

**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.**

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>

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**SECTION 1
GENERAL INFORMATION**

1. File Information:

| | | |
|---------------------------------|--|---|
| APPLICATION # G-18552 | PERMIT # (IF APPLICABLE) G-18277 | PERMIT AMENDMENT # (IF APPLICABLE) T- |
|---------------------------------|--|---|

2. Property Owner (current owner information):

| | | | |
|---|--------------------|------------------------------------|--|
| APPLICANT/BUSINESS NAME ACMPC Oregon 2, LLC (dba Halls Ferry Farms) | | PHONE NO. (856) 404-0767 | ADDITIONAL CONTACT NO. |
| ADDRESS 5605 Halls Ferry Rd. | | | |
| CITY Independence | STATE OR | ZIP 97351 | E-MAIL anthony.mortellite@acfood.com |

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

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

| | | | |
|---|--------------------|---------------------|--|
| PERMIT HOLDER OF RECORD ACMPC Oregon 2, LLC (dba Halls Ferry Farms) | | | |
| ADDRESS PO Box 717 | | | |
| CITY Jefferson | STATE OR | ZIP 97352 | |

| | | |
|------------------------------------|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

10/4/2023

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|-----------------------|------------------|------------------------------|
| Julio Zaragoza | 10/4/2023 | Regional Manager |
| | | |

6. County:

Polk

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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**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 William E. McGill | | PHONE NO. (503) 510-3026 | ADDITIONAL CONTACT NO. (503) 931-0210 |
| ADDRESS 15333 Pletzer Rd. SE | | | |
| CITY Turner | STATE OR | ZIP 97392 | E-MAIL willmcgill.surveying@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 |
|-----------|--------------------|--------|--------------------|
| | Anthony Mortellite | Farmer | 12-1-23 |
| | | | |
| | | | |
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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) |
|---|--|-------------------------------|
| New Well 5 | POLK 53567 | L-113610 |
| New Well 12 | POLK 53561 | L-113608 |
| New Well 27 | POLK 54272 | L-113606 |

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 |
|-----------------------|--------------------------------|----------------|
| New Well 5 | Willamette River | Columbia River |
| New Well 12 | Willamette River | Columbia River |
| New Well 27 | Willamette River | Columbia River |

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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) |
|-------------------------------------|------------|---|--|--|
| New Well 5 | Irrigation | Pollinator Habitat, Hazelnuts, Hops, Blueberries | Mar. 1 – Oct. 31 | 0.93 cfs |
| New Well 12 | Irrigation | | Mar. 1 – Oct. 31 | 0.93 cfs |
| New Well 27 | Irrigation | | Mar. 1 – Oct. 31 | 0.93 cfs |
| Total Quantity of Water Used | | | | 0.93 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 pumped into an interconnected mainline system from Wells 5 and 12 by 40 HP submersible pumps and from Well 27 by a 30 HP submersible pump. Water is delivered to the place of use through 15"- 3" buried PVC mainline. Water is applied to the places of use by a drip system.

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.")

Commercial use from Well 7 was not developed.

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 |
|------------------|----------------------------|---|--|------------|-----------------------|-------------------------|
| New Well 5 | 0.93 cfs | 1.72 cfs | System not running at time of site inspection. | Irrigation | 74.3 | 74.3 |
| New Well 12 | 0.93 cfs | 1.64 cfs | | Irrigation | 74.3 | 74.3 |
| New Well 27 | 0.93 cfs | 1.35 cfs | | Irrigation | 74.3 | 74.3 |

SECTION 4
SYSTEM DESCRIPTION

Are there multiple POAs?

YES NO

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

New Well 5

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 |
|------------------------------|-----|-----|-----|------|------|-------|------------|--------------------------------|-------------------------------------|
| 7S | 4W | WM | 25 | SESW | | 60 | Irrigation | 1.61 | |
| 7S | 4W | WM | 25 | SWSE | | 60/61 | Irrigation | 2.14 | |
| 7S | 4W | WM | 35 | SWSE | | - | Irrigation | 0.66 | |
| 7S | 4W | WM | 35 | SESE | | - | Irrigation | 2.29 | |
| 7S | 4W | WM | 36 | SWNE | | 61/- | Irrigation | 2.43 | |
| 7S | 4W | WM | 36 | NENW | | 60 | Irrigation | 1.58 | |
| 7S | 4W | WM | 36 | SWNW | | 60 | Irrigation | 7.89 | |
| 7S | 4W | WM | 36 | SESW | | 60 | Irrigation | 8.08 | |
| 7S | 4W | WM | 36 | NWSW | | - | Irrigation | 0.91 | |
| 7S | 4W | WM | 36 | SWSW | | - | Irrigation | 0.35 | |
| 7S | 4W | WM | 36 | NWSE | | - | Irrigation | 2.17 | |
| 8S | 4W | WM | 2 | NENE | | - | Irrigation | 0.14 | |
| 8S | 4W | WM | 2 | NWNE | | 59/- | Irrigation | 5.69 | |
| 8S | 4W | WM | 2 | SWNE | | 59/- | Irrigation | 5.42 | |
| 8S | 4W | WM | 2 | SENE | | - | Irrigation | 0.32 | |
| 8S | 4W | WM | 2 | NENW | | 59 | Irrigation | 13.95 | |
| 8S | 4W | WM | 2 | NWNW | | 59 | Irrigation | 1.15 | |
| 8S | 4W | WM | 2 | SESW | | 59/- | Irrigation | 5.43 | |
| 8S | 4W | WM | 11 | NWNE | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | SWNE | | - | Irrigation | 1.23 | |
| 8S | 4W | WM | 11 | SWNW | | 56/- | Irrigation | 1.99 | |
| 8S | 4W | WM | 11 | SESW | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | NESW | | 56 | Irrigation | 1.55 | |
| 8S | 4W | WM | 11 | NWSW | | 56/- | Irrigation | 5.90 | |
| Total Acres Irrigated | | | | | | | | 74.3 | |

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.

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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:

3/4" threaded port on E edge of well cap.

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 |
|------------------------|--------------|-------------|----------------------------------|---------------------------------|------------------------------|-----------------|
| See attached well log. | | | | | | |

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.

1. Is a pump used?

YES NO

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

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|----------|-----------------|--|-------------|----------------|
| Berkeley | 8T40-550 | 14E19-13-06016A | Submersible | | 6" O.D. |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|-------------------|------------|
| Franklin Electric | 40 |

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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 40 | 60 | 0' | 11' | 1.72 |

5. Provide pump calculations:

$$Q = (40 * 7.04) / (152.4 + 11) = 1.72 \text{ cfs}$$

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) |
|--|----------------------|---------------------------|----------------------------|
| System not running at time of site inspection. | | | |

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 |
|--|--------|--------------|------------------------|
| 15" to 3" | * | PVC | Buried |
| *The irrigation system was existing prior to application for this permit. Due to the complex nature of the system and variety of pipe sizes, a length for each size of pipe could not be obtained. | | | |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| N/A | | | |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| N/A | | | | | |

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

11. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|--|---------------|----------------------|--------------------------|---------------------|----------------------------|
| Blueberries: 18" spacing, 0.50 gph | 60 | 0.0083 | 63,096 | 63,096 | 1.17 |
| Hazelnuts: 36" spacing, 0.50 gph | 60 | 0.0083 | 60,403 | 60,403 | 1.12 |
| Hops: 36" spacing, 0.50 gph | 60 | 0.0083 | 17,647 | 17,647 | 0.33 |
| Pollinator Habitat: 18" spacing, 0.50 gph | 60 | 0.0083 | 16,698 | 16,698 | 0.31 |

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12. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| N/A | | | | | |

13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| N/A | | | | |

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:

System is interconnected across multiple rights and PODs/POAs. The drip emitter numbers provided are a calculated proportional estimate based on the crops covered by this permit. All irrigation would be done in blocks. The blueberry and hazelnuts have 2 lines of emitters per row. The hops and pollinator habitat have 1 line per row.

