

**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.**

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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

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-17016	G-18808	T-11716

2. Property Owner (current owner information):

APPLICANT/BUSINESS NAME Jay and Angie Sykes/Ronde River Ranch LLC		PHONE NO. 208-921-6505	ADDITIONAL CONTACT NO.
ADDRESS 55959 Highway 244			
CITY LaGrande	STATE OR	ZIP 97850	E-MAIL angieidealprotein@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 Angie Sykes			
ADDRESS 55959 Highway 244			
CITY LaGrande	STATE OR	ZIP 97850	

ADDITIONAL PERMIT HOLDER OF RECORD Jay Sykes			
ADDRESS 55959 Highway 244			
CITY LaGrande	STATE OR	ZIP 97850	

4. Date of Site Inspection:

9/28/2023

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
Angie Sykes	9/28/2023	Permit holder/ irrigator

6. County:

Union

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD			
ADDRESS			
CITY	STATE	ZIP	

Add additional tables for owners of record as needed

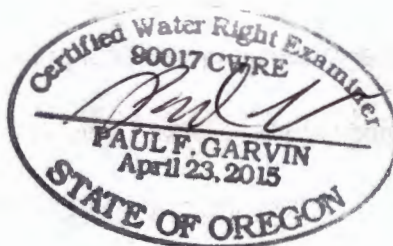
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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



CWRE NAME Paul Garvin	PHONE NO. 503-347-7188	ADDITIONAL CONTACT NO.
ADDRESS 1705 Main St. Ste. 101		
CITY Baker City	STATE OR	ZIP 97814
E-MAIL Garvin.hydrogeo@gmail.com		

Permit Holder of Record Signature or Acknowledgement

Each permit holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Angie Sykes	Permit Holder	6-17-24
	Jay Sykes	Permit Holder	6/17/24

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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 1	UNIO 52062	L-97468
Well 2	UNIO 52061	L-97469
Well 3	UNIO 52063	L-97470

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 1	Grande Ronde	Bear Creek
Well 2	Grande Ronde	Bear Creek
Well 3	Grande Ronde	Bear Creek

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 1	Irrigation	Pasture	Mar. 1 – Oct. 31	0.83 cfs
Well 2	Irrigation	Pasture	Mar. 1 – Oct. 31	0.83 cfs
Well 3	Irrigation	Pasture	Mar. 1 – Oct. 31	0.83 cfs
Total Quantity of Water Used				2.5 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 appropriated from Well 1 and conveyed to the southwest, northwest, and northeast via separate mainlines as follows: to the southwest water is conveyed under Highway 244 via a 6" buried mainline where it feeds two wheel lines with sprinklers that irrigate a rectangular pasture south of Highway 244, to the northwest water is conveyed via an 8" buried mainline to the center pivot north of Highway 244, and to the east water is conveyed via an 8" buried mainline that feeds 6" and 4" buried mainlines with risers that connect to three wheel lines with sprinklers that irrigate the irrigated areas north of Highway 244 not irrigated by the pivot.

Water is appropriated from Well 2 and conveyed to the south via an 8" buried mainline which connects to three center pivots connected in series. Also, approximately 1,000 feet south of Well 2 an 8" buried lateral branches off of the mainline to the east feeding big gun sprinklers that irrigate two pasture areas, one immediately north of Well 2 and another between Wells 2 and 3. The lateral to the east also continues on to tie into the well 3 water distribution system.

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Water is appropriated from Well 3 can be conveyed approximately 900 feet east-southeast to a center pivot, wheel lines with sprinklers can also be connected to the end of the center pitot to irrigate an area to the northwest of this pivot, water from well 3 can also be conveyed west via the 8" buried mainline where it can be distributed via the well 2 water distribution system.

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

5. Variations:

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

☒ YES ☐ NO

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

Yes, the permit allowed 290.8 acres of irrigation, the water user only developed 283.1 acres.

