

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



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

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**A fee of \$200 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 503-986-0900 and ask for the Certificate Section.

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

**SECTION 1**

**GENERAL INFORMATION**

**1. File Information:**

APPLICATION # <b>G-16455</b>	PERMIT # (IF APPLICABLE) <b>G-16075</b>	PERMIT AMENDMENT # (IF APPLICABLE) <b>T-N/A</b>
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**2. Property Owner (current owner information):**

APPLICANT/BUSINESS NAME <b>Blessinger Oregon Property Trust</b>		PHONE NO. <b>(206) 542-3138</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>17544 Midvale Avenue N #306</b>			
CITY <b>Shoreline</b>	STATE <b>WA</b>	ZIP <b>98133</b>	E-MAIL <b>keith@keithmcclellandlaw.com</b>

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each permit holder of record must sign this form.***

**3. Permit holder of record (this may, or may not, be the current property owner):**

PERMIT HOLDER OF RECORD <b>Blessinger Oregon Property Trust (Keith McClelland, Trustee)</b>		
ADDRESS <b>17544 Midvale Ave N #306</b>		
CITY <b>Shoreline</b>	STATE <b>WA</b>	ZIP <b>98133</b>

ADDITIONAL PERMIT HOLDER OF RECORD <b>Non-Applicable</b>		
ADDRESS		
CITY	STATE	ZIP

**4. Date of Site Inspection:**

<b>March 19, 2021</b>
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**5. Person(s) interviewed and description of their association with the project:**

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Tim DeRuwe</b>	<b>March 19, 2021</b>	<b>Leasee – Farmer of property</b>

**6. County:**

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

OWNER OF RECORD <b>Non-Applicable</b>		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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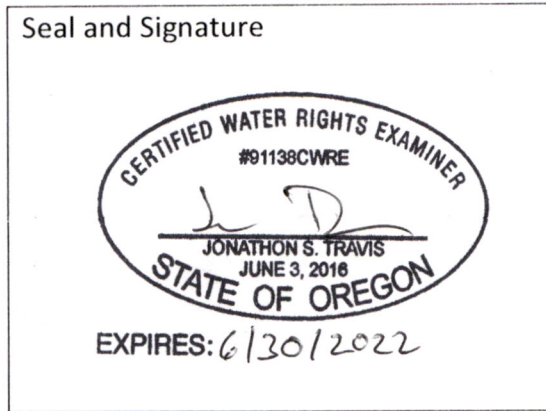
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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Jonathon Travis</b>		PHONE NO. <b>(509) 209-2839</b>	ADDITIONAL CONTACT NO. <b>(509) 979-0332</b>
ADDRESS <b>8019 W. Quinault Avenue, Suite 201</b>			
CITY <b>Kennewick</b>	STATE <b>WA</b>	ZIP <b>99336</b>	E-MAIL <b>jtravis@geoengineers.com</b>

Permit Holder of Record Signature or Acknowledgement

*Each permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Keith McClelland	Trustee: Blessinger Oregon Property Trust	6/3/21

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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 2	UMAT 56051	L-92993

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 2	Pine Creek Basin	Walla Walla River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 2	Suppl. IR	Alfalfa, hay, wheat	April 1-October 1	140 gpm
Total Quantity of Water Used				

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

Water is pumped from the well with a 30 HP pump into 8 and 6 inch buried PVC mainline to risers on south side of field that run east and west, 3 inch handlines of 40 feet length run off the risers to irrigate field.

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. NO

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

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 2	3.779 cfs	0.45cfs	0.31 cfs	Suppl. Irrigation	302.3	302.3



SECTION 4  
SYSTEM DESCRIPTION

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NO

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):

N/A

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
6N	34E	WM	21	SWNE	TL 1200		IS	N/A	19.3
6N	34E	WM	21	SENE	TL 1200		IS	N/A	37.4
6N	34E	WM	21	NESE	TL 1200		IS	N/A	11.4
6N	34E	WM	22	SWNE	TL 1200		IS	N/A	11.0
6N	34E	WM	22	NESW	TL 1200		IS	N/A	41.6
6N	34E	WM	22	NWSW	TL 1200		IS	N/A	37.8
6N	34E	WM	22	SWSW	TL 1200		IS	N/A	15.8
6N	34E	WM	22	SESW	TL 1200		IS	N/A	40.0
6N	34E	WM	22	NWSE	TL 1200		IS	N/A	25.0
6N	34E	WM	22	SWSE	TL 1200		IS	N/A	33.0
6N	34E	WM	22	SESE	TL 1200		IS	N/A	30.0
<b>Total Acres Irrigated</b>									<b>302.3</b>

