

CLAIM OF BENEFICIAL USE for Transfer New or Additional POA Only



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 any Transfer final orders including a water right with a priority date of July 9, 1987, or later. Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

SECTION 1 GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES** **NO**
If additional changes were authorized, you will need to select a different form.

1. File Information

| |
|---------------------------------|
| APPLICATION # T-12871 |
|---------------------------------|

2. Property Owner (current owner information)

| | | | | |
|---|------------------------|----------------------------------|--|--|
| APPLICANT/BUSINESS NAME Lamb Weston, Inc. | | PHONE NO. 541-303-2493 | ADDITIONAL CONTACT NO. | |
| ADDRESS 78153 Westland Rd. | | | | |
| CITY Hermiston | STATE OREGON | ZIP 97838 | E-MAIL Marc.mccoy@lambweston.com | |

4. Date of Site Inspection:

| |
|---------------------------------------|
| February 24th, 2023 |
|---------------------------------------|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|---------------------|------------------|------------------------------|
| Kayla Boylan | 2/24/2023 | Environmental Manager |

6. County

| |
|-----------------|
| Umatilla |
|-----------------|

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)): **None**

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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 Paul Wattenburger | | PHONE No. 541-567-0252 | ADDITIONAL CONTACT No. 541-571-1112 |
| ADDRESS IRZ Consulting, 500 North 1st Street | | | |
| CITY Hermiston | STATE OR | ZIP 97838 | E-MAIL paul@irz.com |

Transfer Holder of Record Signature or Acknowledgement

Each transfer 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 |
|-----------|--------------------|----------------------|---------------|
| | Marc McCoy | Plant Manager | 3-6-23 |
| | | | |

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SECTION 3
CLAIM DESCRIPTION

Note: The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

1. New or additional 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) | SOURCE (IF LISTED IN TRANSFER FINAL ORDER) |
|---|--|----------------------------|---|
| Well #1 | UMAT 2403 | | Well No. 2 within the UMATILLA RIVER BASIN |
| Well #3 | UMAT 2601 | | |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings) *If well logs are available, items A and B below can be deleted*

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES **NO**

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

3. Claim Summary:

| NEW OR ADDITIONAL POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|---------------------------------|-------------------------|---|--------------------------------------|
| | 3.02 CFS | | |
| Well #1 | | 3.31 CFS | 2.12 CFS (VFD not full speed) |
| Well #3 | | 2.67 CFS | 2.99 CFS |

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple new or additional Points of Appropriation (POA)?
If "YES" you will need to copy and complete a separate Section 4.

YES **NO**

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

Well #1

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| Flowise | 12RC | | Turbine | | |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| U.S. | 75 |

3. 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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 75 | 24 | 100 | | 3.31 CFS |

4. Provide pump calculations:

| |
|---|
| <p>BHP = 75hp. Using a pump efficiency of 80%; WHP = BHP x Eff_{pump} = 75 x .80 = 60 hp TDH = (psi x 2.31) + Lift + Friction Losses = (24 psi x 2.31) + 100 + 5 = 160 ft. WHP = [Q(gpm) * TDH(ft)/3960, or , Q(gpm) = WHP x 3960 /TDH(ft) Q(gpm) = 60 hp x 3960 / 160 feet = 1,485 gpm = <u>3.31 cfs.</u></p> |
|---|

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

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME OBSERVED | TOTAL PUMP OUTPUT (IN CFS) |
|-----------------------|----------------------|---------------------------|----------------------------|
| | | | 950 GPM = 2.12 CFS |

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

B. Groundwater Source Information (Well and Sump)

YES **NO**

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

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Well #3

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------|---------------|--|-------------|----------------|
| Worthington | 12H | VTP-37043 | Turbine | | |

2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| U.S. | 50 |

3. 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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 50 | 29 | 61 | | 2.67 CFS |

4. Provide pump calculations:

BHP = 50hp. Using a pump efficiency of 80%; WHP = BHP x Eff_{pump} = 50 x .80 = 40 hp
TDH = (psi x 2.31) + Lift + Friction Losses = (29 psi x 2.31) + 61 + 4 = 132 ft.
WHP = [Q(gpm) * TDH(ft)/3960, or , Q(gpm) = WHP x 3960 /TDH(ft)
Q(gpm) = 40 hp x 3960 / 132 feet = 1,200 gpm = 2.67 cfs.

5. 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) |
|-----------------------|----------------------|---------------------------|----------------------------|
| | | | 1,342 GPM = 2.99 CFS |

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

B. Groundwater Source Information (Well and Sump)

YES NO

C. Additional notes or comments related to the system:

Under this transfer (T-12871) the maximum combined total instantaneous rate for the three wells is 3.02 cfs. Under a separate transfer (T-12820) the maximum combined total instantaneous rate for the three wells is 2.66 cfs. Therefore, the maximum combined total instantaneous rate for the three wells is 5.68 cfs for the two transfers together.

