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

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

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

A separate form shall be completed for each permit.

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

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

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

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

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

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

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

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SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15318	G-15440	T-

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
Idaho Power Co.		**208-388-2602**	
Address **PO Box 70**			
City **Boise**	State **ID**	Zip **83707**	E-Mail **KDavis2@idahopower.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		
Idaho Power Co. c/o Pete Newton		
Address **PO Box 70**		
City **Boise**	State **ID**	Zip **83707**

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

8/27/2024

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

Name	Date	Association with the Project
Zack Schaumburg	**8/27/2024**	**Site Engineer**
Noah Stewart-Maddox	**8/27/2024**	**Operations Hydrologist**

6. County:

Baker

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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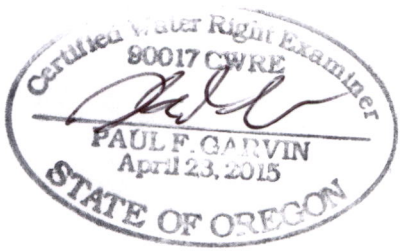
SECTION 2

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		PHONE NO.	ADDITIONAL CONTACT NO.
Paul Garvin		**503-347-7188**	
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
Krista Davis	Krista Davis	Senior Manager	9.27.2024

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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	**BAKE 1861**	**L-156005**
Well 2	**BAKE 1862**	**L-156004**

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	**Snake River**	**Pine Creek**
Well 2	**Snake River**	**Pine 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	**fish propagation**	**-**	**Year-round**	**0.53**
Well 2	**fish propagation**	**-**	**Year-round**	**1.00**
Total Quantity of Water Used				**1.53**

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:

Note: All main lines are buried steel
Water is pumped from either one or both wells and conveyed via a 6" dia. mainlines to "T" junction that conveys water via a 6" mainline approximately 230 ft SE to the aerator building where the water is aerated. From the aerator building the water can be conveyed: 1) approximately 40 ft NW via 6" dia. mainline to two booster pumps that convey the water via 4" mainline approximately 120 ft NE to the place of use in the fish propagation room or, 2) conveyed approximately 110 ft NE via a 8" mainline to four booster pumps in the chiller room that run the water through chillers before the chilled water is conveyed approximately 25 ft NW via a 6" dia. mainline to the place of use in the fish propagation room. Ground water is only used to promote growth of fish eggs. Water outflows from the fish propagation room via a 12" mainline and is conveyed approximately 130 ft. SE to an outfall on the Snake River.

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."*)

The water users system is capable of producing 1.53 cfs instead of the maximum permitted rate of 1.8 cfs

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	**1.8 cfs**	**0.53**	**-**	**Fish propagation**	**N/A**	**N/A**
Well 2		**1.00**	**-**			

SECTION 4 (1 of 2)

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)

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
7S	48E	WM	9	SENW	3	-	Fish Propagation	-	-
Total Acres Irrigated								-	-

If "YES" the table below may be deleted.

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:

Port in top of well casing

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

Well log attached – BAKE 1862

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 attached – BAKE 1862

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.

Pump	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Well 1 pump	Goulds	Xylem 6CLC	4945429	submersible	6"	6"
Booster 1	Grundfos	0N6-10707-13000Y-2.741P	067446457-10A	centrifugal	4"	4"
Booster 2	Grundfos	0N6-10707-13000Y-2.741P	067446457-10B	centrifugal	4"	4"
Booster 3	Patterson	E2.5J7A-C4M	HV-C000216661-01-01	centrifugal	4"	4"
Booster 4	Patterson	E2.5J7A-C4M	HV-C000216661-01-02	centrifugal	4"	4"
Booster 5	Patterson	E2.5J7A-C4M	HV-C000216661-03-01	centrifugal	4"	4"
Booster 6	Patterson	E2.5J7A-C4M	HV-C000216661-03-02	centrifugal	4"	4"

1. **Is a pump used?** (YES) NO

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

2. **Pump Information:**

3. **Motor Information:**

Motor	Manufacturer	Horsepower
Well 1 Motor	**Centripro**	**7.5**
Motor 1	**Grundfos**	**2**
Motor 2	**Grundfos**	**2**
Motor 3	**Baldor Reliance**	**3**
Motor 4	**Baldor Reliance**	**3**
Motor 5	**Baldor Reliance**	**3**
Motor 6	**Baldor Reliance**	**3**

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)
7.5	**10**	**-**	**80**	**0.53**

5. **Provide pump calculations:**

Well 1 pump:
Lift = 80'; Efficiency = 7.04; hp = 7.5; psi head = 25.4 '
Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift +psi head) = 0.50 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

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4"	130'	Steel	Buried
6"	370'	Steel	Buried
8"	112'	Steel	Buried
12"	150'	Steel	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

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

11. Drip Emitter Information:

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

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

13. Pivot Information:

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

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)

2

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:

SECTION 4 (2 of 2)

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
7S	48E	WM	9	SENW	3	-	Fish Propagation	-	-
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:

Port 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

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 attached

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.

