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 aiter any section of this form unless directed by the form. The Department may require the submittal of additional information from any water user or authorized agent.

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

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

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

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx

SECTION 1 GENERAL INFORMATION

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1. File Information:

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APPLICATION # PERMIT # (IF APPLICABLE) PERMIT AMENDMENT # (IF APPLICABLE) G-14150 G-18889 T-11889

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APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.		
ULUPALAKUA RANCH, INC		808-878-1202			
ADDRESS					
HC-1 BOX 901	7		p		
CITY KULA	STATE	ZIP 96790-9302	E-MAIL ulupalakuammm@hawaii.rr.com		
If the current property ow assignment be filed with the second of the se	ner is not the perm he Department. <u>Eac</u>	it holder of record ch permit holder of	, it is recommended that an record must sign this form.		
PERMIT HOLDER OF RECORD					
SAME Address	***				
MUURE33					
Спу	STATE	ZIP			
11-1-2022		4. Date of Site Inspection: description of their association with the project:			
	and description of	and about all the			
	and description of	DATE	Association with the Project		
5. Person(s) interviewed			ASSOCIATION WITH THE PROJECT MANAGER		
5. Person(s) interviewed NAME		DATE			
5. Person(s) interviewed NAME TRAVIS SEVERANC 6. County: CROOK 7. If any property describ the owner of record for th OWNER OF RECORD	ced in the place of u	DATE 1-1-2022 use of the permit is			
5. Person(s) interviewed NAME TRAVIS SEVERANC 6. County: CROOK 7. If any property describ	ced in the place of u	DATE 1-1-2022 use of the permit is	MANAGER		

Add additional tables for owners of record as needed

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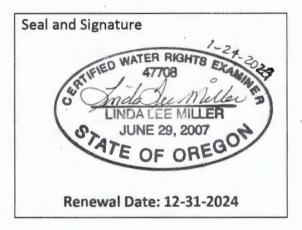
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SECTION 2 SIGNATURES

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CWRE Statement, Seal and Signature

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



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CWRE NAME LINDA LEE MILLER	PROJECT # 22073	PHONE NO	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS PO BOX 1830			
CITY BEND	STATE OR	ZIP 97703	E-Mail

Permit Holder of Record Signature or Acknowledgement

<u>Each</u> 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
Bee	Summer P. Erdman	President	2/22/24
-			

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION	WELL LOGID#	WELL TAG#
(POA) NAME OR NUMBER	FOR ALL WORK PERFORMED ON THE WELL	(IF APPLICABLE)
(CORRESPOND TO MAP)	(IF APPLICABLE)	
WELL	CROO 53900	L-103113

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

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

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY	
WELL	CROOKED 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	IR	HAY/PASTURE	FEB 1 - DEC 1	1.52 CFS	
и	IS		u	3.08 CFS	
Total Quantity of W	ater Used			3.34 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 FROM WELLS DIRECTLY TO PIPELINES AND TO A BULGE RESERVOIR AND DIRECTLY TO SPRINKLER SYSTEMS INCLUDING PIVOTS, K-LINE PODS, & BIG GUN TRAVELER. WATER IS ALSO PUMPED INTO SURFACE WATER FLOOD IRRIGATION DITCH SYSTEM AS NEEDED FOR SUPPLEMENTLAL IRRIGATION.

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

5. Variations:

Was the use developed differently from what was authorized by the permit,

permit amendment final order, or extension final order? If yes, describe below.

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

THE PERMIT ALLOWED 270 ACRES OF PRIMARY IRRIGATION AND 268.2 ACRES OF SUPPLEMENTAL IRRIGATION. THE WATER USER DEVELOPED 121.7 ACRES OF PRIMARY IRRIGATION AND 246.3 ACRES OF SUPPLEMENTAL IRRIGATION.

