G-14292
 Basin 08
 LKS

Water Resources Department
 Volume 1 GRANDE RONDE R MISC
 MGMT.CODES 7BG 7BR 7JG 7JR

PERMIT G-13253
 District 06

STATE OF OREGON

COUNTY OF UNION

*Permit Amendment
T-8746
Exhibit #2*

ORDER APPROVING AN ADDITIONAL POINT OF APPROPRIATION

Pursuant to ORS 537.211, after notice was given and finding that no injury to existing water rights would result, this order approves, as conditioned or limited herein, PERMIT AMENDMENT T-8746 submitted by

WILLIAM A. DeLASHMUTT, DONALD T. McCABE, WILLIAM R. DeLASHMUTT, ETTA LOU DeLASHMUTT, FERN McCABE BAY, AND SUE BETTIS
64813 OREGON HIGHWAY 237
LA GRANDE, OREGON 97850.

The permit to be modified is Permit G-13253 with a date of priority of APRIL 8, 1996. The permit allows the use of WELL 5 AND WELL 6, in the GRANDE RONDE RIVER BASIN, for IRRIGATION OF 672.88 ACRES. The amount of water to which this permit is entitled is limited to an amount actually beneficially used and shall not exceed 8.0 CUBIC FEET PER SECOND (CFS), BEING 4.0 CFS FROM WELL 5 AND 4.0 CFS FROM WELL 6, if available at the original wells; SE $\frac{1}{4}$ NE $\frac{1}{4}$, SECTION 1, T 3 S, R 38 E, W.M.; NW $\frac{1}{4}$ NE $\frac{1}{4}$, SECTION 6, T 3 S, R 39 E, W.M.; WELL 5 - 60 FEET NORTH AND 819 FEET WEST FROM THE E $\frac{1}{4}$ CORNER OF SECTION 1; WELL 6 - 2042 FEET NORTH AND 2718 FEET EAST FROM THE W $\frac{1}{4}$ CORNER OF SECTION 6, or its equivalent in case of rotation, measured at the wells.

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2).

Pursuant to ORS 536.075 and OAR 137-004-080 and OAR 690-01-005 you may either petition for judicial review or petition the Director for reconsideration of this order.

T-8746.PKS

Page 1 of 4 Special Order Volume 55, Page 733.

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CHESTER, CHRISTOPHER

The amount of water used for irrigation, together with the amount secured under any other right existing on the same lands, is limited to ONE-EIGHTIETH of one cubic foot per second per acre, or its equivalent for each acre irrigated and shall be further limited to a diversion of not to exceed 3.0 acre-feet per acre for each acre irrigated during the irrigation season of each year.

The use shall conform to any reasonable rotation system ordered by the proper state officer.

The authorized place of use is as follows:

SW $\frac{1}{4}$ SE $\frac{1}{4}$ 19.70 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 31.40 ACRES
SECTION 36

TOWNSHIP 2 SOUTH,
RANGE 38 EAST, W.M.

SW $\frac{1}{4}$ SW $\frac{1}{4}$ 25.40 ACRES
SE $\frac{1}{4}$ SW $\frac{1}{4}$ 37.80 ACRES
NE $\frac{1}{4}$ SE $\frac{1}{4}$ 9.10 ACRES
SW $\frac{1}{4}$ SE $\frac{1}{4}$ 38.50 ACRES
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 39.70 ACRES
SECTION 31

TOWNSHIP 2 SOUTH,
RANGE 39 EAST, W.M.

NE $\frac{1}{4}$ NE $\frac{1}{4}$ 39.89 ACRES
NW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.68 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.10 ACRES
SE $\frac{1}{4}$ NE $\frac{1}{4}$ 39.10 ACRES
SECTION 1

TOWNSHIP 3 SOUTH,
RANGE 38 EAST, W.M.

NW $\frac{1}{4}$ NW $\frac{1}{4}$ 39.57 ACRES
SECTION 5

NE $\frac{1}{4}$ NE $\frac{1}{4}$ 38.56 ACRES
NW $\frac{1}{4}$ NE $\frac{1}{4}$ 39.68 ACRES
SW $\frac{1}{4}$ NE $\frac{1}{4}$ 34.90 ACRES
SE $\frac{1}{4}$ NE $\frac{1}{4}$ 12.50 ACRES
NE $\frac{1}{4}$ NW $\frac{1}{4}$ 39.81 ACRES
NW $\frac{1}{4}$ NW $\frac{1}{4}$ 34.93 ACRES
SW $\frac{1}{4}$ NW $\frac{1}{4}$ 34.46 ACRES
SE $\frac{1}{4}$ NW $\frac{1}{4}$ 39.10 ACRES
SECTION 6

TOWNSHIP 3 SOUTH,
RANGE 39 EAST, W.M.

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The right to use water for the above purpose is restricted to beneficial use on the lands or place of use described.

The applicant proposes an additional point of appropriation for WELL 5 located:

WELL 7 - NE $\frac{1}{4}$ NE $\frac{1}{4}$, SECTION 1, T 3 S, R 38 E, W.M.;
1770 FEET NORTH AND 819 FEET WEST FROM THE E $\frac{1}{4}$ CORNER OF
SECTION 1.

THIS CHANGE TO AN EXISTING WATER PERMIT MAY BE MADE PROVIDED THE FOLLOWING CONDITIONS ARE MET BY THE WATER USER:

1. The quantity of water diverted at the new point of appropriation (well), together with that diverted at the old point of appropriation, shall not exceed the quantity of water lawfully available at the original point of appropriation.
2. The water user shall install and maintain a headgate, an in-line flow meter, weir, or other suitable device for measuring and recording the quantity of water diverted. The type and plans of the headgate and measuring device must be approved by the Department prior to beginning construction and shall be installed under the general supervision of the Department.
3. Water shall be acquired from the same aquifer as the original point of appropriation.
4. All other terms and conditions of the permit remain the same.

