

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>

SECTION 1 GENERAL INFORMATION

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1. File Information:

Salem, OR

| | | |
|---------------------------------|--|--|
| APPLICATION # G-13028 | PERMIT # (IF APPLICABLE) G-12137 | PERMIT AMENDMENT # (IF APPLICABLE) N/A |
|---------------------------------|--|--|

2. Property Owner (current owner information):

| | | | |
|--|------------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME Grace Dinsdale | | PHONE No. 503.707.4997 | ADDITIONAL CONTACT No. 503.357.2904 |
| ADDRESS PO Box 447 | | | |
| CITY Cornelius | STATE OREGON | ZIP 97113 | E-MAIL gkdinsdale@gmail.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 Grace Dinsdale | | | |
| ADDRESS PO Box 447 | | | |
| CITY Cornelius | STATE OREGON | ZIP 97113 | |

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

4. Date of Site Inspection:

| |
|---|
| 12/13/2022, 3/26/2024, 5/22/2024 |
|---|

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|-----------------------|-----------------------------------|---|
| Grace Dinsdale | 12/13/2022, 3/26/2024, | Land owner and Water Right Applicant |
| | | |

6. County:

| |
|-------------------|
| Washington |
|-------------------|

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 Blooming Nursery Real Estate Holding LLC | | |
| ADDRESS 3955 SW Golf Course Road | | |
| CITY Cornelius | STATE OREGON | ZIP 97113 |

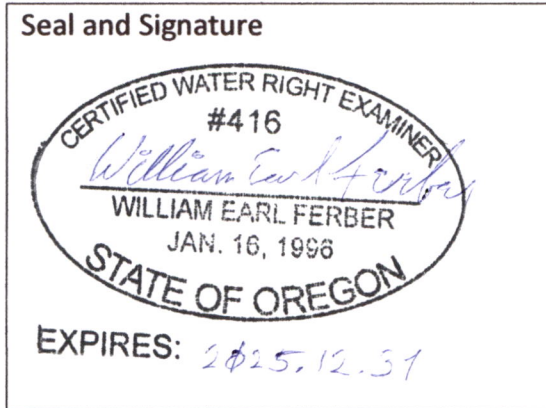
Add additional tables for owners of record as needed

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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.



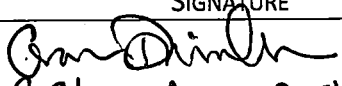
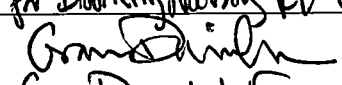
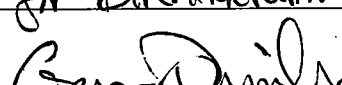
| | | | |
|--|--------------------|----------------------------------|---------------------------------|
| CWRE NAME Bill Ferber/BK Water Right Consulting, LLC | | PHONE NO. 503.910.9212 | ADDITIONAL CONTACT NO. |
| ADDRESS PO Box 13 | | | |
| CITY Brush Prairie | STATE WA | ZIP 98606 | E-MAIL bill@bkwrc.com |

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.

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| SIGNATURE | PRINT OR TYPE NAME | TITLE | DATE |
|---|--------------------|--|---------|
|  for Blooming Meadows RE Holding Co. | Grace Dinsdale | Blooming Meadows RE President Holding Co. | 6/10/24 |
|  for Dinsdale Farm Inc | Grace Dinsdale | Dinsdale Farm Inc President | 6/10/24 |
|  | Grace Dinsdale | Owner | 6/10/24 |
| | | | |
| | | | |

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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) |
|---|--|-------------------------------|
| Deep Well | WASH 1516 | N/A |
| | | |

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 |
|-----------------------|--------------------------------|-----------|
| Deep Well | Carpenter Creek Basin | N/A |
| | | |

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) |
|-------------------------------------|---------------------|---|--|--|
| Deep Well | Agricultural Use | Nursery Stock, vegetables, hay, cover crop | Year round | 1.22 cfs |
| | | | | |
| Total Quantity of Water Used | | | | |

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

Water is pumped from Deep Well, Well Log WASH 1516, by a 30 horsepower submersible pump and transported via 6" buried PVC main line to 4" above ground aluminum laterals, then to big reel guns, stationary guns and/or hand lines and handheld hoses. Big reel guns, stationary guns, hand lines and handheld hoses are used in any combination need to satisfy water needs.

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.")

Due to creation of a new tax lot, 1300, any POU originally identified on the new tax lot, 1300, was not developed and is not part of this CoBU. 33.1 acres on Tax Lot 1300 were originally part of Permit G 12137 POU. These 31.3 acres are no longer served water and no longer considered part of Permit G 12137.

6. Claim Summary:

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| POA NAME OR # | MAXIMUM RATE AUTHORIZED | CALCULATED THEORETICAL RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED | USE | # OF ACRES ALLOWED | # OF ACRES DEVELOPED |
|------------------|----------------------------|---|--------------------------------|---|-----------------------|-------------------------|
| Deep Well | 1.45 cfs | 1.22 cfs | 1.22 cfs | Nursery Stock, vegetables, hay, cover crop, preparation of nursery stock for shipping | 104.3 | 71.7 |
| | | | | | | |

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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):

Deep Well

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 |
|------------------------------|-----|-----|-----|----|------|-----|-----|--------------------------------------|---|
| | | | | | | | | | |
| | | | | | | | | | |
| Total Acres Irrigated | | | | | | | | | |

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:

1.25' threaded port in sanitary seal. Port on East side of well.