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

New Well 12

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 |
|------------------------------|-----|-----|-----|------|------|-------|------------|--------------------------------|-------------------------------------|
| 7S | 4W | WM | 25 | SESW | | 60 | Irrigation | 1.61 | |
| 7S | 4W | WM | 25 | SWSE | | 60/61 | Irrigation | 2.14 | |
| 7S | 4W | WM | 35 | SWSE | | - | Irrigation | 0.66 | |
| 7S | 4W | WM | 35 | SESE | | - | Irrigation | 2.29 | |
| 7S | 4W | WM | 36 | SWNE | | 61/- | Irrigation | 2.43 | |
| 7S | 4W | WM | 36 | NENW | | 60 | Irrigation | 1.58 | |
| 7S | 4W | WM | 36 | SWNW | | 60 | Irrigation | 7.89 | |
| 7S | 4W | WM | 36 | SESW | | 60 | Irrigation | 8.08 | |
| 7S | 4W | WM | 36 | NWSW | | - | Irrigation | 0.91 | |
| 7S | 4W | WM | 36 | SWSW | | - | Irrigation | 0.35 | |
| 7S | 4W | WM | 36 | NWSE | | - | Irrigation | 2.17 | |
| 8S | 4W | WM | 2 | NENE | | - | Irrigation | 0.14 | |
| 8S | 4W | WM | 2 | NWNE | | 59/- | Irrigation | 5.69 | |
| 8S | 4W | WM | 2 | SWNE | | 59/- | Irrigation | 5.42 | |
| 8S | 4W | WM | 2 | SENE | | - | Irrigation | 0.32 | |
| 8S | 4W | WM | 2 | NENW | | 59 | Irrigation | 13.95 | |
| 8S | 4W | WM | 2 | NWNW | | 59 | Irrigation | 1.15 | |
| 8S | 4W | WM | 2 | SESW | | 59/- | Irrigation | 5.43 | |
| 8S | 4W | WM | 11 | NWNE | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | SWNE | | - | Irrigation | 1.23 | |
| 8S | 4W | WM | 11 | SWNW | | 56/- | Irrigation | 1.99 | |
| 8S | 4W | WM | 11 | SESW | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | NESW | | 56 | Irrigation | 1.55 | |
| 8S | 4W | WM | 11 | NWSW | | 56/- | Irrigation | 5.90 | |
| Total Acres Irrigated | | | | | | | | 74.3 | |

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.

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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:

Base of 1/2" PVC vent pipe on S edge of well cap.

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 |
|------------------------|--------------|-------------|----------------------------------|---------------------------------|------------------------------|-----------------|
| See attached well log. | | | | | | |

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.

1. Is a pump used?

YES NO

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

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|----------|---------------|--|-------------|----------------|
| Berkeley | 8T40-650 | | Submersible | | 6" O.D. |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|-------------------|------------|
| Franklin Electric | 40 |

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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 40 | 60 | 0' | 19' | 1.64 |

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5. Provide pump calculations:

$$Q = (40 \times 7.04) / (152.4 + 19) = 1.64 \text{ cfs}$$

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) |
|--|----------------------|---------------------------|----------------------------|
| System not running at time of site inspection. | | | |

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 |
|--|--------|--------------|------------------------|
| 15" to 3" | * | PVC | Buried |
| *The irrigation system was existing prior to application for this permit. Due to the complex nature of the system and variety of pipe sizes, a length for each size of pipe could not be obtained. | | | |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| N/A | | | |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| N/A | | | | | |

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

11. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|--|---------------|----------------------|--------------------------|---------------------|----------------------------|
| Blueberries: 18" spacing, 0.50 gph | 60 | 0.0083 | 63,096 | 63,096 | 1.17 |
| Hazelnuts: 36" spacing, 0.50 gph | 60 | 0.0083 | 60,403 | 60,403 | 1.12 |
| Hops: 36" spacing, 0.50 gph | 60 | 0.0083 | 17,647 | 17,647 | 0.33 |
| Pollinator Habitat: 18" spacing, 0.50 gph | 60 | 0.0083 | 16,698 | 16,698 | 0.31 |

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12. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| N/A | | | | | |

13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| N/A | | | | |

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:

System is interconnected across multiple rights and PODs/POAs. The drip emitter numbers provided are a calculated proportional estimate based on the crops covered by this permit. All irrigation would be done in blocks. The blueberry and hazelnuts have 2 lines of emitters per row. The hops and pollinator habitat have 1 line per row.

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

New Well 27

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 |
|------------------------------|-----|-----|-----|------|------|-------|------------|--------------------------------------|---|
| 7S | 4W | WM | 25 | SESW | | 60 | Irrigation | 1.61 | |
| 7S | 4W | WM | 25 | SWSE | | 60/61 | Irrigation | 2.14 | |
| 7S | 4W | WM | 35 | SWSE | | - | Irrigation | 0.66 | |
| 7S | 4W | WM | 35 | SESE | | - | Irrigation | 2.29 | |
| 7S | 4W | WM | 36 | SWNE | | 61/- | Irrigation | 2.43 | |
| 7S | 4W | WM | 36 | NENW | | 60 | Irrigation | 1.58 | |
| 7S | 4W | WM | 36 | SWNW | | 60 | Irrigation | 7.89 | |
| 7S | 4W | WM | 36 | SESW | | 60 | Irrigation | 8.08 | |
| 7S | 4W | WM | 36 | NWSW | | - | Irrigation | 0.91 | |
| 7S | 4W | WM | 36 | SWSW | | - | Irrigation | 0.35 | |
| 7S | 4W | WM | 36 | NWSE | | - | Irrigation | 2.17 | |
| 8S | 4W | WM | 2 | NENE | | - | Irrigation | 0.14 | |
| 8S | 4W | WM | 2 | NWNE | | 59/- | Irrigation | 5.69 | |
| 8S | 4W | WM | 2 | SWNE | | 59/- | Irrigation | 5.42 | |
| 8S | 4W | WM | 2 | SENE | | - | Irrigation | 0.32 | |
| 8S | 4W | WM | 2 | NENW | | 59 | Irrigation | 13.95 | |
| 8S | 4W | WM | 2 | NWNW | | 59 | Irrigation | 1.15 | |
| 8S | 4W | WM | 2 | SESW | | 59/- | Irrigation | 5.43 | |
| 8S | 4W | WM | 11 | NWNE | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | SWNE | | - | Irrigation | 1.23 | |
| 8S | 4W | WM | 11 | SWNW | | 56/- | Irrigation | 1.99 | |
| 8S | 4W | WM | 11 | SESW | | - | Irrigation | 0.71 | |
| 8S | 4W | WM | 11 | NESW | | 56 | Irrigation | 1.55 | |
| 8S | 4W | WM | 11 | NWSW | | 56/- | Irrigation | 5.90 | |
| Total Acres Irrigated | | | | | | | | 74.3 | |

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.