Permit G-13253, in the name of WILLIAM A. DeLASHMUTT, DONALD T. McCABE, WILLIAM R. DeLASHMUTT, ETTA LOU DeLASHMUTT, FERN McCABE BAY, and SUE BETTIS is amended as described herein.

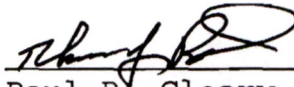
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SALEM, OREGON

WITNESS the signature of the Water Resources

Director, affixed JUL 13 2001.


Paul R. Cleary, Director

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SALEM, OREGON

Exhibit #3

STATE OF OREGON

DEC 09 2002

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 50699

START CARD # 141869

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

(1) LAND OWNER Well Number NORTH Name DONALD T. McCABE Address 64347 OR HWY 237 City LA GRANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well 580 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Includes entries for 28 inch diameter hole with 5/8 BENTONITE and CEMENT.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other OVER BORE + POUR Backfill placed from 40 ft. to 90 ft. Material Gravel placed from 100 ft. to 580 ft. Size of gravel 1/4"

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Lists casing specifications for 16 inch diameter.

Drive Shoe used [] Inside [] Outside [] None Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, size, Casing, Liner. Lists perforation details for 16 inch casing.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 400 Drawdown Drill stem at 160' Time 1 hr. NOT A GOOD TEST

Temperature of water 59° Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County UNION Latitude Longitude Township 35 N or S Range 38 E or W. WM. Section 1 SE 1/4 NE 1/4 Tax Lot 100 Lot Block Subdivision Street Address of Well (or nearest address) 64467 OR HWY 237

(10) STATIC WATER LEVEL: 15 ft. below land surface. Date 11/14/02 Artesian pressure lb. per square inch Date

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

Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry: DRILLED REVERSE CIRC. N/A RECEIVED

(12) WELL LOG: DEC 09 2002 Ground Elevation OWRD SALEM, OREGON

Table with columns: Material, From, To, SWL. Lists well log details including TOP SOIL, BROWN-BLUE CLAY, SAND+GRAVEL, BLUE CLAY, SANDSTONE, FINE-COARSE SAND, BLUE CLAY, FINE-MED SAND, BLUE CLAY, COARSE SAND, BLUE CLAY, SAND.

Date started 11/5/02 Completed 11/14/02

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. WWC Number 1505 Date 11-27-02

(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 1506 Date 11-27-02

Amended

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

APR 14 2014
EXHIBIT A
SALEM, OR

Unio 52449
Michaelson Well #6
WELL LABEL # L 100223
START CARD # 1022037

(1) LAND OWNER Owner Well I.D. Michaelson Well

First Name Steve Last Name Delashmutt
Company MDB Farms LLC
Address 61070 Pierce Rd
City La Grande State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 570 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
24	0	575	Cement	0	8	3
			Bentonite Chips	8	50	5,000

How was seal placed: Method A B C D E

Other Pour

Backfill placed from 50 ft. to 87 ft. Material 3/8" pea gravel

Filter pack from 87 ft. to 575 ft. Material Sand Size 8/16

Explosives used: Yes Type Amount

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	2	107	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16	127	140	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16	170	190	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16	200	395	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16	405	485	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Wire Wrap Material Stainless

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing		16	107	127	.03			
Screen	Casing		16	140	170	.03			
Screen	Casing		16	190	200	.03			
Screen	Casing		16	395	405	.03			
Screen	Casing		16	485	565	.03			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150	EST	300	1

Temperature 67 °F Lab analysis Yes By

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 3 S X N/S Range 39 E E/W WM
Sec 6 NW 1/4 of the NE 1/4 Tax Lot 2000
Tax Map Number Lot
Lat " or 45.3388 DMS or DD
Long " or -117.9827 DMS or DD
 Street address of well Nearest address

2100 feet north off of Cove Hwy and a mile east of Pierce Rd

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	03-12-2014		52

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
01-24-2014	52	65			52
01-27-2014	65	74			52
01-30-2014	87	99			52
02-04-2014	104	128			52
02-05-2014	132	171			52

(11) WELL LOG

Material	From	To
Top soil	0	5
White ash	5	10
Hard brown clay	10	19
Blue clay, coarse sand	19	65
River rock, sand	65	74
Brunt brown clay	74	87
Fine - coarse brown sand, gravel, some boulders	87	99
Burnt brown clay	99	104
Medium - coarse blue sand, pea gravel	104	128
Brunt brown clay	128	132
Coarse sand, pea gravel, some boulders	132	171
Blue clay	171	190
Medium - coarse sand	190	199
Blue clay	199	275
Sandy blue clay, grey clay	275	289
Fine - medium blue sand	289	311
Blue clay, grey clay	311	341
Medium - coarse blue sand	341	343
Blue, grey clay	343	372

Date Started 01-23-2014 Completed 03-12-2014

(unbonded) Water Well Constructor Certification

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

License Number Date
Password : (if filing electronically)
Signed

(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 1505 Date 04-07-2014
Password : (if filing electronically)
Signed
Contact Info (optional)

WATER SUPPLY WELL REPORT - continuation page

SALEM, OR

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL					sacks/
Dia	From	To	Material	From	To	Amt	lbs	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	565	570	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-07-2014	190	199			52
02-14-2014	289	311			52
02-17-2014	341	343			52
02-19-2014	372	379			52
02-20-2014	390	405			52
02-25-2014	458	462			52
02-26-2014	487	493			52
02-28-2014	498	524			52
03-01-2014	525	528			52
03-02-2014	532	539			52

