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

OREGON WATER RESOURCES DEPARTMENT

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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17484	G-17083	T- N/A

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Pacific Motorsports Management LLC		**503-201-4586**	**N/A**
Address **PO Box 386**			
City **Beaverton**	State **OR**	Zip **97075**	E-Mail **tandbmiller@msn.com**

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

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

Permit Holder of Record		
Pacific Motorsports Management LLC		
Address **PO Box 386**		
City **Beaverton**	State **OR**	Zip **97075**

Additional Permit Holder of Record		
N/A		
Address **N/A**		
City **N/A**	State **N/A**	Zip **N/A**

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4. Date of Site Inspection:

11/11/2022

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

Name	Date	Association with the Project
Brenda Pikl	**11/11/2022**	**Office Manager**

6. County:

Sherman

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		
N/A		
Address **N/A**		
City **N/A**	State **N/A**	Zip **N/A**

Add additional tables for owners of record as needed

SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature

2/20/23

Certified Water Right Examiner
76382
JOHN P. CHRISTIANSEN
April 23, 2015
STATE OF OREGON
Exp: 12/31/23

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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
John P. Christiansen, PE, CWRE - Principal		503-563-6151	N/A
ADDRESS AKS Engineering & Forestry 12965 SW Herman Road, Suite 100			
CITY Tualatin	STATE OR	ZIP 97062	E-MAIL JohnC@aks-eng.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
Tom Miller	Tom Miller	CEO, Pacific Motorsports Management, LLC	

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
Well 2 (SHER 50362)	**SHER 50362**	**110015**

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 (SHER 50362)	**John Day**	**N/A**

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 (SHER 50362)	**commercial**	**N/A**	**Year Round**	**0.20 CFS**
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:

Well 2 (SHER 50362) is near the main office of the Oregon Raceway. Water from the well flows through a flow meter and is piped to the nearby Oregon Raceway Facilities and the 110,000 gallon lined pond used for fire suppression water storage.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES** ~~NO~~

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

The permit allowed for 0.26 CFS for commercial use, 0.01 CFS for domestic use, and 0.06 CFS for irrigation of 5.0 acres. The water user only developed commercial and fire suppression use applications.

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 (50362)	**0.06 CFS**	**0.38 CFS**	**N/A**	**Irrigation**	**5.0**	**0**
Well 2 (50362)	**0.01 CFS**	**0.38 CFS**	**N/A**	**Domestic**	**N/A**	**N/A**
Well 2 (50362)	**0.26 CFS**	**0.38 CFS**	**N/A**	**Commercial**	**N/A**	**N/A**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? ~~YES~~ **NO**

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

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

N/A

A. Place of Use

1. Is the right for municipal use? ~~YES~~ **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
2S	17E	W.M.	30	NE NW	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	NW NW	1	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SW NW	2	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SE NW	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	NE SW	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	NW SW	3	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SW SW	4	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SE SW	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	NE SE	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	NW SE	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SW SE	N/A	N/A	Commercial	N/A	N/A
2S	17E	W.M.	30	SE SE	N/A	N/A	Commercial	N/A	N/A
Total Acres Irrigated								N/A	N/A

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES** ~~NO~~

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

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

Top Port, 3" pipe on the westside

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
8"	310'	578'	07/29/2013	N/A	Tom Miller	Thomas Peck

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.

8" casing to 310', 6" liner from 310' to 578'

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C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? ~~YES~~ **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
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A

4. Provide sump volume calculations:

N/A

D. Diversion and Delivery System Information

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

1. Is a pump used? **YES** ~~NO~~

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

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Franklin Electric	5STS-90-04	unknown	SUBMERSIBLE	5"	3"

3. Motor Information:

Manufacturer	Horsepower
Franklin Electric	15 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)
15hp	55psi	379'	1'	0.38

5. Provide pump calculations:

Pump Capacity: (Horsepower)(pump efficiency)/(total head in feet) = Q (cfs)
Efficiency for Turbine pump = 7.04, Operating Pressure of 55psi = 127

Q= (15)*(7.04)/(379'+55*2.31) = 0.21 cfs (94 gpm)

Minor Frictional losses accounted for by the 2.31 ft./psi conversion factor.