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NO

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	CROO 53900	L-103113	

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	Source	TRIBUTARY
NAME OR NUMBER	BASIN LOCATED WITHIN	
WELL	CROOKED 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	IR	HAY/PASTURE FEB 1 - DEC 1		1.52 CFS	
M	IS	м	er e	3.08 CFS	
Total Quantity of W		3.34 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 FROM WELLS DIRECTLY TO PIPELINES AND TO A BULGE RESERVOIR AND DIRECTLY TO SPRINKLER SYSTEMS INCLUDING PIVOTS, K-LINE PODS, & BIG GUN TRAVELER. WATER IS ALSO PUMPED INTO SURFACE WATER FLOOD IRRIGATION DITCH SYSTEM AS NEEDED FOR SUPPLEMENTIAL IRRIGATION.

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

5. Variations:

Was the use developed differently from what was authorized by the permit,

permit amendment final order, or extension final order? If yes, describe below.

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

THE PERMIT ALLOWED 270 ACRES OF PRIMARY IRRIGATION AND 268.2 ACRES OF SUPPLEMENTAL IRRIGATION. THE WATER USER DEVELOPED 121.7 ACRES OF PRIMARY IRRIGATION AND 246.3 ACRES OF SUPPLEMENTAL IRRIGATION.

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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	1.52 CFS	5.8 CFS	N/A	IR	270.0 AC	121.7 AC
WELL	3.08 CFS	5.8 CFS	N/A	IS	268.2 AC	246.3 AC

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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):

WELL CROO 53900 / L-103113

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
155	15E	W.M.	13	SESW			IR	0.3	
ee	88	er	М	NESE			IR	6.3	
м	M	er	м	NWSE			IR	0.6	
N	**	N	м	SWSE			IR	18.4	
ec	**	er	ee	SESE			IR	11.9	
00	м	W	м	SESE			(IS)		11.4
M	M	W	24	NENE			(IS)		33.2
er	01	ec.	86	NWNE			IR	23.0	
м	м	м	88	NWNE			(IS)		3.4
м	м	м	м	SWNE			IR	12.6	
er	W	**	M	SWNE			(IS)		6.0
м	*	**	81	SENE			IR	1.2	
M	*	**	**	SENE			(IS)		14.4
м	*	**	81	NENW			IR	5.4	
н	м		er	NESE			(IS)		18.1
н	M	м	M	NWSE			IR	2.9	
н	м	м	W	NWSE			(IS)		6.0
н	м	м	**	SWSE			IR	17.0	
н	W	м	86	SESE			IR	6.9	
00	м	м	M	SESE			(IS)		3.1

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TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
15 S	15E	W.M.	25	NENE			(IS)		0.7
N	M	M	м	NWNE			(IS)		16.5
N	M	м	м	SWNE			(IS)		1.1
15 S	16E	**	18	SENW			(IS)		3.9
er	M	м	м	NESW			IR	0.3	
W	*	"	*	NESW			(IS)		26.0
M	M	"	W		L3		IR	8.3	
M	M	W	*		L3		(IS)		0.7
М	M	**	м		L4		IR	6.6	
м	**	"	*		L4		(IS)		13.9
М	*	*	W	SESW			(IS)		14.4
и	*	**	W	NWSE			(IS)		1.5
М	*	м	**	SWSE			(IS)		1.3
N	W	м	19	NENW		1	(IS)		36.0
М	*	M	er		ш		(IS)		14.0
м	M	**	or	SENW			(IS)		16.0
M	**	"		NESW			(IS)		4.7
otal Ac	res Irrig	ated						121.7	246.3

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.

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:

1/2" PIPE WITH THREADED CAP IN CONCRETE FOOTING

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
N/A						

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.

N/A

C. Groundwater Source Information (Sump)

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

YES NO

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR	INTAKE SIZE	DISCHARGE
			SUBMERSIBLE)		SIZE
			SUBMERSIBLE		

3. Motor Information:

MANUFACTURER	Horsepower
	60 HP

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)
60	20	20'	2'	5.80 CFS

5. Provide pump calculations:

SEE ATTACHED OWRD PUMP CALCULATIONS.