(11) WELL LOG

Material	From	To
Fine blue and light grey sand	372	379
Blue clay	379	390
Fine - coarse blue sand	390	405
Sticky grey clay	405	458
Fine - medium blue sand	458	462
Grey and blue clay	462	487
Fine - medium blue sand, pea gravel	487	493
Blue and grey clay	493	498
Fine - medium sand w/ soft sandstone	498	524
Soft sandstone	524	525
Fine blue sand, soft sandstone	525	528
Blue and grey clay	528	532
Fine - medium blue sand	532	539
Grey clay	539	545
Fine blue sand	545	552
Grey clay	552	557
Medium - coarse blue sand	557	561
Grey clay	561	575

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Comments/Remarks

Water Bearing Zones			Static Water Level
S-W-L Date	From	To	
03-03-14	545	552	52
03-04-14	557	561	52

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

WVW
50070

Exhibit 5
NOV 18 1996

Original Michaelson
well #6 replaced

WATER RESOURCES DEPARTMENT (CARD) # 64023

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

SALEM, OREGON

(1) OWNER: Well Number L03371
Name Donald T. McCabe
Address 64342 Ore. Hwy 327
City La Grande State Ore. Zip 97150

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 3 N or S Range 32 E or W. WM.
Section 6 NW 1/4 NE 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64813 Ore Hwy 27

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 510 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
28"	0	510'	Concrete	0	28'	5500#

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	72'	105'	.344	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18"	165'	190'	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	190'	285'	.344	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	305'	380'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	400'	450'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	460'	510'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) Back Page

(7) PERFORATIONS/SCREENS:

Perforations Method Johnson screens

Screens Type Wire wrap Material _____

From	To	Slot size	Number	Diameter	Tele pipe	Casing	Liner
105'	165'	.035		16"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180'	190'	.075		16"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
285'	305'	.030		10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
380'	400'	.030		10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
450'	460'	.030		10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Back Page

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

Pump Bailer Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Waiting on Pump Test

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(10) STATIC WATER LEVEL:
16' ft. below land surface. Date 11-11-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
<u>All Gravels + Sand Layers Have Water</u>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	4	
Lava ash	4	6	
Brown clay	6	19	
Sand + Gravel	19	45	
Blue Clay	45	46	
Sand + Gravel with Sandstone	46	69	
Blue + Grey Clay	69	84	
Orange clay streaks gravel	84	103	
Sand + Gravel	103	163	
Blue + Grey Clay	163	180	
Fine to Med Sand	180	186	
Grey Clay streaks Sand	186	280	
Fine Sand	280	305	
Grey Clay	305	383	
Fine to Coarse Sand	383	400	
Grey Clay	400	457	
Fine to Med Sand	457	457	
Grey Clay with Sandstone	457	511	
Fine Sand	511	531	
Grey Clay	531	543	

Date started 10-15-96 Completed 11-11-96

(unbonded) Water Well Constructor Certification: Back Page

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

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed 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 1506
Signed [Signature] Date 11-13-96

UN10
50070

1 page + a

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

WATER RESOURCES DEPT.
SALEM, OREGON (START CARD) # _____

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

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

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	520	540	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	560	570	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Johnson Screen

From	To	Slot size	Number	Diameter	Material	Casing	Liner
510	520	.030		10"	Wire wrap	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	560	.070		10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump	Bailer	Air	Flowing Artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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

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

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Fine to Med Sand	543	558	
Gray Clay	558	590	

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Date started _____ Completed _____

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

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed 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.

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

UNIO 52818

WELL I.D. LABEL# 115867
 START CARD # 1045991
 ORIGINAL LOG #

EXHIBIT #6

(1) LAND OWNER

Owner Well I.D. _____
 First Name STEVE Last Name DELASHMENT
 Company MDB FARMS LLC
 Address 61070 PIERCE RD
 City La GRANDE State OR Zip 97850

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 565 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
26	0	575	Bentonite Chips	0	73	15,000 P
						Calculated 9,400
						Calculated _____

How was seal placed: Method A B C D E

Other Dry pour

Backfill placed from 73 ft. to 268 ft. Material 3/8" pea gravel

Filter pack from 268 ft. to 575 ft. Material Sand Size 8/16

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		2	297	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		337	346	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		356	365	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		385	391	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		401	479	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing	16	297	337	.03					
Screen	Casing	16	346	356	.03					
Screen	Casing	16	365	385	.03					
Screen	Casing	16	391	401	.03					
Screen	Casing	16	479	489	.03					

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,100	187	280	10

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNIO Twp 3 S N/S Range 38 E E/W WM
 Sec 1 NE 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat 45 ° 20 ' 15.696 " or 45.33769167 DMS or DD
 Long -117 ° 59 ' 51.286 " or -117.99757778 DMS or DD
 Street address of well Nearest address

Approximately 1 mile NE of Pierce Rd and Cove Hwy

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	03-27-2020		39

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 39

SWL Date From To Est Flow SWL (psi) + SWL (ft)

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	10
Fine sand and clay	10	18
Brown clay, sand mix	18	21
Small gravel	21	25
Small - large gravel	25	147
Blue clay, sand mix streaks	147	185
Sand, clay streaks	185	195
Fine - med sand, small clay streak	195	208
Clay sand mix	208	215
Coarse sand	215	225
Fine - med sand	225	231
Clay sand mix	231	235
Fine sand w/ small clay streaks	235	260
Blue clay w/ small sand streak	260	275
Sticky blue clay	275	303
Fine - med sand	303	325
Fine sand w/ clay streaks	325	335
Grey clay	335	345
Fine - coarse sand, small clay mix streak	345	359