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B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

YES NO

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

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

Top of 1/2" PVC vent pipe on W edge of well cap.

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

See attached well log.

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.

1. Is a pump used?

YES NO

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

2. Pump Information:

| MANUFACTURER | MODEL | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|-------------|---------------|--|-------------|----------------|
| Wolf | WP-T8MM5V-2 | | Submersible | | 6" O.D. |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Wolf | 30 |

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) |
|------------|---------------|--|--------------------------------|----------------------------|
| 30 | 60 | 0' | 4.5' | 1.35 |

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5. Provide pump calculations:

$$Q = (30 \times 7.04) / (152.4 + 4.5) = 1.35 \text{ cfs}$$

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) |
|---|----------------------|---------------------------|----------------------------|
| System not running at time of site inspection. | | | |

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 |
|---|--------|--------------|------------------------|
| 15" to 3" | * | PVC | Buried |
| *The irrigation system was existing prior to application for this permit. Due to the complex nature of the system and variety of pipe sizes, a length for each size of pipe could not be obtained. | | | |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| N/A | | | |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| N/A | | | | | |

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

11. Drip Emitter Information:

| SIZE | OPERATING PSI | EMITTER OUTPUT (GPM) | TOTAL NUMBER OF EMITTERS | MAXIMUM NUMBER USED | TOTAL EMITTER OUTPUT (CFS) |
|--|---------------|----------------------|--------------------------|---------------------|----------------------------|
| Blueberries: 18" spacing, 0.50 gph | 60 | 0.0083 | 63,096 | 63,096 | 1.17 |
| Hazelnuts: 36" spacing, 0.50 gph | 60 | 0.0083 | 60,403 | 60,403 | 1.12 |
| Hops: 36" spacing, 0.50 gph | 60 | 0.0083 | 17,647 | 17,647 | 0.33 |
| Pollinator Habitat: 18" spacing, 0.50 gph | 60 | 0.0083 | 16,698 | 16,698 | 0.31 |

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12. Drip Tape Information:

| DRIPPER SPACING IN INCHES | GPM PER 100 FEET | TOTAL LENGTH OF TAPE | MAXIMUM LENGTH OF TAPE USED | TOTAL TAPE OUTPUT (CFS) | ADDITIONAL INFORMATION |
|---------------------------|------------------|----------------------|-----------------------------|-------------------------|------------------------|
| N/A | | | | | |

13. Pivot Information:

| MANUFACTURER | MAXIMUM WETTED RADIUS | OPERATING PSI | TOTAL PIVOT OUTPUT (GPM) | TOTAL PIVOT OUTPUT (CFS) |
|--------------|-----------------------|---------------|--------------------------|--------------------------|
| N/A | | | | |

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:

System is interconnected across multiple rights and PODs/POAs. The drip emitter numbers provided are a calculated proportional estimate based on the crops covered by this permit. All irrigation would be done in blocks. The blueberry and hazelnuts have 2 lines of emitters per row. The hops and pollinator habitat have 1 line per row.

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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 | 8/30/2019 | | |
| BEGIN CONSTRUCTION (A) | 8/30/2024 | 12/20/2019 | Flow meter installed on existing New Wells 12 & 27. |
| COMPLETE CONSTRUCTION (B) | N/A | N/A | N/A |
| COMPLETE APPLICATION OF WATER (C) | 8/14/2024 | July 2022 | Completed irrigating all POU with permit conditions met. |

* 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

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

March

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

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

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
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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 |
|-------------------|--------------|-------------|----------------------------|-----------------------|----------------|
| New Well 5 | McCrometer | 22-05162-10 | Working | 061556 | 7/13/2022 |
| New Well 12 | McCrometer | 19-09729-06 | Working | 536229 | 12/20/2019 |
| New Well 27 | McCrometer | 19-05075-06 | Working | 724992 | 12/20/2019 |

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 YES NO

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to the well?

| WELL ID # | DATE ATTACHED TO WELL |
|-----------------------|-----------------------|
| New Well 5: L-137199 | 7/28/2014 |
| New Well 12: L-113608 | 7/22/2014 |
| New Well 27: L-131606 | 5/8/2019 |

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):

SECTION 6 ATTACHMENTS

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

| ATTACHMENT NAME | DESCRIPTION |
|---------------------|---|
| Well Logs (x3) | POLK 53567 (New Well 5), POLK 53561 (New Well 12), POLK 54272 (New Well 27) |
| Pictures (x15) | Taken during 10/4/2023 site inspection |
| Pump Test Exemption | Multiple well exemption request for POLK 53567 and POLK 54272 |
| Pump Test | On New Well 12 (POLK 53561) |

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.

Survey method used was aerial photo provided by Maxar Technologies.
Source Date: 10/27/2022

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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
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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POLK 53567

New Well 5

amended

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

WELL LABEL # L 113610
START CARD # 1023790

(1) LAND OWNER Owner Well I.D. 5430

First Name Last Name
Company ACMPC Oregon 2 LLC/Halls Ferry
Address 37511 Helms Dr.
City Jefferson State OR Zip 97352

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(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 Special Standard [] (Attach copy)
Depth of Completed Well 69 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 16, 0, 59, Bentonite, 0, 18, 240, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other Poured dry

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing types.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [X] Yes Dia 16 From 0 To 59

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 12, 28, 68, .5, 12, 408

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1,000, 16, 45, 2

Temperature 53 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 8 S N/S Range 4 W E/W WM
Sec 11 NE 1/4 of the SW1/4 1/4 Tax Lot 103
Tax Map Number Lot
Lat or DMS or DD
Long or DMS or DD
Street address of well Nearest address

5605 Halls Ferry Rd., Independence, OR 97351

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 07-31-2014, 24

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 07-25-2014, 25, 55, 1,200, 24

(11) WELL LOG

Table with columns: Material, From, To. Includes text: 16" casing pulled back and allowed to cave around 12" from 18" to 59". Includes contact info for JONES DRILLING CO., INC.