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	2.5 cfs	5.5 cfs	1.5 cfs	Irrigation	290.8	283.1
Well 2		1.6 cfs	-	Irrigation		
Well 3		1.6 cfs	-	Irrigation		

SECTION 4 (1 of 3)

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 1

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
3S	36E	WM	15	SENE			Irrigation	22.5	
3S	36E	WM	15	NWSE			Irrigation	15.0	
3S	36E	WM	15	NESE			Irrigation	34.1	
3S	36E	WM	15	SESE			Irrigation	10.2	
3S	36E	WM	15	SWSE			Irrigation	14	
3S	36E	WM	14	SWNW			Irrigation	27.5	
3S	36E	WM	14	NWSW			Irrigation	8.1	
Total Acres Irrigated								131.4	

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLOT), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLOT, and QQ.

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B. Groundwater Source Information (Well)

1. Is the appropriation from a well?

OWRD ☒ 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:

Pressure gauge on top of well casing

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
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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.

UNIO 52062 Well log attached

C. Groundwater Source Information (Sump)

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

YES ☒ NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

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☒ YES ☐ NO

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

2. Pump Information:

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MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Peerless	6AEF14G	546190	centrifugal	8"	8"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Sterling	100

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	45	-	5	5.5

5. Provide pump calculations:

Data:

Lift = 5'; Efficiency = 6.61; hp = 100; psi head = 114.3'

Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 5.5 cfs

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
632.13 AF	632.25 AF	1 hr	1.5

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
4"	1,800'	Aluminum	buried
6"	4,100'	PVC	buried
8"	1,200'	PVC	buried

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)
11/64"	45	5.7	164	112	2.1

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)
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12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	1,020'	45	700	1.5

E. Storage

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

YES ☒ NO

F. Gravity Flow Pipe

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

1. Does the system involve a gravity flow pipe?

YES ☒ NO

G. Gravity Flow Canal or Ditch

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

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

YES ☒ NO

H. Additional notes or comments related to the system:

Well 1 is artesian, static pressure observed ~8 psi in September 2023.

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SECTION 4 (2 of 3)

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 2

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
3S	36E	WM	15	SESE			Irrigation	13.2	
3S	36E	WM	14	SESW			Irrigation	18.9	
3S	36E	WM	14	SWSW			Irrigation	23.9	
3S	36E	WM	22	NENE			Irrigation	33.5	
3S	36E	WM	22	SENE			Irrigation	16.8	
3S	36E	WM	23	NESE			Irrigation	4.2	
3S	36E	WM	23	SWNW			Irrigation	29.5	
3S	36E	WM	23	SENW			Irrigation	0.6	
3S	36E	WM	23	NWNW			Irrigation	1.1	
3S	36E	WM	23	NWSW			Irrigation	8.4	
3S	36E	WM	23	NENW			Irrigation	1.6	
Total Acres Irrigated								151.7	

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?

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YES NO

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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:

Angled steel pipe on E side of casing

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
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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.

UNIO 52061 Well log attached

C. Groundwater Source Information (Sump)

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

YES ☒ NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

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☒ YES ☐ NO

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

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2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkely	B82980	-	turbine	6"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	40

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40	40	-	80'	1.6

5. Provide pump calculations:

(Well pump)

Data:

Lift = 86', Efficiency = 7.04; hp = 40; psi head = 45.7'

Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 1.6 cfs

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

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
8"	4,955'	PVC	Buried
6"	700'	PVC	Buried

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)
0.45"	40	40	1	1	0.09
0.5"	40	55	1	1	0.10
11/64"	40	5.4	20	50	0.24

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

11. Drip Emmitter Information:

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

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	720'	40	300	0.7
Valley	1,140'	40	700	1.6
Valley	660'	40	300	0.7
Valley	762'	40	300	0.7

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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

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:

Wells 2 and 3 have the same pump and motor setup and serve the same irrigated area

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SECTION 4 (3 of 3)

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 3

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
3S	36E	WM	15	SESE			Irrigation	13.2	
3S	36E	WM	14	SESW			Irrigation	18.9	
3S	36E	WM	14	SWSW			Irrigation	23.9	
3S	36E	WM	22	NENE			Irrigation	33.5	
3S	36E	WM	22	SENE			Irrigation	16.8	
3S	36E	WM	23	NESE			Irrigation	4.2	
3S	36E	WM	23	SWNW			Irrigation	29.5	
3S	36E	WM	23	SENW			Irrigation	0.6	
3S	36E	WM	23	NWNW			Irrigation	1.1	
3S	36E	WM	23	NWSW			Irrigation	8.4	
3S	36E	WM	23	NENW			Irrigation	1.6	
Total Acres Irrigated								151.7	

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:

Angled steel pipe on E side of casing

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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
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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.