Date Started 02-12-2020 Completed 03-27-2020

(unbonded) Water Well Constructor Certification

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

License Number _____ Date APR 27 2020

Signed _____

(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 1505 Date 04-23-2020

Signed _____

Contact Info (optional) _____

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
					Calculated	
					Calculated	
					Calculated	
					Calculated	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
		16		489	493	.375				
		16		503	510	.375				
		16		560	565	.375				

(7) PERFORATIONS/SCREENS

Perf/S	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Casing	16	493	503	.03			
Screen	Casing	16	510	560	.03			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

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SALEM, OREGON

(11) WELL LOG

Material	From	To
Clay	359	363
Fine sand small sly streak	363	385
Grey clay	385	392
Fine - med sand	392	401
Grey clay	401	412
Fine sand	412	424
Grey clay	424	430
Fine sand	430	440
Clay	440	445
Sticky grey clay	445	465
Clay sand mix	465	481
Fine - med sand	481	489
Grey clay	489	495
Fine - coarse sand	495	503
Grey clay some sand mix	503	511
Coarse sand	511	515
Fine - coarse sand some clay streaks	515	525
Clay sand mix in streaks	525	535
Coarse sand small clay streak	535	543
Clay, siltstone	543	545
Fine - coarse sand	545	555
Sand clay mix	555	560
Grey clay	560	575

Comments/Remarks

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Exhibit # 87 McCabe SOUTH
 well # 5

Oregon Water Resources Department
PUMP TEST COVER SHEET
 McCabe well 8-2-08



Well Owner:
 Name Donald McCabe
 Address 64347 OR HWY 237
 City, State, Zip LAGRANDE OR 97850
 County UNION

Well Location:
 Twnshp 3S (N or S), Range 38 (E or W)
 Section 1 1/4, 1/4, 1/4 SW 1/4 SE 1/4 NE 1/4
 Well Depth 600' Date Drilled 11-14-02
 Owner's Well No. (if any) Project 1, Well 5
 POD-ID 46306

Water Right Information:

Application No. G-14292 Permit No. G-13253 Certificate No. _____
 Is this well used for more than one water right? (Y/N) If Yes, fill out numbers below:
 App. No. G-14291 Permit No. G-13254 Cert. No. _____
 App. No. _____ Permit No. _____ Cert. No. _____

Pump Test:

Test conducted by Dennis Hartley Well Owner? N (Y/N)
 Company PGG
 Address 10209 N. McAllister Rd. Date of Test August 2, 2008
 City, State, Zip Island City, Or. 97850

Method of Discharge Measurement Mechanical flow meter
 Method of Water Level Measurement Electric water level measuring tape
 Depth of Air Line (if used) _____
 Pump Type (Turbine, Submersible, etc.) Turbine
 Was pump test conducted during normal use of the well Y (Y/N)

Description of point from which water level was measured Access port for measuring device
 Is measuring point above or below ground level? Above
 Distance between measuring point and ground level (correction factor) 13 inches

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? N (Y/N) 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 Not applicable

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? N (Y/N)
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance Not applicable
 Approximate elevation difference Not applicable
 Is well elevation above or below the surface water body? Not applicable

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>13:00</u>	Depth to Water: <u>79' 10"</u>	(ft/in)
Time: <u>13:20</u>	Depth to Water: <u>79' 10"</u>	(ft/in)
Time: <u>13:40</u>	Depth to Water: <u>79' 10"</u>	(ft/in)

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

Time: <u>14:00</u>	Discharge Rate: <u>1070</u>	(gpm)
Time: <u>14:04</u>	Discharge Rate: <u>1060</u>	(gpm)
Time: <u>15:00</u>	Discharge Rate: <u>1050</u>	(gpm)
Time: <u>16:00</u>	Discharge Rate: <u>1050</u>	(gpm)
Time: <u>17:00</u>	Discharge Rate: <u>1050</u>	(gpm)
Time: <u>18:00</u>	Discharge Rate: <u>1050</u>	(gpm)

Pump turned on: Date: Aug 2, 2008 Time: 14:00 Pump turned off: Date: Aug 2, 2008 Time: 18:00
 Total pumping time: 4 hours, 0 minutes.