Date Started 07-25-2014 Completed 07-28-2014

(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 1888 Date 08-06-2014
Password: (if filing electronically)
Signed [Signature]

(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 1684 Date 08-06-2014
Password: (if filing electronically)
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com

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

SEP 22 2014

New well 12

REVISED

WELL LABEL # L 113608

SALEM, OR

START CARD # 1023705

(1) LAND OWNER Owner Well I.D. 5427
 First Name _____ Last Name _____
 Company ACMPC Oregon 2 LLC/Halls Ferry
 Address 35711 Helms Dr.
 City Jefferson State OR Zip 97352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 58 ft.

| BORE HOLE | | | SEAL | | | | sacks/ Amt | lbs |
|-----------|------|----|-----------|------|----|-----|---------------|-----|
| Dia | From | To | Material | From | To | | | |
| 16 | 0 | 58 | Bentonite | 0 | 18 | 100 | S | |
| | | | | | | | | |
| | | | | | | | | |

How was seal placed: Method A B C D E

Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|-------------------------------------|----|-------|-----|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12 | <input checked="" type="checkbox"/> | 2 | 58 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 16 From 0 To 58

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
 Screens Type _____ Material _____

| Perf/S | Casing/Screen | Liner | Dia | From | To | Scr/slot width | Slot length | # of slots | Tele/ pipe size |
|--------|---------------|-------|-----|------|----|----------------|-------------|------------|-----------------|
| Perf | Casing | 12 | 18 | 58 | .5 | 12 | 408 | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 600 | 23 | 45 | 2 |
| | | | |

Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County POLK Twp 47 S N/S Range 4 W E/W WM
 Sec FF30 NE SE 1/4 of the NE NW 1/4 Tax Lot 100 200
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
5605 Halls Ferry Rd., Independence, OR 97351

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 07-22-2014 _____ 17
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|----|----------|----------|-----------|
| 07-17-2014 | 20 | 38 | 650 | | 17 |
| | | | | | |
| | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|---|------|----|
| Topsoil | 0 | 2 |
| Silty brown clay | 2 | 16 |
| Cemented small sand and gravel | 16 | 20 |
| Small to medium gravel with sand | 20 | 26 |
| Medium sand and gravel | 26 | 38 |
| Blue clay | 38 | 40 |
| Gray clay | 40 | 50 |
| Gray sandstone with small sand and gravel | 50 | 58 |

Allowed to cave From 18-58 Between 16" + 12"

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

Date Started 07-17-2014 Completed 07-22-2014

(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 1888 Date 08-19-2014
 Password: (if filing electronically) _____
 Signed [Signature]

(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 1684 Date 08-19-2014
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com

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AUG 20 2014

SALEM, OR

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

WELL I.D. LABEL# L 131606
START CARD # 1042219
ORIGINAL LOG #

New Well 27

POLK 54272

(1) LAND OWNER
Owner Well I.D. 5981
First Name _____ Last Name _____
Company ACMPCC Oregon 2 LLC
Address P.O. Box 717
City Jefferson State OR Zip 97352

(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 Thrd
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 60 ft.
BORE HOLE
Dia From To Material SEAL From To Amt sacks/lbs
16 0 60 Bentonite 0 18 28 S
Calculated 14
Calculated

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

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
12 2 60 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 60

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type _____ Material _____
Perf/S Casing/Screen Scrn/slot Slot # of Tel/
creen Liner Dia From To width length slots pipe size
Perf Casing 20 60 .438 1 800

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
500 _____ 60 1
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 170
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County POLK Twp 8 S N/S Range 4 W E/W WM
Sec 11 SW 1/4 of the NW 1/4 Tax Lot 103
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
5605 Halls Ferry Rd. - Independence, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 05-08-2019 _____ 8
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 22
SWL Date From To Est Flow SWL(psi) + SWL(ft)
05-08-2019 22 500 8

(11) WELL LOG
Ground Elevation _____
Material From To
Topsoil 0 2
Brown clay 2 10
Cemented gravel 10 24
Sand & gravel 24 27
Cemented gravel 27 40
Gravel cemented 40 47
Dark grey claystone 47 60
JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date Started 05-06-2019 Completed 05-08-2019

(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. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1411 Date 5/16/19
Signed [Signature]

(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 1684 Date 5/16/19
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com



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HFF CoBu 10/4/23 - Well 5



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HFF COBU 10/4/23 - Well 5 Tag



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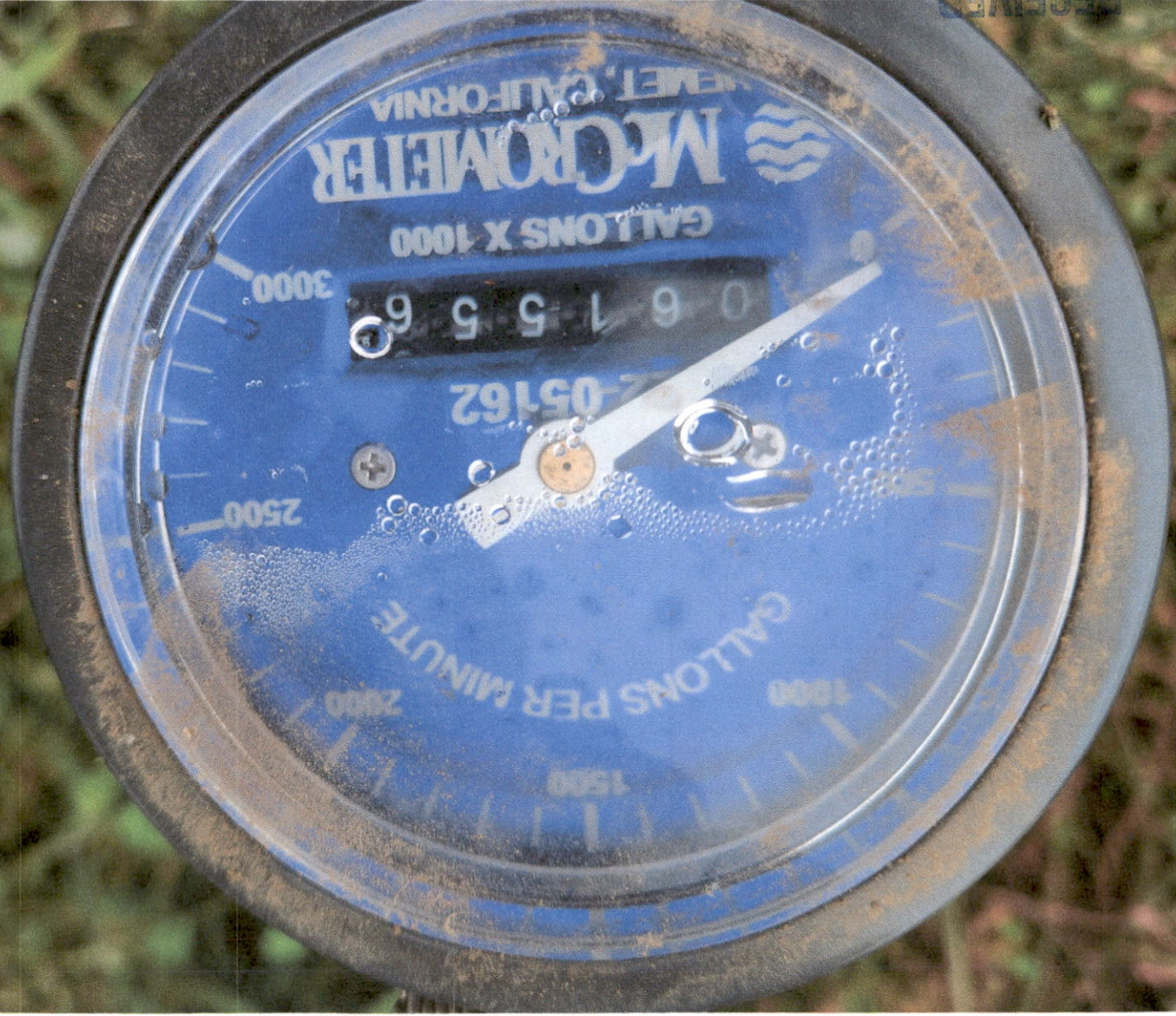
DEC 01 2023

