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

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

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

A separate form shall be completed for each permit.

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

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx
The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

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

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

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

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

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

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SECTION 1
GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15640	G-15101	N/A

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
City of John Day		
Address		
450 E Main Street		

City	State	Zip	E-Mail
John Day	**OR**	**97845**	**myersc@grantcounty-or.gov**

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		
City of John Day		
Address		
450 E Main Street		
City	State	Zip
John Day	**OR**	**97845**

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

October 5, 2023

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

Name	Date	Association with the Project
Casey Myers	Oct 6, 2023	Public Works Director, City of John Day

6. County:

Grant County

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)): N/A (Municipal Use Permit)

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

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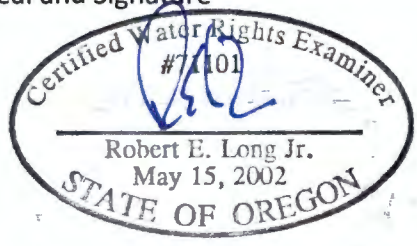
SECTION 2

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.

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Robert Long (CwM-H2O, LLC)		(503) 954-1326	
ADDRESS 311 B Ave, Suite P			
CITY Lake Oswego	STATE OR	ZIP 97034	E-MAIL Bob.long@cwmh2o.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
Casey L Myers	**Casey Myers**	**City of John Day** **Public Works Director**	4/9/24

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SECTION 3

CLAIM DESCRIPTION

1. **Point of appropriation name or number:**

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
Well-5 (POA-1)	**(GRAN-50574)**	**L-61610**

Attach each well log available for the well (Attachment 2)

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

POA Name or Number	Source Basin Located Within	Tributary
POA-1	**John Day River Drainage**	-

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)
POA-1	Municipal	*N/A*	Year-round	**Peak Month:** June 2014 (30.7 AF) **Max Rate:** 750 gpm (1.67 cfs)
Total Quantity of Water Used				**1.67 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:

Well-5 is located approximately half way between City Well-2 (to the west at the wastewater treatment plant) and City Well-4 (to the east at the City ball field) on the north side of the John Day River. Well-5 pumps south through a lateral line into the City's 6"-diameter mainline along 7th Avenue and feeds the entire distribution system. The well is connected to the distribution system south of the river through connections across Bridge Street and Paterson Bridge Road. The place of use (POU) is defined as the Service Area of the City of John Day, defined by the Urban Growth Boundary (Attachment 1 – Claim of Beneficial Use Map).

The system includes a total of six storage reservoirs (ranging from 75,000 to 820,000 gallons) and five booster pump stations. The City operates four other supply wells (Wells 1-4) as well as a surface water source at the Long Gulch Springs south of the City.

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).

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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."*)

Well-5 is currently outfitted with a pump and motor system which is capable of producing up to about 750 gpm (1.67 cfs) under typical conditions. This is less than the overall water right rate of 1,000 gpm (2.23 cfs), which has only been reached in the past during aquifer pump tests conducted by the City.

The rest of the right has been developed as described in the permit. This Claim of Beneficial Use is accompanied by a cover letter requested that is be reviewed as an incremental perfection of the right (OAR 690-320-0040(4)), with the City proposing an extension application for the remaining portion of the permit.

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
POA-1	2.23 cfs	1.67 cfs (750 gpm)	1.67 cfs (75%)	Municipal	*N/A*	*N/A*

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SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? ~~YES~~ **NO**

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

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

POA-1 (Well-5)

A. Place of Use

1. Is the right for municipal use? **YES** ~~NO~~

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? **YES** ~~NO~~

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

2. Describe the access port or other means to measure the water level in the well:

There is an approximately 1" access port at the wellhead for manual measurements of depth. The CWRE measured the depth at approximately 8.5 ft below the top of the well casing at the time of the claim of beneficial use survey.

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
20"	-6 to 76 ft	199 ft	March 7, 2003	*N/A*	City of John Day	Western Water Development *(Robert Buckner)*
16"	-6 to 121 ft					
12"	121 to 198 ft					

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.

The well log number for Well-5 is **GRAN-50574** (Attachment 2 – Well-5 Well Log).

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? ~~YES~~ **NO**

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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
Unk.	*Unk.*	*Unk.*	Submersible	Approx. 6"	4"

3. Motor Information:

Manufacturer	Horsepower
General Electric	100 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)
100 HP	~95 PSI	~105 ft (max)	~50 ft*	1.67 cfs

**Most of the place of use and storage is within a 50 ft elevation gain of Well-5. Higher portions of the place of use, such as the airport area, are served by booster pumps in the system (see CBU Map).*

5. Provide pump calculations:

Q Pump = (horsepower)(pump efficiency) = Q in cfs
(total head in feet)

Efficiency factors:

NOTE: Pump efficiency factor for centrifugal pump (75%) = 6.61
Pump efficiency factor for turbine pump (80%) = 7.04

95 PSI = 241 ft of H2O

Theoretical Q = $\frac{(100\ HP)*(6.61)}{(105\ ft + 241\ ft + 50\ ft)} = \frac{661}{396}$ = **1.67 cfs** under maximum head conditions

**The theoretical pumping rate is 1.67 cfs with the existing pump and motor system. This original pump and motor system was replaced after 2006 when the maximum historic use (1.83 cfs) was recorded, and the system now has a lower HP (shown above). The City intends to install a larger pump capable of producing the full 2.23 cfs by 2033.*

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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)
549,017,000	549,023,400	11 minutes	1.30 cfs (582 gpm) average*

**Pump started at 660 gpm and was decreased down to 575 gpm by the end of the 11 minutes.*

7. Is the distribution system piped? YES ~~NO~~

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
The City's distribution system is composed of buried pipelines ranging from 2" to 12" diameter. Exact linear footage and material information is not available.			

9. Lateral or Handline Information: N/A

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground

10. Sprinkler Information: N/A

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)

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

11. Drip Emitter Information: N/A

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)

12. Drip Tape Information: N/A

Dripper Spacing in Inches	GPM per 100 Feet	Total Length of Tape	Maximum Length of Tape Used	Total Tape Output (CFS)	Additional Information

13. Pivot Information: N/A

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)

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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.

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If "YES" is it a: Storage Tank YES ~~NO~~

Bulge in System / Reservoir ~~YES~~ NO

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Concrete	75,000	Partially-buried
Concrete	438,000	
Steel	275,000	Above-ground
Concrete	400,000	Partially-buried
Steel	400,000	Above-ground
Fiberglass	820,000	Above-ground

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe? ~~YES~~ **NO**

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? ~~YES~~ **NO**

H. Additional notes or comments related to the system:

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SECTION 5

CONDITIONS

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

1. Time Limits:

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

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	July 12, 2002		
Begin construction (A)	N/A		
Complete construction (B)	N/A		
Complete application of water (C)	10/1/2006 (original) **10/1/2019 (extend.)**	July 2014	Maximum water production month was July 2014. Maximum current pumping capacity is 750 gpm (1.63 cfs).