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

PUMP TEST DATA SHEET

McCabe well 8-2-08

APPLICATION NO. 6-14292

PERMIT NO. 6-13253

P.O.D.-ID 46306

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA

RECOVERY DATA

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
08-02-08	14:00	0	80'11"	1'1"	79'10"		08-02-2008	18:00	0	187'11"	1'1"	186'10"	
	14:02	2	116'8"	1'1"	115'7"			18:02	2	104'1"	1'1"	103'0"	
	14:04	4	140'0"	1'1"	138'11"			18:04	4	101'3"	1'1"	100'2"	
	14:06	6	158'0"	1'1"	156'11"			18:06	6	99'5"	1'1"	98'4"	
	14:08	8	173'4"	1'1"	172'3"			18:08	8	97'1"	1'1"	96'0"	
	14:10	10	175'8"	1'1"	174'7"			18:10	10	95'3"	1'1"	94'2"	
	14:15	15	180'3"	1'1"	179'2"			18:15	15	94'4"	1'1"	93'3"	
	14:20	20	182'7"	1'1"	181'6"			18:20	20	92'9"	1'1"	91'8"	
	14:25	25	180'3"	1'1"	179'2"			18:25	25	91'4"	1'1"	90'3"	
	14:30	30	181'5"	1'1"	180'4"			18:30	30	90'9"	1'1"	90'8"	
	14:45	45	182'7"	1'1"	181'6"			18:45	45	90'0"	1'1"	88'11"	
	15:00	60	183'9"	1'1"	182'8"			19:00	60	89'0"	1'1"	87'11"	
	15:15	75	184'4"	1'1"	183'3"			19:15	75	88'7"	1'1"	87'6"	
	15:30	90	184'11"	1'1"	183'10"			19:30	90	87'11"	1'1"	86'10"	
	15:45	105	185'10"	1'1"	184'9"			19:45	105	87'4"	1'1"	86'3"	
	16:00	120	186'6"	1'1"	185'5"			20:00	120	86'11"	1'1"	85'10"	
	16:15	135	187'3"	1'1"	186'2"			20:15	135	86'7"	1'1"	85'6"	
	16:30	150	187'3"	1'1"	186'2"			20:30	150	86'4"	1'1"	85'3"	
	16:45	165	187'0"	1'1"	185'11"			20:45	165	86'2"	1'1"	85'1"	
	17:00	180	187'3"	1'1"	186'2"			21:00	180	86'1"	1'1"	85'0"	
	17:15	195	187'5"	1'1"	186'4"			21:15	195	86'1"	1'1"	85'0"	
	17:30	210	187'8"	1'1"	186'7"			21:30	210	86'0"	1'1"	84'11"	
	17:45	225	187'8"	1'1"	186'7"			21:45	225	86'0"	1'1"	84'11"	
	18:00	240	187'11"	1'1"	186'10"			22:00	240	86'0"	1'1"	84'11"	

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"A"

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Oregon Water Resources Department
PUMP TEST COVER SHEET

Well #6

Michaelson Part I
Send part I & Part II
to WRD

Michaelson
well #6



Well Owner: **OWRD**
Name Donald McCabe
Address 64347 OR Hwy 237
City, State, Zip La Grande OR 97850
County Union

Well Location:
Township 3 (N or S), Range 39 (E or W)
Section 6 1/4, 1/4, 1/4 NW NW NE
Well Depth 590' Date Drilled 11-11-96
Owner's Well No. (if any) Project 1, Well 6
POD-ID 46307

Water Right Information:

Application No. G-14292 Permit No. G-13253 Certificate No. _____
Is this well used for more than one water right? Y (Y/N) If Yes, fill out numbers below:
Knappe App. No. G-14357 Permit No. G-13255 Cert. No. _____
App. No. G-14291 Permit No. G-13254 Cert. No. _____

Pump Test:

Test conducted by Donald McCabe Well Owner? Y (Y/N)
Company _____
Address 64347 HWY 237 Date of Test March 22, 1997
City, State, Zip LA GRANDE OR 97850

Method of Discharge Measurement Mechanical flow meter
Method of Water Level Measurement Electric water level measuring tape
Depth of Air Line (if used) _____
Pump Type (Turbine, Submersible, etc.) Turbine
Was pump test conducted during normal use of the well N (Y/N)

Description of point from which water level was measured Access port for measuring device
Is measuring point above or below ground level? Above
Distance between measuring point and ground level (correction factor) 9"

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? N (Y/N) If yes, give approximate distances to each and approximate pumping rate of each. If, possible, indicate if they were turned on or off during the test _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? N (Y/N)
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance _____
Approximate elevation difference _____
Is well elevation above or below the surface water body? _____

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>6:05 AM</u>	Depth to Water: <u>12' 4"</u>	(ft/in)
Time: <u>6:30 AM</u>	Depth to Water: <u>12' 4"</u>	(ft/in)
Time: <u>6:55 AM</u>	Depth to Water: <u>12' 4"</u>	(ft/in)

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

Time: <u>7:03 AM</u>	Discharge Rate: <u>1341</u>	(gpm)
Time: <u>8:00 AM</u>	Discharge Rate: <u>1307</u>	(gpm)
Time: <u>9:00 AM</u>	Discharge Rate: <u>1394</u>	(gpm)
Time: <u>10:00 AM</u>	Discharge Rate: <u>1394</u>	(gpm)
Time: <u>11:00 AM</u>	Discharge Rate: <u>1361</u>	(gpm)

CONTINUED NEXT PAGE

Pump turned on: Date: 3/22/97 Time: 7:03 AM Pump turned off: Date: 3/22/97 Time: 5:30 pm
Total pumping time: 10 hours, 27 minutes.

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

PUMP TEST DATA SHEET

APPLICATION NO. G-14292

PERMIT NO. G-13253

P.O.D.-ID 46307

All water level measurements must either be in (1) feet and inches, or (2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA

RECOVERY DATA

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
3/22/97	7:03AM		12'4"	-9"	11'7"		3/22/97	5:30	0	190'6"	-9"	189'9"	
	7:05AM		62'4"		61'7"	115.6'		5:32		54'6"		53'9"	
	7:06AM		90'6"		89'9"			5:34		54'3"		53'6"	
	7:08AM		129'3"		128'6"			5:36		53		52'3"	
	7:10AM		148'8"		147'11"			5:38		48'1"		47'4"	
	7:12A		163'0"		162'3"			5:40		47'6"		46'9"	
	7:14A		166'3"		165'6"			5:44		44		43'3"	
	7:15A		168'6"		167'9"			5:48		42'9"		42'	
	7:19A		169'1"		168'1"			5:52		40'6"		39'9"	
	7:23A		169'6"		168'9"			5:56		39'4"		38'7"	
	7:27A		169'9"		169'			6:00		38'8"		37'11"	
	7:31A		170'		169'3"			6:15		35'6"		34'9"	
	7:34A		170'4"		169'7"			6:30		32		31'3"	
	7:45A		170'8"		169'11"			6:45		29'6"		28'9"	
	8:00A		170'9"		170			7:00		26'9"		26'	
	8:04A		171'6"		170'9"			7:15		23'1"		22'4"	
	8:16A		171'6"		170'9"			7:30		21'11"		21'2"	
	8:29A		171'9"		171			7:45		20'8"		19'11"	
	8:40A		173		172'3"			8:00		19		18'3"	
	8:50A		173'4"		172'7"			8:15		18'6"		17'9"	
	9:00A		173'6"		172'9"			8:30		17'8"		16'11"	
	9:15A		174'8"		173'11"			8:45		17'3"		16'6"	
	9:30A		176'3"		175'6"			9:00		16'9"		16'	
	9:45A		178'		177'3"			9:15		16'6"		15'7"	
	10:00A		179'6"		178'9"			9:30		15'8"		14'11"	
	10:15A		181		180'3"								
	10:30A		181'4"		180'7"								
	10:45A		182'6"		181'9"								
	11:00A		183'3"		182'6"								
	11:15A		183'3"		182'6"								
	11:30A		183'6"		182'9"								

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Oregon Water Resources Department
PUMP TEST COVER SHEET



Well Part #

Well Owner:
 Name _____
 Address _____
 City, State, Zip _____
 County _____

Well Location:
 Twnshp _____ (N or S), Range _____ (E or W)
 Section _____ 1/4, 1/4, 1/4 _____
 Well Depth _____ Date Drilled _____
 Owner's Well No. (if any) Project 4 well 6
 POD-ID 46307

Water Right Information:

Application No. G-14292 Permit No. G-13253 Certificate No. _____
 Is this well used for more than one water right? Y (Y/N) If Yes, fill out numbers below:
 App. No. G-14357 Permit No. G-13255 Cert. No. _____
 App. No. _____ Permit No. _____ Cert. No. _____

Pump Test:

Test conducted by _____ Well Owner? _____ (Y/N)
 Company _____
 Address _____ Date of Test _____
 City, State, Zip _____

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Method of Discharge Measurement _____
 Method of Water Level Measurement _____
 Depth of Air Line (if used) _____
 Pump Type (Turbine, Submersible, etc.) _____
 Was pump test conducted during normal use of the well _____ (Y/N)

Description of point from which water level was measured _____
 Is measuring point above or below ground level? _____
 Distance between measuring point and ground level (correction factor) _____

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? _____ (Y/N) If yes, give approximate distances to each and approximate pumping rate of each. If, possible, indicate if they were turned on or off during the test _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? _____ (Y/N) 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: _____	Depth to Water: _____	(ft/in)
Time: _____	Depth to Water: _____	(ft/in)
Time: _____	Depth to Water: _____	(ft/in)

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

Time: <u>12:00</u>	Discharge Rate: <u>1361</u>	(gpm)
Time: <u>1:00</u>	Discharge Rate: <u>1394</u>	(gpm)
Time: <u>2:00</u>	Discharge Rate: <u>1361</u>	(gpm)
Time: <u>3:00</u>	Discharge Rate: <u>1361</u>	(gpm)
Time: <u>4:00</u>	Discharge Rate: <u>1361</u>	(gpm)
Time: <u>5:00</u>	Discharge Rate: <u>1361</u>	(gpm)

Pump turned on: Date: 3/22/97 Time: 7:03 AM Pump turned off: Date: 3/22/97 Time: 5:30 pm
 Total pumping time: 10 hours, 27 minutes.

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

STATE OF OREGON WATER RESOURCE DEPARTMENT
PUMP TEST DATA SHEET

APPLICATION NO. G-14292 PERMIT NO. G-13253 P.O.D.-ID 46307
 All water level measurements must either be in (1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA

RECOVERY DATA

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
12/27/97	11:45		184'3"	-9"	183'6"								
	12:00p		184'4"		183'7"								
	12:15p		184'6"		183'9"								
	12:30p		184'9"		184'								
	12:45p		185'		184'3"								
	1:00p		185'1"		184'4"								
	1:15p		185'6"		184'9"								
	1:30p		185'9"		185								
	1:45p		187'3"		186'6"								
	2:00p		188		187'3"								
	2:15p		188'4"		187'7"								
	2:30p		188'6"		187'9"								
	2:45p		188'6"		187'9"								
	3:00p		188'8"		187'10"								
	3:15p		188'8"		187'10"								
	3:30p		188'9"		188								
	3:45p		189'3"		188'6"								
	4:00p		190"		189'3"								
	4:15p		190'3"		189'6"								
	4:30p		190'8"		189'11"								
	4:45p		190'9"		190'								
	5:00p		191'3"		190'6"								
	5:15p		190'8"		189'11"								
	5:30p		190'6"		189'9"								

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Exhibit # 89 McCLABE well #7

PUMP TEST FORM
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Owner Information:

OWNER NAME/BUSINESS NAME: MDB FARMS (Steve Delashmutt)		PHONE No.: 541-528-6125	ADDITIONAL CONTACT No.:	
ADDRESS: 61070 PIERCE ROAD				
CITY: LA GRANDE	STATE: OR	ZIP: 97850	E-MAIL:	

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: JUAN CASTRO		QUALIFICATION: (SELECT) Pump Installer	LICENSE #:	
COMPANY: RIVERSIDE INCORPORATED		PHONE No.: 208-722-6731	ADDITIONAL CONTACT No.:	
ADDRESS: 111 S ROSWELL BLVD				
CITY: PARMA	STATE: ID	ZIP: 83660	E-MAIL:	

Tested Well Information (please attach well log(s) if available):

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 115867	MDB FARMS	565'			02/28/2020

(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)
3S	38E	1	NE		45.33769167	-117.99757778

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

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

Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____ ft.
How far from the pumped well was water discharged? _____ ft.