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)
See pump test	See pump test	See pump test	0.20

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

7. Is the distribution system piped? YES ~~NO~~

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

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
3"	800	PVC SCH 80	Buried
8"	550	PVC C900	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
3"	200	PVC SCH 80	Buried
6"	7	PVC C900	Buried

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
N/A	N/A	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (cfs)
N/A	N/A	N/A	N/A	N/A

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? ~~YES~~ **NO**

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

If "YES" is it a: Storage Tank ~~YES~~ **NO**

Bulge in System / Reservoir ~~YES~~ **NO**

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

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
N/A	N/A	N/A

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
N/A	N/A	N/A

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? ~~YES~~ **NO**

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)
N/A	N/A	N/A	N/A	N/A	N/A	N/A

3. Provide calculations:

N/A

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)
N/A	N/A	N/A	N/A

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? ~~YES~~ **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)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

3. Provide calculations:

N/A

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)
N/A	N/A	N/A	N/A

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

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	**9/26/2013**		
Begin construction (A)	**N/A**	**8/03/2013**	**Well was completed 8/3/2013**
Complete construction (B)	**N/A**	**12/18/2014**	**Water System with flow meter completed 12/18/2014**
Complete application of water (C)	**9/26/2018**	**12/18/2014**	**Site inspection 11/11/2022. Water system operating as intended with flow meter in place.**

* must be within period between permit, or any extension final order issuance and the date to completely apply water

2. Is there an extension final order(s)? ~~YES~~ **NO**

If "NO", items a and b relating to this section may be deleted.

a. Did the Extension Final Order require the submittal of Progress Reports? **N/A** ~~YES~~ ~~NO~~

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

b. Were the Progress Reports submitted? **N/A** ~~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? **YES** ~~NO~~

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

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

March

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

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

Date of Measurement	Measurement Made By	Method	Measurement
04/05/2014	**Abbas Pump Service**	**E-Tape**	**374'-4"**

4. Annual Static Water Level Measurements:

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

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

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

March

c. Were the static water level measurements taken in the month(s) required? **YES** ~~NO~~

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

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
Measurements Submitted	**Measurements Submitted**	**Measurements Submitted**	**Measurements Submitted**

5. Pump Test:

a. Did the permit require the submittal of a pump test? **YES** ~~NO~~

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

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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? **N/A** ~~YES~~ ~~NO~~

c. Is the pump test attached to this claim? **N/A** ~~YES~~ ~~NO~~

d. Has the pump test been approved by the Department? **N/A** ~~YES~~ ~~NO~~

e. Has a pump test exemption been approved by the Department? **N/A** ~~YES~~ ~~NO~~

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

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES** ~~NO~~

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

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

b. Has a meter been installed? **YES** ~~NO~~

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2 (SHER 50362)	**Netafim**	**13-80074008**	**Working**	**4089 (11/11/2022)**	**11/29/2013**

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

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

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A	**N/A**	**N/A**

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? **N/A** ~~YES~~ ~~NO~~

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

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

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

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

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

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? **YES** ~~NO~~

WELL ID #	DATE ATTACHED TO WELL
L-110015	**09/09/2013**

e. Other conditions? ~~YES~~ **NO**

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

Well ID number assigned and attached to the well

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	**Claim of Beneficial Use map**
Attachment B	**Permit G-17083**
Attachment C	**Well Log SHER 50362**
Attachment D	**Tax Maps**
Attachment E	**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.

Publicly available GIS Data was used to map tax lots, roads, section lines, and water courses. Well and meter were mapped from as-built drawings.

