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

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

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-15299	G-15094	T-N/A

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
Robert (Bo) Lindell	541-993-3134	N/A
Address		
82452 Rail Hollow Rd		

City	State	Zip	E-Mail
Dufur	OR	97021	Lindell77@hotmail.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		
Robert (Bo) Lindell		
Address		
82452 Rail Hollow Rd		
City	**State**	**Zip**
Dufur	OR	97021

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Salem, OR

Additional Permit Holder of Record		
Address		
City	**State**	**Zip**

4. Date of Site Inspection:

08/02/2024

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

Name	Date	Association with the Project
Robert (Bo) Lindell	8/9/2024	Property Owner

6. County:

Wasco

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		
n/a		
Address		
n/a		
City	**State**	**Zip**
n/a	n/a	n/a

Add additional tables for owners of record as needed

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Robert (Bo) Lindell	541-993-3134	N/A
Address		
82452 Rail Hollow Rd		

City	State	Zip	E-Mail
Dufur	OR	97021	Lindell77@hotmail.com

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3. Permit holder of record (this may, or may not, be the current property owner):

Permit Holder of Record		
Robert (Bo) Lindell		
Address		
82452 Rail Hollow Rd		
City	**State**	**Zip**
Dufur	OR	97021

Additional Permit Holder of Record		
Address		
City	**State**	**Zip**

Superseded

4. Date of Site Inspection:

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

Name	Date	Association with the Project
Robert (Bo) Lindell	8/9/2024	Property Owner

6. County:

Wasco

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		
n/a		
Address		
n/a		
City	**State**	**Zip**
n/a	n/a	n/a

Add additional tables for owners of record as needed

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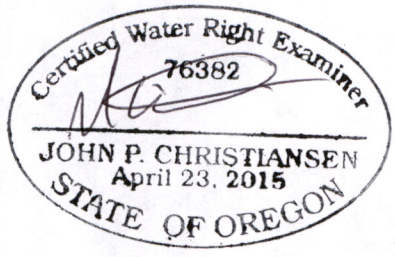
SECTION 2

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.
John Christiansen		**503-563-6151**	**N/A**
ADDRESS **12965 SW Herman Road, Suite 100**			
CITY **Tualatin**	STATE **OR**	ZIP **97062**	E-MAIL **JohnC@aks-eng.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
Robert Lindell	**Robert (Bo) Lindell**	**Permit Holder of Record**	

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DEC 23 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 (WASC 50922)	**WASC 50922**	**45711**

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	**Fifteen Mile Creek Basin**	**Fifteen Mile 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**	**Cherries**	**2003-2023**	**510 AF max./year (2015)**
See attached for detailed Water Use Report				
Total Quantity of Water Used				**510 AF max./year (2015)**

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

Well 1 supplies water via a 10" mainline to ±225.0 acres of cherry orchards.

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."*)

POD 1 - Well 1 was developed. POD 2 – Well 2 was not developed.
The water user developed 225 acres of the 245 acres allowed under the permit.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
Well 1	**3.06**	**3.35 cfs**	**2.89 cfs**	**Irrigation**	**245.0**	**225.0**

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):

N/A

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
2S	13E	W.M.	3	SW NW	N/A	N/A	Irrigation	15.75	0.0
2S	13E	W.M.	3	NW SW	N/A	N/A	Irrigation	27.78	0.0
2S	13E	W.M.	3	SW SW	N/A	N/A	Irrigation	15.38	0.0
2S	13E	W.M.	4	SE NE	N/A	N/A	Irrigation	0.32	0.0
2S	13E	W.M.	4	NE SE	N/A	N/A	Irrigation	11.91	0.0
2S	13E	W.M.	4	NW SE	N/A	N/A	Irrigation	1.95	0.0
2S	13E	W.M.	4	SW SE	N/A	N/A	Irrigation	36.42	0.0
2S	13E	W.M.	4	SE SE	N/A	N/A	Irrigation	35.86	0.0
2S	13E	W.M.	9	NE NE	N/A	N/A	Irrigation	26.51	0.0
2S	13E	W.M.	9	NW NE	N/A	N/A	Irrigation	36.17	0.0
2S	13E	W.M.	9	SW NE	N/A	N/A	Irrigation	10.59	0.0
2S	13E	W.M.	10	NW NW	N/A	N/A	Irrigation	6.36	0.0
Total Acres Irrigated								225.00	0.0

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

B. Groundwater Source Information (Well)

1. Is the appropriation from a well? (YES) NO

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

2. Describe the access port (type and location) or other means to measure the water level in the well:

1/2" threaded plug in sanitary seal.

