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



# **Oregon Water Resources Department**

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

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

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## 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: <a href="https://www.oregon.gov/OWRD/Forms/Pages/default.aspx">https://www.oregon.gov/OWRD/Forms/Pages/default.aspx</a>

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-14757       | G-17639                  | T- 12235                           |

| 2. Property Owner (current ow                                       | ner information):          |                   |                   |                                     |
|---------------------------------------------------------------------|----------------------------|-------------------|-------------------|-------------------------------------|
| APPLICANT/BUSINESS NAME Wallowa County He                           | alth Care Dist             | PHONE NO. 541-263 | -1352             | Additional Contact No. 541-426-5400 |
| ADDRESS<br>601 medical Park                                         | way                        |                   |                   |                                     |
| Enterprise                                                          | STATE ORG ON               | ZIP<br>97828      | E-MAIL<br>nathan. | elliottewched.org                   |
| If the current property owner is a assignment be filed with the Dep | partment. <u>Each</u> pern | nit holder of r   | record must si    | ign this form.                      |
| 3. Permit holder of record (this PERMIT HOLDER OF RECORD            | may, or may not, b         | e the curren      | t property ov     | vner):                              |
| Address                                                             |                            |                   |                   |                                     |
| Сіту                                                                | STATE                      | ZIP               |                   |                                     |
|                                                                     |                            |                   |                   |                                     |
| Additional Permit Holder of Recor                                   | D                          |                   |                   |                                     |
| Address                                                             |                            |                   |                   |                                     |
| Сіту                                                                | STATE                      | ZIP               |                   |                                     |
| 4. Date of Site Inspection:                                         |                            |                   |                   |                                     |
| April 16,2023                                                       |                            |                   |                   |                                     |
| 5. Person(s) interviewed and de                                     | escription of their a      | ssociation w      | ith the projec    | ct:                                 |
| Name                                                                | DATE                       |                   |                   | TON WITH THE PROJECT                |
| Nathan Elliott                                                      | April 16                   | 2023 hos          | pital mai         | ntenance Super.                     |
| 6. County:                                                          |                            |                   |                   |                                     |
| Wallowa                                                             |                            |                   |                   |                                     |
| 7. If any property described in t the owner of record for that pro  |                            |                   | excluded fror     | n this report, identify             |
| OWNER OF RECORD                                                     |                            |                   |                   |                                     |
| Address                                                             |                            |                   |                   | RECEIVED                            |
| CITY                                                                | STATE                      | ZIP               | -                 | JUN 2 0 2023                        |
| Add additional tables for owners of reco                            | ord as needed              |                   |                   | OWRD                                |

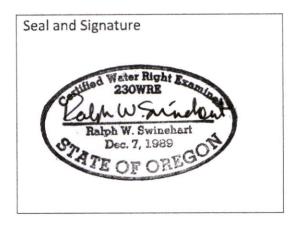
# SECTION 2 SIGNATURES

JUN 2 0 2023 OWRD



# CWRE Statement, Seal and Signature

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



| CWRENAME<br>Ralph W. Swinsh | art   | PHONE No. <b>541-398</b> | 3-1550            | Additional Contact No. |
|-----------------------------|-------|--------------------------|-------------------|------------------------|
| ADDRESS<br>PO BOX 2100      |       |                          |                   |                        |
| Enterprise                  | STATE | ZIP<br>97828             | E-MAIL<br>ralphsw | mehart45@qmail.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      |
|---------------|--------------------|---------------------------|-----------|
| Nothan Elliot | Nathan Elliott     | Plant Services Supervisor | 5/11/2023 |
|               |                    |                           |           |
|               |                    |                           |           |
|               |                    |                           |           |
|               |                    |                           |           |

# JUN 2 0 2023

# SECTION 3

## CLAIM DESCRIPTION

OWRD:

1. Point of appropriation name or number:

| Well \$1, \$2, \$3, \$4                  | L9 0069, L90070, L90071, L116901                    |                 |
|------------------------------------------|-----------------------------------------------------|-----------------|
| (POA) NAME OR NUMBER (CORRESPOND TO MAP) | FOR ALL WORK PERFORMED ON THE WELL  (IF APPLICABLE) | (IF APPLICABLE) |
| POINT OF APPROPRIATION                   | WELL LOG ID #                                       | WELL TAG #      |

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<br>Name or Number | Source Basin Located Within | TRIBUTARY     |
|-----------------------|-----------------------------|---------------|
| 1-2-3-4               | Trout creek                 | Wallowa River |

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

| 1-2-3-4               | geothermo | p.vc                          | allyear                     | 450 gpm max                |
|-----------------------|-----------|-------------------------------|-----------------------------|----------------------------|
|                       |           |                               | WAS USED                    | (CFS, GPM, or AF)          |
| POA<br>Name or Number | USES      | IF IRRIGATION, LIST CROP TYPE | SEASON OR MONTHS WHEN WATER | ACTUAL RATE OR VOLUME 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 system from each point of appropriation to the place of acci.                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| wells pump into it manline to maintenaves stop building when a cotherwal heat in water is used to heat and cool hospital water is distributed to a water feature and then to existing distributed and then to existing distributed and there is distributed property |
| wells pump wito is martine to mantenaves stop building when a cotherwish head in                                                                                                                                                                                     |
| water is used to heat and wood hospital water or discharge to a water feature                                                                                                                                                                                        |
| and then to existing discus on north side of hospital property                                                                                                                                                                                                       |

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.



(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<br>NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE | AMOUNT OF<br>WATER | USE        | # OF ACRES ALLOWED | # OF ACRES |
|------------------|-------------------------|-----------------------------|--------------------|------------|--------------------|------------|
|                  |                         | BASED ON SYSTEM             | MEASURED           |            |                    |            |
| l                |                         | 130 apm                     |                    | geotherned | _                  | -          |
| 2                |                         | 150 gem                     | Sane               | -          |                    |            |
| Α.               |                         | ISD OF NAM                  | 0                  |            |                    |            |

#### **SECTION 4**

#### SYSTEM DESCRIPTION

| Are there r | multip | e POAs? |
|-------------|--------|---------|
|-------------|--------|---------|



NO

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

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

| Nell | 妹( |
|------|----|
|      |    |

#### A. Place of Use

1. Is the right for municipal use?

YES



If "YES" the table below may be deleted.

| TWP.     | RNG       | Mer  | SEC   | QQ | GLOT | DLC | Use               | IF IRRIGATION, | IF IRRIGATION, # |
|----------|-----------|------|-------|----|------|-----|-------------------|----------------|------------------|
|          |           |      |       |    |      |     |                   | # PRIMARY      | SUPPLEMENTAL     |
| rright.  | 31.41.1   |      | 18.11 |    |      |     | The second second | Acres          | Acres            |
|          |           |      |       |    |      |     |                   |                |                  |
|          |           |      |       |    |      |     |                   |                |                  |
| Total Ac | res Irrig | ated |       | L  |      | 1   |                   |                |                  |

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?



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:

manhole cover on top of 4' & conc. sump

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

| Ч         | 20     | 20    | 1/2107        |             | WCHCD           | McCanty         |
|-----------|--------|-------|---------------|-------------|-----------------|-----------------|
| ETTATATAT |        |       | ORIGINAL WELL | ALTERATIONS |                 |                 |
| DIAMETER  | DEPTH  | DEPTH | DATE OF       | DATES OF    | WAS DRILLED FOR |                 |
| Casing    | CASING | TOTAL | COMPLETION    | COMPLETION  | Who the well    | WELL DRILLED BY |

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.

| well | 109 | attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |     | Name and Address of the Owner, where the Parks of the Owner, where the Owner, which is the Owner |

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# C. Groundwater Source Information (Sump)

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



NO

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

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

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

|     | ACRES) |       |
|-----|--------|-------|
|     | ACRES) |       |
| 20' |        | _     |
|     | 20'    | 20' - |

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

|    | (CONCRE | TE, CONCRETE TILES | , OR STEEL) | PROVIDE THE THICKNESS OF THE WALL |
|----|---------|--------------------|-------------|-----------------------------------|
| ч' | Ø conc  | manhole            | sedimes     | નુષ                               |

# 4. Provide sump volume calculations:

# 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 <u>and</u> apply the water from the point of appropriation to the place of use.