UNIO 52063 Well log attached

C. Groundwater Source Information (Sump)

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

YES ☒ NO

D. Diversion and Delivery System Information

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

1. Is a pump used?

☒ YES ☐ NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Berkely	B82980	-	turbine	6"	6"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	40

4. Theoretical Pump Capacity:

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *If a well, the water level DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
40	40	-	80'	1.6

5. Provide pump calculations:

(Well pump)

Data:

Lift = 86', Efficiency = 7.04; hp = 40; psi head = 45.7'

Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift + psi head) = 1.6 cfs

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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)

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
8"	4,955'	PVC	Buried
6"	700'	PVC	Buried

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)
0.45"	40	40	1	1	0.09
0.5"	40	55	1	1	0.10
11/64"	40	5.4	20	50	0.24

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)
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12. Drip Tape Information:

DRIPPER SPACING IN INCHES	GPM PER 100 FEET	TOTAL LENGTH OF TAPE	MAXIMUM LENGTH OF TAPE USED	TOTAL TAPE OUTPUT (CFS)	ADDITIONAL INFORMATION
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13. Pivot Information:

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Valley	720'	40	300	0.7
Valley	1,140'	40	700	1.6
Valley	660'	40	300	0.7
Valley	762'	40	300	0.7

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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

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:

Wells 2 and 3 have the same pump and motor setup and serve the same irrigated area

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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	12/23/2022		
BEGIN CONSTRUCTION (A)	-	11/19/2008	UNIO 52062 drilling commences
COMPLETE CONSTRUCTION (B)	10/1/2023	9/28/2023	Irrigation infrastructure in place and operational
COMPLETE APPLICATION OF WATER (C)	10/1/2023	9/28/2023	Water applied across permitted place of 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.

a. Did the Extension Final Order require the submittal of Progress Reports?

YES ☒ NO

3. Initial Water Level Measurements:

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

☒ YES ☐ NO

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

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

March

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c. Was the measurement submitted to the Department?

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☒ YES ☐ NO

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

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT

4. Annual Static Water Level Measurements:

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

☒ YES ☐ NO

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

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

March

c. Were the static water level measurements taken in the month(s) required **YES** NO

***Note that March static water level measurements were collected and submitted for 2008 through 2022 with exception of year(s) 2021 and 2023 due to miscommunications with well contractors.**

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
---------------------	---------------------	--------	-------------

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 (OCTOBER 2023)	DATE INSTALLED
Well 1	Seametrics	07114349	working	632.25 af	2014
Well 2	Valley	12201800	working	65.274777 af	2020
Well 3	Valley	12201286	working	50.985322 af	2020

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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.

b. Have the reports been submitted.

☒ YES ☐ NO

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

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

a. Were there special well construction standards?

☒ YES ☐ NO

b. Was submittal of a ground water monitoring plan required?

YES ☒ NO

c. Was submittal of a water management and conservation plan required?

YES ☒ NO

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well?

☒ YES ☐ NO

WELL ID #	DATE ATTACHED TO WELL
L-97468	1/2009
L-97469	1/2009
L-97470	1/2009

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):

- a) "Wells shall be cased and sealed in such a manner to develop a single basalt aquifer". A review of well logs for Wells 1 through 3 indicates that the wells were constructed cased and sealed from the surface to at least 29, 44, and 35 feet into the basalt respectively

**SECTION 6
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well logs	Well logs UNIO 52062, UNIO 52061, UNIO 52063

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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.

COBU Map was created using GIS software, publicly available geospatial data, irrigation system schematics, aerial imagery, and ground truthing. Aerial imagery provided by Google, dated 9/24/2022

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Map Checklist

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

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

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

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

WELL LABEL # 1 97468
START CARD # 199773

(1) LAND OWNER Owner Well I.D. 21
First Name Daniel Last Name Henrich
Company Bear Creek Quarter Horse Ranch LLC
Address 25769 Hwy 244
City LeGrand State OK Zip 73450

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ Attach copy
Depth of Completed Well 200 ft.