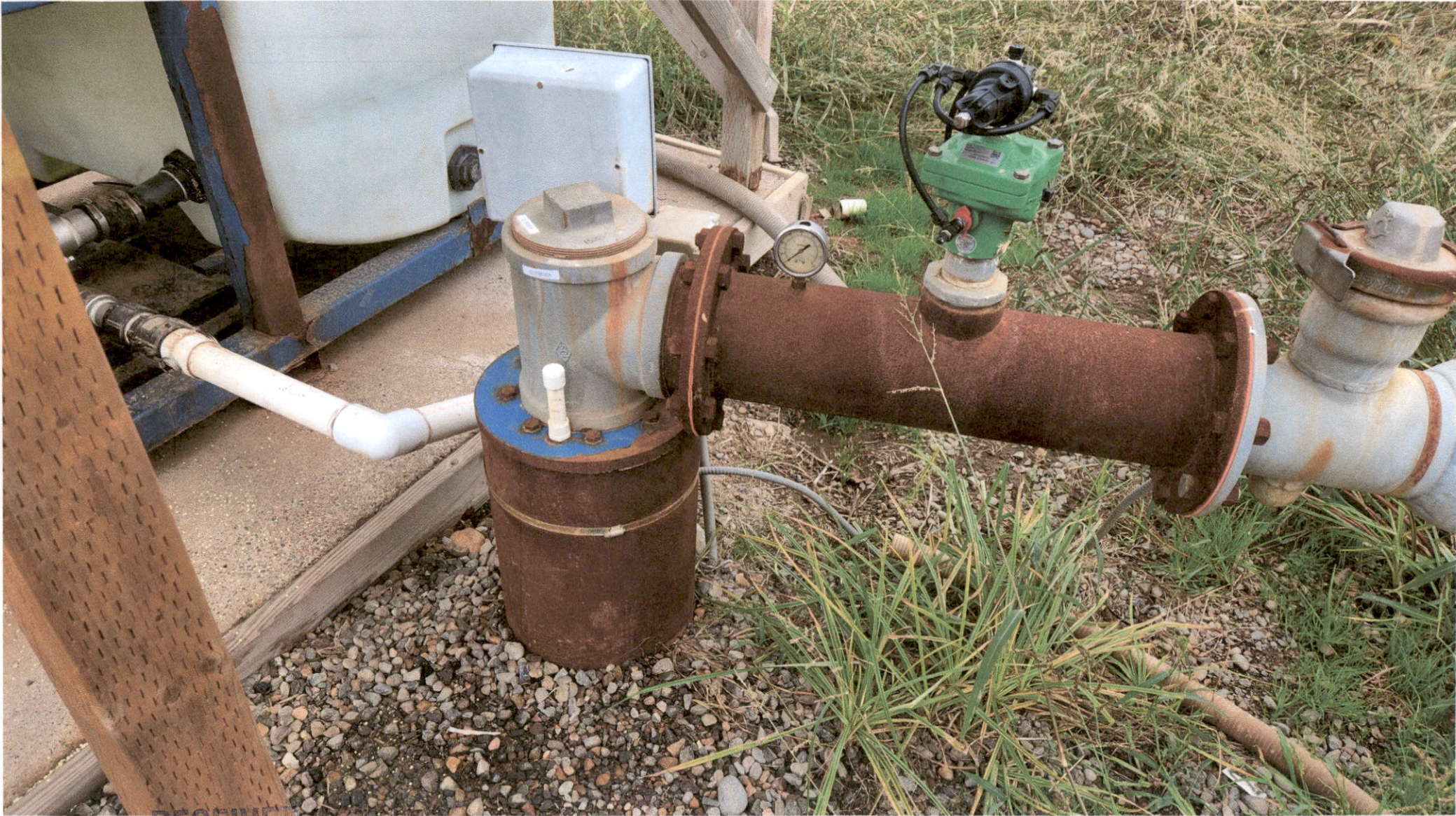
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HFF COBU 10/4/23 - Flow Meter cap @ 5

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HTF COBU 10/4/23 - Flow Meter @ 5





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HFF CoBu 10/4/23 - Well 12



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HFF COBU 10/4/23 - Well 12 Tag



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HFF LOBU 10/4/23 - Flow Meter cap @ 12



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HFF LOBU 10/4/23 - Flow Meter @ 12



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HFF COBU 10/4/23 - Well 27



OREGON
WATER RESOURCES DEPT
WELL #
L131606
DO NOT REMOVE LABEL

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HFF CoBu 10/4/23 - Well 27 Tag