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES

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

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

airline

**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	UMAT	56051	Neil Blessinger	

**4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.**

See Well Log UMAT 56051

**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.

**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
Goulds		6FPS225-30	Submersible	6 inch	4 inch

**3. Motor Information:**

MANUFACTURER	HORSEPOWER
Franklin 460 Volt	30 HP

**4. Theoretical Pump Capacity:**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
30 HP	70 psi	287	0	0.45

**5. Provide pump calculations:**

HP = <u>30</u> Efficiency = <u>7.04</u> Lift = <u>287</u> PSI = <u>70</u>	<b>RECEIVED</b> JUN 21 2021 <b>OWRD</b>
Results Calculated _____	



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(hp)(efficiency) = 211.2  
 Head based on psi = 177.8  
 Total dynamic head  
 = 464.8  
 (head + lift)

**Pump Capacity = 0.45 cubic feet per second**

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
1.59 acft	1.70 acft	3.5hrs	0.38 cfs

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

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

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

**8. Mainline Information:**

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6 inch	10,560 feet	PVC	Buried
8 inch	1,320 feet	PVC	Buried

**9. Lateral or Handline Information:**

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3 inch	12,000 feet	40 foot aluminum pipes	Above ground

**10. Sprinkler Information:**

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
7 gallon nozzles	70	7gpm	300	20	0.31 cfs

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

**11. Drip Emitter Information:**

SIZE	OPERATING PSI	EMITTER OUTPUT (GPM)	TOTAL NUMBER OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
N/A					

**12. Drip Tape Information:**

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

**13. Pivot Information:**

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Non-applicable				

**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.*

**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.*

**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.*

**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	July 31, 2006		
BEGIN CONSTRUCTION (A)	Prior to 10/1/2020	11/7/2007	Extension was approved. Well constructed prior to 10/1/2015
COMPLETE CONSTRUCTION (B)	October 1, 2020	12/13/2007	Same as above
COMPLETE APPLICATION OF WATER (C)	October 1, 2020	8/1/2009	Water put to beneficial use

\* 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?

**YES**

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

b. Were the Progress Reports submitted?

**YES**

*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.*

### 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.*

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**5. Pump Test:**

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

**OWRD 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?

**NO**

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
<b>Well 2</b>	<b>Seametrics</b>	<b>0920170 01556</b>	<b>Working</b>	<b>1.70</b>	<b>2020</b>

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

**7. Recording and reporting conditions:**

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

**YES**

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

b. Have the reports been submitted?

**YES**

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

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

a. Were there special well construction standards?

**YES**

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

**YES**



to the well?

WELL ID #	DATE ATTACHED TO WELL
L-92993	12-2007

e. Other conditions?

YES

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

**The well shall produce ground water only from the alluvial groundwater reservoir. The construction of UMAT 50651 meets this condition.**

### SECTION 6

#### ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	Final Proof Survey Map
Attachment 2	Pump Test

### SECTION 7

#### CLAIM OF BENEFICIAL USE MAP

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

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

**The authorized point of appropriation, place of use, and visible system components were visited during the site inspection. The location of the point of appropriation and the extent of the place of use were located using an aerial photograph (6/13/2019 - Google Earth) and a field survey completed during the site inspection. The map was created using Geographic Information System software (GIS) and special datasets obtained from ESRI and Oregon Water Resources Department. Additional data and information specific to the water right holder's use of water under the water right described in this Claim of Beneficial Use report were obtained from the water right holder's farm leasee.**

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**Attachment #1**

**Final Proof Survey Map**

Claim of Beneficial Use Report and Final Proof Survey Map for Permit G-16075

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**Attachment #2**

Pump Test Report

Claim of Beneficial Use Report and Final Proof Survey Map for Permit G-16075

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**Owner Information:**

<b>OWNER NAME/BUSINESS NAME:</b> Blessinger Oregon Property Trust		<b>PHONE No.:</b> (206)542-3138	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 17544 Midvale Avenue N #306			
<b>CITY:</b> Shoreline	<b>STATE:</b> WA	<b>ZIP:</b> 98133	<b>E-MAIL:</b> keith@keithmcclellandlaw.com

**Pump Test Conducted By (If Different From Owner):**

<b>TEST CONDUCTED BY NAME:</b> Jon Travis	<b>QUALIFICATION:</b> (SELECT) RG	<b>LICENSE #:</b> G-2450
<b>COMPANY:</b> Geoengineers, Inc	<b>PHONE No.:</b> 509-979-0332	<b>ADDITIONAL CONTACT No.:</b>
<b>ADDRESS:</b> 8019 W Quinault Ave #201		
<b>CITY:</b> Kennewick	<b>STATE:</b> WA	<b>ZIP:</b> 99336
<b>E-MAIL:</b> jtravis@geoengineers.com		

**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
UMAT 56051	L- 92993	Well 2	450	Calvin Blessinger	12/13/2007	3/19/2021

(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)
6N	34E	22	NW/SW		45.981528	-118.544734

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- 16455	G- 16075	T-		<input checked="" type="radio"/> Yes <input 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.