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)
N/A			

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
6"	15,199'	PVC	BURIED
4"	4,892'	er .	**
3"	941'	M	W

9. Lateral or Handline Information:

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND

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10. Sprinkler Information:

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
BIG GUN 1"	80	260 GPM	1	1	0.58 CFS
K-LINE PODS	45	3.17 GPM	237	90	0.64 CFS

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)	OF EMITTERS	MAXIMUM NUMBER USED	TOTAL EMITTER OUTPUT (CFS)
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12. Drip Tape Information:

SPACING IN 100 FEET LENGTH OF LENGTH OF TAPE USED	OUTPUT (CFS)	
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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
PIERCE	1090'	15	493 GPM	1.10 CFS
м	860'	20	390 GPM	0.87 CFS
м	940'	20	425 GPM	0.95 CFS

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

YES NO

Bulge in System / Reservoir

YES NO

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

2. Storage Tank:

CAPACITY	ABOVE GROUND OR BURIED
(IN GALLONS)	

3. Bulge in System / Reservoir:

RESERVOIR NAME OR NUMBER (CORRESPOND TO MAP)	APPROXIMATE DAM HEIGHT	APPROXIMATE CAPACITY (IN ACRE FEET)
BULGE-IN-SYSTEM	21'	24 AF

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F. Gravity Flow Pipe	F.	Gra	vitv	Flow	Pipe
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(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.

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL/ DITCH	SLOPE	COMPUTED RATE (IN CFS)
EARTH	4'	2'	2'	0.034	6'	1790'	0.3%	14.4 CFS

3. Provide calculations:

SEE ATTACHED OWRD DITCH CALCULATIONS.

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

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

Attach measurement notes.

H. Additional notes or comments related to t	me s	system
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SECTION 5

CONDITIONS

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

1. Time Limits:

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

	DATE FROM PERMIT	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE TIME LIMITS
ISSUANCE DATE	6-12-2015		
BEGIN CONSTRUCTION (A)	6-12-2016	6-6-2011	WELL CONSTRUCTION STARTED
COMPLETE CONSTRUCTION (B)	10-1-2023	6-15-2011	WELL CONSTRUCTION COMPLETED
COMPLETE APPLICATION OF WATER (C)	10-1-2024	11-1-2022	COMPLETE APPLICATION OF WATER TO BENEFICIAL USE

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

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

YES NO

If "NO", items a and b relating to this section may be deleted.

- 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.
- 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.
- 5. Pump Test:
- a. Did the permit require the submittal of a pump test?

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?

C. Is the pump test attached to this claim?

VES NO

Has the pump test been approved by the Department?

YES NO

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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	SEAMETRICS	1020140 01667	WORKING	OFF	MARCH 2022

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 YES NO

to the well?

WELL ID#	DATE ATTACHED TO WELL
L-103113	2011

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):

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ATTACHMENTS

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

ALIACHIVILITI IVAIVI	DESCRIPTION
CBU Map	Claim of Beneficial Use Map
Well Log	CROO 53900
Pump Calcs	OWRD Pump Capacity Calculations
Ditch Calcs	OWRD Ditch Capacity Calculations

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.

ON-SITE DIRECT MEASUREMENT AND NAIP IMAGERY.

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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.)