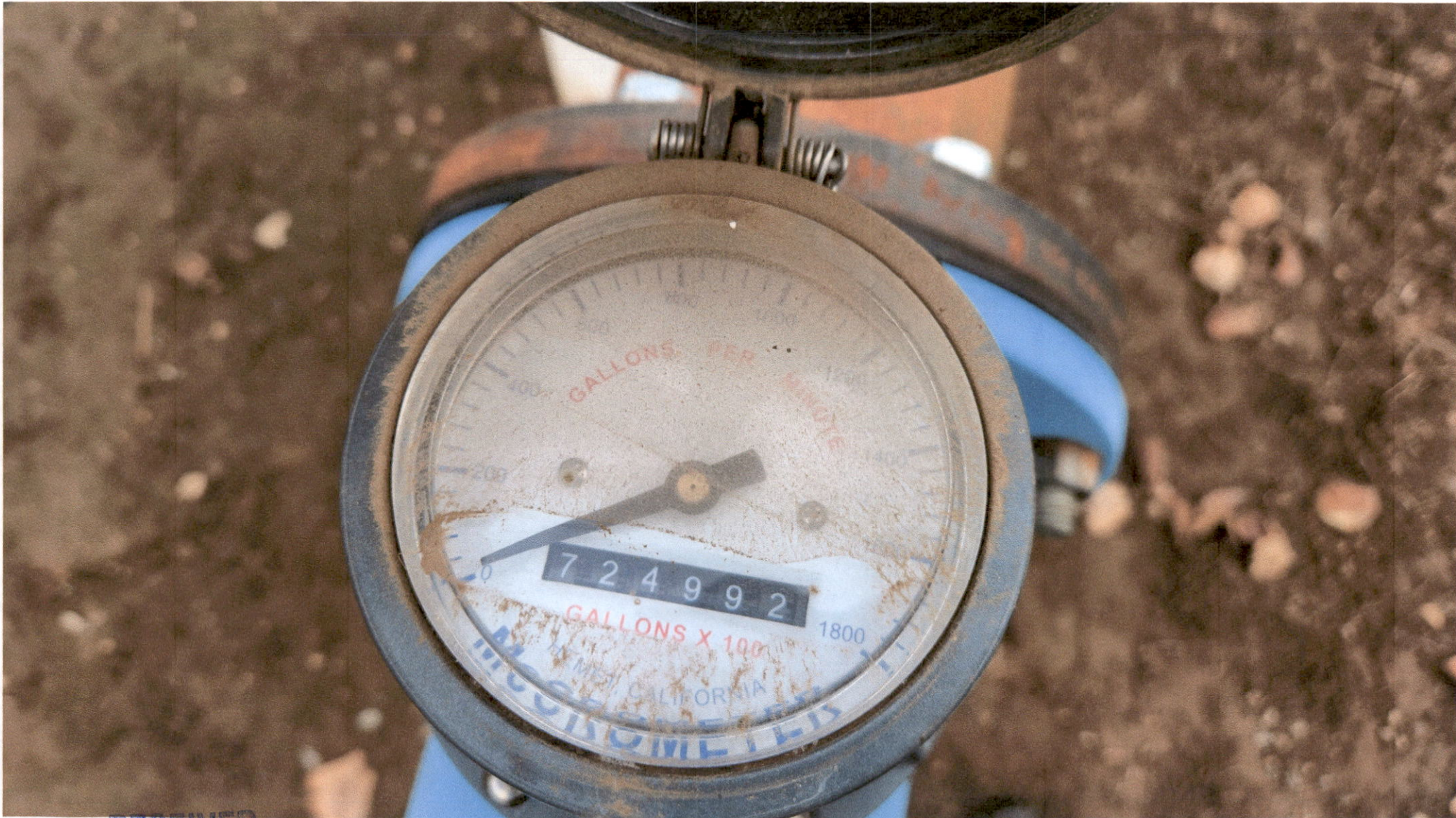


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HFF COBU 10/4/23 - Flow Meter cap @ 27



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HFF COBU 10/4/23 - Flow Meter @ 27



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HFF COBU 10/4/23 - single drip line on hops (36" x 15')



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HFF COBU 10/4/23 - Double drip lines on blueberries (18" x 11')



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HFF COBU 10/4/23 - Double drip lines on hazelnuts (36" x 19')



**PUMP TEST MULTIPLE WELL
EXEMPTION REQUEST FORM**

| | | | | |
|--|--------------------|------------------------------------|--|--|
| OWNER NAME/BUSINESS NAME ACMPC Oregon 2, LLC (dba Halls Ferry Farms) | | PHONE NO. (856) 404-0767 | ADDITIONAL CONTACT NO. | |
| ADDRESS 5605 Halls Ferry Rd. | | | | |
| CITY Independence | STATE OR | ZIP 97351 | E-MAIL anthony.mortellite@acfood.com | |

NOTE: To qualify for an exemption from testing your well(s), you must meet all of the following criteria (OAR 690-217-0020(3)):

- 1. You own multiple wells producing water from the same aquifer (to be verified by OWRD);**
- 2. One of the wells has been tested and the test has been approved by OWRD; and**
- 3. The wells are within 5 miles of the tested well.**

1. List the tested well. If the well is listed on any water right, please provide the water right identification numbers as well as the surveyed location. Note that an exemption cannot be granted until the test has been approved.

| WELL LOG # (EX: MARI 99999) | WELL TAG # (EX: L-999999) | OWNER WELL NAME OR # | TEST DATE | APPLICATION | PERMIT | TRANSFER | CERTIFICATE |
|--------------------------------|------------------------------|----------------------|------------------|----------------|----------------|-----------|-------------|
| POLK 53561 | L-113608 | New Well 12 | 7/23/2014 | G-18552 | G-18277 | T- | |

(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) |
|------------------|------------------|-----------------|-------------------|--|-------------------------------|----------------------------------|
| 7S | 4W | 36 | SE | 550' W from SE corner, DLC 60 | 44.919614 | -123.123632 |

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

| | WELL LOG # (EX: MARI 99999) | WELL TAG # (EX: L-999999) | WELL NAME OR # | APPLICATION | PERMIT | TRANSFER |
|----------|--------------------------------|------------------------------|--------------------|----------------|----------------|-----------|
| a | POLK 53567 | L-113610 | New Well 5 | G-18552 | G-18277 | T- |
| b | POLK 54272 | L-131606 | New Well 27 | G-18552 | G-18277 | T- |
| c | | L- | | G- | G- | T- |
| d | | L- | | G- | G- | T- |
| e | | L- | | G- | G- | T- |

(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) |
|----------|------------------|------------------|-----------------|-------------------|--|-------------------------------|----------------------------------|
| a | 8S | 4W | 2 | NESW | 1365' N & 2055' E from SW cor., sec. 2 | 44.901671 | -123.145761 |
| b | 8S | 4W | 11 | NWSW | 2930' S & 570' E from NW cor., sec. 11 | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |

3. For each well listed in #1 and #2 above, attach all water well reports (i.e. well logs) or, if unavailable, other documentation showing the water-producing zones. If available, please attach a copy of the test and/or approval letter as well as a map showing the locations of all wells listed on this form.

I hereby certify that the tested well and the well(s) requested for exemption(s) are under the ownership listed above and are located within 5 miles of each other.

SIGNATURE: William E. McGill **DATE:** 12-1-2023 **LICENSE #:** 30680 CWRE

PRINTED NAME: WILLIAM E. MCGILL **(CIRCLE ONE):** OWNER, EMPLOYEE, CWRE RG, PE, WWC, PUMP INSTALLER

PHONE: (503) 510-3026 **EMAIL:** WILLMCGILL.SURVEYING@GMAIL.COM

POLK 53567

New Well 5

amended

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

WELL LABEL # L 113610

START CARD # 1023790

(1) LAND OWNER Owner Well I.D. 5430

First Name Last Name
Company ACMPC Oregon 2 LLC/Halls Ferry
Address 37511 Helms Dr.
City Jefferson State OR Zip 97352

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(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 Special Standard [] (Attach copy)
Depth of Completed Well 69 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

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

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [X] Yes Dia 16 From 0 To 59

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size

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

[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1,000 16 45 2

Temperature 53 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 8 S N/S Range 4 W E/W WM
Sec 31 NE 1/4 of the SW1/4 1/4 Tax Lot 103
Tax Map Number Lot
Lat or DMS or DD
Long or DMS or DD
[] Street address of well [] Nearest address
5605 Halls Ferry Rd., Independence, OR 97351

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 07-31-2014 24
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To

Date Started 07-25-2014 Completed 07-28-2014

(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 1888 Date 08-06-2014
Password: (if filing electronically)
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 1684 Date 08-06-2014
Password: (if filing electronically)
Signed
Contact Info (optional) jonesdrilling@hotmail.com

SEP 22 2014

New Well 12

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

SALEM, OR

REVISED

WELL LABEL # L 113608

START CARD # 1023705

(1) LAND OWNER

Owner Well I.D. 5427

First Name _____ Last Name _____
Company ACMPC Oregon 2 LLC/Halls Ferry
Address 35711 Helms Dr.
City Jefferson State OR Zip 97352

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(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 Special Standard [] Attach copy