* 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.

a. Did the Extension Final Order require the submittal of Progress Reports? YES ~~NO~~

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

b. Were the Progress Reports submitted? YES ~~NO~~

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

3. Initial Water Level Measurements:

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

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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***

*** Multiple Well Exemption form submitted along with this claim (Attachment 3).**

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-5	**Krohne IFC 010 D**	-	**Working**	**549,017,000 gal**	*Unk.*

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~~

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

a. Were there special well construction standards? ~~YES~~ **NO**

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

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

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

WELL ID #	DATE ATTACHED
GRAN-50574 (L-61610)	Unknown

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):

-The City's Groundwater Monitoring Plan was approved by the OWRD on March 11, 2008, which required annual water level reporting to OWRD. Well-5 water levels have been reported annually from 2006 to 2023.
-The City's latest WMCP was approved and Final Order issued on June 3, 2016.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	Claim of Beneficial Use Map
Attachment 2	Well-5 Log and Pumping Record
Attachment 3	Pump Test Exemption Form and Pump Test Records

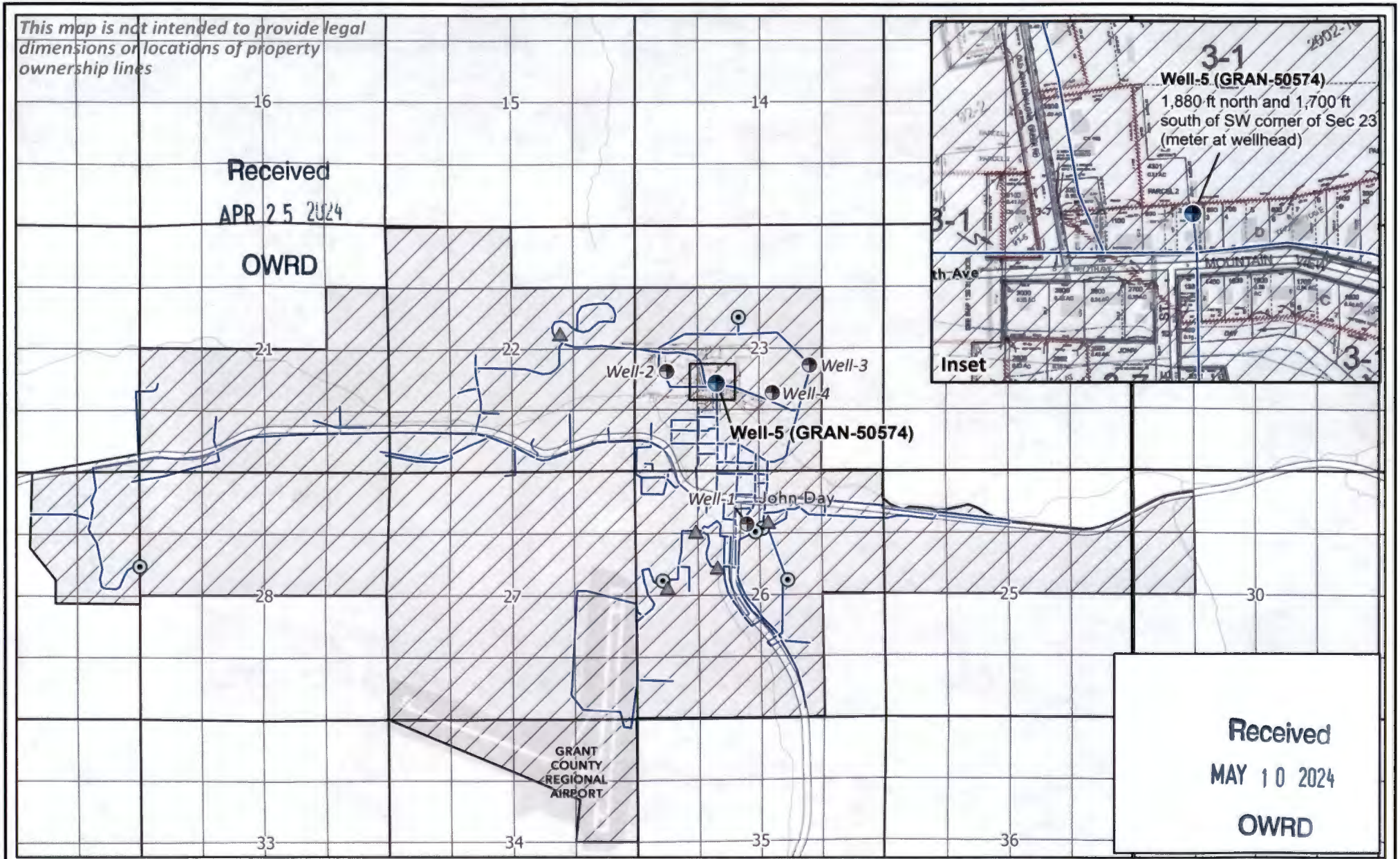
SECTION 7

CLAIM OF BENEFICIAL USE MAP

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

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

The place of use shown on Attachment 1 - Claim of Beneficial Use map is based on the most recent water system plans available from the City of John Day, the City Urban Growth Boundary, and permit map of the place of use.



CwM-H2O
Complete Water Management

311 B Avenue, Suite P
Lake Oswego, OR 97034
(503) 954-1326

Att 1 - Claim of Beneficial Use Map
App G-15640, Permit G-15101
T13S, R31E, Sec 21-23, 25-29, 34
T13S, R32E, Sec 30

No.	Date	By	Revisions
1	DATE	AUTH	DRAFT

0 2,000 4,000 8,000 ft

1" = 4,000'

Proj#: 2111006
CJD Claim of Beneficial Use

City of John Day
450 E Main Street
John Day, OR 97845

- Well-5 (GRAN-50574)
- City of John Day UGB (POU)
- Conveyance
- Other City Wells
- Pump Stations
- Reservoirs

N

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.)

- [x] Map on polyester film
- [ ] Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map) (N/A for municipal rights under OAR 690-014-0170(6))
- [x] 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 N/A
- [x] Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- [x] Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- [x] Point(s) of diversion or appropriation (illustrated and coordinates)
- [x] Tax lot boundaries and numbers
- [ ] Source illustrated if surface water N/A
- [x] Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- [x] Application and permit number or transfer number
- [x] North arrow
- [x] Legend
- [x] CWRE stamp and signature

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STATE OF OREGON APR 3 0 2003 GRAN 00574

WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT
Instructions for completing this report are on the last page of this form SALEM, OREGON

ATTACHMENT 2
WELL-5 WELL LOG

(1) OWNER: Well Number: #5

Name City of John Day
Address 450 East Main St.
City John Day State OR Zip 97845

(2) TYPE OF WORK:

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger
[ ] Other

(4) PROPOSED USE:

[ ] Domestic [X] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 199 ft.
Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
24.5	0	76	Cement	6	76	154 sacks
19	76	81	Bentonite	0	6	24 sacks
18.5	81	236				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from 199 ft. to 215 ft. Material Cement
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	20in	-6	76	.375	[X]	[ ]	[X]	[ ]
	16in	+3	6	.375	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	16in	-6	121	.375	[X]	[ ]	[X]	[ ]
	12in	121	198	.375	[X]	[ ]	[X]	[ ]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[X] Perforations Method Factory Saw
[X] Screens Type 304slotted Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
121	126	.25		12	pipe	[ ]	[X]
126	136	3/16	480	12	pipe	[ ]	[X]
136	141	.25		12	pipe	[ ]	[X]
141	156	3/16	720	12	pipe	[ ]	[X]
156	161	.25		12	pipe	[ ]	[X]

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

[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
840	58	120	26 hr.