# 1. Is a pump used?



NO

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

2. Pump Information: See attached Chart

| MANUFACTURER | Model                         | SERIAL NUMBER           | Type (CENTRIFUGAL, TURBINE OR | INTAKE SIZE | DISCHARGE |
|--------------|-------------------------------|-------------------------|-------------------------------|-------------|-----------|
|              | Commence of the second second | Art of Designation (L.) | SUBMERSIBLE)                  |             | SIZE      |
| EPG Surepump | USDPT 30-4                    |                         | sub mersible                  |             |           |

#### 3. Motor Information:

| Manufacturer | Horsepower |
|--------------|------------|
|              | 7.6 4600   |
|              |            |

#### 4. Theoretical Pump Capacity:

| Horsepower | OPERATING PSI | LIFT FROM SOURCE TO PUMP    | LIFT FROM PUMP TO | TOTAL PUMP |
|------------|---------------|-----------------------------|-------------------|------------|
|            |               | *IF A WELL, THE WATER LEVEL | PLACE OF USE      | OUTPUT     |
|            |               | DURING PUMPING              |                   | (IN CFS)   |
|            |               |                             |                   | ١(ع        |

| 5. Provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pump calculat                           | tions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                           | JUN 2 0 2023                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , , |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a .                                  |                                           | , OWRD                                  |
| 5. Measure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Pump Capa                            | city (using me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ter if meter was p                   | present and system                        | n was operating):                       |
| INITIAL MET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ER READING                              | Ending Meter I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | OBSERVED                                  | TOTAL PUMP OUTPUT (IN CFS)              |
| 7. Is the di  If "NO" iter  3. Mainlin  MAINLII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Information                           | em piped? em 13 may be : N A LENGTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pump discl<br>geothernal<br>deleted. | monges to con<br>money to con<br>money to | NOSPITAL (YES) NO                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or Handline In                          | formation: L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE (                               | OF PIPE                                   | Buried or Above Ground                  |
| THE RESERVE OF THE PARTY OF THE | ler Information                         | The state of the s |                                      |                                           |                                         |
| Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OPERATING PSI                           | SPRINKLER OUTPUT (GPM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL NUMBER OF SPRINKLERS           | Maximum<br>Number Used                    | TOTAL SPRINKLER OUTPUT (CFS)            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

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

11. Drip Emitter Information: N k

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM<br>NUMBER USED | TOTAL EMITTER OUTPUT<br>(CFS) |
|------|---------------|----------------------|--------------------------|------------------------|-------------------------------|
|      |               |                      |                          |                        |                               |

12. Drip Tape Information:

| DRIPPER    | GPM PER  | TOTAL     | MAXIMUM        | TOTAL TAPE | Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------|----------|-----------|----------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SPACING IN | 100 FEET | LENGTH OF | LENGTH OF TAPE | Оитрит     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| INCHES     |          | TAPE      | USED           | (CFS)      | The property of the second of |
|            |          |           |                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|            |          |           |                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|            |          |           |                | 1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

13. Pivot Information:

| Manufacturer | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
|              |                       |               |                          |                          |
|              |                       |               |                          |                          |
|              |                       |               |                          |                          |

# E. Storage NA

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: N

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

3. Bulge in System / Reservoir:

|          | RESERVOIR NAME OR NUMBER | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN |
|----------|--------------------------|------------------------|--------------------------|
|          | (CORRESPOND TO MAP)      |                        | ACRE FEET)               |
| Figure 5 | (CORRESPOND TO MAP)      |                        | ACRE FEET)               |

# F. Gravity Flow Pipe NA

(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 | "C"    | AMOUNT OF | LENGTH OF PIPE   | SLOPE COMPUTED RATE OF WATER |
|-----------|------|--------|-----------|------------------|------------------------------|
|           | TYPE | FACTOR | FALL      | A PUBLISH SAFETY | FLOW (IN CFS)                |
|           |      |        |           |                  |                              |

# 3. Provide calculations:

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

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

Attach measurement notes.

# G. Gravity Flow Canal or Ditch

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

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

YES NO

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

2. Complete the table:

| CANAL OR DITCH | Top Width | Воттом   | DEPTH | "N"    | AMOUNT  | LENGTH | SLOPE | COMPUTED |
|----------------|-----------|----------|-------|--------|---------|--------|-------|----------|
| Туре           | OF CANAL  | WIDTH OF |       | FACTOR | OF FALL | OF     |       | RATE     |
| (MATERIAL)     | OR DITCH  | CANAL OR |       |        |         | CANAL/ |       | (IN CFS) |
|                |           | DITCH    |       |        |         | Diтcн  |       |          |
| THE SECOND     |           |          | 1 75  |        |         |        |       |          |

| ~  | -     |    |    |    |          |
|----|-------|----|----|----|----------|
| 3. | Provi | de | ca | cu | lations: |

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

| DATE OF MEASUREMENT | Who Made the | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER |
|---------------------|--------------|--------------------|----------------------------|
|                     | MEASUREMENT  |                    | (IN CFS)                   |
|                     |              |                    |                            |

Attach measurement notes.

H. Additional notes or comments related to the system:

| nan | consumptie     | 400 |
|-----|----------------|-----|
|     | a gray soon in | wee |

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# WALL 508491

well #1

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

| WELL I.D. # L | 90069  |  |
|---------------|--------|--|
| START CARD #  | 190902 |  |

| Instructions for completing this report are on the last page of this form.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) LAND OWNER Name Wallowa County Halloh Core Dist. Address 601 Medical Received.                                       | (9) LOCATION OF WELL (legal description)  County County Lot Lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City Enlergrise State Oh Zip 97828                                                                                       | Township 150nth Nor S Range 44 E E or W WM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (2) TYPE OF WORK New Well                                                                                                | Section 35CA NW 1/4 5E 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment 🛣 Conversion                                                 | Lat or (degrees or decimal)  Long or (degrees or decimal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (3) DRILL METHOD                                                                                                         | Street Address of Well (or nearest address) 601 Medical Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rotary Air Rotary Mud Cable Auger Cable Mud Other Dug Well                                                               | Street Address of Well (or nearest address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (4) PROPOSED USE                                                                                                         | (10) STATIC WATER LEVEL  11. Level and surface. Date 2-27-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| □ Domestic □ Community □ Industrial □ Irrigation □ Thermal □ Injection □ Livestock ▼ Other Geothermal                    | 20 20 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                          | Artesian pressure   Description   Date   Dat |
| (5) BORE HOLE CONSTRUCTION Special Construction: Yes No Depth of Completed Well ft.  Explosives used: Yes No Type Amount | (11) WATER BEARING ZONES Depth at which water was first found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| BORE HOLE SEAL                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Diameter From To Material From To Sacks or Pounds                                                                        | From 19 Estimated Flow Rate SWL 4 H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3/0                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - 10                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| How was seal placed: Method A B C D E                                                                                    | (12) WELL LOG Ground Elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| M Other Pow Dry                                                                                                          | Material From To SWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Backfill placed from ft. to ft. Material  Gravel placed from ft. to ft. Size of gravel 3" Washed                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                          | Top Sei) 0 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (6) CASING/LINER  Diameter From To Gauge Steel Plastic Welded Threaded  Casing: 4 + 3 20 5 7 7 7 7 1                     | Grey Clay 3.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Casing: 4' +3 20' 5" 7 4                                                                                                 | Sandy Godge's 7 20 -24"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Liner:                                                                                                                   | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                          | NEOLIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Drive Shoe used ☐ Inside ☐ Outside ☐ None                                                                                | MAR 0 1 2007 RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Final location of shoe(s)                                                                                                | OVER THE COUNTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (7) PERFORATIONS/SCREENS 2"on 12" Centers  Perforations Method Concrete Casting                                          | WATER RESOURCES DEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Screens Type Material                                                                                                    | SALEM, OREGON  Date Started 1-2-07 Completed 2-27-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| From To Slot Number Diameter Tele/pipe Casing Liner                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Size Size                                                                                                                | (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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                          | WWC Number Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (8) WELL TESTS: Minimum testing time is 1 hour  Pump Bailer Air Flowing Artesian                                         | Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Yield gal/min Drawdown Drill stem at Time                                                                                | (bonded) Water Well Constructor Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 150 gpm 18" 18" 4hrs                                                                                                     | I accept responsibility for the construction, deepening, alteration, or<br>abandonment work performed on this well during the construction dates reported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                          | above. All work performed during this time is in compliance with Oregon water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Temperature of water 50 F Depth Artesian Flow Found                                                                      | supply well construction standards. This report is true to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Was a water analysis done? Yes By whom Cosses Cosses Did any strata contain water not suitable for intended use?         | 50nd<br>WWC Number 70129901 Date 2-27-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Salty Muddy Odor Colored Other                                                                                           | Signed Handel P. Musty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Depth of strata:                                                                                                         | Signed Hank T. VIII WY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### SECTION 4