3. If well logs are not available, provide as much of the following information as possible:9/

| CASING DIAMETER | CASING DEPTH | TOTAL DEPTH | COMPLETION DATE OF ORIGINAL WELL | COMPLETION DATES OF ALTERATIONS | WHO THE WELL WAS DRILLED FOR | WELL DRILLED BY |
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|-----------------|
| | | | | | | |
| | | | | | | |

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.

Well Log: WASH 1516

C. Groundwater Source Information (Sump)

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

YES NO

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

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

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 |
|--------------|------------|---------------|--|-------------|----------------|
| Franklin | 2366169020 | 336333963 | Submersible | | 6" |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|----------------|------------|
| Crown Pump Co. | 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 | 10 | 10 | 1.22 |

5. Provide pump calculations:

Pump Capacity Calculation Sheet

using Department designed formula:

$$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$$

Efficiency: 7.04

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

$$\begin{aligned} \text{HP} &= \underline{30} \\ \text{Efficiency} &= \underline{7.04} \\ \text{Lift} &= \underline{20} \\ \text{PSI} &= \underline{60} \end{aligned}$$

Results Calculated

$$\begin{aligned} (hp)(\text{efficiency}) &= 211.2 \\ \text{Head based on psi} &= \\ &= 152.4 \\ \text{Total dynamic head} &= 172.4 \end{aligned}$$

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=
(head + lift)

Pump Capacity = 1.22 cubic feet per second

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" | 6875' | PVC | Buried |
| | | | |
| | | | |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|--------|--------------|------------------------|
| 4" | 2620' | Aluminum | Above ground |
| | | | |
| | | | |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|--------|---------------|------------------------|----------------------------|---------------------|-----------------------------------|
| 11/64" | 60 | 6.6 | 52 | 52 | 0.76 |
| 0.75" | 65 | 120 | 2 | 2 | 0.53 (Nelson Stationary Big Guns) |
| 0.63" | 65 | 83 | 1 | 1 | 0.18 (Super Rain Big Gun Reel) |
| 0.55" | 65 | 65 | 1 | 1 | 0.14 (Super Rain Big Gun Reel) |

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) |
|------|---------------|----------------------|--------------------------|---------------------|----------------------------|
| N/A | | | | | |
| | | | | | |
| | | | | | |

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

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

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

YES NO
YES NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES NO

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

G. Gravity Flow Canal or Ditch

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

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system?

YES NO

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

H. Additional notes or comments related to the system:

Big reel guns, stationary guns, hand lines and handheld hoses are used in any combination need to satisfy water needs.

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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 | 9/14/1995 | | |
| BEGIN CONSTRUCTION (A) | 9/14/1996 | 9/14/1995 | Well was constructed 6/10/1992 |
| COMPLETE CONSTRUCTION (B) | 10/1/2015 | 6/2015 | Delivery system completed |
| COMPLETE APPLICATION OF WATER (C) | 10/1/2015 | 6/2015 | Irrigation occurred on all property |

* 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.

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

March

c. Was the measurement submitted to the Department?

YES NO

d. If the initial measurement was not submitted, provide that measurement now, if available:

| DATE OF MEASUREMENT | MEASUREMENT MADE BY | METHOD | MEASUREMENT |
|---------------------|---------------------|--------|-------------|
| N/A | | | |

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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:

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 |
|---------------------|---------------------|--------|-------------|
| N/A | | | |
| | | | |

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 |
|-------------------|--------------|----------|----------------------------|-----------------------|----------------|
| Deep Well | Grain Land | 18282 | Working | 214509 | 6/1997 |
| | | | | | |

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

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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.

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

a. Were there special well construction standards? YES NO

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

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

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

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| | |
| | |

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 |
|---|--|
| CoBU Map for Application G 13028 Permit G 12137 | Map of POU and area not developed under the permit |
| | |
| | |

**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.

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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.

Washington County Assessor's map, Google Earth Photos dated June 19, 2008, August 14, 2010, August 20, 2011, July 27, 2012, July 14, 2014, April 17, 2015, application map for Permit S 12137 developed by Verboort Engineering. POA, pump and meter GPS location: Delorme Earthmate PN-40.

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Map Checklist

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

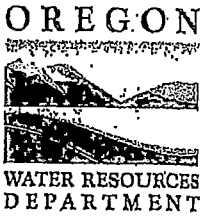
(Reminder: Incomplete maps and/or claims may be returned.)

- 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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Date Received (Date Stamp Here)

OWRD Over-the-Counter Submission Receipt

Applicant Name(s) & Address: Grace Dinsdale
PO Box 447 Cornelius OR 97113

Transaction Type: COBU

Fees Received: \$ 230.00

Cash Check: Check No. 3668

Name(s) on Check: Same as above

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: Corie Lavrien
(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 submission (application/other document) in the top drawer of filing cabinet.