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
- ☐ **N/A** If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ **N/A** 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
- ☐ **N/A** 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

Attachment A: Claim of Beneficial Use Map

Attachment C: Well Log SHER 50362

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

SHER 50362
8/3/2013

WELL I.D. LABEL# L 110015
START CARD # 1020505
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name TOM Last Name MILLER
Company OREGON PARKS RACEWAY
Address PO BOX 386
City BEAVERTON State OR Zip 97075

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 578.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
12	0	310	Bentonite Chips	0	2	2	S
8	310	578	Cement	2	310	85	S

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

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	8	[X]	2	310	.250	(•)	( )	[X]	[ ]
( )	(•)	6	[ ]	300	578	.188	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	538	578	.125	3	456	

(8) WELL TESTS: Minimum testing time is 1 hour
( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		578	1

Temperature 55 °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 SHERMAN Twp 2.00 S N/S Range 17.00 E E/W WM
Sec 30 NE 1/4 of the SW 1/4 Tax Lot 5200
Tax Map Number Lot
Lat ° ' " or 45.36388889 DMS or DD
Long ° ' " or -120.74305556 DMS or DD
(•) Street address of well ( ) Nearest address
93811 BLAGG LANE GRASS VALLEY

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	7/29/2013			373

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 525.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/22/2013	525	578	100			373

(11) WELL LOG
Ground Elevation 2345.00

Material	From	To
CLAY BROWN	0	4
BASALT BLACK BROWN MEDIUM	4	32
BASALT GRAY SOFT	32	52
BASALT GRAY HARD	52	60
BASALT BROWN SOFT	60	88
BASALT GRAY HARD	88	253
BASALT WEATHERED SEAMS BROWN	253	265
BASALT GRAY HARD	265	293
BASALT BROWN	293	310
BASALT BLACK	310	325
BASALT GRAY HARD	325	350
BASALT GRAY HARD MEDIUM LAYERS	350	430
BASALT BLACK	430	445
BASALT GRAY HARD	445	510
BASALT WEATHERED SEAMS BROWN	510	535
BASALT BLACK FRACTURED	535	541
BASALT MULTI COLORED MEDIUM SOFT LAY	541	578

Date Started 7/19/2013 Complete 7/29/2013

(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 758 Date 8/3/2013
Signed THOMAS R PECK (E-filed)

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(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 1720 Date 8/3/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

Attachment D: Tax Maps

Attachment E: Pump Test

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Air tape *Verify here: { Airline: 58 psi psi 135.14 feet. E-Tape: NO could not get past 312 feet.

Length of air line (if used): 504

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

Pressure transducer (if used):

Manufacturer: _____ *Serial #:* _____

Date Last Calibrated: ? *Units:* _____

Discharge Measurement Method: _____

Flowmeter (if used):

Manufacturer: NetaFim *Serial #:* _____

Date Last Calibrated: ? *Units:* _____

Pump Type: FPS

HP: 15 Pump set at: 504 feet.

Pump idle time: 5 Days

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 _____ feet.

Description (e.g., top port of 1 inch port pipe, west side) top port 3in pipe westside

Time pump turned on: Date Jan 11/23 Time 10:35 AM

Time pump turned off: Date Jan 11 Time 2:45 PM

Total pumping time: 4 Hours 10 min hours _____ minutes.

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

- [X] The discharge rate was held constant for the entire pumping phase.
- [X] The pump was on during the entire pumping phase (≥ 4 hours).
- [X] The discharge was measured at the start of pumping and at least once every hour during the test.
- [X] Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- [X] Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- [X] 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)
- [X] 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.
- [X] If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- [X] The pump test cover sheet was completely filled out and signed.
- [X] The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- [X] The well was idle for at least 16 hours prior to the test.
- [X] 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: [signature] DATE: Jan 11/2023

OWNER SIGNATURE: _____ DATE: _____

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

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME:		PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS:			
CITY:	STATE:	ZIP:	E-MAIL:

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Ashley Pump / Fred A Ashley		QUALIFICATION: (SELECT)	LICENSE #: CBC # 529231
COMPANY: Ashley Pump And Irrigation		PHONE NO.: 541-2964700	ADDITIONAL CONTACT NO.: 541 9804586
ADDRESS:			
CITY:	STATE:	ZIP:	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-11015		578		8/3/2013	

(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)

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-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ 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 ¼ 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.
Well elevation is [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

☐ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: On Ground
How far from the pumped well was water discharged? 400 - 500 ft ft.