# SYSTEM DESCRIPTION

| tie circle interespie i di | Are | there | multip | le 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):

| W | 119 | #2 |  |  |  |
|---|-----|----|--|--|--|
|   |     |    |  |  |  |

#### A. Place of Use

1. Is the right for municipal use?



If "YES" the table below may be deleted.

| RRIGATION,# | IF IRRIG | ON, | IF IRRIGATIO | JSE |         | DLC | GLOT | QQ | SEC | MER   | RNG       | TWP.     |
|-------------|----------|-----|--------------|-----|---------|-----|------|----|-----|-------|-----------|----------|
| IPPLEMENTAL | SUPPLE   | RY  | # PRIMAR     |     | 300-230 |     | 2    |    |     |       |           |          |
| ACRES       | A        |     | Acres        |     |         | 113 |      |    |     |       |           |          |
|             |          |     |              |     |         |     |      |    |     |       |           |          |
|             |          |     |              |     |         |     |      |    |     |       |           |          |
|             |          | -   |              |     |         |     |      |    |     | * a d | as Indias | otal Acr |

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?



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:

manhole cover on top of 4' \$ concrete sump

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

| 4        | 20     | 20    | 2/27/07       |             | WCHCD           | mcCarthy        |
|----------|--------|-------|---------------|-------------|-----------------|-----------------|
|          |        |       | ORIGINAL WELL | ALTERATIONS |                 |                 |
| DIAMETER | DEPTH  | DEPTH | DATE OF       | DATES OF    | WAS DRILLED FOR |                 |
| CASING   | CASING | TOTAL | COMPLETION    | COMPLETION  | WHO THE WELL    | WELL DRILLED BY |

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.

| well | 109 | attached |
|------|-----|----------|
|      | _   |          |

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# C. Groundwater Source Information (Sump)

# 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MAXIMUM DEPTH | SURFACE AREA (IN | VOLUME IN CUBIC FEET OR ACRE FEET |
|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-----------------------------------|
|        |       | DIAMETER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | ACRES)           |                                   |
| 20'    | 4. Q  | Annual Manual Control of the Control | 20'           | -                |                                   |
|        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                  |                                   |

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

| IF CONCRETE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROVIDE THE THICKNESS OF THE WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ц"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| - Sec. of Sec. |

# 4. Provide sump volume calculations:

# 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 <u>and</u> apply the water from the point of appropriation to the place of use.

#### 1. Is a pump used?



NO

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

2. Pump Information:

| EPG Surepump             | USO PT 30 -4     |               | submersible                   |             |           |
|--------------------------|------------------|---------------|-------------------------------|-------------|-----------|
| ne week the first of the | Strain Solomonia |               | SUBMERSIBLE)                  |             | SIZE      |
| MANUFACTURER             | Model            | SERIAL NUMBER | Type (centrifugal, turbine or | INTAKE SIZE | DISCHARGE |

#### 3. Motor Information:

| MANUFACTURER |     | X and the | Horsepower |
|--------------|-----|-----------|------------|
|              | 7.5 | hp        | 4000       |
|              |     | •         |            |

4. Theoretical Pump Capacity:

| Horsepower | OPERATING PSI | LIFT FROM SOURCE TO PUMP    | LIFT FROM PUMP TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOTAL PUMP |
|------------|---------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|            |               | *IF A WELL, THE WATER LEVEL | PLACE OF USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OUTPUT     |
|            |               | DURING PUMPING              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (IN CFS)   |
|            |               |                             | And the second s | 1/3        |

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| 6. Measure                                | d Pump Capa                     | city (using me                        | eter if meter was                 | present and syster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n was operating):            |  |
|-------------------------------------------|---------------------------------|---------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|
| INITIAL METER READING                     |                                 | ENDING METER                          | READING DUE                       | RATION OF TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOTAL PUMP OUTPUT            |  |
| 100                                       |                                 |                                       |                                   | OBSERVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (IN CFS)                     |  |
| Reminder: Fo                              | or pump calcula                 | ations use the                        | reference informat                | ion at the end of thi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s document.                  |  |
| 7. Is the dis                             | tribution syst                  | em piped?                             | pump disch                        | orges to 6" h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ospital (YES NO              |  |
| If "NO" item                              | s & through it                  | em 13 may he                          | geother mal &                     | onges to 6" he<br>tute system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , 0,5                        |  |
|                                           |                                 |                                       | deleted.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 8. Mainline                               | Information                     | LENGTH                                | Type (                            | OF PIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Buried or Above Ground       |  |
| IVIAIIVEIN                                | ESIZE                           | LENGIN                                | IIIL                              | or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BUNIED ON ABOVE GROUND       |  |
|                                           |                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                            |  |
|                                           | - 1                             |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
|                                           |                                 |                                       | <b>.</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| <ol><li>Lateral o</li></ol> LATERAL OR HA | r Handline Inf                  | LENGTH                                |                                   | OF PIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Buried or Above Ground       |  |
| LATERAL UR FIA                            | INDLINE SIZE                    | LENGIA                                | TIPE                              | OF FIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BURIED OR ABOVE GROUND       |  |
|                                           |                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
|                                           |                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
|                                           |                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 10. Sprinkle                              | er Information                  | n: NA                                 |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 10. Sprinkle                              | er Information                  | SPRINKLER                             | Total Number                      | MAXIMUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL SPRINKLER OUTPUT       |  |
|                                           |                                 | SPRINKLER OUTPUT                      | TOTAL NUMBER OF SPRINKLERS        | MAXIMUM<br>Number Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL SPRINKLER OUTPUT (CFS) |  |
|                                           | OPERATING                       | SPRINKLER                             |                                   | ALCOHOLOGICA CONTRACTOR OF THE PROPERTY OF THE PARTY OF T |                              |  |
|                                           | OPERATING                       | SPRINKLER OUTPUT                      |                                   | ALCOHOLOGICA CONTRACTOR OF THE PROPERTY OF THE PARTY OF T |                              |  |
|                                           | OPERATING                       | SPRINKLER OUTPUT                      |                                   | ALCOHOLOGICA CONTRACTOR OF THE PROPERTY OF THE PARTY OF T |                              |  |
| SIZE                                      | OPERATING PSI                   | SPRINKLER OUTPUT (GPM)                | OF SPRINKLERS                     | Number Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |  |
| SIZE  Reminder: Fo                        | OPERATING PSI  or sprinkler out | SPRINKLER OUTPUT (GPM)  put determina | OF SPRINKLERS                     | Number Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (cfs)                        |  |
| SIZE  Reminder: Fo                        | OPERATING PSI                   | SPRINKLER OUTPUT (GPM)  put determina | OF SPRINKLERS                     | Number Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (cfs)                        |  |
| SIZE  Reminder: Fo                        | OPERATING PSI  or sprinkler out | SPRINKLER OUTPUT (GPM)  put determina | OF SPRINKLERS tion use the refere | NUMBER USED  nce information at t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (CFS)                        |  |