Temperature of Water 64 Depth Artesian Flow found
Was a water analysis done? [ ] Yes By whom
Did any strata contain water not suitable for intended use? [ ] Too little
[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other
Depth of strata:

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(9) LOCATION OF WELL by legal description:

County Grant Latitude Longitude
Township 13S N or S. Range 31E E or W. of WM.
Section 23 NE 1/4 SW 1/4
Tax lot 4301 Lot Block Subdivision
Street Address of Well (or nearest address) Next to Marge Wagners at end of N. end of Bridge St.

(10) STATIC WATER LEVEL:

8.5 ft. below land surface. Date 3/7/03
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 12

From	To	Estimated Flow Rate	SWL
12	23	?	12
69	70	?	12
80	83	75	9
109	178	1000+	9

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Clayee Top Soil & Tree Roots	0	6	
Small to Large Gravels & Sand	6	12	
Clean Large Gravels & Boulders WB	12	23	12
Green Clay & Gravels	23	43	
Green Shale & Coal Seem	43	44	
Firm Green Shale	44	56	
Coal Seam	56	57	
Green Shale & Coal slightly caving	57	67	
Hard Gray Basalt	67	69	
Broken Basalt ? WB lost 300 gals mud	69	70	
Hard Gray Basalt	70	80	
Broken Basalt with brown soft seam	80	82	9
Hard Gray Basalt	82	109	9
Broken Basalt, Green & Brown shale seams	109	121	9
Hard Gray Basalt with some fractures WB	121	130	9
Broken Gray Basalt with Brown soft seams WB	130	146	9
Continued on next page			

Date started 11/20/02 Completed 3/7/03

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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 my best knowledge and belief.

WESTERN WATER DEVELOPMENT
P.O. Box 1670 WWC Number
Signed REDMOND, OR 97756 Date

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(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1385
Signed Robert Buckner Date 3/9/03
Robert Buckner

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER

OWRD

STATE OF OREGON

WATER SUPPLY WELL REPORT 2003

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form

RECEIVED
APR 25 2003
WATER RESOURCES DEPT.
SALEM, OREGON

GRAN 00074

WELL ID # L61610

(START CARD) # 150737

Page 2

(1) OWNER:

Well Number: #5

Name City of John Day

Address 450 East Main St.

City John Day State OR Zip 97845

(2) TYPE OF WORK:

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well ____ ft.

Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other

Backfill placed from ____ ft. to ____ ft. Material ____

Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory Saw

☒ Screens Type 304 Slotted Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
161	171	3/16	480	12"	pipe	☐	☒
171	176	.25		12"	pipe	☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

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Temperature of Water Depth Artesian Flow found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Grant Latitude Longitude

Township 13S N or S. Range 31E E or W. of WM.

Section 23 NE 1/4 SW 1/4

Tax lot 4301 Lot Block Subdivision

Street Address of Well (or nearest address) Next to Marge Wagners at end of N. end of Bridge St.

(10) STATIC WATER LEVEL:

____ ft. below land surface. Date

Artesian pressure ____ lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Hard Gray Basalt some fractures	146		
WB		160	9
Medium Fractured Gray Basalt WB	160	163	9
Harder Gray Basalt	163	171	9
Fractured Gray Basalt & Green	171		
Shale WB		178	9
Green Serpentine	178	236	9

Fill material from water bearing zone between 140' and 170'. Did not remove by airlift method upon completion of drilling so we pumped a 50 sack cement plug from 216' back to 199'.
20" casing cuttoff 6' below ground level and Steel ring welded solid between 16" and 20" casing. 16" casing stickup is 3' above grade. After setting casing and screen, silty material was found in bottom of well. Cleaned by airlift pumping with drill rig and redisinfected well. Video showed clear well with approx. 7' of same material in well after sitting overnight.

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Date started 11/20/02 Completed 3/7/03

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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 my best knowledge and belief.

Western Water Development
P.O. Box 1670 WWC Number
Redmond, OR 97756

Signed

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1385

Signed Date 3/9/03

Robert Buckner

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OREGON WATER RESOURCES DEPARTMENT

Attachment 3

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME: City of John Day (Casey Myers, Public Works Director)		PHONE NO.:	ADDITIONAL CONTACT NO.:
ADDRESS: 450 E Main Street			
CITY: John Day	STATE: OR	ZIP: 97845	E-MAIL: myersc@grantcounty-or.gov

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)	WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
GRAN-427	L-	Well-4	7/7/1994	G-10244	G-9319	T-	67796

(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)
13S	31E	23	NW SE	1,530 ft N and 110 ft E from S1/4 corner of Section 23	44.42204037	-118.95041154

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	GRAN-50574	L- 61610	Well-5	G-15640	G-15101	T-
b		L-		G-	G-	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	13S	31E	23	NE SW	1,880 ft N and 1,700 ft E from SW corner, Sec 23	44.42323949	-118.95469475
b							
c							
d							
e							

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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: Casey S Myers DATE: 4/9/2024 LICENSE #: D-08495

PRINTED NAME: Casey Myers (CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: 541-620-3090 EMAIL: myersc@grantcounty-or.gov

CITY WELL NO. 3 WELL LOG AND PUMP TEST DATA

Application No. 91564D
Permit No.

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SEP 3 1963
WATER RESOURCES DEPT.
SALEM, OREGON

MAY 10 2024
Well 3
OWRD

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

WATER WELL REPORT
STATE OF OREGON
(Please type or print)

State Well No. 13/31-23k
State Permit No.

(1) OWNER:
Name City of John Day Ore.
Address John Day Ore.

(2) LOCATION OF WELL:
County GRANT Driller's well number 1
NW ¼ NW ¼ Section 23 & 24 T. 13 S. R. 31 E W.M.
Bearing and distance from section or subdivision corner,
South 74° 59' West A distance of 7556 feet from NE QUARTER CORNER COMMON TO SECS 23 & 24

(3) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☑
Irrigation ☐ Test Well ☐ Other ☐

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☑ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED: Threaded ☑ Welded ☐
12" Diam. from +1 ft. to 39 ft. Gage 8"
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(7) PERFORATIONS: Perforated? ☐ Yes ☑ No
Type of perforator used
Size of perforations in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

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(8) SCREENS: Well screen installed? ☐ Yes ☑ No
Manufacturer's Name
Type Model No. 40
Diam. Slot size Set from ft. to 50 ft.
Diam. Slot size Set from ft. to ft.

Application No.