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-110015				8/3/2013	Jan/11/2023

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
Jan 11	9:00	5 Days		0	Pre-test	55psi		
" "	9:20	5 Days		0	Pre-test	55psi		
	10:00	5 Days		0	Pre-test	55psi		
	10:35	5 Days		90		55 psi		
	10:37	2 min		90		55 psi		
	10:39	4 min		90		54		
	10:41	6		90		54		
	10:43	8		90		54		
	10:45	10		90		54		
	10:50	15		90		54		
	10:55	20		90		54		
	11:00	25		90		54		
	11:05	30		90		54		
	11:10	35		90		54		
	11:15	40		90		54		
	11:30			90		54		
	11:45			90		54		
	12:00			90		54		
	12:15			90		54		
	12:30			90		54		
	12:45			90		54		
	1:00			90		54		
	1:15			90		54		
	1:30			90		54		
	1:45			90		54		
	2:00			90		54		
	2:15			90		54		
	2:30			90		54		
	2:45			90		54		

Pump Performance Datasheet

2M COMPANY INC.

Company Name	
Company contact number	
Quote Number	1551026
Project name	Default

Model/Order No.	90 GPM 5" STS Sub-Turbine (Build Center)
Stages	14 (7 / 7x / 0x)
Quantity of pumps in parallel	1
Based on curve number	5STS-90-04
Saved Date	09 Jan 2023 4:20 PM

Operating Conditions

Flow, rated	: 86.14 USgpm
Differential head / pressure, rated (requested)	: 514.4 ft
Differential head / pressure, rated (actual)	: 514.4 ft
Suction pressure, rated / max	: 0.00 / 0.00 psi.g
NPSH available, rated	: Ample
Site Supply Frequency	: 60 Hz

Performance

Speed criteria	: Synchronous
Speed, rated	: 3450 rpm
Impeller diameter, rated	: 7A+7B
Impeller diameter, maximum	: A
Impeller diameter, minimum	: C
Efficiency	: 70.06 %
PEI (CL)	: 0.90
NPSH required / margin required	: 23.23 / 0.00 ft
Ns (imp. eye flow) / Nss (imp. eye flow)	: 2,085 / 3,027 US Units
MCSF	: 58.92 USgpm
Head, maximum, rated diameter	: 790.3 ft
Head rise to shutoff	: 53.63 %
Flow, best eff. point	: 84.17 USgpm
Flow ratio, rated / BEP	: 102.34 %
Diameter ratio (rated / max)	: 100.00 %
Head ratio (rated dia / max dia)	: 96.09 %
Cq/Ch/Ce/Cn [ANSI/HI 9.6.7-2010]	: 1.00 / 1.00 / 1.00 / 1.00
Selection status	: Acceptable

Liquid

Liquid type	: Water
Additional liquid description	:
Solids diameter, max	: 0.00 in
Solids concentration, by volume	: 0.00 %
Temperature, max	: 68.00 deg F
Fluid density, rated / max	: 1.000 / 1.000 SG
Viscosity, rated	: 1.00 cP
Vapor pressure, rated	: 0.34 psi.a

Material

Material selected	: Standard

Pressure Data

Shut off pressure	: 342.0 psi.g
Maximum allowable working pressure	: N/A
Maximum allowable suction pressure	: N/A
Hydrostatic test pressure	: N/A

Driver & Power Data (@Max density)

Driver sizing specification	: Rated power
Margin over specification	: 0.00 %
Service factor	: 1.15 (used)
Power, hydraulic	: 11.19 hp
Power, rated	: 15.97 hp
Power, maximum, rated diameter	: 16.02 hp
Minimum recommended motor rating	: 15.00 hp / 11.19 kW