No 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)

Yes 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:** .6 mile ft.

Well elevation is  above the surface water body. **Approximate elevation difference:** 15 ft.

Yes Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: handline with 20 7gpm sprinklers

How far from the pumped well was water discharged? approximately 1500 feet ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.





Water-Level Measurement Method: Airline Length of air line (if used): 279 feet \*Verify here: Airline: psi feet. E-Tape: No port on well for e-tape feet.

\*Airline measurements must be verified by an E-Tape measurement Pressure transducer (if used): Manufacturer: Serial #: Date Last Calibrated: Units:

Pump Type: Submersible HP: 30 Pump set at: 279 feet. Pump idle time: 3 years

Discharge Measurement Method: Flowmeter Flowmeter (if used): Manufacturer: seametrics Serial #: Date Last Calibrated: new Units: gpm

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 0 feet. Description (e.g., top port of 1 inch port pipe, west side) airline

Time pump turned on: Date 3/19/2021 Time 8:45 Time pump turned off: Date 3/19/2021 Time 12:20 Total pumping time: 3 hours 35 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.
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\_ROSs!-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: DATE: 5/25/21 OWNER SIGNATURE: DATE:





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PUMP TEST FORM  
COVER SHEET

Water-Level Measurement Method: Airline \_\_\_\_\_ \*Verify here  
Length of air line (if used): 279 feet

Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
E-Tape: No port on well for e-tape \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible  
HP: 30 Pump set at: 279 feet.  
Pump idle time: 3 years

Discharge Measurement Method: Flowmeter  
Flowmeter (if used):  
Manufacturer: seametrics Serial #: \_\_\_\_\_  
Date Last Calibrated: new Units: gpm

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 0 feet.  
Description (e.g., top port of 1 inch port pipe, west side) airline

Time pump turned on: Date 3/19/2021 Time 8:45  
Time pump turned off: Date 3/19/2021 Time 12:20  
Total pumping time: 3 hours 35 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?SESSIONID\\_OARD=1BdwLynsYAPNSQW330Z\\$SFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSsl-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action?SESSIONID_OARD=1BdwLynsYAPNSQW330Z$SFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-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](mailto:WRD_DL_pumptestsupport@oregon.gov)

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

OPERATOR SIGNATURE: \_\_\_\_\_ DATE: 5/25/21  
OWNER SIGNATURE: Kevin T. McClelland, Trustee DATE: 6/6/21

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

OWRD 20200115





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**PUMP TEST FORM  
DATA SHEET**

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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
UMAT 56051	L- 92993	Well 2	450	Calvin Blessinger	12/13/2007	3/19/2021

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
3/19/2021	8:10	-35	9.41	0	Pre-test	123.2		
3/19/2021	8:25	-20	9.41	0	Pre-test	123.2		
3/19/2021	8:40	-5	9.41	0	Pre-test	123.2		
3/19/2021	8:45				Pumping			Pump on
3/19/2021	8:46	1	47.99	300	Pumping	106.5	1.59act	
3/19/2021	8:47	2	72.93	283	Pumping	95.7		
3/19/2021	8:48	3	96.03	273	Pumping	85.7		
3/19/2021	8:49	4	125.37	324	Pumping	73.0		
3/19/2021	8:50	5	143.39	252	Pumping	65.2		
3/19/2021	8:51	6	156.09	306	Pumping	59.7		
3/19/2021	8:52	7	166.49	309	Pumping	55.2		
3/19/2021	8:53	8	171.57	266	Pumping	53.0		
3/19/2021	8:54	9	180.81	231	Pumping	49.0		
3/19/2021	8:55	10	188.66	254	Pumping	45.6		
3/19/2021	9:00	15	235.79	251	Pumping	25.2		
3/19/2021	9:05	20	266.05	242	Pumping	12.1		
3/19/2021	9:06	21			Pumping			decrease flow rate
3/19/2021	9:07	22	266.05	179	Pumping	12.1		
3/19/2021	9:09	24	264.66	188	Pumping	12.7		
3/19/2021	9:10	25	265.36	195	Pumping	12.4		
3/19/2021	9:12	27	266.05	184	Pumping	12.1		
3/19/2021	9:14	29	266.74	177	Pumping	11.8		
3/19/2021	9:16	31	269.05	182	Pumping	10.8		
3/19/2021	9:18	33	272.06	180	Pumping	9.5		
3/19/2021	9:20	35			Pumping			decrease flow rate
3/19/2021	9:22	37	269.28	165	Pumping	10.70		
3/19/2021	9:24	39	268.59	166	Pumping	11.0		
3/19/2021	9:26	41	268.36	166	Pumping	11.1		
3/19/2021	9:28	43	268.36	165	Pumping	11.1		
3/19/2021	9:30	45	268.59	166	Pumping	11.0		
3/19/2021	9:35	50	269.98	162	Pumping	10.4		
3/19/2021	9:40	55	272.75	165	Pumping	9.2		
3/19/2021	9:45	60	275.06	166	Pumping	8.2		
3/19/2021	9:50	65	276.68	161	Pumping	7.5		
3/19/2021	9:55	70	278.75	163	Pumping	6.6		
3/19/2021	9:56				Pumping			decrease flow rate
3/19/2021	9:58	73	275.98	146	Pumping	7.8		
3/19/2021	10:00	75	273.67	143	Pumping	8.8		
3/19/2021	10:02	77	272.29	144	Pumping	9.4		