(9) CONSTRUCTION:
Gravel seal— Material used Concrete
Depth of seal 22' ft. Was a packer used? No
Diameter of well bore to bottom of seal 20" in.
Were any loose strata cemented off? ☐ Yes ☑ No Depth
Was a drive shoe used? ☑ Yes ☐ No
Was well gravel packed? ☐ Yes ☑ No Size of gravel
Gravel placed from ft. to ft.
Did any strata contain unusable water? ☐ Yes ☐ Perched
Type of water? Depth of strata
Method of sealing strata off

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WATER RESOURCE BASIN
SALEM, OREGON

(10) WATER LEVELS:
Static level ft. below land surface Date
Artesian pressure 2 lbs. per square inch Date 8-17-63

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☑ Yes ☐ No If yes, by whom? DRILLER
Yield: 896 gal./min. with 100 ft. drawdown after 14 hrs.
" 463 G.P.M. 20' " " 6 "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow 500 g.p.m. Date 8-17-63
Temperature of water 58° Was a chemical analysis made? ☐ Yes ☑ No

(12) WELL LOG: Diameter of well below casing 11 3/4
Depth drilled 350 ft. Depth of completed well 350 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Soil	0	1
CLAY & Boulders	1	18
CLAY & GRAVEL	18	39
GRAVEL MEDIUM	39	43
CLAY BLUE	43	50
ROCK GREY	50	81
ROCK GREY HARD	81	93
ROCK BASALT & BLACK	93	109
ROCK GREY	109	111
ROCK BLACK BASALT	111	176
CLAY BLACK STICKY	176	220
CLAY & GRAVEL	220	222
GRAVEL SMALL	222	228
CLAY GREY STICKY	228	250
SAND SMALL GRAVEL ARTESIAN WATER	250	253

Work started 6-24 1963 Completed 8-17 1963
Date well drilling machine moved off of well 8-24 1963

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WATER RESOURCES DEPT.
SALEM, OREGON

(13) PUMP:
Manufacturer's Name None
Type: H.P.

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Hollowell Drilling Co. (person, firm or corporation) (Type or print)
ADDRESS Canyon City Ore.
Drilling Machine Operator's License No. 102
[Signed] (Water Well Contractor)
Contractor's License No. 16 Date 9-3 1963

USE ADDITIONAL SHEETS IF NECESSARY

Oregon Water Resources Department

PUMP TEST COVER SHEET

Well Owner:
Name City of John Day
Address 240 S. Canyon Blvd.
City, State, Zip John Day, OR 97845
County Grant

Well Location:
Twnshp 13 S (N or S), Range 31 E (E or W)
Section NW ¼ 1/4,~~¼¼¼¼~~ SE ¼ Sev 32
Well Depth _____ Date Drilled _____
Owner's Well No. (If any) #3
POD-ID 27712

Water Right Information:
Application No. _____ Permit No. G 2695 Certificate No. 44465
Is this well used for more than one water right? _____(Y/N) If Yes, fill out numbers below:
App. No. _____ Permit No. _____ Cert. No. _____
App. No. _____ Permit No. _____ Cert. No. _____

Received APR 25 2024 OWRD

Pump Test:
Test conducted by Dennis Marcum Well Owner? No (Y/N)
Company Jim Purswell's Pump Co., Inc.
Address P.O. Box 264 Date of Test 7/7/94
City, State, Zip Hermiston, OR 97838

Received MAY 10 2024 OWRD

Method of Discharge Measurement Sparling Flow Meter, 8" 60355
Method of Water Level Measurement Air Line
Depth of Air Line (if used) 170'
Pump Type (Turbine, Submersible, etc.) Johnson Vertical Turbine
Was pump test conducted during normal use of the well No (Y/N)

Received OCT 22 2001 OWRD

Description of point from which water level was measured Well Head
Is measuring point above or below ground level? 18" Above
Distance between measuring point and ground level (correction factor) 18"

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? No (Y/N) 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 _____

WATER RESOURCES DEPT. SALEM, OREGON

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? No (Y/N)
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance _____
Approximate elevation difference _____
Is well elevation above or below the surface water body? _____

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: 8:00 a.m.	Depth to Water: 19½'	(ft/in).
Time: 8:20a.m.	Depth to Water: 19½'	(ft/in)
Time: 8:40a.m.	Depth to Water: 19½'	(ft/in)

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Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: 8:45 a.m.	Discharge Rate: 850 gpm (g pm)	(gpm)
Time: 9:45 a.m.	Discharge Rate: 835 gpm	(gpm)
Time: 10:45 a.m.	Discharge Rate: 840 gpm	(gpm)
Time: 11:45a.m.	Discharge Rate: 840 gpm	(gpm)
Time: 12:45 a.m.	Discharge Rate: 835 gpm	(gpm)

Pump turned on: Date: 7/7/94 Time: 8:45 am Pump turned off: Date: 7/7/94 Time: 12:45 pm
Total pumping time: 4 hours, 0 minutes.

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

Application No. G15695
Permit No.

OWRD 11/90

APPLICATION NO. _____ PERMIT NO. G2695

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA							RECOVERY DATA						
DATE	TIME	TIME SINCE PUMP STARTED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
7/7/94	8:00 am		19½			Pre-Start	7/7/94	12:45 pm		81½			Shutdown
	8:20		19½			Pre-Start		12:47		25'			0-Flow
	8:40		19½			Pre-Start		12:49		21'			0-Flow
	8:45		19½			850 gpm		12:51		20½			0-Flow
	8:47		81			840 gpm		12:53		20½			0-Flow
	8:49		80½			840 gpm							
	8:51		80½			840 gpm							
	8:53		80½			840 gpm							
	8:55		80½			840 gpm							
	9:00		81			840 gpm							
	9:05		82			840 gpm							
	9:10		82			840 gpm							
	9:15		82½			840 gpm							
	9:20		82½			840 gpm							
	9:25		83			840 gpm							
	9:30		83½			840 gpm							
	9:45		83			835 gpm							
	10:00		82½			840 gpm							
	10:15		81½			840 gpm							
	10:30		81			840 gpm							
	10:45		81			840 gpm							
	11:00		80½			840 gpm							
	11:15		80½			840 gpm							
	11:30		80½			840 gpm							
	11:45		81			840 gpm							
	12:00		81			840 gpm							
	12:15		81			840 gpm							
	12:30		81½			835 gpm							
	12:45		81½			835 gpm							

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Application No. 71640
Permit No.

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SALEM, OREGON

CITY WELL NO. 4 WELL LOG, PUMP TEST AND PUMP CURVE DATA

WATER WELL REPORT
STATE OF OREGON

MAR 2 6 1981
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State Well No. 13S/31E-23DD2

State Permit No. Appl. G-10244

(1) OWNER:
Name Canyon City
Address 123 S Washington
City Canyon City State Oregon

(2) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air ☑ Driven ☐
Rotary Mud ☐ Dug ☐
Cable ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☑
Irrigation ☐ TestWell ☐ Other ☐
Thermal ☐ Withdrawal ☐ Reinjection ☐

(5) CASING INSTALLED: Steel ☑ Threaded ☐ Plastic ☐ Welded ☑
18" Diam. from 0 ft. to 93 ft. Gauge .250
16" Diam. from 0 ft. to 104 ft. Gauge .312
LINER INSTALLED:
12" Diam. from +2 ft. to 184 ft. Gauge .312

(6) PERFORATIONS: Perforated? ☑ Yes ☐ No
Type of perforator used factory perforated
Size of perforations 7/16 in. by in.
perforations from 104 ft. to 183 ft.
perforations from ft. to ft.
perforations from ft. to ft.