Depth of Completed Well 58 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Row 1: 16, 0, 58, Bentonite, 0, 18, 100, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 12, 2, 58, 250, [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [X] Yes Dia 16 From 0 To 58

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type _____ Material _____

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tel/pipe size

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 53 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 47 S N/S Range 4 W E/W WM
Sec #36 NE SE 1/4 of the 126 NW 1/4 Tax Lot 100 200
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [] Nearest address

5605 Halls Ferry Rd., Independence, OR 97351

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 07-22-2014, _____, 17

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 20

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows: Topsoil, Silty brown clay, Cemented small sand and gravel, Small to medium gravel with sand, Medium sand and gravel, Blue clay, Gray clay, Gray sandstone with small sand and gravel

Altered to cap from 18-58 between 16" & 12"

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date Started 07-17-2014 Completed 07-22-2014

(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 1888 Date 08-19-2014

Password: (if filing electronically) _____

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 1684 Date 08-19-2014

Password: (if filing electronically) _____

Signed _____

Contact Info (optional) jonesdrilling@hotmail.com

New Well 27

POLK 54272

(1) LAND OWNER
Owner Well I.D. 5981
First Name _____ Last Name _____
Company ACMPC Oregon 2 LLC
Address P.O. Box 717
City Jefferson State OR Zip 97352

(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 60 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
16 0 60 Bentonite 0 18 28 S
Calculated 14
Calculated _____

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

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
12 2 60 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 60

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type _____ Material _____
Perf/S Casing/Screen Dia From To Scrn/slot Slot # of Tel/ green Liner width length slots pipe size
Perf Casing 20 60 .438 1 800

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
500 _____ 60 1
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 170
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County POLK Twp 8 S N/S Range 4 W E/W WM
Sec 11 SW 1/4 of the NW 1/4 Tax Lot 103
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
5605 Halls Ferry Rd. - Independence, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 05-08-2019 _____ 8
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 22
SWL Date From To Est Flow SWL(psi) + SWL(ft)
05-08-2019 22 580 8

(11) WELL LOG
Ground Elevation _____
Material From To
Topsoil 0 2
Brown clay 2 10
Cemented gravel 10 24
Sand & gravel 24 27
Cemented gravel 27 40
Gravel cemented 40 47
Dark grey claystone 47 60
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JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
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Date Started 05-06-2019 Completed 05-08-2019
(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. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1411 Date 5/16/19
Signed KAD

(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 1684 Date 5/16/19
Signed _____
Contact Info (optional) jonesdrilling@hotmail.com

Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

*New Well 12
 POLK 53561*

Well Owner:

Name: Riverbend Organic Farms
 Address: 5605 Halls Ferry Rd.
 County: Polk
 City: Independence State: OR Zip: 97351
 Original owner (from well log): _____

Well Location:

Township: 8 S Range: 4 W
 Section: 11 1/4: NE 1/16: NE 1/64: NE
 Well depth: 58.0 Date drilled: 7/22/2014
 Owners well no. (if any): L113608
 POD ID: _____

Water Right Information:

Application: _____ Permit: _____ Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: _____ Permit: _____ Certificate: _____
 Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Kenneth Gillett Well Owner? Yes
 Company: Jones Drilling Co., Inc.
 Address: 29400 Santiam Hwy. Date of Test: 07/23/2014
 City: Lebanon State: OR Zip: 97355
 Daytime phone: 541-367-2560

Method of discharge measurement (see our brochure for more information): Flow meter
 Method of water-level measurement (pick one or enter other method used): Electric tape
 Length of air line (if used): _____

Pump type (pick one or enter other method used): Submersible
 Was the pump test conducted during normal use of the well? Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: _____
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is above surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) Top of casing

Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

| Time | Depth to water below meas. point | Depth to water below land surface |
|----------------|----------------------------------|-----------------------------------|
| <u>2:00 pm</u> | <u>20.00</u> | <u>17.00</u> |
| <u>2:20 pm</u> | <u>20.00</u> | <u>17.00</u> |
| <u>3:00 pm</u> | <u>20.00</u> | <u>17.00</u> |

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

| Time | Discharge Rate | Discharge Units (e.g. gpm, cfs, etc) |
|----------------|----------------|--------------------------------------|
| <u>3:10 pm</u> | <u>600.00</u> | <u>gpm (gallons per minute)</u> |
| <u>4:10 pm</u> | <u>600.00</u> | <u>gpm (gallons per minute)</u> |
| <u>5:10 pm</u> | <u>600.00</u> | <u>gpm (gallons per minute)</u> |
| <u>6:10 pm</u> | <u>600.00</u> | <u>gpm (gallons per minute)</u> |
| <u>7:08 pm</u> | <u>600.00</u> | <u>gpm (gallons per minute)</u> |

Time pump turned on: Date 07/23/2014 Time 3:08 am
 Time pump turned off: Date 07/23/2014 Time 7:08 am
 Total pumping time: 4 hours _____ minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/9/2000

Required Signature: *Ken Gillett*

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Oregon Water Resources Department
PUMP TEST DATA SHEET