D. Diversion and Delivery System Information

1. Is a pump used? (YES) NO

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

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.

Pump	Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Well 2 pump	Goulds	Xylem 6DHHC	4945431	submersible	6"	6"
Booster 1	Grundfos	0N6-10707-13000Y-2.741P	067446457-10A	centrifugal	4"	4"
Booster 2	Grundfos	0N6-10707-13000Y-2.741P	067446457-10B	centrifugal	4"	4"
Booster 3	Patterson	E2.5J7A-C4M	HV-C000216661-01-01	centrifugal	4"	4"
Booster 4	Patterson	E2.5J7A-C4M	HV-C000216661-01-02	centrifugal	4"	4"
Booster 5	Patterson	E2.5J7A-C4M	HV-C000216661-03-01	centrifugal	4"	4"
Booster 6	Patterson	E2.5J7A-C4M	HV-C000216661-03-02	centrifugal	4"	4"

1. Is a pump used? (YES) NO

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

2. Pump Information:

3. Motor Information:

Motor	Manufacturer	Horsepower
Well 2 Motor	**Centripro**	**15**
Motor 1	**Grundfos**	**2**
Motor 2	**Grundfos**	**2**
Motor 3	**Baldor Reliance**	**3**
Motor 4	**Baldor Reliance**	**3**
Motor 5	**Baldor Reliance**	**3**
Motor 6	**Baldor Reliance**	**3**

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)
15	**10**	**-**	**85**	**0.96**

5. Provide pump calculations:

Data:
Lift = 85'; Efficiency = 7.04; hp = 15; psi head = 25.4'
Maximum theoretical pump capacity (cfs) = (hp * efficiency)/(lift +psi head) = 0.96n 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**

8. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4"	130'	Steel	Buried
6"	430'	Steel	Buried
8"	112'	Steel	Buried
12"	150'	Steel	Buried

9. Lateral or Handline Information:

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

10. Sprinkler Information:

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

11. Drip Emitter Information:

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

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

13. Pivot Information:

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

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:

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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	5/22/2003		
Begin construction (A)	-	-	-
Complete construction (B)	-	-	-
Complete application of water (C)	10/1/2024	6/1/2024	Water used for fish propagation

* 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

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)

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? YES (NO)

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**)

*The pump test was approved for Well 2

**A multiple well pump test exemption form is attached

Claims will not be reviewed until a pump test or exemption has been approved by the Department

6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? (YES) NO

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

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed? (YES) NO

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	Endress+Hauser	W1022E16000	working	Meter locked	5/2024
Well 2	Endress+Hauser	W2026A16000	working	Meter locked	5/2024

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? 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 To Well
L-156005	9/27/2024
L-156004	9/27/2024

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):

"During use of water from the well, the permittee shall measure the amount of water pumped. All water pumped from the wells (minus evaporation) shall be discharged directly into Pine Creek or the Snake River."

The hatchery manager maintains water use records and all the pumped water is discharged to the Snake River via an outfall after use.

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1 - Well logs	**Well logs for BAKE 1861 and 1862**
Attachment 2 - Pump test multiple well exemption form	**Pump test multiple well exemption form and pump test approval letter**

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.

Map was created using GIS software, publicly available geospatial data, handheld gps, aerial imagery, and ground truthing. Aerial imagery form Google dated 10/28/2023.

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
- ☐ **N/A** 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

Attachment 1 –

Well Logs

A

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

Baker 1862

RECEIVED
MAR 11 1992
WATER RES. DEPT.

75/48E/966

(START CARD) # W-38774

(1) OWNER: Well Number 1
Name Idaho Power
Address P. O. Box 70
City Boise State Idaho Zip 83707

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

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

(4) PROPOSED USE:
☐ Domestic ☐ Community ☒ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Fish Hatchery

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 79 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	14	Bentonite	0	14	34 sacks
12"	14	19	Cement grout	14	19	25 sacks
10"	19	28	Cement grout	19	28	19 sacks
8"	28	79'				

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:	8"	+1'	79'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 79'

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200		77'	1 hr.