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**PUMP TEST FORM
COVER SHEET**

Water-Level Measurement Method: Acoustic Sounder *Verify here: { Airline: _____ psi _____ feet.
E-Tape: 0-500 _____ feet.

Length of air line (if used): 270
*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):
Manufacturer: POWERS Serial #: _____
Date Last Calibrated: 2019 Units: FT

Discharge Measurement Method: Manometer

Flowmeter (if used):
Manufacturer: _____ Serial #: _____
Date Last Calibrated: _____ Units: _____

Pump Type: Turbine
HP: 600 Pump set at: 280' feet.
Pump idle time: 24 HOURS

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 2 feet.

Description (e.g., top port of 1 inch port pipe, west side) TOP OF WELL CASING

Time pump turned on: Date 02/28/2020 Time 10:00 AM
Time pump turned off: Date 02/28/2020 Time 5:00 PM
Total pumping time: 7 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤ 2 min for the first 10 minutes, ≤ 5 min for 10 – 30 minutes, and ≤ 15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action?JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2 ROSsI-277278532?selectedDivision=3186.

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 05/14/2020

OWNER SIGNATURE: _____ DATE: _____



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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 115867	MDB FARMS	565'	STEVE		02/28/2020

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs,)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
02/28/2	9:20	0	55'	0	Pre-test			
	9:40	0	55'	0	Pre-test			
	10:00	0	55'	0	Pre-test			BEGIN STEP RATE TEST
	10:05	5	102'6"	500 GPM				
	10:07	7	103'-	500				
	10:08	8	103'9"	500				
	10:09	9	104'1"	500				
	10:10	10	104'7"	500				
	10:11	11	105'-	500				
	10:12	12	105'4"	500				
	10:13	13	105'10"	500				
	10:14	14	106'3"	500				
	10:15	15	106'6"	500				
	10:16	16	106'8"	500				58 DEGREE WATER
	10:17	17	106'10"	500				
	10:18	18	106'11"	500				
	10:20	20	107'-	500				
	10:22	22	107'2"	500				
	10:24	24	107'5"	500				
	10:26	26	107'8"	500				
	10:28	28	107'10"	500				
	10:30	30	108'-	500				WATER VERY
	10:45	45	109'3"	500				
	10:55	55	110'4"	500				
	11:04	64	110'8"	500				INCREASE FLOW TO 750
	11:06	66	-	750 GPM				
	11:08	68	130'-	750				
	11:09	69	132'-	750				
	11:10	70	134'-	750				
	11:12	72	134'9"	750				
	11:14	74	135'6"	750				
	11:16	76	136'3"	750				WATER 58 DEGREES
	11:18	78	137'3"	750				
	11:20	80	138'6"	750				
	11:22	82	138'11"	750				
	11:24	84	139'5"	750				
	11:26	86	140'-	750				
	11:36	96	141'4"	750				
	11:40	100	142'8"	750				

EXHIBIT II 10
EXTENSION OF TIME
EXTENDS TO 10/1/2024

**Oregon Water Resources Department
Water Right Services Division**

Application for Extension of Time

In the Matter of the Application for an Extension of Time)
for Permit G-13253 (modified by Permit Amendment T-8746), Water) FINAL
Right Application G-14292, in the name of MDB Farms, LLC) ORDER

Permit Information

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Application: G-14292
Permit: G-13253
Basin: 8 – Grande Ronde / Watermaster District 6
Date of Priority: April 8, 1996
Source of Water: Well #5, Well #6, and Well #7, in the Grande Ronde River Basin
Purpose or Use: Irrigation 672.88 acres
Maximum Rate: 8.0 cubic feet per second (cfs), being 4.0 cfs from Well #5 and Well #7 combined, and 4.0 cfs from Well #6

This Extension of Time request is being processed in accordance with Oregon Revised Statute 537.630 and 539.010(5), and Oregon Administrative Rule Chapter 690, Division 315.

Appeal Rights

This final order is subject to judicial review by the Court of Appeals under ORS 183.482. Any petition for judicial review must be filed within the 60-day time period specified by ORS 183.482(1). Pursuant to ORS 536.075 and OAR 137-003-0675, you may petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

Application History

Permit G-13253 was issued by the Department on November 11, 1997, and modified by Permit Amendment T-8746 on July 13, 2001. The permit specified actual construction of the well to begin by November 11, 1998, and complete application of water to beneficial use by October 1, 2001. The most recent extension authorized completion of construction and complete application of water to beneficial use by October 1, 2010. On October 7, 2019, Steven DeLashmutt, manager of MDB Farms, LLC, submitted an Application for Extension of Time for Permit G-13253. In accordance with OAR 690-315-0050(2), on November 19, 2019, the Department issued a Proposed Final Order proposing to extend the time to fully apply water to beneficial use to October 1, 2024. The protest period closed January 6, 2020, in accordance with OAR 690-315-0060(1). No protest was filed.

FINDINGS OF FACT

The Department adopts and incorporates by reference the findings of fact in the Proposed Final Order dated November 19, 2019.

At time of issuance of the Proposed Final Order the Department concluded that, based on the factors demonstrated by the applicant, any comments received, and information within the file, the permit may be extended subject to the following conditions:

LIMITATIONS AND CONDITIONS

1. Permit Amendment Condition

The use of any water from New Well #6 (UNIO 52449) under Permit G-13253 is subject to this Condition.