The Measured Water Amount for Well #1 was a flow meter reading on the second date of inspection (2/24/2023). The VFD for Well #1 was not running at full speed, therefore, the measured flow was not the full capacity of this well. For Well #3 the flow meter reading on the first date of inspection (7/19/2019) was for open discharge. Well #3 was not running on the second date of inspection.

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SECTION 5
CONDITIONS

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

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

| | DATE FROM TRANSFER | DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE" |
|----------------------------------|--------------------|--|
| ISSUANCE DATE | May 28, 2019 | |
| COMPLETENESS DATE FROM ORDER (C) | October 1, 2020 | May 28, 2019 (System was fully in place on the date of issuance.) |

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)?

YES NO

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other 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 appropriation.

b. Has a meter been installed?

YES NO

c. Meter Information

| POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|---------------|---------------|-------------|----------------------------|-----------------------|----------------|
| Well #1 | Edress+Hauser | T801C516000 | New/Working | | June 2022 |
| Well #3 | Sparling | | Works – Well Off | 59670500 | |

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

4. 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.

5. Other conditions required by the transfer 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. 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):

Condition: "The quantity of water diverted at the new additional points of appropriation, together with that diverted at the original point of appropriation, shall not exceed the quantity of water lawfully available at the original point of appropriation."

The flow meters are read daily and a running total of water usage is tracked.

Discharge is controlled by throttling at well heads.

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SECTION 6 ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|-----------------|--|
| COBU Map | Map showing the locations of the wells and connection pipelines. |
| UMAT 2403 | Well Log for Well #1 |
| UMAT 2601 | Well Log for Well #3 |

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 polyester 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.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

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 base map was prepared using geo-referenced, high-resolution aerial imagery from USDA-NAIP (2016 & 2020) and Section Lines from the Bureau of Land Management database. Reference as confirmed using a GPS and distances were checked against the Umatilla County tax lot maps.

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.) ***Not required for this type of Claim of Beneficial Use**
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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

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UMAT 2403
FEB 4 - 1972
STATE OF OREGON
STATE ENGINEER
SALEM, OREGON

UMAT
2403

State Well No. 4N/28-19
State Permit No. _____

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion.

G-5681

(1) OWNER:

Name Lamb Weston Inc.
Address Port of Umatilla
John Haupt, manager McNary ave

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
22" Diam. from 0 ft. to 19 ft. Gage 250
18" Diam. from 0 ft. to 103 ft. Gage 375
" Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Perforated? Yes No.
Type of perforator used mills knife
Size of perforations 1/2 in. by 3 in.
8 per ft. perforations from 7.2 ft. to 9.2 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Lane Pump
Yield: 100 gal./min. with 35 ft. drawdown after 48 hrs.
" " " " " "
" " " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
perature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Slurry of bentonite in casing
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 22 in.
Diameter of well bore below seal 18 in.
Number of sacks of cement used in well seal _____ sacks
Number of sacks of bentonite used in well seal 4 sacks
Brand name of bentonite National
Number of pounds of bentonite per 100 gallons
of water 25 lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Umatilla Driller's well number _____
1/4 1/4 Section 19 T. 4N. R. 28E W.M.
Bearing and distance from section or subdivision corner
T.O. Martin farm west. no. 1

(11) WATER LEVEL: Completed well.

Depth at which water was first found 75 ft.
Static level 62 ft. below land surface. Date 1-12-72
Artesian pressure lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 15 1/2
Depth drilled 110 ft. Depth of completed well 710 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

| MATERIAL | From | To | SWL |
|----------------------|------|-----|-----|
| Surface sand brown | 0 | 5 | |
| Cement gravel | 5 | 25 | |
| beds + gravel | 25 | 40 | |
| clay + gravel yellow | 40 | 75 | |
| gravel | 75 | 92 | 62 |
| rock black broken | 92 | 96 | " |
| sand black coarse | 96 | 102 | " |
| rock black broken | 102 | 110 | " |

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Work started 12-28 19 71 Completed 1-12 19 72
Date well drilling machine moved off of well 1-13 19 72

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] R. L. Allison Date 1-13, 19 72
(Drilling Machine Operator)
Drilling Machine Operator's License No. 300

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Allison Drilling Co.
(Person, firm or corporation) (Type or print)
Address P.O. Box 309 - 2 Hermiston Ore
[Signed] R. L. Allison
(Water Well Contractor)
Contractor's License No. 419 Date 1-13, 19 72