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12. Drip Tape Information: N A

| DRIPPER<br>SPACING IN | GPM PER<br>100 FEET | TOTAL<br>LENGTH OF | MAXIMUM<br>LENGTH OF TAPE | TOTAL TAPE OUTPUT | Additional Information |
|-----------------------|---------------------|--------------------|---------------------------|-------------------|------------------------|
| INCHES                | TOOLEE              | TAPE               | USED                      | (CFS)             |                        |
|                       |                     |                    |                           |                   |                        |
|                       |                     |                    |                           |                   |                        |

13. Pivot Information: ♥▶

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT<br>OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|-----------------------------|--------------------------|
|              |                       |               |                             |                          |
|              |                       |               |                             |                          |

# E. Storage NA

 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

VEC N

Bulge in System / Reservoir

YES NO

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

2. Storage Tank:

| CAPACITY     | ABOVE GROUND OR BURIED |
|--------------|------------------------|
| (IN GALLONS) |                        |
|              |                        |

3. Bulge in System / Reservoir:

| ESERVOIR NAME OR NUMBER | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN |
|-------------------------|------------------------|--------------------------|
| (CORRESPOND TO MAP)     |                        | ACRE FEET)               |
|                         |                        |                          |

# F. Gravity Flow Pipe № N

(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:

| "c"    | AMOUNT OF | LENGTH OF PIPE | SLOPE                     | COMPUTED RATE OF WATER            |
|--------|-----------|----------------|---------------------------|-----------------------------------|
| FACTOR | FALL      |                |                           | FLOW (IN CFS)                     |
|        |           | AMISON         | AMOUNT CITE LENGTH OF THE | AMOUNT ELECTRICATION OF THE STORE |

| 2  | Draw | ida | colou | lations: |
|----|------|-----|-------|----------|
| 3. | PLUA | me  | calcu | IALIONS: |

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

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

Attach measurement notes.

# G. Gravity Flow Canal or Ditch &

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

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

YES NO

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

2. Complete the table:

| CANAL OR DITCH | TOP WIDTH | Воттом   | DEPTH | "N"    | AMOUNT  | LENGTH | SLOPE | COMPUTED |
|----------------|-----------|----------|-------|--------|---------|--------|-------|----------|
| Түре           | OF CANAL  | WIDTH OF |       | FACTOR | OF FALL | OF     |       | RATE     |
| (MATERIAL)     | OR DITCH  | CANALOR  |       |        |         | CANAL/ |       | (IN CFS) |
|                |           | DITCH    |       |        |         | DITCH  |       |          |
|                |           |          |       |        |         |        |       |          |

| 3  | Provi | de | ra | cul | ations: |
|----|-------|----|----|-----|---------|
| э. | FIUVI | ue | La | LUI | aliuns. |

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

| Who Made the              | MEASUREMENT METHOD    | MEASURED QUANTITY OF WATER |
|---------------------------|-----------------------|----------------------------|
| MEASUREMENT               | Lar Assessment bureau | (IN CFS)                   |
| The state of the state of |                       |                            |

Attach measurement notes.

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

non consumptive use

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# WALL 50848

Well # 2

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

WELL L.D. # L 90070 START CARD # 190903

| Instructions for completing this report are on the last page of this form.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) LAND OWNER Name Wallowa County Health Care O15 First  Address (O1 Medica) Farkyay City Enteronic State OR Zip 97828                                                  | (9) LOCATION OF WELL (legal description)  County Wallows  Tax Lot 100 Lot Eor W WM  Township 1 South N or S Range 44 E E Or W WM                                                                                                                                                                                                                                        |
| City Enterprise State OR   Zip 97828                                                                                                                                     | Township 1 30471 Nor S Range 44 8 E or W WM Section 35CA NW 1/4 SE 1/4                                                                                                                                                                                                                                                                                                  |
| (2) TYPE OF WORK ☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion                                                                     | Lat                                                                                                                                                                                                                                                                                                                                                                     |
| (3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud  Other Dug Well                                                                                            | Street Address of Well (or nearest address) 601 Medical Patrus                                                                                                                                                                                                                                                                                                          |
| (4) PROPOSED USE  Domestic Community Industrial Irrigation Thermal Injection Livestock Cother See Herma                                                                  | (10) STATIC WATER LEVEL  # 1' a be we'ft. below land surface.  Date 2-27-07  ft. below land surface.  Date                                                                                                                                                                                                                                                              |
| (5) BORE HOLE CONSTRUCTION Special Construction: Yes No Depth of Completed Well 201 ft.                                                                                  | Artesian pressure 0 lb. per square inch Date 2-27-07                                                                                                                                                                                                                                                                                                                    |
| Explosives used:  Yes No Type Amount                                                                                                                                     | (11) WATER BEARING ZONES Depth at which water was first found                                                                                                                                                                                                                                                                                                           |
| BORE HOLE Diameter From To Material From To Sacks or Pounds  20 Barbon + + 3 99 Sacks                                                                                    | From 20° Estimated Flow Rate SWL 150 gpm +1                                                                                                                                                                                                                                                                                                                             |
| 78                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |
| How was seal placed: Method                                                                                                                                              | (12) WELL LOG Ground Elevation                                                                                                                                                                                                                                                                                                                                          |
| Backfill placed from ft. to ft. Material  Gravel placed from ft. to ft. Size of gravel 3 Washed                                                                          | Top Soil From To SWL                                                                                                                                                                                                                                                                                                                                                    |
| (6) CASING/LINER Concete                                                                                                                                                 | Grey, Clay 3.5. 7                                                                                                                                                                                                                                                                                                                                                       |
| Diameter From To Gauge Steel Plastic Welded Threaded Casing: 7 +3 20 5 14 5                                                                                              | Sandy Grave (\$ 2- 20- +1                                                                                                                                                                                                                                                                                                                                               |
| Liner:                                                                                                                                                                   | RECEIVED                                                                                                                                                                                                                                                                                                                                                                |
| Drive Shoe used  Inside  Outside  None                                                                                                                                   | MAR 0 1 2007 CYCER THE COUNTER                                                                                                                                                                                                                                                                                                                                          |
| Final location of shoe(s)                                                                                                                                                | MAR 0 1 2007 OVER THE COUNTER                                                                                                                                                                                                                                                                                                                                           |
| (7) PERFORATIONS/SCREENS 2" n /2" Centers  Method Concrete Cashing                                                                                                       | WATER RESOURCES DEPT SALEM, OREGON                                                                                                                                                                                                                                                                                                                                      |
| Screens Type Material                                                                                                                                                    | Date Started 1-2-07 Completed 2-2-7-07                                                                                                                                                                                                                                                                                                                                  |
| From To Slot Number Diameter Tele/pipe Casing Liner  20' 14' 2'' 60 2'' 4' 8                                                                                             | (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.  WWC Number Date                     |
| (8) WELL TESTS: Minimum testing time is 1 hour Pump                                                                                                                      | Signed                                                                                                                                                                                                                                                                                                                                                                  |
| Yield gal/min Drawdown Drill stem at 150 gpm 18 18 4475                                                                                                                  | (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 |
| Temperature of water 50°F Depth Artesian Flow Found Was a water analysis done? Yes By whom 6°FFEE La Grander Did any strata contain water not suitable for intended use? | and belief.                                                                                                                                                                                                                                                                                                                                                             |
| Salty Muddy Odor Colored Other  Depth of strata:                                                                                                                         | Signed Janiel W. W. Signed Janiel 2. 77-67                                                                                                                                                                                                                                                                                                                              |

## **SECTION 4**

# SYSTEM DESCRIPTION

# Are there multiple POAs?



NO

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

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

| ***** |               |  |  | _ |
|-------|---------------|--|--|---|
| Now   | <del>43</del> |  |  |   |

# A. Place of Use

1. Is the right for municipal use?

YES



If "YES" the table below may be deleted.

| TWP      | RNG        | Mer                     | SEC | QQ                | GLot              | DLC | Use | IF IRRIGATION, # PRIMARY ACRES | IF IRRIGATION, # SUPPLEMENTAL ACRES |
|----------|------------|-------------------------|-----|-------------------|-------------------|-----|-----|--------------------------------|-------------------------------------|
|          |            | 165 - 167 - 200 TB, 158 |     | D 204 F 20 ST 728 | gran President of | -   |     | Jichea                         | Actes                               |
| Total Ac | res Irriga | ated                    |     |                   |                   |     |     |                                |                                     |

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?



