

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



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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

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

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

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

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION # G-18654	PERMIT # (IF APPLICABLE) G-18247	PERMIT AMENDMENT # (IF APPLICABLE) T-
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2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Vernon and Amelia Keffer		PHONE NO. 208-741-0296	ADDITIONAL CONTACT No.
ADDRESS 1043 Hwy 20-26			
CITY Ontario	STATE OR	ZIP 97914	E-MAIL Vbark9@gmail.com

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

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

PERMIT HOLDER OF RECORD Vernon L. Keffer		
ADDRESS 1043 Hwy 20-26		
CITY Ontario	STATE OR	ZIP 97914

ADDITIONAL PERMIT HOLDER OF RECORD Amelia Keffer		
ADDRESS 1043 Hwy 20-26		
CITY Ontario	STATE OR	ZIP 97914

4. Date of Site Inspection:

6/28/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Vern Keffer	6/28/2023	Permit Holder/Irrigator

6. County:

Malheur

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

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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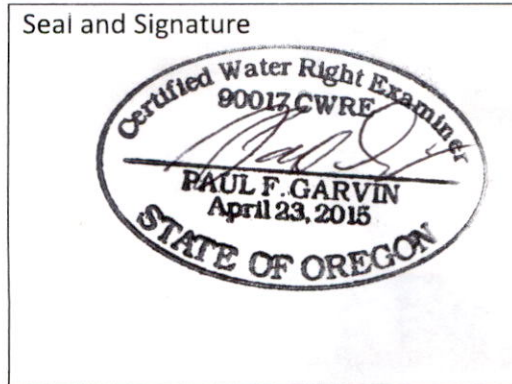
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SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

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



CWRE NAME Paul Garvin		PHONE NO. 503-347-7188	ADDITIONAL CONTACT NO.
ADDRESS 1705 Main St. Ste. 101			
CITY Baker City	STATE OR	ZIP 97814	E-MAIL Garvin.hydrogeo@gmail.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
	Vernon Keffer	Permit Holder of Record	7-11-23
	Amelia Keffer	Permit Holder of Record	7-10-23

**SECTION 3
CLAIM DESCRIPTION**

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
Well 2	MALH 54429 and MALH 54475	L-126977

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well 2	Snake River	Malheur River

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

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
Well 2	Irrigation	Pasture	3/1/ - 10/31	0.126 cfs
Total Quantity of Water Used				0.126 cfs

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

Water is appropriated from the well and travels ESE via a 4" buried pvc mainline, the 4" mainline branches approximately 165' E of the well where it either continues E for approximately 260' where it feeds 3" buried pvc laterals with sprinkler risers, or travels S for approximately 440', then W for 640' where it feeds 2" buried pvc laterals with sprinkler risers. The 4" mainline terminates at a riser at the SW corner of the property that feeds 3" aluminum above ground handlines with sprinkler risers, one wheel line with sprinklers, and one "big gun" sprinkler that irrigates the NW portion of the 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.

YES NO

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

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 2	0.125 cfs	0.128 cfs	0.126 cfs	Irrigation	11.97	11.97

**SECTION 4
SYSTEM DESCRIPTION**

Are there multiple POAs?

YES **NO**

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

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

A. Place of Use

1. Is the right for municipal use?

YES **NO**

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
18S	46E	WM	29	NWNE			Irrigation	9.92	
18S	46E	WM	29	NENW			Irrigation	2.05	
Total Acres Irrigated								11.97	

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

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

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

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

C. Groundwater Source Information (Sump)

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

YES **NO**

D. Diversion and Delivery System Information

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

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YES NO

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1. Is a pump used?

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos	P11804	35S50-19	submersible	2"	2"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Grundfos	5

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
5	45		160'	0.128

5. Provide pump calculations:

(Well 2 pump):

Lift = (120' + 40') = 160'. (Pump is set at 120' bgs, well is 40' lower than highest irrigated area)

Efficiency = 7.04; hp = 5; psi head = 114.3'

Theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = **0.128 cfs**

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

INITIAL METER READING (GAL)	ENDING METER READING (GAL)	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
198217	198234	30 minutes	0.126 cfs

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

7. Is the distribution system piped?

YES NO

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

8. Mainline Information:

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
4"	1522	PVC	Buried

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
3" Lateral	2,520'	PVC	Buried
2" Lateral	1,060'	PVC	Buried
3" Handline	28 x 30' = 840'	Aluminum	Above

10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
5/32"	45	4.7	20	10	0.21
9/64"	45	3.7	15	15	0.12
1/8"	45	3.0	53	12	0.08
0.4"	45	29	1	1	0.06

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

E. Storage

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

YES NO

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

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

H. Additional notes or comments related to the system:

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SECTION 5 CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	8/14/2019		
BEGIN CONSTRUCTION (A)	-	2/20/2018	Started drilling well
COMPLETE CONSTRUCTION (B)	-	8/2021	Well and irrigation system fully in place
COMPLETE APPLICATION OF WATER (C)	8/14/2024	4/2022	Water applied fully across place of use

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

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

YES NO

3. Initial Water Level Measurements:

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

YES NO

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?