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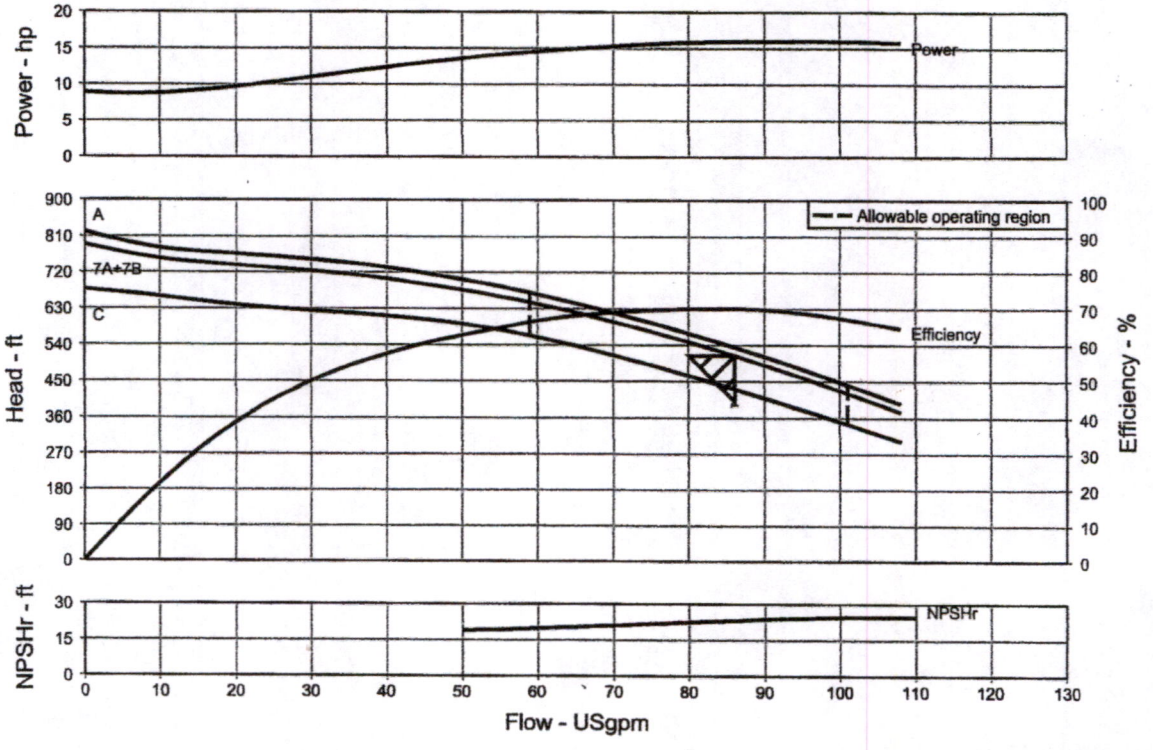

FE SELECT
DESIGN | SIZE | QUOTE

Franklin Electric

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

SHER 50362
8/3/2013

WELL I.D. LABEL# L 110015
START CARD # 1020515
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name TOM Last Name MILLER
Company OREGON PARKS RACEWAY
Address PO BOX 386
City BEAVERTON State OR Zip 97075

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 578.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
12	0	310	Bentonite Chips	0	2	2	S
8	310	578	Cement	2	310	85	S

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	8	[X]	2	310	.250	(•)	( )	[X]	[ ]
( )	(•)	6	[ ]	300	578	.188	( )	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method MACHINE
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	538	578	.125	3	456	

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		578	1

Temperature 55 °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 SHERMAN Twp 2.00 S N/S Range 17.00 E E/W WM
Sec 30 NE 1/4 of the SW 1/4 Tax Lot 5200
Tax Map Number Lot
Lat ° ' " or 45.36388889 DMS or DD
Long ° ' " or -120.74305556 DMS or DD
(•) Street address of well ( ) Nearest address
93811 BLAGG LANE GRASS VALLEY

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	7/29/2013		[ ]	373

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 525.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/22/2013	525	578	100		[ ]	373
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation 2345.00

Material	From	To
CLAY BROWN	0	4
BASALT BLACK BROWN MEDIUM	4	32
BASALT GRAY SOFT	32	52
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BASALT WEATHERED SEAMS BROWN	510	535
BASALT BLACK FRACTURED	535	541
BASALT MULTI COLORED MEDIUM SOFT LAY	541	578

Date Started 7/19/2013 Complete 7/29/2013

(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 758 Date 8/3/2013
Signed THOMAS R PECK (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1720 Date 8/3/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional)