Page ____ of ____

Application: _____ Permit: _____ Certificate: _____ Pod_Id: _____

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

| Date | Time | Drawdown Data | | | Comments | Recovery Data | | | Comments | | |
|-----------|------|-----------------------------------|-----------------------------------|-----------------------------------|----------|-----------------------------------|-----------------------------------|-----------------------------------|----------|--------|--|
| | | Time Since Pump Started (minutes) | Depth to Water Below Measuring Pt | Depth to Water Below Land Surface | | Time Since Pump Stopped (minutes) | Depth to Water Below Measuring Pt | Depth to Water Below Land Surface | | | |
| 7/23/2014 | 2:00 | | 20' | 17' | | 7/23/2014 | 7:08 | 0 | 34' 6" | 31' 6" | |
| | 2:20 | | 20' | 17' | | | 7:09 | 1 | 23' | 20' | |
| | 2:40 | | 20' | 17' | | | 7:11 | 3 | 20' | 17' | |
| | 3:00 | | 20' | 17' | | | | | | | |
| | 3:08 | 0 | 20' | 17' | | | | | | | |
| | 3:10 | 2 | 30' | 27' | | | | | | | |
| | 3:12 | 4 | 31' | 28' | | | | | | | |
| | 3:17 | 9 | 32' | 29' | | | | | | | |
| | 3:22 | 14 | 34' | 31' | | | | | | | |
| | 3:27 | 19 | 34' | 31' | | | | | | | |
| | 3:32 | 24 | 34' 1" | 31' 1" | | | | | | | |
| | 3:37 | 29 | 34' 2" | 31' 2" | | | | | | | |
| | 3:42 | 34 | 34' 7" | 31' 7" | | | | | | | |
| | 3:47 | 39 | 34' 7" | 31' 7" | | | | | | | |
| | 3:57 | 49 | 35' | 32' | | | | | | | |
| | 4:07 | 59 | 35' | 32' | | | | | | | |
| | 4:17 | 69 | 35' | 32' | | | | | | | |
| | 4:27 | 79 | 34' | 31' | | | | | | | |
| | 4:37 | 89 | 34' | 31' | | | | | | | |
| | 4:52 | 104 | 34' | 31' | | | | | | | |
| | 5:07 | 119 | 34' 6" | 31' 6" | | | | | | | |
| | 5:30 | 142 | 34' 6" | 31' 6" | | | | | | | |
| | 6:00 | 172 | 34' 6" | 31' 6" | | | | | | | |
| | 6:30 | 202 | 34' 6" | 31' 6" | | | | | | | |
| | 7:00 | 232 | 34' 6" | 31' 6" | | | | | | | |
| | 7:08 | 240 | 34' 6" | 31' 6" | | | | | | | |
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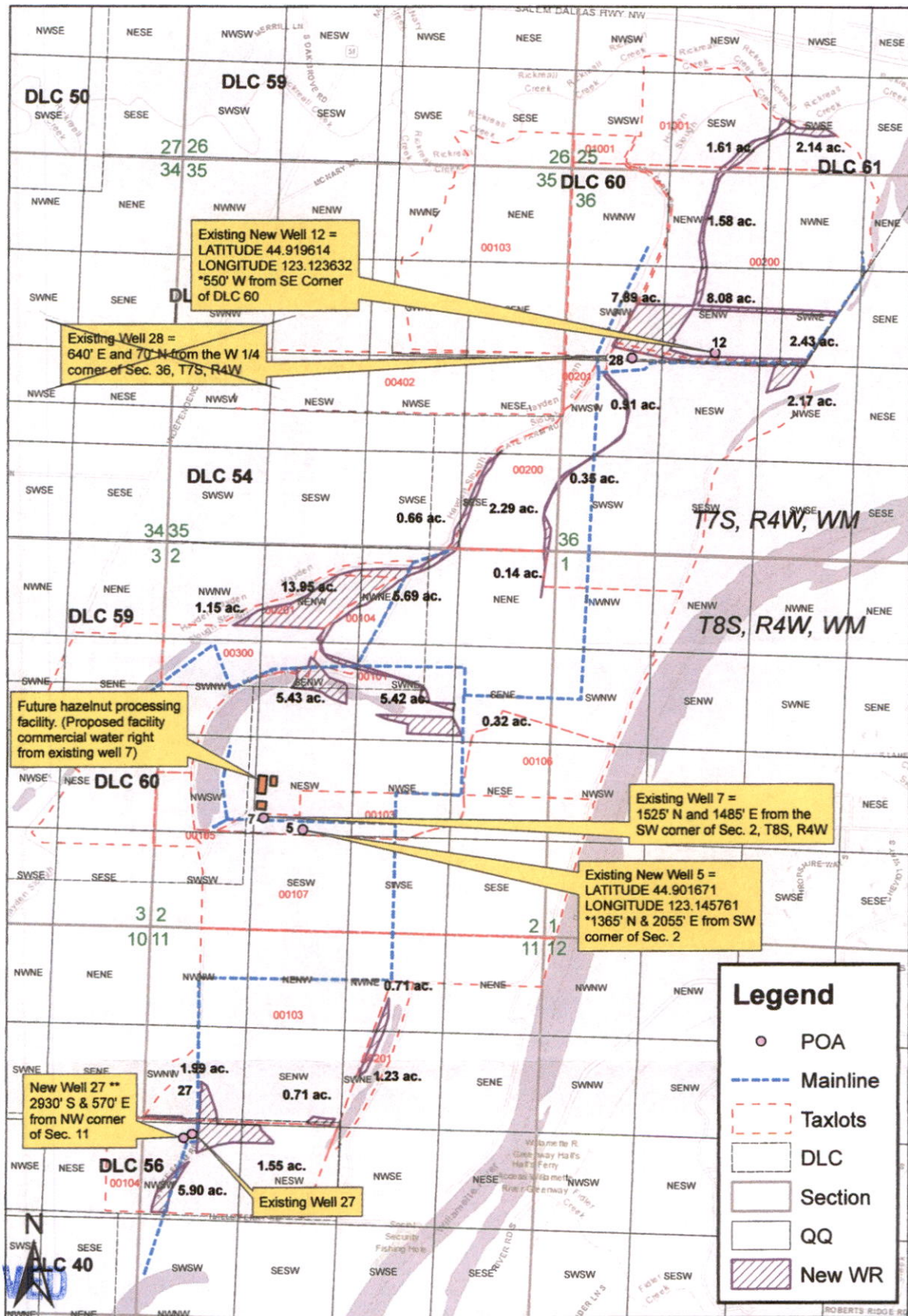
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JUN 05 2019

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Water Right Application for ACMPC Oregon 2, LLC (dba Halls Ferry Farms)



Existing New Well 12 =
 LATITUDE 44.919614
 LONGITUDE 123.123632
 *550' W from SE Corner
 of DLC 60

Existing Well 28 =
 640' E and 70' N from the W 1/4
 corner of Sec. 36, T7S, R4W

Future hazelnut processing
 facility. (Proposed facility
 commercial water right
 from existing well 7)

Existing Well 7 =
 1525' N and 1485' E from the
 SW corner of Sec. 2, T8S, R4W

Existing New Well 5 =
 LATITUDE 44.901671
 LONGITUDE 123.145761
 *1365' N & 2055' E from SW
 corner of Sec. 2

New Well 27 **
 2930' S & 570' E
 from NW corner
 of Sec. 11

Existing Well 27

Legend

- POA
- Mainline
- - - Taxlots
- DLC
- Section
- QQ
- ▨ New WR

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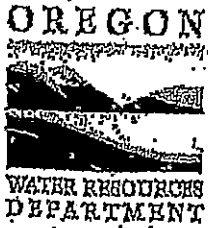
DEC 01 2023

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6-18562

*Revised 12/26/2018 WEM
 **Revised 5/6/2019 WEM
 **Revised 6/4/2019 WEM

Map prepared by McGill



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DEC 01 2023
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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: ACMPC Oregon 2, LLC (d/b/a Halls Ferry Farms)
5605 Halls Ferry Rd. Independence, OR 97351

Transaction Type: CBU

Fees Received: \$ 230⁰⁰

Cash Check: Check No. 2215

Name(s) on Check: Will McGill Surveying, LLC

Thank you for your submission. Oregon Water Resources Department (Department) staff will review your submittal as soon as possible.

If your submission is determined to be complete, you will receive a receipt for the fees paid and an acknowledgement letter stating your submittal is complete.

If determined to be incomplete, your submission and the accompanying fees will be returned with an explanation of deficiencies that must be addressed in order for the submittal to be accepted.

If you have any questions, please feel free to contact the Department's Customer Service staff at 503-986-0801 or 503-986-0810.

Sincerely,
OWRD Customer Service Staff

Submission received by: Mick
(Name of OWRD staff)

Instructions for OWRD staff:

- Complete this Submission Receipt and make two (2) copies. Place one copy with the check/cash and place the other copy with the submission (i.e., the application or other document).
- Date-stamp all pages. (NOTE: Do not stamp check.)
- Give this original Submission Receipt to the applicant.
- Record Submission Receipt information on the "RECEIVED OVER THE COUNTER" log sheet.
- Fold and put one copy of the Submission Receipt with check/cash into the Safe slot. Place the other copy of the Submission Receipt with the submission.