BORE HOLE			SEAL			socks/
Dia	From	To	Material	From	To	Ami lbs
12"	0	58	Concrete	0	54	38 Sack
12	54	200				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____
 Back fill placed from _____ ft. to _____ ft. Material _____
 Filler pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER		+	From	To	Gauge	Stl	Plac	Wld	Thrs
Casing	Liner	Dia							
☒	☐	10	☐	73	57	242	☒	☐	☒
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐
☐	☐		☐				☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 57
Temp casing ☒ Yes Dia 14 From 0 To 28

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S green	Casing/ Liner	Screen Dia	From	To	Sern/slot width	Slot length	# of slots	Tube/ pipe size
.				NONE				

[illegible]

Temperature 64 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Washita Twp 33 N/S Range 76E B/W WM
Sec 15 1/4 of the SE 1/4 Tax Lot 200
Tax Map Number 55 Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
☒ Street address of well ☐ Nearest address

5595.9 Hwy 244 64 Gravel on

(10) STATIC WATER LEVEL		Date	SWL (psi)	+	SWL (ft)
Existing Well / Predeepening					
Completed Well	14405	6			P
Flowing Artesian?			Dry Hole?		

[illegible]

(11) WELL LOG		Ground Elevation	
Material		From	To
Top Soil		0	3
Ground Chert Gravel		3	25
Black Gravel		25	28
Blue Rock		28	92
Ground Gravel		92	122
Ground Gravel & Chert Gravel		122	142
Bl. m. Gravel		142	200

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~~SEP 11 2013~~

JAN 15 2009

WATER RESOURCES DEPT
SALEM, OREGON.

~~SALEM, OR~~

Date Started 11-19-08 Completed 11-25-08

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1640 Date 1-10-09
 Password: not filing electronically
 Signed [Signature]

(bonded) Water Well Construction Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 415 Date 1-10-09
 Password: (if filing electronically)
 Signed Robert M. Stoffel
 Contact Info (optional)

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

JAN 08 2014

SALEM, OR

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L

97469

START CARD #

199765

(1) LAND OWNER

Owner Well I.D. 22

First Name Dan 1st

Last Name Hart

Company Bear Creek Quarter Horse Ranch LLC

Address 60959 Hwy 214

City La Grande State OR Zip 97840

(2) TYPE OF WORK

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

(3) DRILL METHOD

☒ Rotary Air☐ Rotary Mud☐ Cable☐ Auger☐ Cable Mud☐ Reverse Rotary☐ Other

(4) PROPOSED USE

☐ Domestic☒ Irrigation☐ Community☐ Industrial/ Commercial☐ Livestock☐ Dewatering☐ Thermal☐ Injection☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard

☐ Attach copy

Depth of Completed Well 208 ft.

BORE HOLE

Dis	From	To	Material	SEAL	From	To	Am't	sacks/
14	0	26	Cement	0	16	36	36	36
12	0	208						

How was seal placed:

Method

☐ A☐ B☒ C☐ D☐ E☐ Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dis	From	To	Gauge	Stl	Plstc	Wld	Thrd
10	10	12	30	120	10	10	10	10	10

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 55Temp casing ☒ Yes Dis 14 From 0 To 14

(7) PERFORATIONS/SCREENS

Perforations	Method	Screens	Type	Material

Perforations Casing/Screen

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

of

Tel./

Screen/Slot

Slot

(9) LOCATION OF WELL (legal description)

County Union Twp 22 N/S Range 26 E S/W WM

Sec 14 30 1/4 of the 60 1/4 Tax Lot 200

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

☒ Street address of well ☐ Nearest address

60 95 9 Hwy 214

(10) STATIC WATER LEVEL

Date SWL (psi) + SWL (ft)

Existing Well / Predeepening

Completed Well 12-1-08 27

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 200

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

12-1-08 12-1-08 300 300 27

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SALEM, OR

SALEM, OR

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS §37.765 & OAR 690-205-0210)

WELL LABEL # L **97470**

START CARD # 199774

(1) LAND OWNER Owner Well I.D. 23
First Name Daniel Last Name North
Company Deer Creek Cattle Co
Address 6514 9 Hwy 210
City Laramie State WY Zip 82030

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ Attach copy
Depth of Completed Well 194 ft.