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:

manhole cover on top of 4° \$ conc. sump

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

| 4.       | 20     | 20'   | 2/27/07       |             |                 | wclarthy     |
|----------|--------|-------|---------------|-------------|-----------------|--------------|
|          |        |       | ORIGINAL WELL | ALTERATIONS |                 |              |
| DIAMETER | DEPTH  | DEPTH | DATE OF       | DATES OF    | WAS DRILLED FOR |              |
| CASING   | CASING | TOTAL | COMPLETION    | COMPLETION  | WHO THE WELL    | WELL DRILLED |

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.

| well log | attached |
|----------|----------|
|----------|----------|

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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  | MAXIMUM DEPTH | SURFACE AREA (IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VOLUME IN CUBIC FEET OR ACRE FEET |
|--------|-------|----------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |       | DIAMETER |               | ACRES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |
| 20     | 40    |          | 20            | And the second s | -                                 |

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

| 4' o concrete manhole sections       | ų"                                |
|--------------------------------------|-----------------------------------|
| (CONCRETE, CONCRETE TILES, OR STEEL) | PROVIDE THE THICKNESS OF THE WALL |
| CURBING MATERIAL                     | IF CONCRETE,                      |

# 4. Provide sump volume calculations:

# 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 <u>and</u> apply the water from the point of appropriation to the place of use.

# 1. Is a pump used?



NO

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

2. Pump Information:

| EPG Surepump | U50 PT30-4 |               | submersible                   |             | And the second second second |
|--------------|------------|---------------|-------------------------------|-------------|------------------------------|
|              |            |               | SUBMERSIBLE)                  |             | SIZE                         |
| MANUFACTURER | Model      | SERIAL NUMBER | Type (CENTRIFUGAL, TURBINE OR | INTAKE SIZE | DISCHARGE                    |

#### 3. Motor Information:

| Manufacturer |        |     | HORSEPOWER |
|--------------|--------|-----|------------|
|              | 7.5 Mp | 440 | V          |
|              |        |     |            |

4. Theoretical Pump Capacity:

| Horsepower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OPERATING PSI | LIFT FROM SOURCE TO PUMP    | LIFT FROM PUMP TO | TOTAL PUMP |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|-------------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | *IF A WELL, THE WATER LEVEL | PLACE OF USE      | OUTPUT     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | DURING PUMPING              | 图 图 图 图 图         | (IN CFS)   |
| MAXIMA AND BERTHAM DEPARTMENT OF THE PROPERTY |               |                             |                   | 13         |

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| 6. Measur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed Pump Capa                                     | city (using me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ter if meter was                        | present and system     | n was operating):                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|--------------------------------------------------------|
| INITIAL MET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er Reading                                       | ENDING METER I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Reading Dut                             | OBSERVED               | TOTAL PUMP OUTPUT (IN CFS)                             |
| 7. Is the di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | stribution syst                                  | e <b>m piped?</b><br>em 13 may be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eference informate a co turnal deleted. | ion at the end of this | s document. hospital (ES) NO                           |
| B. Mainlin Mainli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne Information                                   | LENGTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Type                                    | OF PIPE                | BURIED OR ABOVE GROUND                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2735 199-50 2011                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                                                        |
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| ). Lateral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or Handline In                                   | formation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                        |                                                        |
| SER SELECTION OF SELECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or Handline In                                   | formation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | OF PIPE                | Buried or Above Ground                                 |
| SER SELECTION OF SELECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STATE OF THE PROPERTY OF THE                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | OF PIPE                | Buried or Above Ground                                 |
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| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANDLINE SIZE                                     | LENGTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | OF PIPE                | Buried or Above Ground                                 |
| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANDLINE SIZE                                     | LENGTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TYPE                                    |                        |                                                        |
| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ler Information OPERATING                        | LENGTH  1:~ 4  SPRINKLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE                                    | MAXIMUM                | Total Sprinkler Output                                 |
| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANDLINE SIZE                                     | LENGTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TYPE                                    |                        |                                                        |
| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ler Information OPERATING                        | LENGTH  1:> &  SPRINKLER  OUTPUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TYPE                                    | MAXIMUM                | Total Sprinkler Output                                 |
| ATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ler Information OPERATING                        | LENGTH  1:> &  SPRINKLER  OUTPUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TYPE                                    | MAXIMUM                | Total Sprinkler Output                                 |
| O. Sprinkl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ler Information OPERATING PSI                    | LENGTH  1: V &  SPRINKLER  OUTPUT  (GPM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL NUMBER OF SPRINKLERS              | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS)                        |
| LO. Sprinkl SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ler Information OPERATING PSI  or sprinkler out  | LENGTH  1:-V &  SPRINKLER  OUTPUT  (GPM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL NUMBER OF SPRINKLERS              | MAXIMUM<br>NUMBER USED | Total Sprinkler Output                                 |
| O. Sprinkl Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ler Information OPERATING PSI  For sprinkler out | LENGTH  CONTROL  SPRINKLER  OUTPUT  (GPM)  Control  Contr | TOTAL NUMBER OF SPRINKLERS              | MAXIMUM NUMBER USED    | TOTAL SPRINKLER OUTPUT (CFS)  he end of this document. |
| O. Sprinkl SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ler Information OPERATING PSI  or sprinkler out  | LENGTH  1:-V &  SPRINKLER  OUTPUT  (GPM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL NUMBER OF SPRINKLERS              | MAXIMUM<br>NUMBER USED | TOTAL SPRINKLER OUTPUT<br>(CFS)                        |

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12. Drip Tape Information: N .

| LENGTH OF TAPE | 0      |                                         |
|----------------|--------|-----------------------------------------|
| 221121121121   | OUTPUT | et et en anjohr en en en en en en en en |
| USED           | (CFS)  |                                         |
|                |        |                                         |
|                |        |                                         |
| 1000           | USED   | USED (CFS)                              |

13. Pivot Information: N >

| Manufacturer | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
|              |                       |               |                          |                          |

# E. Storage N★

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: NA

| 2. Storage rank.                    |              |                        |
|-------------------------------------|--------------|------------------------|
| MATERIAL                            | CAPACITY     | ABOVE GROUND OR BURIED |
| (CONCRETE, FIBERGLASS, METAL, ETC.) | (IN GALLONS) |                        |
|                                     |              |                        |

3. Bulge in System / Reservoir:

| RESERVOIR NAME OR NUMBER | APPROXII | mate Dam Height | APPROXIMATE CAPACITY (IN |
|--------------------------|----------|-----------------|--------------------------|
| (CORRESPOND TO MAP)      |          |                 | ACRE FEET)               |
|                          |          |                 |                          |

# F. Gravity Flow Pipe ~~

(THE DEPARTMENT TYPICALLY USES THE HAZEN-WILLIAM'S FORMULA FOR A GRAVITY FLOW PIPE SYSTEM)

1. Does the system involve a gravity flow pipe?

YES NO

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

2. Complete the table:

| PIPE SIZE | PIPE | "C"    | AMOUNT OF | LENGTH OF PIPE                                                    | SLOPE | COMPUTED RATE OF WATER |
|-----------|------|--------|-----------|-------------------------------------------------------------------|-------|------------------------|
|           | TYPE | FACTOR | FALL      | (2014年8年 ) (2414年1月2日)<br>第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十 |       | FLOW (IN CFS)          |
|           |      |        |           |                                                                   |       |                        |

## 3. Provide calculations:

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WR

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

| DATE OF MEASUREMENT | Who Made the | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER |
|---------------------|--------------|--------------------|----------------------------|
|                     | Measurement  |                    | (IN CFS)                   |
|                     |              |                    |                            |

Attach measurement notes.