YES NO

5. Pump Test:

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

YES NO

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

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?

YES NO

c. Is the pump test attached to this claim?

YES NO

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

YES NO

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

YES NO

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

6. Measurement Conditions:

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

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

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

b. Has a meter been installed? YES NO

c. Meter Information

POD/POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 2	DAE	18 012999	working	198235*100	

7. Recording and reporting conditions:

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

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

a. Were there special well construction standards? YES NO

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

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

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

WELL ID #	DATE ATTACHED TO WELL
L-126977	3/2018

e. Other conditions? YES NO

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

Well log ID tag welded to casing on 3/2018

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**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION

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.

Map created using GIS software with aerial imagery, publicly available GIS data, and ground truthing.

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Map Checklist

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

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

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

5/11/2018

(1) LAND OWNER Owner Well I.D. _____
 First Name VERNON Last Name KEFFER
 Company _____
 Address 1043 US HWY 20-26
 City ONTARIO State OR Zip 97914

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

(2a) PRE-ALTERATION
 Casing: Dia + From To Gauge Stl Plstc Wld Thrld
 Material From To Amt sacks/lbs
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 160.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
10	0	20	Bentonite Chips	0	20	18 S
6	20	49				Calculated 10
12	49	75	Cement	49	75	13 S
6	75	160				Calculated 13

How was seal placed: Method A B C D E
 Other POUR
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/> 2	75	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.5	<input type="checkbox"/> 20	120	sdr17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type certa-lok Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	4.5	120	160	.02	11	7000	4.5

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
43		160	2

Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 335 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County MALHEUR Twp 18.00 S N/S Range 46.00 E E/W WM
 Sec 29 NW 1/4 of the NE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or 43.98069400 DMS or DD
 Long _____ " or -117.11456700 DMS or DD
 Street address of well Nearest address
1043 US HWY 20-26 ONTARIO 97914

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	3/17/2018		29

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 18.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/17/2018	118	145	43		29

(11) WELL LOG Ground Elevation _____

Material	From	To
clay brown	0	18
clay brown/ sand	18	25
sand/gravel	25	35
clay brown/ sand	35	49
clay blue	49	118
blue/ tan sandstone	118	145
clay blue	145	160

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Date Started 2/20/2018 Completed 3/17/2018

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

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1943 Date 3/17/2018
 Signed TRINITY VILLINES (E-filed)
 Contact Info (optional) _____

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

WELL I.D. LABEL# L 126977 START CARD # 1042181 ORIGINAL LOG # MALHEUR 54429

(1) LAND OWNER Owner Well I.D. 126977 First Name Vernon Last Name Keffer Company Address 1043 US HWY 20/26 City Ontario State Or Zip 97914

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

(2a) PRE-ALTERATION Casing: Dia 6 From 2 To 75 Gauge .250 Stl Plstc Wld Thrd Seal: Bentonite Chips 0 20 18 Sacks

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

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 160 ft. BORE HOLE Dia 11.5 From 0 To 49 Material Cement SEAL From 0 To 49 Amt 19 Sacks

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

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

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf/S Casing/ Screen green Liner Dia From To Scm/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount From To Description Amount Units

(9) LOCATION OF WELL (legal description) MALH 54475 County MALHEUR Twp 18 S N/S Range 46 E E/W WM Sec 29 NW 1/4 of the NE 1/4 Tax Lot 400 Tax Map Number Lot Street address of well 1043 US HWY 20/26 Ontario, OR 97914

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration 03-16-2019 28 Completed Well 03-17-2019 28 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To RECEIVED JUL 24 2023 OWRD RECEIVED APR 03 2019 OWRD

Date Started 03-16-2019 Completed 03-17-2019

(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. License Number Date

(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. License Number 1943 Date 3-27-19 Signed Contact Info (optional)



Owner Information:

OWNER NAME/BUSINESS NAME: Vern Keffer		PHONE NO.: 208-741-0296	ADDITIONAL CONTACT NO.:
ADDRESS: 76 NE 6th Ave			
CITY: Ontario	STATE: OR	ZIP: 97914	E-MAIL: Vbark9@gmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Paul Garvin	QUALIFICATION: (SELECT) CWRE	LICENSE #: 90017	
COMPANY: Garvin HydroGeo LLC	PHONE No.: 503-347-7188	ADDITIONAL CONTACT No.:	
ADDRESS: 1705 Main St. Ste. 101			
CITY: Baker City	STATE: OR	ZIP: 97814	E-MAIL: garvin.hydrogeo@gmail.com

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MALH 54429 & 52275	L- 126977	Well 2	160'	Vern Keffer	3/17/2018	6/28/2023

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.94473859)	LONGITUDE (EX: -123.02787000)
18S	46E	29	NVNE	330 ft S & 2,226 ft W from NE Corner, Section 29	43.98069400	-117.11456700

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

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-18654	G-18247	T-		<input checked="" type="radio"/> Yes <input type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank. Note: MALH 53995 is not in use but part of OWRD GW monitoring

No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

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

No Is there a lake, stream or other surface water body within 1/4 mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is at the surface water body. Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

Yes Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Discharged via mainlines to the North, East and South to the irrigation system. Water was applied to the permitted place of use via sprinklers.
How far from the pumped well was water discharged? 600 ft



Water-Level Measurement Method: Electric Tape *Verify here: { Airline: _____ psi _____ feet.
Length of air line (if used): _____ E-Tape: _____ feet.

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

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

Pump Type: Submersible
HP: 5 Pump set at: 120 feet.
Pump idle time: 8 months

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: DAE Serial #: 18 012999
Date Last Calibrated: unk Units: galx100

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

Measuring Point (MP): Measuring point distance above land surface 2.0 feet.
Description (e.g., top port of 1 inch port pipe, west side) Port in top of casing

Time pump turned on: Date 6/28/2023 Time 0939
Time pump turned off: Date 6/28/2023 Time 1339
Total pumping time: 4 hours 0 minutes.

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

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

Discharge was held constant to the extent practicable during irrigation. As typical during well startup, the well needed about 15 min to fully pressurize the mainlines and center pivots, therefore the well initially flows at a higher rate until the system pressure stabilizes.

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

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

Pump test requirements for OAR 690-217 can be found online at:

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: (Vern Keffer) DATE: 7-11-23

OWNER SIGNATURE: (Paul Garvin, CMAA) DATE: 7-21-23

Switch
C



WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
MALH 54429 MALH 52275	L-126977	Well 2	160'	Vera Ketter	3/17/2018	6/28/23

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Totalizing Flowmeter Reading (if available)	Comments
6/28/23	0839	-	23.15	calculated	Pre-test		(last three digits)	(991 x 100)
	0859	-	23.15	using	Pre-test			
	0919	-	23.15	totalizer	Pre-test		117	
	0939	0	23.15		pumping		117	distribution system leaking, so pump not shared out for test
	0941	2	77.0					
	0943	4	89.1					
	0945	6	95.4					
	0947	8	99.8				123	
	0949	10	100.8	46			125 @ 13 min	ET
	0954	15	102.95	40			125 @ 18 "	"
	0959	20	105.6	50			127 @ 22 "	"
	1004	25	107.3	40			128.2 @ 25 "	"
	1009	30	108.8	45			130 @ 29 "	"
	1024	45	111.6	42			138 @ 48 "	"
	1039	60	113.6	40			140 @ 53 "	"
	1054	75	115.6	43			146 @ 67 "	"
	1109	90	117.4	42			156 @ 91 "	"
	1124	105	118.9	40			162 @ 106 "	"
	1139	120	120.4					
	1154	135	121.1	41			176 @ 140 "	"
	1209	150	121.9					
	1224	165	122.0	42			187 @ 166 "	"
	1239	180	122.0	43			193 @ 180 "	"
	1254	195	122.1	39				
	1309	210	122.0	40				200 @ 198 min ET
	1324	225	122.0	41				206 @ 213 "
	1339	240	122.0	0	shutdown			217 @ 240 "
	1341	242	78.0		recovery			shut down @ 1339
	1343	244	58.6					
	1345	246	55.5					
	1347	248	49.9					
	1349	250	46.9					
	1354	255	43.2					
	1359	260	40.9					
	1404	265	39.5					
	1409	270	38.0					
	1414	275	36.9					
	1419	280	36.0					
	1444	299	33.9					

Max DD = 122' - 23.2' = 98.8' =>

10% DD = 9.9', target recovery WL = 33.1' below MP

1452 303 33.1 reached @ 303 min ET