BORE HOLE			SEAL			socks/ lbs
Die	From	To	Material	From	To	
14	0	55	Concrt	0	53	20 lbs
10	0	104				

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

☐ Other _____

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

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

Explosives used: ☐ Yes Type _____ Amount _____[illegible]

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) RV
Temp casing ☒ Yes Dis 14 From 0 To 20

(7) PERFORATIONS/SCREENS		
Perforations	Method	
Screens	Type	Material

[illegible]

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		180	200

Temperature 54°F Lab analysis ☐ Yes By _____
 Water quality concerns? ☐ Yes (describes below)
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Union Twp 36 N/S Range 26E E/W WM
Sec 14 SW 1/4 of the SW 1/4 Tax Lot 700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

(10) STATIC WATER LEVEL		Date	SWL (psi)	+	SWL (ft)
Existing Well / Preexisting					
Completed Well	12 inch				24
Flowing Artesian?			Dry Hole?		

WATER BEARING ZONES					Depth water was first found	151
SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)	
12-14-83	1.81	1.94	3400	-	34	

(11) WELL LOG		Ground Elevation	
Material		From	To
Top soil		0	2
Gravelly clay & gravel		2	20
Black sand		20	25
Blue sand		25	32
Gravelly sand, clay & gravel		32	128
Black sand		128	150
Blackened black sand		150	194

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WATER RESOURCES DEPT
SALEM, OREGON

Date Started 1-2-8-08 Completed 12-10-08

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1640 Date 1-10-09
 Password: (if filing electronically)
 Signed [Signature]

(bonded) Well Construction Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 415 Date 7-10-09
 Password: (if filing electronically) _____
 Signed Raoul V. Stiff _____
 Contact Info (optional) _____

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THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

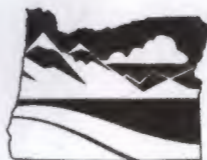
Form Version: 0.49

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SALEM, OR

SALEM, OR



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PUMP TEST FORM
COVER SHEET

Owner Information:

OWNER NAME/BUSINESS NAME: Jay and Angie Sykes/ Ronde River Ranch		PHONE No.: 208-921-6505	ADDITIONAL CONTACT No.:
ADDRESS: 55959 Highway 244			
CITY: LaGrande	STATE: OR	ZIP: 97850	E-MAIL: angie@ronderriverranch.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Paul Garvin	QUALIFICATION: (SELECT) CWRE	LICENSE #: 90017
COMPANY: Garvin HydroGeo LLC	PHONE No.: 503-347-7188	ADDITIONAL CONTACT No.:
ADDRESS: 1705 Main St. Ste. 101		
CITY: Baker City	STATE: OR	ZIP: 97814
E-MAIL: garvin.hydrogeo@gmail.com		

Tested Well Information (please attach well log(s) if available):

WELL LOG # (Ex: MARI 99999)	WELL TAG # (Ex: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
UNIO 52061	L- 97469	Well 2	208'	Dan Heath	12/2/2008	6/27/2024

(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)
3S	36E	15	SESE	813' N and 295' W from the SE Corner of Section 15	45.29874	-118.28417

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-17016	G-18808	T- 11716		☒ Yes ☐ No (Need MWE Form)
G-	G-	T-		☒ Yes ☐ No (Need MWE Form)
G-	G-	T-		☒ Yes ☐ No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

☐ No Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?

If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.

If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (Ex: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

☐ No Is there a lake, stream or other surface water body within 1/4 mile of the tested well?

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.

Well elevation is at _____ the surface water body. Approximate distance: _____ ft.

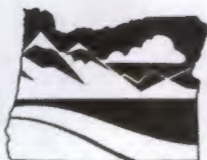
Approximate elevation difference: _____ ft.

☒ Yes Was the test conducted during normal use of the well?

Please indicate where pumped water was discharged: Discharged south via mainline to center pivot

How far from the pumped well was water discharged? approximately 1,400' ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.



Water-Level Measurement Method: Electric Tape

*Verify here:

Airline: _____ psi _____ feet.
E-Tape: _____ feet.

Length of air line (if used): _____

*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):

Manufacturer: _____ Serial #: _____

Date Last Calibrated: _____ Units: _____

Discharge Measurement Method: Flowmeter

Flowmeter (if used):

Manufacturer: Valley Serial #: 12201800

Date Last Calibrated: _____ Units: ac-ft

Pump Type: Turbine

HP: _____ Pump set at: _____ feet.