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

Attachment B: Permit G-17083

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STATE OF OREGON

COUNTY OF SHERMAN

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

PACIFIC MOTORSPORTS MANAGEMENT, LLC
PO BOX 386
BEAVERTON, OR 97075

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

APPLICATION FILE NUMBER: G-17484

SOURCE OF WATER: WELL 1 (SHER 244) AND WELL 2 (SHER 50362) IN ROSEBUSH CANYON BASIN

PURPOSE OR USE: COMMERCIAL USES, DOMESTIC USE EXPANDED FOR ONE HOUSEHOLD, AND IRRIGATION OF 5.0 ACRES

MAXIMUM RATE: 0.26 CUBIC FOOT PER SECOND (CFS), FURTHER LIMITED TO 0.26 FOR COMMERCIAL USES, 0.01 CFS FOR DOMESTIC USE EXPANDED FOR ONE HOUSEHOLD, AND 0.06 CFS FOR IRRIGATION OF 5.0 ACRES

PERIOD OF USE: COMMERCIAL USES AND DOMESTIC USE EXPANDED - YEAR ROUND
IRRIGATION - MARCH 1 THROUGH OCTOBER 31

DATE OF PRIORITY: AUGUST 22, 2011

WELL LOCATIONS:

WELL 1 (SHER 244): NW ¼ SW ¼ (GOV'T LOT 3), SECTION 30, T2S, R17E, W.M.; 1480 FEET NORTH AND 360 FEET EAST FROM SW CORNER, SECTION 30

WELL 2 (SHER 50362): NE ¼ SW ¼, SECTION 30, T2S, R17E, W.M.; 1690 FEET NORTH AND 962 FEET EAST FROM SW CORNER, SECTION 30

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 and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE ¼ NW ¼	COMMERCIAL USES
NW ¼ NW ¼ GOV'T LOT 1	COMMERCIAL USES
SW ¼ NW ¼ GOV'T LOT 2	COMMERCIAL USES
SE ¼ NW ¼	COMMERCIAL USES
NE ¼ SW ¼	1.44 ACRES IRRIGATION AND COMMERCIAL USES
NW ¼ SW ¼ GOV'T LOT 3	DOMESTIC EXPANDED AND COMMERCIAL USES
SW ¼ SW ¼ GOV'T LOT 4	DOMESTIC EXPANDED AND COMMERCIAL USES
SE ¼ SW ¼	1.65 ACRES IRRIGATION AND COMMERCIAL USES
NE ¼ SE ¼	0.81 ACRES IRRIGATION AND COMMERCIAL USES
NW ¼ SE ¼	0.70 ACRE IRRIGATION AND COMMERCIAL USES
SW ¼ SE ¼	0.40 ACRE IRRIGATION AND COMMERCIAL USES
SE ¼ SE ¼	COMMERCIAL USES

SECTION 30
TOWNSHIP 2 SOUTH, RANGE 17 EAST, W.M.

Measurement, recording and reporting conditions:

A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter or other suitable measuring device as approved by the Director at each point of appropriation. The permittee shall maintain the meter or measuring device in good working order.

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.

C. The Director may require the permittee to keep and maintain a record of the amount (volume) of water diverted, and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water-use information, the periods of water use and the place and nature of use of water under the permit.

D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

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.

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

The Department requires the water user to obtain, from a qualified individual (see below), and report annual static water levels for each well on the permit. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

The permittee shall report an initial March static water-level measurement once well construction is complete and annual measurements thereafter. Annual measurements are required whether or not the well is used. The first annual measurement will establish a reference level against which future measurements will be compared. However, the Director may establish the reference level based on an analysis of other water-level data. The Director may require the user to obtain and report additional water levels each year if more data are needed to evaluate the aquifer system.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board. Measurements shall be submitted on forms provided by, or specified by, the Department. Measurements shall be made with equipment that is accurate to at least the standards specified in OAR 690-217-0045. The Department requires the individual performing the measurement to:

A. Associate each measurement with an owner's well name or number and a Department well log ID; and
B. Report water levels to at least the nearest tenth of a foot as depth-to-water below ground surface; and
C. Specify the method of measurement; and
D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

A. Annual water-level measurements reveal an average water-level decline of three or more feet per year for five consecutive years; or
B. Annual water-level measurements reveal a water-level decline of 15 or more feet in fewer than five consecutive years; or

C. Annual water-level measurements reveal a water-level decline of 25 or more feet; or

D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of restricted use shall continue until the water level rises above the decline level which triggered the action or the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or causing substantial interference with senior water rights. The water user shall not allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

STANDARD CONDITIONS

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.