Temperature of Water 52° 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 Baker Latitude Longitude
Township 7 South N or S. Range 48 East E or W. WM.
Section 9 NW ¼ NW ¼
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address) Fish Hatchery
Oxbow, Oregon

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 2-18-92
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
75	83	200	16

(12) WELL LOG:
Ground elevation 1703

Material	From	To	SWL
Brown sandy clay + boulders, fill	0	8	
Basalt boulders w/some sand + gravel	8	44	16
Brown sand + gravel	44	47	16
Large gravel w/ sand	47	75	16
Basalt boulders w/sand + gravel	75	83	16

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Date started 2-5-92 Completed 2-18-92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number
Signed Date

(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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 12.31
Signed Robert W. Gustin Date 2-29-92

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8

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

Baker 1361

RECEIVED
MAR 11 1992
WATER RESOURCES DEPT.

75/48E/966

(START CARD) # W-38775

(1) OWNER:
Well Number 2
Name Idaho Power
Address P. O. Box 70
City Boise State Idaho Zip 83707

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

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

(4) PROPOSED USE:
☐ Domestic ☐ Community ☒ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Fish Hatchery

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 129 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	11	Bentonite	0	11	20 sacks
12"	11	18	Cement grout	11	18	30 sacks
10"	18	27	Cement grout	18	27	23 sacks
8"	27	129				

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:	8"	+5'	129	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 129'

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300		125	1 hr.

Temperature of Water 55° 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 Baker Latitude Longitude
Township 7 South N or S. Range 48 East E or W. WM.
Section 9 NW ¼ NW ¼
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address) Fish Hatchery Oxbow, Oregon

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 2-26-92
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 13

From	To	Estimated Flow Rate	SWL
128	130	300	13

(12) WELL LOG:
Ground elevation 1700

Material	From	To	SWL
Redish Brown clay	0	3	
Brown sand + large gravel	3	15	13
Sand, gravel + boulders w/some wood	15	24	13
Sand + large gravel	24	27	13
Basalt boulders w/sand + gravel	27	52	13
gravel w/some sand	52	61	13
Basalt boulders w/some gravel	61	69	13
gravel + boulders w/ brown silt	69	105	13
gravel + boulders w/some sand	105	130	13

Date started 2-18-92 Completed 2-26-92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number
Signed Date

(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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1231
Signed Robert W. Gustin Date 2-29-92

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IDAHO POWER®
An IDACORP Company

December 5, 2022

Idaho Department of Water Resources
322 E Front Street, Ste 648
Boise, Idaho 83720-0098

Subject: Idaho Power Company Representation

Kresta Davis, as representative of Idaho Power in matters associated with the company's water rights and water rentals and leases, has authorization to sign forms, applications and requests on behalf of the company. Please let me know if you have any questions or concerns

Sincerely,

Ryan Adelman

Vice President of Power Supply

1221 W. Idaho St. (83702)
P.O. Box 70
Boise, ID 83707

Attachment 2 –

Pump test multiple well exemption form and pump test approval letter

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

OWNER NAME/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Idaho Power Co.		**208-388-2602**	
ADDRESS			
PO Box 70			
CITY	STATE	ZIP	E-MAIL
Boise	**ID**	**97814**	**KDavis2@idahopower.com**

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

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

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

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	OWNER WELL NAME OR #	TEST DATE	APPLICATION	PERMIT	TRANSFER	CERTIFICATE
BAKE 00001861	**L- 156005**	**Well 2**	**8/18/2020**	**G- 15318**	**G-15440**	**T-**	

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
7S	**R48E**	**9**	**SENW**	**570 ft N and 1,540 ft E from the W 1/4 Corner of Section 9**	**44.972931**	**-116.855152**

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	**BAKE 1862**	**L-156004**	**WELL 1**	**G-15318**	**G-15440**	**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	**7S**	**48E**	**9**	**SENW**	**480 ft N and 1,350 ft E from the W 1/4 Corner of Section 9**	**44.972685**	**-116.855667**
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: Paul Garvin DATE: 9/23/2024 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

Oregon
Tina Kotek, Governor

Water Resources Department
725 Summer St NE, Suite A
Salem, OR 97301
(503)986-0900
Fax (503) 986-0904

January 17, 2024

PETE NEWTON
C/O IDAHO POWER CO.
OXBOW FISH HATCHERY WATER RIGHTS
PO BOX 139
OXBOW, OR 97840

GW

The Department has reviewed the status of your pump test and any requests for extension(s) or exemption(s) for the following permitted well(s). The results are summarized in the following table:

Application	Water Right	Permitted Well	Pumped Well	Test Date	Request Status	Exemption	Well Name
G 15318	Permit: G 15440 *	BAKE0001861	BAKE0001861	08/18/2020	APPROVED	None	

Please contact me if you have any questions.

Sincerely,

Phil Marcy
971-301-1033
Groundwater Section

cc: GW Pump Test File
cc: Certificates Section/Application File