# G. Gravity Flow Canal or Ditch NA

(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 | TOP WIDTH | Воттом   | DEPTH | "N"    | AMOUNT  | LENGTH | SLOPE | Сомритер |
|----------------|-----------|----------|-------|--------|---------|--------|-------|----------|
| Түре           | OF CANAL  | WIDTH OF |       | FACTOR | OF FALL | OF     |       | RATE     |
| (MATERIAL)     | OR DITCH  | CANAL OR |       |        |         | CANAL/ |       | (IN CFS) |
|                |           | DITCH    |       |        |         | Ditch  |       |          |
|                |           |          |       |        |         |        |       |          |
|                |           |          |       |        |         |        |       |          |

|   |             | 1107274 |     | -0 |      |    |    |
|---|-------------|---------|-----|----|------|----|----|
| ~ | Prov        |         |     |    | - 4: | -  |    |
| - | PARCE AND A | MA      | F-3 |    | DT!  | On | c. |
|   |             |         |     |    |      |    |    |

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

| n | ON | consumptive | USE |
|---|----|-------------|-----|

RECEIVED

# WALL 508491

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

50849

WELL I.D. # L 9007/ START CARD # 190904

| that actions for compreting this report are on the fast page of this for it.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) LAND OWNER Name Wallowa County Health Care Orst. Address (1) Medical Rackway City Enterprise State OF Zip 97828                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (9) LOCATION OF WELL (legal description) County Wallow Lot Tax Lot 100 Lot Township 1504 N or S Range 44 E E or W WM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (2) TYPE OF WORK New Well  Deepening Alteration (repair/recondition) Abandonment Conversion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Section <b>35C4</b> NW 1/4 <b>5E</b> 1/4  Lat ' ' or (degrees or decimal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lato' _" or (degrees or decimal)  Longo' _" or (degrees or decimal)  Street Address of Well (or nearest address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (4) PROPOSED USE  Domestic Community Industrial Irrigation Thermal Injection Livestock Other Construction: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (10) STATIC WATER LEVEL  1. below land surface.  1. below land surface.  Artesian pressure   Date   Date |
| Depth of Completed Well  Explosives used:   BORE HOLE  Diameter From To Material From To Sacks or Pounds  Material From To Sacks or Pounds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Depth at which water was first found 7  From To Estimated Flow Rate SWL 150 94 m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| How was seal placed: Method A B C D E  Mother Backfill placed from ft. to ft. Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (12) WELL LOG Ground Elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Gravel placed from ft. to ft. Size of gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 700 Se; 1 0 2'<br>8ch Clay 2' 3.5'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Casing: 4 73 20 5 This   Plastic Welded Threaded   Casing: 4 73 20 5 This   Casing: 4 13 20 5 Th | RECEIVED RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Final location of shoe(s)  (7) PERFORATIONS/SCREENS Perforations Method Screens Type Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WATER RESOURCES DEPT Date Started AFM OFFION Completed 2-27-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| From To Slot Number Diameter Tele/pipe Casing Liner  20' 14' 2" 60 \$2 4" \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (unbonded) Water Well Constructor Certification  1 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (8) WELL TESTS: Minimum testing time is 1 hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Vield gal/min Drawdown Drill stem at Time    Solution   Proving Artesian   Proving Artesian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (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.  Date 2-27-07  Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian  Yield gal/min  Drawdown  Drill stem at  Time  Temperature of water 50 - Depth Artesian Flow Found  Was a water analysis done? Yes By whom  Did any strata contain water not suitable for intended use?  Salty Muddy Odor Colored Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WWC Number Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

#### **SECTION 4**

# SYSTEM DESCRIPTION

# Are there multiple POAs?



NO

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

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

| Well | 少4 |  |  |
|------|----|--|--|

# A. Place of Use

1. Is the right for municipal use?

YES



If "YES" the table below may be deleted.

| TWP        | RNG       | MER  | SEC | QQ | GLOT | DLC   | Use | IF IRRIGATION, | If IRRIGATION, # |
|------------|-----------|------|-----|----|------|-------|-----|----------------|------------------|
|            |           |      |     |    |      |       |     | # PRIMARY      | SUPPLEMENTAL     |
|            |           |      |     |    |      | 23.01 |     | Acres          | Acres            |
|            |           |      |     |    |      |       |     |                |                  |
|            |           |      |     |    |      |       |     |                |                  |
| Total Acre | es Irriga | ited |     | 10 |      |       |     |                |                  |

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?



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:

# 2" p.pe cap on top of flawqued well top

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

| 12"      | 18'    | 78'   | 10/1/2014     |             | WCHCD           | Zollman         |
|----------|--------|-------|---------------|-------------|-----------------|-----------------|
|          |        |       | ORIGINAL WELL | ALTERATIONS |                 |                 |
| DIAMETER | DEPTH  | DEPTH | DATE OF       | DATES OF    | WAS DRILLED FOR |                 |
| CASING   | CASING | TOTAL | COMPLETION    | COMPLETION  | Who the well    | WELL DRILLED BY |

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.

| well | 109 | attached |
|------|-----|----------|
|      |     |          |

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# C. Groundwater Source Information (Sump)

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

ES 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  | MAXIMUM DEPTH | SURFACE AREA (IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VOLUME IN CUBIC FEET OR ACRE FEET |
|--------------|----------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|              | DIAMETER |               | ACRES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |
|              |          |               | and the control of th |                                   |
|              |          |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |

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

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

|   | <ol><li>Provide sump volume calc</li></ol> | ulations: |  |
|---|--------------------------------------------|-----------|--|
| Г |                                            |           |  |
|   |                                            |           |  |
|   |                                            |           |  |
| 1 |                                            |           |  |
|   |                                            |           |  |

# 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 <u>and</u> apply the water from the point of appropriation to the place of use.

Is a pump used?



NO

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

2. Pump Information:

| MANUFACTURER | Model    | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR | INTAKE SIZE | DISCHARGE |
|--------------|----------|---------------|-------------------------------|-------------|-----------|
|              |          |               | SUBMERSIBLE)                  |             | SIZE      |
| Berkeley     | GTW4-450 |               | submers, ble                  | 6           | (su       |

3. Motor Information:

| Manufacturer |    |    |      | Horsepower |
|--------------|----|----|------|------------|
|              | 15 | hp | 4600 | VFD        |
|              |    |    |      |            |

4. Theoretical Pump Capacity:

| Horsepower | OPERATING PSI | LIFT FROM SOURCE TO PUMP    | LIFT FROM PUMP TO | TOTAL PUMP |
|------------|---------------|-----------------------------|-------------------|------------|
|            |               | *IF A WELL, THE WATER LEVEL | PLACE OF USE      | ОИТРИТ     |
|            |               | DURING PUMPING              |                   | (IN CFS)   |
|            |               |                             |                   | 1.0        |

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Revised 7/1/2021

| 6. Measure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Pump Capa                                         | city (using me                                          | ter if meter was           | present and system       |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------|--------------------------|-------------------------------------------------------|
| INITIAL METE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r Reading                                            | ENDING METER                                            | READING DUI                | RATION OF TIME  OBSERVED | TOTAL PUMP OUTPUT (IN CFS)                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                         |                            |                          |                                                       |
| Reminder: For the distance of the second sec | or pump calcul<br>stribution syst<br>ns 8 through it | em piped? (em 13 may be                                 | e deleted.                 | ion at the end of this   | S document.                                           |
| 8. Mainlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e Information                                        | : NP                                                    |                            |                          |                                                       |
| Mainlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VE SIZE                                              | LENGTH                                                  | I YPE (                    | OF PIPE                  | Buried or Above Ground                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                         |                            |                          |                                                       |
| ATERAL OR HA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | er Information                                       |                                                         | ТҮРЕ                       | OF PIPE                  | BURIED OR ABOVE GROUND                                |
| LATERAL OR H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ANDLINE SIZE                                         | LENGTH                                                  |                            | MAXIMUM NUMBER USED      | Buried or Above Ground  Total Sprinkler Output  (cfs) |
| 10. Sprinkle SIZE  Reminder: Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er Information OPERATING PSI                         | LENGTH  1: NA  SPRINKLER  OUTPUT  (GPM)  cput determina | TOTAL NUMBER OF SPRINKLERS | MAXIMUM<br>Number Used   | Total Sprinkler Output                                |