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.

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.

The well(s) 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.

If the riparian area is disturbed in the process of developing a point of appropriation, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR 635-415, shall be followed.

The use may be restricted if the quality of downstream waters decreases to the point that those waters no longer meet state or federal water quality standards due to reduced flows.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

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.

Completion of construction and application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after making beneficial use of water, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner.

Issued September 26, 2013

E. Timothy Wallin

E. Timothy Wallin, Water Rights Program Manager
for Phillip C. Ward, Director
Water Resources Department

Submittal Transmittal

AKS Engineering & Forestry LLC | 12965 SW Herman Rd. Suite 100 Tualatin, OR 97062

FROM: Steve Russell
AKS Engineering & Forestry LLC
12965 SW Herman Rd.
Suite 100
Tualatin, OR 97062
russells@aks-eng.com
503-563-6151

TO: n/a
Oregon Water Resources Department
725 Summer Street NE Suite A
Salem, OR 97301-1266
503-986-0900

PROJECT:	Oregon Raceway Park - Water Rights 2867-01	DATE SENT:	2/21/2023
SUBJECT:	COBU Sub 1	ID:	00003
PURPOSE:	For Review and Comment	VIA:	Mail

REMARKS: COBU Sub 1

CONTENTS

QTY:	DATED	DESCRIPTION:	ACTION:
1	2/20/2023	COBU Application	

QTY:	DATED	DESCRIPTION:	ACTION:
1	2/20/2023	Chk# 4420 in amt $230	

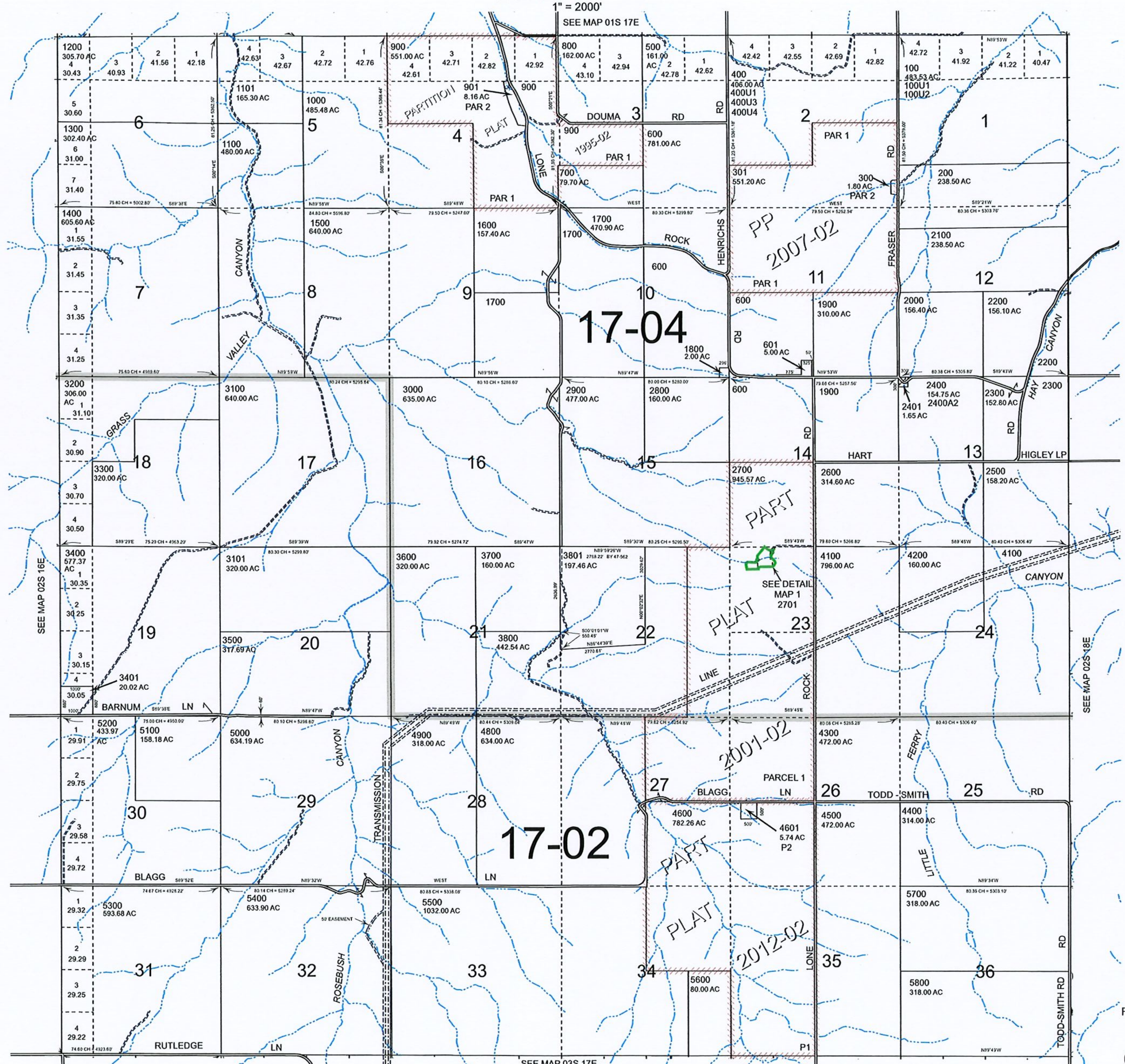
THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 1,000 2,000 3,000 4,000 Feet