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
12"	419	575	02/16/2001	N/A	MCCLASKEY ORCHARDS	A M JANNSEN DRILLING

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

n/a

C. Groundwater Source Information (Sump)

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.

2. If the appropriation involves a SUMP, provide the following information for each SUMP:

Length	Width	Average diameter	Maximum depth	Surface area (in acres)	Volume in cubic feet or acre feet
n/a	n/a	n/a	n/a	n/a	n/a

3. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

Curbing Material (concrete, concrete tiles, or steel)	If Concrete, provide the thickness of the wall
n/a	n/a

4. Provide sump volume calculations:

n/a

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
Simflo	SW10c	unknown	Turbine	10	10

3. Motor Information:

Manufacturer	Horsepower
US Motor	250

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)
250	25	233'	235'	3.31

5. Provide pump calculations:

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

Efficiency for turbine pump (80%) = 7.04

Pump Capacity: (horsepower)(efficiency)/(lift+psi head) = capacity in cfs

(250)(7.04)/(468+(25x2.54*)) = 1760/531.5 = 3.31cfs = 1486 gpm

***Minor frictional losses accounted for by the 2.54 ft/psi conversion factor.**

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)
See pump test	See pump test	See pump test	3.1 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
10"	2700 ft	PVC	Buried
8"	1600 ft	PVC	Buried
6"	2700 ft	PVC	Buried

9. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
4"	16,500 ft	PVC	Buried
¾"	520,680 ft	PVC	Above ground
½"	520,680 ft	PVC	Above ground

10. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
.068	30	.308	43,390	4224	2.89

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

254*

11. Drip Emitter Information:

Size	Operating PSI	Emitter Output (GPM)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (CFS)
½"	30	.0083	260,340	130,170	2.41

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	n/a	n/a	n/a	n/a	n/a

13. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
n/a	n/a	n/a	n/a	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 ~~YES NO~~
Bulge in System / Reservoir ~~YES NO~~

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

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
n/a	n/a	n/a

3. Bulge in System / Reservoir:

Reservoir Name or Number (correspond to map)	Approximate Dam Height	Approximate Capacity (in acre feet)
n/a	n/a	n/a

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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.

2. Complete the table:

PIPE SIZE	PIPE TYPE	"C" FACTOR	AMOUNT OF FALL	LENGTH OF PIPE	SLOPE	COMPUTED RATE OF WATER FLOW (IN CFS)
n/a	n/a	n/a	n/a	n/a	n/a	n/a

3. Provide calculations:

n/a

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

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

Attach measurement notes.

G. Gravity Flow Canal or Ditch

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

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

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

2. Complete the table:

CANAL OR DITCH TYPE (MATERIAL)	TOP WIDTH OF CANAL OR DITCH	BOTTOM WIDTH OF CANAL OR DITCH	DEPTH	"N" FACTOR	AMOUNT OF FALL	LENGTH OF CANAL / DITCH	SLOPE	COMPUTED RATE (IN CFS)
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

3. Provide calculations:

n/a

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

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

Attach measurement notes.

H. Additional notes or comments related to the system:

n/a

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	06/28/2002		
Begin construction (A)		02/19/2001	Well constructed.
Complete construction (B)		2002-2003	Crops (cherries) planted, totalizing flow meter installed, irrigation system constructed, crops irrigated.
Complete application of water (C)	10/01/2006	2002-2003	Crops (cherries) planted, totalizing flow meter installed, irrigation system constructed, crops irrigated.