SCREENS: Well screen installed? ☐ Yes ☑ No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☑ Yes ☐ No If yes by whom? FARMORE
Yield: 1000 gal/min with 160 ft. drawdown after 2 hrs.
" " " "
Air test gal/min. with drill stem at ft. hrs.
Bailer test gal/min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water 56° Depth artesian flow encountered ft.

(9) CONSTRUCTION: Special standards: Yes ☐ No ☑
Was a Material used then cemented Cement
Well sealed from land surface to 104 ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 15 1/2 in.
Number of sacks of cement used in well seal 57 sacks
How was cement grout placed? pumped
Was pump installed? No Type HP Depth ft.
Was a drive shoe used? ☑ Yes ☐ No Plugs Size: location ft.
Did any strata contain unusable water? ☐ Yes ☑ No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☑ No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:
County Grant Driller's well number
SE ¼ NW ¼ Section 23 T. 13S R. 31E W.M.
Tax Lot # Lot Blk Subdivision
Address of well location:

(11) WATER LEVEL: Completed well.
Depth at which water was first found 168 ft.
Static level 17 ft. below land surface. Date 12-2-80
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 0
Depth drilled 185 ft. Depth of completed well 185 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
gravel	0	20	
clay + gravel	20	32	
soft black basalt	32	50	
black clay + black bslt	50	85	
black clay + black sand	85	90	
black clay + black basalt	90	92	
black basalt + gray shale	92	165	
black basalt	165	168	
red porous basalt	168	175	H_2O
black porous basalt	175	185	H_2O

Application No. G-10244
Permit No.
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SALEM, OREGON

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WATER RESOURCES DEPT.
SALEM, OREGON

Work started 11-24 1980 Completed 1-7 1981
Date well drilling machine moved off of well 1-8 1981

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Ladd Horn (Drilling Machine Operator) Date 1-8, 1981
Drilling Machine Operator's License No. 1345

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Ladd Horn Well Drilling (Person, firm or corporation) (Type or print)
Address Rt 1 Box 14 Pilot Rock Or.
[Signed] Ladd Horn (Water Well Contractor)
Contractor's License No. 739 Date 1-8 1981

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310

SP#12658-690

Oregon Water Resources Department

PUMP TEST COVER SHEET

Well Owner:
Name City of John Day
Address 240 S. Canyon Blvd.
City, State, Zip John DAy, OR 97845
County Grant

Well Location:
Twnshp ____ (N or S), Range ____ (E or W)
Section ____ 1/4,1/4,1/4 ____ ____ ____
Well Depth ____ Date Drilled ____
Owner's Well No. (if any) ____
POD-ID ____

Water Right Information:
Application No. ____ Permit No. ____ Certificate No. ____
Is this well used for more than one water right? ____(Y/N) If Yes, fill out numbers below:
App. No. ____ Permit No. ____ Cert. No. ____
App. No. ____ Permit No. ____ Cert. No. ____

Pump Test:
Test conducted by Dennis Marcum Well Owner? No (Y/N)
Company JimPurswell's Pump Company, Inc.
Address P.O. Box 264 Date of Test 2/21/95
City, State, Zip Hermiston, OR 97838

Method of Discharge Measurement Sparling Flow Meter, 8"
Method of Water Level Measurement Air Line
Depth of Air Line (if used) 175'
Pump Type (Turbine, Submersible, etc.) Peerless Vertical Turbine
Was pump test conducted during normal use of the well No (Y/N)

Description of point from which water level was measured Well Head
Is measuring point above or below ground level? 18" Above
Distance between measuring point and ground level (correction factor) 18"

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? No (Y/N) 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 (Y/N)
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance 100'
Approximate elevation difference 8'
Is well elevation above or below the surface water body? Above

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: 8:40 a.m.	Depth to Water: 31'	(ft/in)
Time: 9:00 a.m.	Depth to Water: 31'	(ft/in)
Time: 9:20 a.m.	Depth to Water: 31'	(ft/in)

Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: 9:40 a.m.	Discharge Rate: 860 gpm	(gpm)
Time: 10:40 a.m.	Discharge Rate: 790 gpm	(gpm)
Time: 11:40 a.m.	Discharge Rate: 770 gpm	(gpm)
Time: 12:40 p.m.	Discharge Rate: 750 gpm	(gpm)
Time: 1:30 p.m.	Discharge Rate: 750 gpm	(gpm)

Pump turned on: Date: 2/21/95 Time: 9:40 a.m. Pump turned off: Date: 2/21/95 Time: 1:30 p.m.
Total pumping time: 3 hours, 50 minutes.

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

OWRD 11/90

Application No. 91540
Permit No.

Received MAY 10 2024 OWRD

Received APR 25 2024

RECEIVED OCT 2 2 WATER RESOURCES SALEM, OREGON

RECEIVED MAR 30 2001 WATER RESOURCES DEPT SALEM, OREGON

PUMP TEST DATA SHEET

PPLICATION NO. Well#4, 100Hp PERMIT NO.

(water level measurements must either be in 1) feet and inches, or2) feet and decimal fractions. (Circleone)

DRAWDOWN DATA							RECOVERY DATA						
ATE	TIME	TIME SINCE PUMP STARTED (Minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS	DATE	TIME	TIME SINCE PUM STOPPED (Minutes)	WATER LEVEL MEASUREMENT	CORRECTION IF ANY	DEPTH TO WATER	COMMENTS
/21/95	9:40 am				31'	Start-up	2/21/95	1:30 pm					Stopped- 0 flow
	9:42				94'	860 gpm		1:32		34'			
	9:44				112'	800 gpm		1:34		32'			
	9:46				117'	800 gpm		1:36		30'			
	9:48				118'	800 gpm		1:38		49'			
	9:50				119'	800 gpm		1:40		48'			
	9:55				125'	790 gpm		1:42		47'			
	10:00				125'	790 gpm		1:44		47'			
	10:05				126'	790 gpm		1:46		46'			
	10:10				126.5	790 gpm		1:48		45.5'			
	10:15				126.5	790 gpm		1:50		45.5'			
	10:20				127'	790 gpm		1:55		45'			
	10:30				128'	790 gpm		2:00		44.5'			
	10:40				129'	790 gpm		2:15		42'			
	11:00				130'	780 gpm		2:30		40'			
	11:15				131'	780 gpm		2:45		38'			
	11:30				131.5	780 gpm		3:00		36.5'			
	11:45				132'	770 gpm							
	12:00				132'	770 gpm							
	12:15				133'	760 gpm							
	12:30				133'	760 gpm							
	12:45				134'	750 gpm							
	1:00				134'	750 gpm							
	1:15				133'	750 gpm							
	1:30				133'	750 gpm							

Received
APR 25 2024
OWRD

Received
MAY 10 2024
OWRD

Application No. 91540
Permit No.

Post-it® Fax Note 7671 | Date 2/16/ | # of pages ▶ 2

To Ken Bremner | From Donnie

Co./Dept. City of John Day | Co.

