

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

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

SECTION 1 GENERAL INFORMATION

1. File Information:

APPLICATION # G-17774	PERMIT # (IF APPLICABLE) G-17407	PERMIT AMENDMENT # (IF APPLICABLE) T-
---------------------------------	--------------------------------------------	-------------------------------------------------

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Hat Rock Water CO INC (Rick Jewett)		PHONE NO. (541) 571-7886	ADDITIONAL CONTACT NO.	
ADDRESS 82608 C Street				
CITY Hermiston	STATE OR	ZIP 97838	E-MAIL rj@machmedia.net	

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

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

PERMIT HOLDER OF RECORD Hat Rock Water CO INC				
ADDRESS 82608 C Street				
CITY Hermiston	STATE OR	ZIP 97838		

4. Date of Site Inspection

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Rick Jewett	5/23/2023	Vice President

6. County:

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME Paul Wattenburger		PHONE NO. 541-567-0252	ADDITIONAL CONTACT NO. 541-571-1112
ADDRESS 500 N 1st Street			
CITY Hermiston	STATE OREGON	ZIP 97838	E-MAIL Paul@irz.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
<i>Rick Jewett</i>	Rick Jewett	Vice President	7-31-23

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**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 House	UMAT 57673	L-119222

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
Well House	Columbia River Basin	

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 House	Quasi-Municipal		Year-Round	0.73 CFS
Total Quantity of Water Used				

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

From the well a 5-inch pipeline runs to an 18,000 gallons storage tank. This tank supplies a booster pump station that pressurizes the delivery of water through a looping pipeline network. There is a delivery point for each of the served lots. The pipeline network consists of pipes ranging in size from 4-inch down to 2-inch in size and either PVC or metal.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES NO

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

The Permit allowed for a total of 62 lots; at the time of the inspection 42 lots have been developed and are being supplied with water.

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 Hose	0.73 CFS	0.84 CFS		Quasi-Municipal		

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**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**

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:

1 1/4" Access Tube approximately 24" above the ground surface.

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
10 inches	490 feet	510 feet	4/11/2016		Hat Rock Water CO., INC	Garry Zollman

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.

UMAT 57673

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.

1. Is a pump used?

YES **NO**

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

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Grundfos	300S 150-4		Submersible		5"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	15

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)
15	15	90		0.84

5. Provide pump calculations:

BHP = 15hp. Using a pump efficiency of 80%; $WHP = BHP \times \text{Eff}_{\text{pump}} = 15 \times .80 = 12 \text{ hp}$
 TDH = (psi x 2.31) + Lift + Friction Losses = (15 psi x 2.31) + 90 + 1 = 126 ft.
 $WHP = [Q(\text{gpm}) * TDH(\text{ft})/3960, \text{ or } , Q(\text{gpm}) = WHP \times 3960 /TDH(\text{ft})$
 $Q(\text{gpm}) = 12 \text{ hp} \times 3960 / 126 \text{ feet} = 377 \text{ gpm} = 0.84 \text{ cfs.}$
 This calculation is assuming the VFD is at 100%; motor at full speed.

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
188.72	188.72	20 minutes	Pump did not run during visit.

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
5-inch	680 ft	PVC	Buried
3-inch	4,400 ft	PVC	Buried
3-inch	760 ft	Metal	Buried
2½-inch	780 ft	PVC	Buried
2-inch	1,320 ft	Metal	Buried

Not included in the Mainline Information are the short individual supply lines from the main distribution network to each lot.

E. Storage

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

YES NO

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

If "YES" is it a: Storage Tank
Bulge in System / Reservoir

YES NO
 YES NO

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Steel	18,000	Semi-buried

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.

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.

H. Additional notes or comments related to the system:

The well supplies the storage tank and is controlled by a variable frequency drive (VFD). The water is pressurized from the tank into the distribution system by two booster pumps. One of the booster pumps is also controlled by a VFD so that the total discharge matches the system demand while maintaining a constant pressure of 60 psi. The storage tank, booster pump station, and pipeline network are all existing under another water right; Application S71575, Permit 52968. This permit was for an unnamed spring, a tributary of the Columbia River. The issue with this initial water right was the rising level of nitrates in the water. The new water right from the basalt aquifer was to mix with the spring water to maintain an acceptable water quality.

The original permit is yet to be proved up on with extension granted. The intent is to continue seeking extensions until the full development is complete.

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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	May 15 th , 2015		
BEGIN CONSTRUCTION (A)			
COMPLETE CONSTRUCTION (B)		April 12 th , 2016	Well was completed
COMPLETE APPLICATION OF WATER (C)	May 2020	April 2017	Connected and fully operational

* 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

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

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

April

c. Was the measurement submitted to the Department?