* 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?

n/a

c. Was the measurement submitted to the Department? ~~YES NO~~

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DEC 23 2024
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d. If the initial measurement was not submitted, provide that measurement now, if available:

DATE OF MEASUREMENT	MEASUREMENT MADE BY	METHOD	MEASUREMENT
n/a	n/a	n/a	n/a

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:

n/a

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	n/a	n/a	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
POD 1	Data Industrial Series 3000	unknown	Yes	44009650	2001

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? ~~YES NO~~

e. If "YES", provide a copy of the letter approving the device, if available. If the letter is not available provide the name and title of the Water Resources Department employee approving the measuring device, and the approximate date of the approval:

Name	Title	Approximate Date
n/a	n/a	n/a

f. Measurement Device Description

Device Description	Condition (working or not)	Date Installed
n/a	n/a	n/a

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
45711	Well tag was not 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):

n/a

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DEC 23 2024
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SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment A	**Claim of Beneficial Use Map**
Attachment B	**Permit G-15094**
Attachment C	**Well Log WASC_50922**
Attachment D	**Tax map**
Attachment E	**Water Use Report Based on Water Right**
Attachment F	**Pump test**

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.

Publicly available GIS data was used to map tax lots, roads, section lines, and water courses. POA, POU, and meter location mapped using Google Earth aerial photographs.

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

Attachment A: Claim of Beneficial Use Map

Attachment B: Permit G-15094

STATE OF OREGON

COUNTY OF WASCO

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

LESTER G. LINDELL
PO BOX 455 (541) 467-2428
DUFUR, OREGON 97021

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-15299

SOURCE OF WATER: TWO WELLS IN FIFTEEN MILE CREEK BASIN

PURPOSE OR USE: IRRIGATION OF 245.0 ACRES AND TEMPERATURE CONTROL

MAXIMUM RATE: 3.06 CUBIC FEET PER SECOND

PERIOD OF USE: YEAR ROUND

DATE OF PRIORITY: JANUARY 16, 2001

WELL LOCATIONS:

WELL 1: NW ¼ SE ¼, SECTION 4, T2S, R13E, W.M.; 2075 FEET NORTH & 1820 FEET WEST FROM SE CORNER, SECTION 4

WELL 2: SW ¼ NW ¼, SECTION 3, T2S, R13E, W.M.; 3130 FEET NORTH & 100 FEET EAST FROM SW CORNER, SECTION 3

The amount of water used for irrigation under this right, together with the amount secured under any other right existing for the same lands, is limited to a diversion of ONE-EIGHTIETH of one cubic foot per second (or its equivalent) and 3.0 acre-feet for each acre irrigated during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

SW ¼ NW ¼ 12.0 ACRES
NW ¼ SW ¼ 30.0 ACRES
SW ¼ SW ¼ 13.2 ACRES
SECTION 3

SE ¼ NE ¼ 0.7 ACRE
NE ¼ SE ¼ 9.7 ACRES
NW ¼ SE ¼ 1.5 ACRES
SW ¼ SE ¼ 38.7 ACRES
SE ¼ SE ¼ 40.0 ACRES
SECTION 4

NE ¼ NE ¼ 38.7 ACRES
NW ¼ NE ¼ 40.0 ACRES
SW ¼ NE ¼ 13.2 ACRES

SE ¼ NE ¼ 0.3 ACRE
SECTION 9

NW ¼ NW ¼ 7.0 ACRES
SECTION 10
TOWNSHIP 2 SOUTH, RANGE 13 EAST, W.M.

Measurement, recording and reporting conditions:

A. Before water use may begin under this permit, the permittee shall install a meter or other suitable measuring device as approved by the Director. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water use information, including the place and nature of use of water under the permit.

B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

STANDARD CONDITIONS

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The wells shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

The Director finds that the proposed use(s) of water described by this permit, as conditioned, will not impair or be detrimental to the public interest.