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12. Drip Tape Information: VA

| DRIPPER    | GPM PER  | TOTAL     | MAXIMUM        | TOTAL TAPE | Additional Information |
|------------|----------|-----------|----------------|------------|------------------------|
| SPACING IN | 100 FEET | LENGTH OF | LENGTH OF TAPE | OUTPUT     |                        |
| INCHES     |          | TAPE      | USED           | (CFS)      |                        |
|            |          |           |                |            |                        |
|            |          |           |                |            |                        |
|            |          |           |                |            |                        |

13. Pivot Information: NA

| Manufacturer | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
|              |                       |               |                          |                          |
|              |                       |               |                          |                          |
|              |                       |               |                          |                          |

# E. Storage NA

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

3. Bulge in System / Reservoir:

| RESERVOIR NAME OR NUMBER | APPROXIMATE DAM HEIGHT | APPROXIMATE CAPACITY (IN |
|--------------------------|------------------------|--------------------------|
| (CORRESPOND TO MAP)      |                        | ACRE FEET)               |

# F. Gravity Flow Pipe NA

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

|    |         | 1000   |          |
|----|---------|--------|----------|
| 3  | Dravida |        | :        |
| -6 | PERMINA | C31511 | DILLIDE. |

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

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

Attach measurement notes.

# G. Gravity Flow Canal or Ditch NA

(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 | TOP WIDTH                 | Воттом   | DEPTH | "N"    | AMOUNT  | LENGTH | SLOPE | COMPUTED |
|----------------|---------------------------|----------|-------|--------|---------|--------|-------|----------|
| Түре           | OF CANAL                  | WIDTH OF |       | FACTOR | OF FALL | OF     |       | RATE     |
| (MATERIAL)     | OR DITCH                  | CANALOR  |       |        |         | CANAL/ |       | (IN CFS) |
|                | a la company constitue de | DITCH    | 100   |        |         | Diтcн  |       |          |
|                |                           |          |       |        |         |        |       |          |
|                |                           |          |       |        |         |        |       |          |

| <ol><li>Provide calcu</li></ol> | lations. |
|---------------------------------|----------|

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

| DATE OF MEASUREMENT | Who Made the | MEASUREMENT METHOD | MEASURED QUANTITY OF WATER |
|---------------------|--------------|--------------------|----------------------------|
|                     | Measurement  |                    | (IN CFS)                   |
|                     |              |                    |                            |

Attach measurement notes.

H. Additional notes or comments related to the system:

| A-A-A | c =14 | sumptive     | UAR |
|-------|-------|--------------|-----|
| non   | CON   | 200006 4 100 | ~   |

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537 765 & OAR 690-205-0210)

WALL 51231

V- V- - -1

WELL I.D. LABEL# L 116901

START CARD # 1024339

ORIGINAL LOG #

| (as required by ORS 537.765 & OAR 690-205-0210)                         | 10/7/2014               | ORIGINAL LOG#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T              |                  |
|-------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| (1) LAND OWNER Owner Well I.D.                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| First Name Last Name                                                    |                         | TON OF WELL (legal d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | escription)    |                  |
| Company WALLOWA MEMORIAL HOSPITAL                                       | (5) 200                 | OWA Twp 1.00 S N/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -              | E EAU WA         |
| Address 601 MEDICAL PARKWAY                                             |                         | NE 1/4 of the SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                  |
| City ENTERPRISE State OR Zip 97828                                      | Tax Map Numb            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| (2) TYPE OF WORK New Well Deepening                                     | Tat Comment             | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | DMS or DD        |
| Alteration (complete 2a & 10)   Abandonn                                | nent(complete 5a) Long  | ' " ог                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | DMS or DD        |
| Dia + From To Gauge Stl Plstc Wld                                       | 0.                      | reet address of well Nea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rest address   |                  |
| Casing:                                                                 | 601 MEDICAL             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| Material From To Amt sacks/lbs                                          | ENTERPRISE              | , OR 97828                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                  |
| Seal: (3) DRILL METHOD                                                  | (10) STATI              | C WATER LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                  |
| Rotary Air Rotary Mud Cable Auger Cable                                 | Mud                     | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SWL(psi) +     | SWL(ft)          |
| Reverse Rotary Other                                                    | Existing W              | ell / Pre-Alteration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                  |
|                                                                         | Completed               | 13/1/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D-11-1-2       | 5.5              |
| (4) PROPOSED USE Domestic Irrigation Com                                |                         | Flowing Artesian?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 2.20             |
| Industrial/Commercial Livestock Dewatering                              |                         | NG ZONES Depth was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                  |
| X Thermal Injection Other                                               | SWL Date                | From To Est                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Flow SWL(psi)  | + SWL(ft)        |
|                                                                         | (Attach copy) 9/15/2014 | 5.5 100 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100            | 5.5              |
| Depth of Completed Well 100.00 ft.                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| BORE HOLE SEAL Dia From To Material From T                              | sacks/                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| 20 0 91 Bentonite Chips 0 19                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| 12 91 100                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
|                                                                         | (11) WELL               | LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                  |
|                                                                         |                         | CHARITE FACVALAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                  |
| How was seal placed: Method A B C C Other POURED BENTONITE              | D E Filled and Pack     | Material ad Gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From 0         | To 8             |
| Backfill placed from ft. to ft. Material                                | Course Sand an          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8              | 36               |
| Filter pack from 19 ft. to 84 ft. Material PEA GRAV                     | Size 3/8 Course Sand an | d Large River Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 36             | 65               |
| Explosives used: Yes Type Amount                                        | Course Sand             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 65             | 68               |
| (5a) ABANDONMENT USING UNHYDRATED BENT                                  | Triodiani dia           | ne Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 68             | 100              |
| Proposed Amount Actual Amount                                           | ONITE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
|                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| (6) CASING/LINER Casing Liner Dia + From To Gauge Stl                   | Pistc Wid Thrd          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| <ul> <li>12</li> <li>2</li> <li>78</li> <li>.25</li> <li>0</li> </ul>   |                         | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                  |
|                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | <del> </del>     |
| Q $Q$ $Q$ $Q$ $Q$ $Q$ $Q$ $Q$ $Q$ $Q$                                   | 9111                    | JUN 2 0 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                  |
| R + H + H + H + H                                                       | <del></del>             | JUN 2 0 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                  |
| Shoe Inside Outside Other Location of shoe                              |                         | OWRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                  |
| Temp casing Yes Dia From T                                              |                         | Ovario                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -              | +                |
|                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -              |                  |
| (7) PERFORATIONS/SCREENS Perforations Method Machine Slotted            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| Screens Type Material                                                   | Date Started            | 9/15/2014 Comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lete 10/1/2014 |                  |
| Perf/ Casing/ Screen Scrn/slot Slot                                     | # of Tele/              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| Screen Liner Dia From To width length Perf Casing 12 19 78 .188 3       |                         | ater Well Constructor Certific<br>ne work I performed on the con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | an alteration or |
| Fen Casing 12 19 /6 ,186 3                                              |                         | of this well is in compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                  |
|                                                                         | construction sta        | undards. Materials used and inf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -              | 11 -             |
|                                                                         |                         | mowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                  |
|                                                                         | License Numbe           | Date of the Date o | te             |                  |
| 8) WELL TESTS: Minimum testing time is 1 hour                           | Signed                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
| Pump Bailer Air Flow                                                    | ving Artesian           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
|                                                                         |                         | r Well Constructor Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7.55           |                  |
| 300 75                                                                  |                         | sibility for the construction, de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                  |
|                                                                         |                         | on this well during the construc-<br>ng this time is in compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                  |
| Temperature 52 °F Lab analysis Yes By                                   |                         | ndards. This report is true to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                  |
|                                                                         | License Numbe           | r 1881 Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e 10/7/2014    | med              |
| Water quality concerns? Yes (describe below) TDS amount Description Air | ount Units              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/7/2017      |                  |
|                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |
|                                                                         | Contact Info (or        | otional) Garry Zollman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                  |
| ORIGINAL - WATI                                                         | ER RESOURCES DEPARTMENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                  |