No water may be appropriated from UNIO 52449, under Permit G-13253 unless authorized by Permit Amendment.

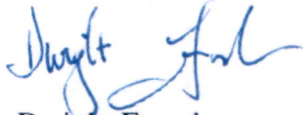
CONCLUSION OF LAW

The applicant has demonstrated good cause for the permit extension pursuant to ORS 537.630, 539.010(5) and OAR 690-315-0040(2).

ORDER

The extension of time for Application G-14292, Permit G-13253, therefore, is approved subject to conditions contained herein. The deadline for applying water to full beneficial use within the terms and conditions of the permit is extended from October 1, 2010, to October 1, 2024.

DATED: January 17, 2020



Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

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-
- If you have any questions about statements contained in this document, please contact the Permit Extension Specialist at 986-0802.
 - If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at (503) 986-0900
-

Exhibit # 11

Pump Capacity Calculation Sheet

using Department designed formula:

McCABE SOUTH WELL #5

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 125
Efficiency = 7.04
Lift = 155
PSI = 65

Results Calculated

(hp)(efficiency) = 880
Head based on psi = 165.1
Total dynamic head = 320.1
(head + lift)

Pump Capacity = 2.75 feet per second

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Exhibit # 02

Pump Capacity Calculation Sheet

using Department designed formula:

McCABE NORTH WELL #7

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 150
Efficiency = 7.04
Lift = 155
PSI = 65

Results Calculated

(hp)(efficiency) = 1056
Head based on psi = 165.1
Total dynamic head = 320.1
(head + lift)

Pump Capacity = 3.30 feet per second

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Exhibit # 13

Pump Capacity Calculation Sheet

using Department designed formula:

MICHAELSON WELL #6

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 125
Efficiency = 7.04
Lift = 155
PSI = 65

Results Calculated

(hp)(efficiency) = 880
Head based on psi = 165.1
Total dynamic head = 320.1
(head + lift)

Pump Capacity = 2.75 feet per second

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Water Use Report Based on Water Right



Permit: G 13253 *

MDB FARMS LLC 3640 H ST BAKER CITY, OR 97814

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Acre-feet (AF) of Water Used

Water Year*	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2021	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	4.43	0.00	0.00	0.00	0.00	0.28	17.56	60.48	111.26	62.37	0.35	62.94	319.66	288.00
2021	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.10	10.10	
2021	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	10.10	0.00	0.00	0.00	0.00	0.00	54.29	89.00	90.86	117.96	98.39	70.94	531.54	
2020	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	15.03	0.00	0.00	0.00	0.00	0.70	0.35	0.35	6.32	80.64	72.07	76.63	252.09	
2020	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	14.17	0.00	0.00	0.00	0.00	0.18	0.09	47.65	74.75	23.03	8.15	75.63	243.63	
2019	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	17.84	0.00	0.00	0.00	0.00	0.35	0.28	28.10	61.32	85.34	62.23	50.29	305.76	238.00
2019	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	14.17	0.00	0.00	0.00	0.00	0.00	0.00	47.65	74.74	23.03	8.15	75.63	243.36	
2018	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.42	0.00	0.00	0.00	0.00	0.49	0.35	0.28	52.05	82.53	71.50	21.07	228.70	250.00
2018	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	12.13	0.00	0.00	0.00	0.00	0.18	0.09	31.26	34.01	67.22	106.71	38.26	289.86	
2017	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	12.01	0.00	0.00	0.00	0.00	0.14	0.21	0.14	42.64	104.73	68.06	18.33	246.26	250.00

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- The Water Resources Department makes reasonable efforts to screen the data for quality control; however, the Department cannot accept responsibility for errors, omissions, or accuracy of the information. Notification of any errors is appreciated. Send notifications to owrd.waterusereporting@water.oregon.gov or call 971-345-7489.
- Water use is reported by point of diversion (POD), rather than by water right.
- If a POD is shared with multiple water rights, it is not feasible to separate out the amount used under the water right being queried from water used by other rights using this same POD.
- Monthly amounts indicate:
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- Water use amounts have all been converted to “acre-feet” (AF), regardless of the original measurement unit reported. One AF is the volume of water that will cover an acre of ground one foot deep = 325,850 gallons.
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2017	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2017	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.28	60.20	85.25	71.24	43.26	282.23	
2016	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	66.38	0.00	0.00	0.00	0.00	0.28	2.32	75.93	49.10	52.05	75.30	48.75	370.11	250.00
2016	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2016	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.49	85.60	25.93	96.95	43.26	352.23	
2015	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2015	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	0.00	0.00	0.00	0.00	0.00	0.00	37.72	47.68	85.53	77.56	735.74	15.62	999.84	
2014	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	2.95	0.00	0.00	0.00	0.00	0.63	0.35	21.56	63.43	9.27	21.42	69.75	189.36	250.00
2014	66047	MICHAELSON WELL 6 (UNIO 52449/L-100223)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.67	81.24	64.06	61.73	274.70	
2013	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.51	18.40	38.75	80.27	73.30	43.53	254.76	

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2013	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2010	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	6.38	12.91	14.92	122.26	56.27	30.37	243.11	
2010	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2009	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)								39.32	92.33	97.42	80.44	61.42	370.93	
2009	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2008	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.33	75.07	100.19	67.83	37.20	299.62	
2008	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2007	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.76	3.21	0.96	9.93	
2007	63363	MCCABE N / HWY 237	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2006	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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2005	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2004	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2003	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2002	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2001	46306	MCCABE AT HWY 237 (UNIO 51274/L-50699)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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