Phone # | Phone #

Fax # 541-575-1721 | Fax #

RECEIVED
OCT 22 2001
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
MAR 30 2001
WATER RESOURCES DEPT.
OREGON

QUEEN PUMP COMPANY

305 N.E. Russell Street • Portland, Oregon 97212 • Telex 15-1350 • (503)287-7781

PUMP INSTALLATION REPORT

Date:	12/1/81
Station #:	John Day
Well #:	4
Booster #:	N/A
Well Depth:	--
Casing Size:	12"
Pump Mfg. #:	Peerless S/N F-22793
Pump Size:	10"
Pump Model:	10HXB
Column Size:	8"
Feet of Column Between Head & Bowl-Assembly:	166 ft. 1 3/4 in.
No. of Stages:	11
Length of Pump (Inches):	98½"
Strainer Type:	N/A
Strainer Length:	N/A
Length of Tailpipe:	N/A
Length from Pump Head to Water Intake (Feet):	174 ft. 4½ in.
Pump Head Size:	8"
Installer:	Shunn Construction
Supplier or ~~Contractor~~:	Queen Pump Company
Pump Curve Supplied:	yes XX no
Shaft Size:	1½
Hour Meter Reading:	N/A
Inspection Done By:	
Date:	
Remarks:	

Airline Type:	Galvanized Pipe
Airline Size:	¼"
Airline Length:	170'
Airline Strapped to Column at	Foot Intervals
Pieces of 10' Column:	
Pieces of 5' Column:	
Type of Seal at Pump Head:	
Packing:	yes XX no
Size:	½
No. of Rings:	6
Lantern Ring:	yes no XX
Mechanical Seal:	yes no XX
Amperes:	
Gallons Per Minute:	900

New Parts Used on Job (Shafting, Bearings, etc.): N/A

Rebuilt Parts Used on Job (Bowl Assembly, Motor Dipped & Baked, etc.): None

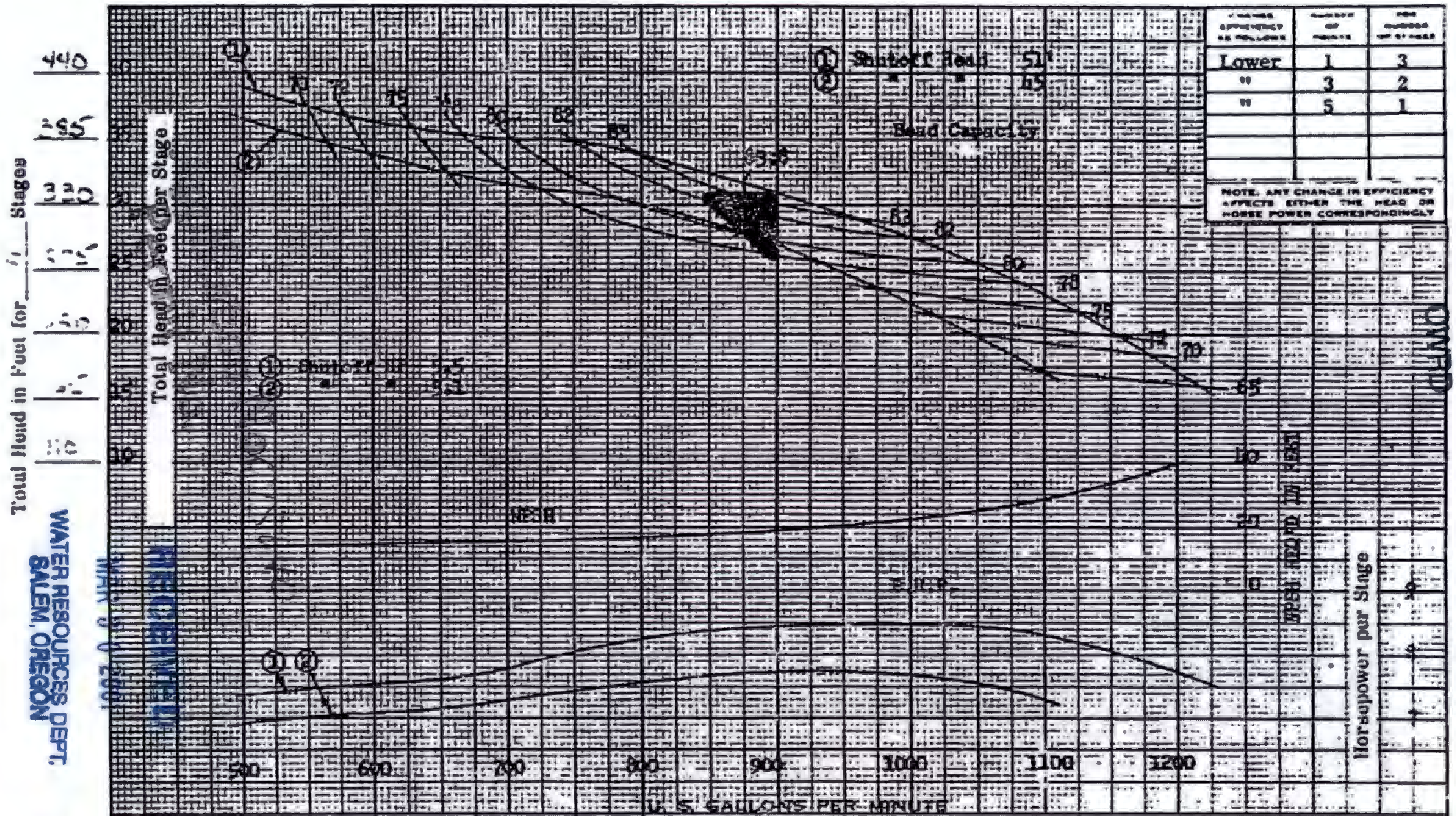
Spider Bearings (Fluted): yes XX no

Spider Type: Screw In XX Slip In

Remarks:

Application No. 61560
Permit No.

Well Pump #4



HYDRAULIC PERFORMANCE WARRANTY	CURVE NO.	IMPELLER NO.	IMPELLER DIA.	TAKEN FROM
Guaranteed at designated point only, and contingent on:	1	T82366E	6⁷⁄₁₆" × 7⁵⁄₈"	27245
Proper flow to pump suction; Proper submergence	2	T82366E	6⁵⁄₈" × 7⁵⁄₁₆"	27303
Fluid free of gas, air & abrasives	3			
Proper lateral setting of impeller	4			

Customer TOWN OF CANYON CITY, OR
JOHN DAY WELL #4
Item
Peerless Ref. No:

Laboratory Performance			T82474-E
Size	10 HXB	Speed 1750	284C544

PUMP DESCRIPTION: Driver ______ Head ______ Column ______

GUARANTEED BOWL ☐ FIELD ☐ PERFORMANCE: Capacity 900 gpm; Head 340 ft; Eff ______ BHP

fmc PEERLESS PUMP

CwM-H2O
Complete Water Management

City of John Day
Well-5 CBU

Received
APR 25 2024
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APR 25 2024
OWRD

April 15, 2024

Gerry Clark
Water Rights Services Division
Oregon Water Resources Department
725 Summer St. NE Ste A
Salem, Oregon 97301

RE: REQUEST FOR INCREMENTAL PERFECTION OF PERMIT G-15101 FOR 1.67 CFS

Dear Gerry,

Please find accompanying this letter a Claim of Beneficial Use (CBU) application package for the City of John Day's (City) groundwater supply permit G-15101. This letter is intended to provide notification of the City's intent to apply for incremental perfection of G-15101, as required by OAR 690-320-0040(4). City water demands from Well-5, the sole point of appropriation (POA) on G-15101, have a maximum diversion rate of 1.67 cfs (measured in August 2006). The rate included in this claim accounts for 75% of the total permitted rate of 2.23 cfs. Attached to this letter you will find monthly summaries of water production under G-15101 for the last three years of the permit window (2017-2019) as requested by OAR 690-320-0040(4)(a).