YES NO

4. Annual Static Water Level Measurements:

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

YES NO

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

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

March

c. Were the static water level measurements taken in the month(s) required?

YES NO

d. If "YES", were those measurements submitted to the Department?

YES NO

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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 House	Agrimaster	900 0417	Working	188.72	2017

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

7. Recording and reporting conditions:

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

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

b. Have the reports been submitted? YES NO

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

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

a. Were there special well construction standards? YES NO

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

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

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

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WELL ID #	DATE ATTACHED TO WELL
L-119222	4/12/2016

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):

Groundwater from the well was to be from a single aquifer in the Columbia River Basalt Group. To insure this the well was to be cased and sealed to a specified depth which it was.

SECTION 6 ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
UMAT 57673	Well Log
COBU Map	Final Proof Map
Check	Check to OWRD for \$230

SECTION 7 CLAIM OF BENEFICIAL USE MAP

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

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

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

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Map Checklist

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

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

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

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

UMAT 57673
4/12/2016

WELL I.D. LABEL# 119222
START CARD # 1029927
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company HAT ROCK WATER CO., INC
Address 82608 C ST
City HERMISTON State OR Zip 97838

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

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

(3) DRILL METHOD
 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 510.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	lbs
14.75	0	27	Cement	0	490	240	S
12	27	490			Calculated	85	
10	490	510			Calculated		

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

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 10 3 490 .25
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Dia	From	To	width	length	slots	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)
1000 _____ 510 2
Temperature 71 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 192 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County UMATILLA Twp 5.00 N N/S Range 29.00 E E/W WM
Sec 15 NW 1/4 of the NE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

AT THE END OF HILLTOP DR. AT HAT ROCK STATE PARK
HERMISTON, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 4/11/2016 _____ 70
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 166.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/20/2016	166	173	50		64
3/21/2016	255	296	500		64
3/28/2016	394	410	100		66
3/29/2016	470	481	100		68
4/8/2016	498	508	1000		70

(11) WELL LOG Ground Elevation _____

Material	From	To
Sand	0	20
Black/Brown Basalt	20	38
Black Basalt	38	140
Black Basalt w/Blue Claystone	140	166
Fractured Black Basalt	166	173
Black Basalt	173	180
Black/Brown Basalt w/Blue Claystone	180	202
Black Basalt	202	255
Fractured Black Basalt	255	274
Black Scoria w/Blue Claystone	274	296
Black Basalt w/Blue Claystone	296	310
Black Basalt	310	325
Black Basalt w/Blue Claystone	325	335
Black Basalt	335	394
Black Scoria w/Blue Claystone	394	410
Black Basalt	410	430
Brown Basalt w/Blue Claystone	430	436
Black Basalt	436	446
Black Basalt w/Blue Claystone	446	460

Date Started 3/15/2016 Completed 4/11/2016

(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 1735 Date 4/12/2016
Signed CHAD COURTNEY (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1881 Date 4/12/2016
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman



WATER SUPPLY WELL REPORT - continuation page

UMAT 57673

WELL I.D. LABEL# L 119222

4/12/2016

START CARD # 1029927
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					() ()	() ()	() ()	() ()
					() ()	() ()	() ()	() ()
Material		From	To	Amt sacks/lbs				

(5) BORE HOLE CONSTRUCTION

BORE HOLE				SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs	
							Calculated	
							Calculated	
							Calculated	
							Calculated	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
() ()						() ()	() ()	() ()	() ()
() ()						() ()	() ()	() ()	() ()
() ()						() ()	() ()	() ()	() ()

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Black Basalt	460	470
Black Scoria/ Blue Claystone	470	481
Black Basalt	481	498
Black Scoria / Blue Claystone	498	508
Black Basalt	508	510

Comments/Remarks

Water Right Permit # G-17407.

July 28th, 2023

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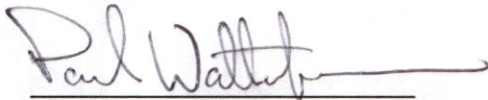
Oregon Water Resources Department
Water Rights Division
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266

RE: Claim of Beneficial Use Reports for Permit G-17407 – for Hat Rock Water CO., Inc.

In accordance with the conditions for Water Right Permit G-17407 a Claim of Beneficial Use has been completed. Enclosed are the Claim of Beneficial Use Report, a Final Proof Map, Well Log UMAT 57673, and a check for \$230. An exemption for a pump test was approved by the OWRD.

Please call or email me if you have any questions.

Sincerely,



Paul Wattenburger; PE, CWRE
IRZ Consulting, LLC
(541) 571-1112
paul@irz.com

Enclosures (4)