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

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

06-26-2011

WELL LABEL # L	103113
START CARD#	1013709

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)	
First Name Last Name	County Crook Twp 15.00 S N/S Range 16.00 E	E/W WM
Company ULUPALAKUA RANCH INC	Sec 19 NW 1/4 of the NW 1/4 Tex Lot 101	
Address 5455 S CROOKED RIVER HWY	Tax Map Number Lot	
City PRINEVILLE State OR Zip 97754	Lat or	DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long " or	DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address	
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	5455 S CROOKED RIVER HWY	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) +	SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	
Industrial / Commercial Livestock Dewatering	Completed Well 06-15-2011	20
Thermal Injection Other	Flowing Artesian? Dry Hole?	
	WATER BEARING ZONES Depth water was first found 45	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)		SWL(ft)
Depth of Completed Well 70.00 ft. BORE HOLE SEAL sacks/	06-15-2011 45 100 200	20
Dia From To Material From To Amt Ibs		
12 0 26 Granular Bentopite 0 26 28 S		
8 26 100		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material From	To
Other Poured IN Dry	Sand & Gravel 0	21
Backfill placed from ft. to ft. Material	Brown Sand Stone 21	28
Filter pack from ft. to ft. Material Size	Hard Grey Basalt 28	35
Explosives used: Yes Type Amount	Brown Sand Stone 35	38
	Hard Grey Basalt 38 Red Lava 45	45
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plate Wid Thrd	Hard Grey Basalt 47	63
(Soft Brown Sand Stone Caving 63	100
	RECEIVED	2000
		Received
Shoe Inside Outside Other Location of shoe(s) 26	FEB 2 6 2024 FE	B 1 2 2024
Temp casing Yes Dia From To		D 12 402
(7) PERFORATIONS/SCREENS Perforations Method	OWRD	014/00
Screens Type Material	3,1110	OWRD
Perf/S Casing/ Screen Scm/slot Slot # of Tele/	D. S. J.	
creen Liner Dia From To width length slots pipe size	Date Started <u>06-06-2011</u> Completed <u>06-15-2011</u>	
	(unbonded) Water Well Constructor Certification	
	I certify that the work I performed on the construction, deepening, abandonment of this well is in compliance with Oregon water	
	construction standards. Materials used and information reported abo	
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date	
Pump Bailer	Electronically Filed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed	
200 100 1	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, o	
	work performed on this well during the construction dates reported al	
Temperature 58 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water construction standards. This report is true to the best of my knowledg	
Water quality concerns? Yes (describe below) From To Description Amount Units		
	License Number 1583 Date 06-26-2011 Electronically Filed	
	Signed DAVID A SCHLICHTING (E-filed)	
	Contact Info (optional)	

06-26-2011

START CARD# 1013709

	RE HO		NSTRUCTION Material	SEAI From		Amt	sacks/	(10) STATION Water Bea						
								SWL Date	From	То	Est Flow	SWL(psi)	+	SWL(ft)
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								-			-		H	
													口	
	FILTER		aterial Size										\Box	
	Olli	10											H	
								(11) WELL	LOG					
6) CA	SING/I	INER						(,	Material			From		To
Casing	Liner .	Dia +	From To	Gauge	Stl Plate	Wld '	Thrd		1712001101			From		
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Q	Q				QQ		口						+	
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(7) PE	RFOR/	TIONS	SSCREENS									-		
	asing/Sc						Tele/						+	
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-	ELL TE	STS: M	inimum testing			ation (h	1	Comments/	Remarks				·	
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		ty Conce			Amana	TI-14	in.	Caved Back	To 70°					
From	1 T	0	Description		Amount	Unit		Caved Back						
						+	-							
											,			

Pump Capa	acity Calc	ulation She	et	CROO 53900 / L-	103113 WHI	TE DEER RAI	VCH
using Departm	nent designe	ed formula:					
(hp)(efficiency	r) / (lift + psi	head) = capac	ity in cfs				
Efficiency:							
Centrifugal = 6	8.61						
Turbine = 7.04							
Data Entry (fi	ll in underl	ined blanks)					
HP =	60						
Efficiency =	7.04						
PSI =	20						
Results Calcu	ulated						
(hp)(efficiency	r) =	422.4					
Head based o	50.8						
Total dynamic		72.8					
(head + lift)							
Pump Capaci	ity =	5.80	cubic	feet per second			

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FEB 26 2024

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FEB 1 2 2024

	Ditch Capa	acity Cal	culator		
	using Ma	nning's For	mula		
	Data Entry (III in unde	rlined blanks	s)	
Top Width =	4	feet			
Bottom Width =	2	feet			
Depth =	2	feet			
Fall =	6	feet	per	1790	feet of distance
Grade =	0.003351955	, or	0.3%		
n Factor =	0.03				
	Results calc	ulated			
Area of o	oss-section =	6	square feet		
	d Perimeter =				
	ulic Radius =				
,	Velocity =		feet per seco	nd	
Calculated Ditc	h Capacity =	14.4	cubic feet p	er seco	nd

Received
FEB 1 2 2024
OWRD
RECEIVED
FEB 2 6 2024
OWRD