The current completion date for G-15101 of October 1st, 2019 has passed, though the developments presented in the CBU occurred prior to this date. The City intends to also submit an extension of time application for the portion of the permit remaining after the incremental perfection (25% or 0.56 cfs).

The City replaced the pump and motor system that was originally installed in Well-5, which was capable of producing about 1,000 gpm, due to mechanical issues. The replacement pump and motor reliably produce about 750 gpm (1.67 cfs). The City will eventually install a new pumping system that is capable of producing the 2.23 cfs allowed by the permit. The City estimates it will be able to make an additional claim of beneficial use for the full 2.23 cfs by approximately 2033 (OAR 690-320-0040(4)(b)).

Attached to this letter you will also find a map indicating the location of the POA for permit G-15101 and the permit area of use, which is the City service area (OAR 690-320-0040(4)(c)).

Please let us know if there are any issues in proceeding with the incremental perfection of the City's groundwater permit G-15101 or questions regarding the information above or CBU application included herein. Thank you for your assistance.

Received
MAY 10 2024
OWRD

311 B Avenue, Suite P Lake Oswego, OR 97034
Complete Water Management | CwMH2O.com

Sincerely,

CwM H2O, L.L.C.

Robert Long, CWRE

Enclosed:
Attachment A: Monthly Water Use from 2017 – 2019 Water Years
Attachment B: Maps of Permit G-15101 POA and POU (copy of the CBU Map)

311 B Avenue Suite P, Lake Oswego, OR 97034
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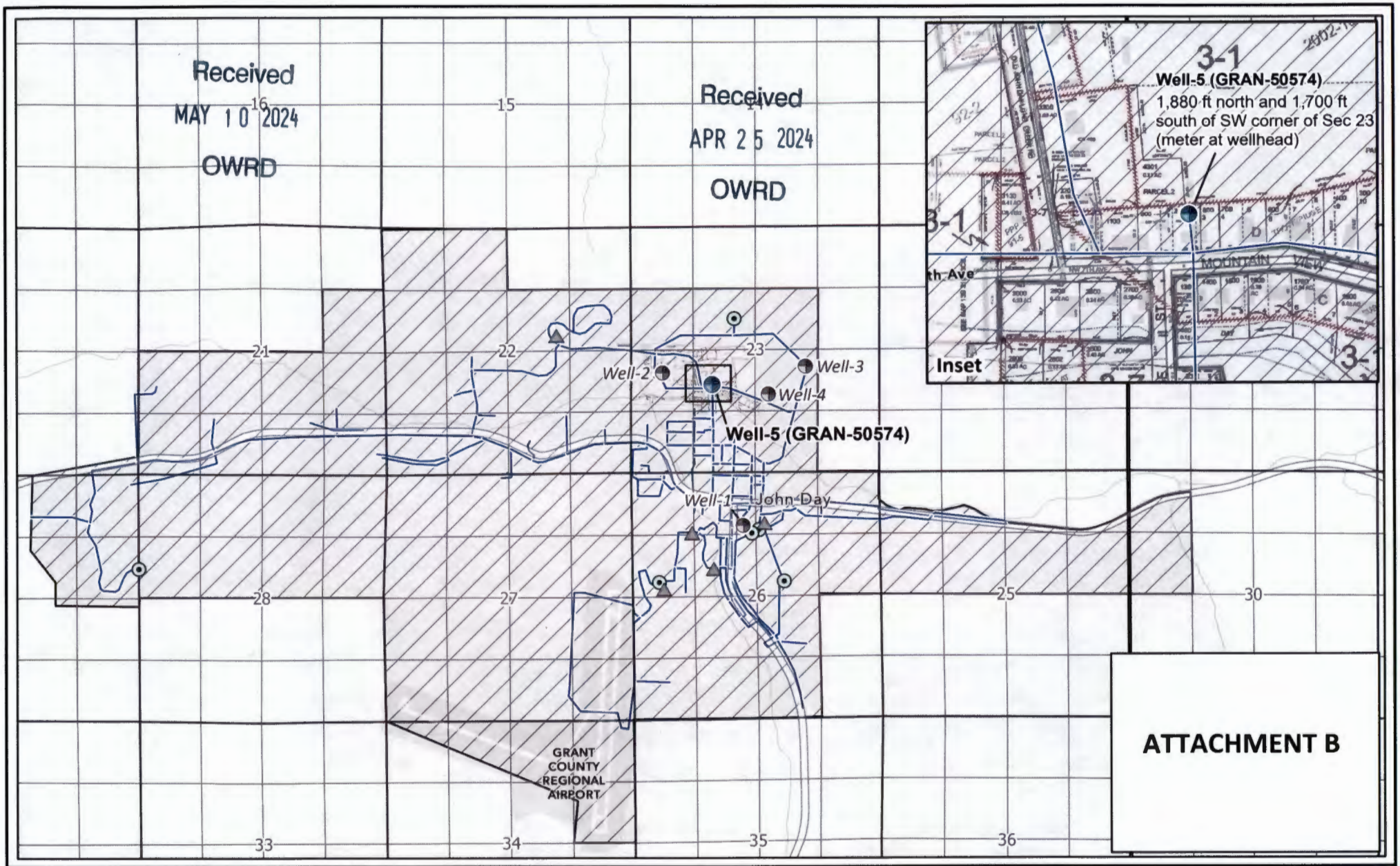
ATTACHMENT A

Water Production under Permit G-15101 for the Last 3 Years of the Permit Window (2017, 2018, and 2019)

Reported Water Production: Well-5 (G-15101) - Acre-feet														
Water Year	Facility Name	October	November	December	January	February	March	April	May	June	July	August	September	Total Water Used
2019	Well-5	8.26	4.90	6.68	6.27	5.61	5.16	6.32	9.35	9.01	9.59	11.84	9.35	92.32
2018		9.25	8.26	5.50	8.42	7.75	4.87	5.52	13.75	9.77	10.08	11.28	8.87	103.32
2017		8.00	4.34	5.69	10.01	8.33	5.43	6.17	7.79	9.18	5.25	11.29	10.36	91.84