Item: Well Water Monthly Total Flow

Current Value: 1.01159E7 Gal Normal

View: Trend

Selected Extension: Trend - Present Value

**Time:** 9/12/17, 4:22:55 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 0.0

Time: 9/13/17, 11:35:25 AM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.15538E7

Time: 9/30/17, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.10125E7

Time: 10/31/17, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.2168E7

Time: 11/30/17, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.24295E7

Time: 12/31/17, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.07688E7

Time: 1/31/18, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 5331838.0

Time: 2/28/18, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 6367631.0

Time: 3/31/18, 11:58:01 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 8684315.0

Time: 4/30/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.04437E7

Time: 5/31/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.30342E7

Time: 6/30/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.33884E7

Time: 7/31/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.44295E7

Time: 8/31/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.40904E7

**Time:** 9/30/18, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.13925E7

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Time: 11/30/18, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.10581E7

Time: 12/31/18, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.13086E7

Time: 1/31/19, 11:58:01 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.19346E7

Time: 2/28/19, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.03486E7

Time: 3/31/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.04829E7

Time: 4/30/19, 11:58:01 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9878173.0

Time: 5/7/19, 12:09:39 AM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.24295E7

**Time:** 5/7/19, 4:19:43 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 0.0

Time: 5/7/19, 4:20:08 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.24295E7

**Time:** 5/31/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 6213508.0

**Time:** 6/30/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.06766E7

Time: 7/31/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.06485E7

Time: 8/31/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.07349E7

**Time:** 9/5/19, 9:56:46 AM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.07349E7

Time: 9/30/19, 11:58:00 PM PDT

Male Water Manythy Fotal Flow, Trend (Gal): 1.09065E7

Time: 10/31/19, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.14841E7

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Time: 11/30/19, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.09685E7

Time: 12/31/19, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.13416E7

Time: 1/31/20, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.14729E7

Time: 2/29/20, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.04453E7

Time: 3/31/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.13907E7

Time: 4/30/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.0694E7

Time: 5/31/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.08957E7

Time: 6/30/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.05162E7

Time: 7/31/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.06232E7

Time: 8/31/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.07482E7

Time: 9/8/20, 6:25:39 AM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.07482E7

Time: 9/30/20, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.03398E7

Time: 10/31/20, 11:58:00 PM PDT RECEIVED

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Well Water Monthly Total Flow.Trend (Gal): 1.07135E7

Time: 11/30/20, 11:58:00 PM PST OWRD

Well Water Monthly Total Flow.Trend (Gal): 9706807.0

Time: 12/31/20, 11:58:00 PM PST

Well water Monthly Total Flow Trend (Gal): 9534456.0 Page 3 of 5

Time: 1/31/21, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 9543709.0

Time: 2/28/21, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 8609582.0

Time: 3/31/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9913067.0

Time: 4/30/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9746402.0

Time: 5/31/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.05608E7

Time: 6/30/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.01743E7

Time: 7/31/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.03553E7

Time: 8/31/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.04198E7

Time: 9/30/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.01541E7

Time: 10/31/21, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.10291E7

Time: 11/30/21, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.09529E7

Time: 12/31/21, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 1.07787E7

Time: 1/31/22, 11:58:00 PM PST

Well Water Monthly Total Flow.Trend (Gal): 8664632.0 RECEIVED

Time: 2/28/22, 11:58:00 PM PST JUN 2 0 2023

Well Water Monthly Total Flow.Trend (Gal): 7697092.0

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3/31/22, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9607588.0

**Primte**d on 9/14/2022, 10:04:49 AM 4/30/22, 11:58:00 PM PDT Page 4 of 5

Well Water Monthly Total Flow.Trend (Gal): 1.02566E7

Time: 5/21/22 11-58-00 DM DDT

11116. JOHZZ, 11.00.00 FIVI FDI

Well Water Monthly Total Flow.Trend (Gal): 1.01535E7

Time: 6/30/22, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9391123.0

Time: 7/31/22, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 9673130.0

Time: 8/31/22, 11:58:00 PM PDT

Well Water Monthly Total Flow.Trend (Gal): 1.0116E7

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# Well #1 (L90069)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

# Well #2 (L90070)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

# Well #3 (L90071)

Make: EPG Surepump

Model: VSDPT30-4,

Horsepower: 7.5,

Voltage: 460V,

GPM: 150

# Well #4 (L116901)

Make: Berkeley

Model: 6TMH-450,

Horsepower: 15hp,

Voltage: 460v - VFD,

GPM: 450

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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:

|                                   | 111 | 228 | FROM RMITZ006 | DATE ACCOMPLISHED* | DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS |
|-----------------------------------|-----|-----|---------------|--------------------|---------------------------------------------------------------------------|
| ISSUANCE DATE                     | 71  | 181 | 2016          |                    |                                                                           |
| BEGIN CONSTRUCTION (A)            |     | -   | 107           | 2127107            | wells 1,2,3 completed                                                     |
| COMPLETE CONSTRUCTION (B)         | 9   | 115 | 12014         | 1011 (2014         | well 4 completed                                                          |
| COMPLETE APPLICATION OF WATER (C) |     |     |               | 3/18/2007          | nospital opened and water used for HUKC                                   |

<sup>\*</sup> MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

# Is there an extension final order(s)?



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?



NO

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

b. Were the Progress Reports submitted?



NO

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

#### 3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?

YES



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

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

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 |
|---------------------|---------------------|--------|-------------|
|                     |                     |        |             |

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

| a.   | Was the water user required to submit annual static water level measurements?    | YES   | (NO) |
|------|----------------------------------------------------------------------------------|-------|------|
| lf ' | "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 n | nade: |      |
| 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 |
|---------------------|---------------------|--------|-------------|
|                     |                     |        |             |
|                     |                     |        |             |

# 5. Pump Test:

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



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.

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?

VES

NO

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

requested

NO

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

7 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?
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?



NO

#### c. Meter Information

| POD/POA<br>Name or # | MANUFACTURER | SERIAL# | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|----------------------|--------------|---------|----------------------------|-----------------------|----------------|
| 1,2,3,4              | ONICON       | 150028  | working                    |                       | 2007           |
|                      | model F-1211 |         | •                          |                       |                |

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

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

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:

f. Measurement Device Description

| DEVICE DESCRIPTION | CONDITION (WORKING OR NOT) | DATE INSTALLED |
|--------------------|----------------------------|----------------|
|                    |                            |                |

# 7. Recording and reporting conditions:

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



NO

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

b. Have the reports been submitted?



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



b. Was submittal of a ground water monitoring plan required?

YES (



c. Was submittal of a water management and conservation plan required?

YES



d. Was a Well Identification Number (Well ID tag) assigned and attached

YES

NO

to the well?

|          |                       | £1 | L90069  |
|----------|-----------------------|----|---------|
| WELL ID# | DATE ATTACHED TO WELL | #2 | L90070  |
|          | _                     | #3 | L90071  |
|          | 7.                    | 当4 | L116901 |

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):

tags were attached

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#### **SECTION 6**

#### **ATTACHMENTS**

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

| ATTACHMENT NAME | DESCRIPTION       |
|-----------------|-------------------|
|                 | well logs         |
|                 | pump info         |
|                 | water use reports |

#### **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.

determined by wallowa Associates, Enterprise, Oregon using 2020 survey for reset center of section

#### Nathan Elliott

(541)426-5400

Nathan.elliott@wchcd.org

JUN 2 0 2023 OWRD

Wallowa Memorial Hospital

601 Medical Parkway

Enterprise, OR 97828

Application # G-16757

Permit # G-17639

Permit Amendment # T-12285

# Attached:

- 1. Claim of Beneficial Use packet.
- 2. Check for fee of \$230 to submit claim of beneficial use.