Pump idle time: _____

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface _____ feet.

Description (e.g., top port of 1 inch port pipe, west side) Angled steel port on east side of casing

Time pump turned on: Date 6/27/2024 Time 1005

Time pump turned off: Date 6/27/2024 Time 1405

Total pumping time: 4 hours 0 minutes.

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JUL 29 2024

Remember, your pump test may not be approved unless it meets the following criteria*:

OWRD

- ☒ The discharge rate was held constant for the entire pumping phase.
- ☒ The pump was on during the entire pumping phase (≥ 4 hours).
- ☒ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☒ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☒ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☒ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤ 2 min for the first 10 minutes, ≤ 5 min for 10 – 30 minutes, and ≤ 15 min for the remainder of the test)
- ☒ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☒ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☒ The pump test cover sheet was completely filled out and signed.
- ☒ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☒ The well was idle for at least 16 hours prior to the test.
- ☒ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSsl-277278532?selectedDivision=3186

Submit forms to:

Attn: Certificates Section, Oregon Water Resources Department
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 6/27/2024

OWNER SIGNATURE: [Signature] DATE: 6/27/2024



OREGON
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PUMP TEST FORM

DATA SHEET

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WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
UN10 52061	L-97469	Well 2	208'	Dan Heath	12/2/2008	6/27/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, MP)	Phase (Pre- Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
6/27/24	09:25	-	29.6	0	Pre-test			
6/27/24	09:45	-	29.6	0	Pre-test			
6/27/24	10:05	-	29.6	0	Pre-test		72.033217	pressurizing
	10:06	1	52.1	612	pump		73.382015	
	10:07	2	53.5	632				
	10:09	4	45.6	677				
	10:11	6	45.2	480				
	10:13	8	45.2	479				
	10:15	10	45.1	497				
	10:20	15	45.3	468				
	10:25	20	45.2	478				
	10:30	25	45.2	484				
	10:35	30	45.3	482				
	10:50	45	45.2	485				
	11:05	60	45.2	484				
	11:20	75	45.2	479				
	11:35	90	45.1	485				
	11:50	105	45.1	488				
	12:05	120	45.0	488				
	12:20	135	45.0	489				
	12:35	150	45.0	496				
	12:50	165	44.9	500				
	13:05	180	44.9	480				
	13:20	195	44.9	459				
	13:35	210	44.9	453				
	13:50	225	44.9	460				
	14:05	240	44.9	465	pump			
	14:06	241	30.1	0	recovery			
	14:07	242	29.9	0				
	14:09	244	29.8	0				
	14:11	246						
	14:13	248						
	14:15	250						
	14:20	255						



PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

Received

JUL 29 2024

OWNER NAME/BUSINESS NAME: Jay and Angie Sykes/ Ronde River Ranch		PHONE No.: 208-921-6505	ADDITIONAL CONTACT No.:
ADDRESS: 55959 Highway 244			
CITY: LaGrande	STATE: OR	ZIP: 97850	E-MAIL: angie@ronderriverranch.com

OWRD

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
UNIO 52061	L- 97469	Well 2	208'	G-17016	G-18808	T- 11716	

(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)
3S	36E	15	SESE	813' N and 295' W from the SE Corner of Section 15	45.29874	-118.28417

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	UNIO 52062	L- 199773	Well 1	G-17016	G-18808	T-11716
b	UNIO 52063	L- 199774	Well 3	G-17016	G-18808	T-11716
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	3S	36E	15	NESE	1,873 ft N & 295 ft W from the SE corner of sec 15	45.30164	-118.28467
b	3S	36E	14	SWSW	743 ft N & 530 ft E from the SW corner of sec 14	45.29855	-118.28142
c							
d							
e							

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

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

SIGNATURE: Paul Garvin

DATE: 7/12/2024 LICENSE #: 90017

PRINTED NAME: Paul Garvin

(CIRCLE ONE): OWNER, EMPLOYEE, CWRE, RG, PE, WWC, PUMP INSTALLER

PHONE: 503-347-7188

EMAIL: garvin.hydrogeo@gmail.com