Reported Water Production: Well-5 (G-15101) - Gallons														
Water Year	Facility Name	October	November	December	January	February	March	April	May	June	July	August	September	Total Water Used
2019	Well-5	2,690,501	1,595,401	2,175,599	2,042,099	1,826,800	1,680,301	2,057,899	3,045,401	2,937,401	3,125,700	3,859,400	3,046,499	30,083,000
2018		3,013,099	2,691,198	1,791,500	2,744,599	2,525,399	1,586,000	1,799,099	4,480,301	3,182,900	3,285,699	3,675,999	2,889,700	33,665,493
2017		2,608,201	1,414,701	1,853,399	3,262,700	2,713,900	1,768,401	2,011,700	2,539,701	2,990,501	1,709,999	3,679,000	3,374,799	29,927,002



CwM-H2O
Complete Water Management

1319 SE MLK Jr. Blvd, Suite 204
Portland, Oregon 97214
(503) 954-1326

Att 1 - Claim of Beneficial Use Map
App G-15640, Permit G-15101
T13S, R31E, Sec 21-23, 25-29, 34
T13S, R32E, Sec 30

1	DATE	AUTH	DRAFT
No.	Date	By	Revisions

0 2,000 4,000 8,000 ft
1" = 4,000'

Proj#: 2111006
CJD Claim of Beneficial Use

City of John Day
450 E Main Street
John Day, OR 97845

- Well-5 (GRAN-50574)
- City of John Day UGB (POU)
- Conveyance
- Other City Wells
- Pump Stations
- Reservoirs

N

CwM-H2O
Complete Water Management

May 8, 2024

Nick Reece
Water Rights Services Division
Oregon Water Resources Department
725 Summer St. NE Ste A
Salem, Oregon 97301

Cc: Gerry Clark

RE: MAP CORRECTION FOR G-15101 CLAIM OF BENEFICIAL USE APPLICATION

Dear Gerry,

Please find accompanying this letter two maps with corrections made in accordance with the letter sent to the City of John Day on 4/29/2024. A copy of the letter is also attached. The updated maps differ from the ones originally submitted in the following ways:

- A disclaimer has been added;
- The written location of Well-5 in the inset has been corrected;
- A scale bar has been added to the inset.

Please let us know if there are any issues in proceeding with the incremental perfection of the City's groundwater permit G-15101 or questions regarding the information above or CBU application. Thank you for your assistance.

Sincerely,

CwM H2O, L.L.C.

Robert Long, CWRE

Enclosed:
Copy of the 4/29/2024 OWRD letter sent to the City of John Day
Maps of Permit G-15101 POA and POU (copies of the CBU Map)

311 B Avenue Suite P Lake Oswego, OR 97034
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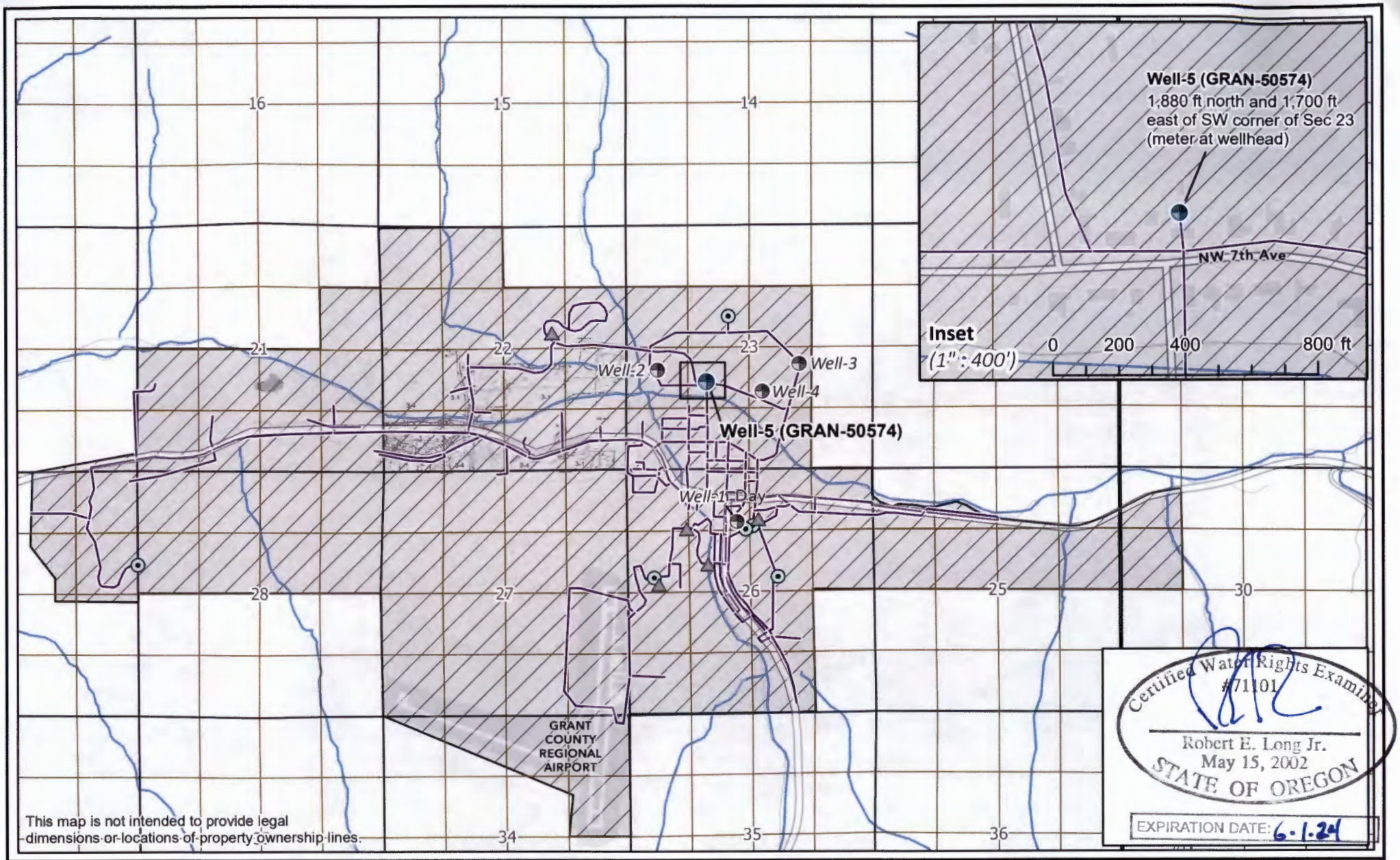

Certified Water Rights Examiner
#71101
Robert E. Long Jr.
May 15, 2002
STATE OF OREGON
EXPIRATION DATE: 6-1-24

CwM-H2O
Complete Water Management
311 B Avenue, Suite P
Lake Oswego, OR 97034
(503) 954-1326

Att 1 - Claim of Beneficial Use Map
App G-15640, Permit G-15101
T13S, R31E, Sec 21-23, 25-29, 34
T13S, R32E, Sec 30

No.	Date	By	Revisions
1	DATE	AUTH	DRAFT

0 2,000 4,000 8,000 ft
1" = 4,000'

Proj#: 2111006
CJD Claim of Beneficial Use

City of John Day
450 E Main Street
John Day, OR 97845

- Well-5 (GRAN-50574)
- City of John Day UGB
- Conveyance
- Other City Wells
- Pump Stations
- Reservoirs

Received
MAY 10 2024
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