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**PUMP TEST FORM  
DATA SHEET**

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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
UMAT 56051	L- 92993	Well 2	450	Calvin Blessinger	12/13/2007	3/19/2021

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
3/19/2021	10:04	79	270.44	143	Pumping	10.2		
3/19/2021	10:06	81	269.05	143	Pumping	10.8		
3/19/2021	10:08	83	267.90	141	Pumping	11.3		
3/19/2021	10:12	87	266.97	146	Pumping	11.7		
3/19/2021	10:15	90	266.74	147	Pumping	11.8		
3/19/2021	10:20	95	266.74	149	Pumping	11.8		
3/19/2021	10:25	100	267.20	146	Pumping	11.6		
3/19/2021	10:30	105	267.67	143	Pumping	11.4		
3/19/2021	10:35	110	269.05	146	Pumping	10.8		
3/19/2021	10:40	115	269.75	144	Pumping	10.5		
3/19/2021	10:45	120	270.67	145	Pumping	10.1		
3/19/2021	10:50	125	271.59	147	Pumping	9.7		
3/19/2021	10:55	130	272.75	146	Pumping	9.20		
3/19/2021	11:00	135	273.44	144	Pumping	8.9	1.66 acft	
3/19/2021	11:05	140	274.60	146	Pumping	8.4		
3/19/2021	11:10	145	275.75	145	Pumping	7.9		
3/19/2021	11:15	150	277.14	146	Pumping	7.3		
3/19/2021	11:20	155	278.06	144	Pumping	6.9		
3/19/2021	11:25	160	278.99	142	Pumping	6.5		
3/19/2021	11:30	165	280.14	141	Pumping	6.0		
3/19/2021	11:35	170	281.06	141	Pumping	5.6		
3/19/2021	11:40	175	281.76	143	Pumping	5.3		
3/19/2021	11:45	180	282.68	141	Pumping	4.9		
3/19/2021	11:50	185	284.07	139	Pumping	4.3		
3/19/2021	11:55	190	284.76	141	Pumping	4.0		
3/19/2021	12:00	195	285.45	140	Pumping	3.7		
3/19/2021	12:05	200	286.15	140	Pumping	3.4		
3/19/2021	12:10	205	287.07	139	Pumping	3.0		
3/19/2021	12:13	208	287.76	141	Pumping	2.7	1.70 acft	
3/19/2021	12:20				Recovery			pump off
3/19/2021	12:23	218	220.8		Recovery	32.0		
3/19/2021	12:24	219	202.29		Recovery	39.7		
3/19/2021	12:25	220	1297.21		Recovery	41.9		
3/19/2021	12:26	221	187.51		Recovery	46.1		
3/19/2021	12:27	222	183.12		Recovery	48.0		
3/19/2021	12:28	223	174.57		Recovery	51.7		
3/19/2021	12:29	224	169.49		Recovery	53.9		
3/19/2021	12:30	225	157.71		Recovery	59.0		
3/19/2021	12:35	230	137.61		Recovery	69.0		
3/19/2021	12:40	235	113.82		Recovery	78.0		







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June 17, 2021

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

RE: Claim of Beneficial Use Report and Final Proof Survey Map for Permit G-16075 (Calvin Blessinger Estate)

Dear Gerry:

Enclosed please find a completed Claim of Beneficial Use Report and Final Proof Survey Map for groundwater permit G-16075. This claim is submitted on behalf of the Blessinger Estate and its trustee, Keith McClelland. Also enclosed is the required pump test report. In discussion with Jen Woody, we are submitting this pump test report even though it is twenty minutes shy of the required four hour test. We have included substantial recovery data to support the request to approve the pump test. A check in the amount of \$200 for submittal fee is also enclosed with this claim.

Should you have any questions regarding this Claim of Beneficial Use Report, please do not hesitate to contact me.

Sincerely,

Molly Reid  
Senior Planner

Cc: Keith McClelland  
File





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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

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