T.2S. R.17E. W.M.
SHERMAN COUNTY

1" = 2000'

Cancelled
2701
400U2
2400A1
2400A3
2700U1
2700U2
3800U1
3800U2
3900
3900U1
3900U2
4000
4000U1
4000U2
4700
4700U1
4700U2



SEE MAP 01S 17E
SEE MAP 02S 16E
SEE MAP 02S 18E
SEE MAP 03S 17E
17-04
17-02
1200 305.70 AC
1101 165.30 AC
1100 480.00 AC
1000 485.48 AC
900 551.00 AC
901 8.16 AC
PAR 2
PARTITION PLAT 1995-02
PAR 1
800 162.00 AC
500 161.00 AC
600 781.00 AC
700 79.70 AC
DOUMA RD
400 406.00 AC
400U1
400U3
400U4
100 483.53 AC
100U1
100U2
301 551.20 AC
300 1.80 AC
PAR 2
200 238.50 AC
PP 2007-02
1300 302.40 AC
1400 605.60 AC
1500 640.00 AC
1600 157.40 AC
1700 470.90 AC
1700
LONE ROCK
HENRICHS RD
FRASER RD
2100 238.50 AC
1900 310.00 AC
2000 156.40 AC
2200 156.10 AC
601 5.00 AC
1800 2.00 AC
CANYON
VALLEY
3200 306.00 AC
3100 640.00 AC
3000 635.00 AC
2900 477.00 AC
2800 160.00 AC
2400 154.75 AC
2400A2
2401 1.65 AC
2300 152.80 AC
HAY CANYON RD
GRASS
3300 320.00 AC
HART
HIGLEY LP
2700 945.57 AC
PART PLAT
2600 314.60 AC
2500 158.20 AC
3400 577.37 AC
3101 320.00 AC
3600 320.00 AC
3700 160.00 AC
3801 197.46 AC
SEE DETAIL MAP 1 2701
4100 796.00 AC
4200 160.00 AC
4100
CANYON
3500 317.69 AC
3800 442.54 AC
LINE
ROCK
3401 20.02 AC
BARNUM LN
5200 433.97 AC
5100 158.18 AC
5000 634.19 AC
CANYON
4900 318.00 AC
4800 634.00 AC
2001-02
PARCEL 1
4300 472.00 AC
FERRY
BLAGG LN
TODD - SMITH RD
TRANSMISSION
4600 782.26 AC
4601 5.74 AC
P2
4500 472.00 AC
4400 314.00 AC
LITTLE
BLAGG
LN
PART PLAT 2012-02
5300 593.68 AC
5400 633.90 AC
50' EASEMENT
5500 1032.00 AC
5700 318.00 AC
ROSEBUSH
5600 80.00 AC
LONE
5800 318.00 AC
TODD-SMITH RD
RUTLEDGE LN
P1
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

Revised: THY
11/19/2018