Complete application of the water to the use shall be made on or before October 1, 2006. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued June 28, 2002

Dwight Stahl for

Paul R. Cleary, Director
Water Resources Department

NOTE: Pursuant to ORS 537.330, in any transaction for the conveyance of real estate that includes any portion of the lands described in this permit, the seller of the real estate shall, upon accepting an offer to purchase that real estate, also inform the purchaser in writing whether any permit, transfer approval order, or certificate evidencing the water right is available and that the seller will deliver any permit, transfer approval order or certificate to the purchaser at closing, if the permit, transfer approval order or certificate is available.

GROUNDWATER APPROPRIATION APPLICATION MAP

FOR LESTER G. LINDELL
LOCATED IN SECTIONS 3, 4, 9, & 10
TOWNSHIP 2 SOUTH, RANGE 13 EAST, W.M.
WASCO COUNTY
NOVEMBER 22, 2000

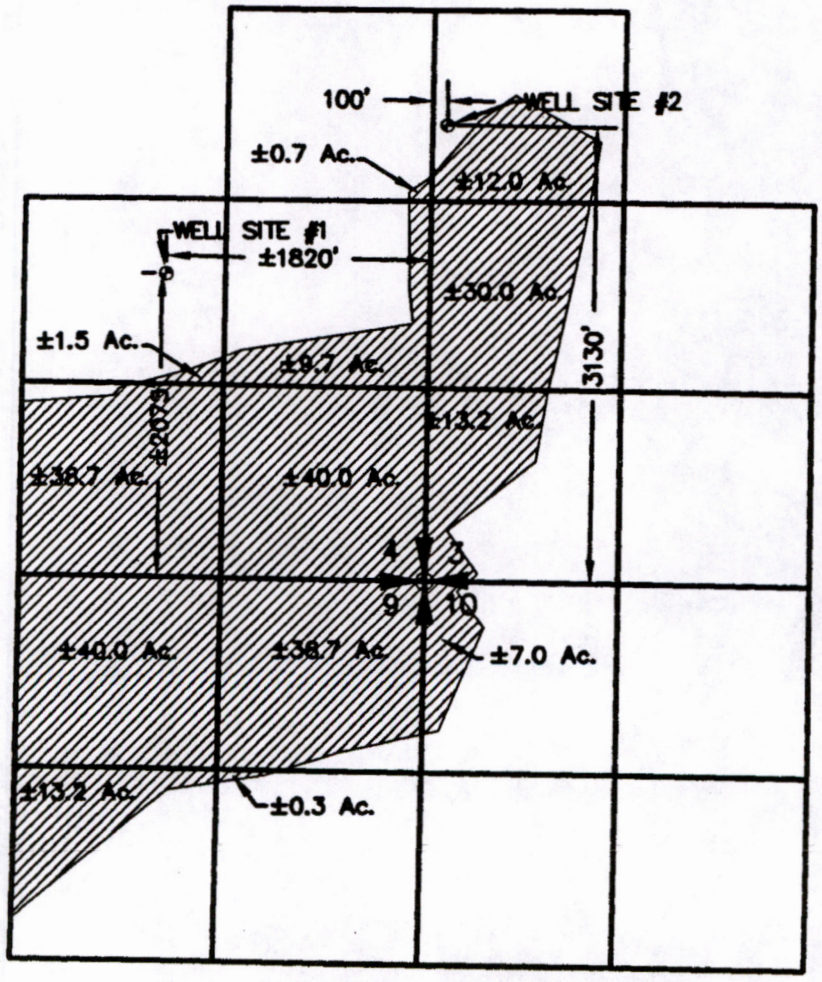
LEGEND:

IRRIGATION
PROPOSED AREA OF USE
(245.0 ACRES TOTAL)

Certified Water Right Examiner
#137
Thomas A. Walker
Nov. 19, 1987
STATE OF OREGON
EXPIRES 6-30-02

NOTE: ALL LANDS ARE WITHIN WASCO COUNTY TAX LOT #400

1. THIS MAP WAS PREPARED FOR THE PURPOSE OF IDENTIFYING THE LOCATION OF WATER RIGHTS. THIS MAP IS NOT INTENDED TO PROVIDE DIMENSIONS OR THE LOCATION OF PROPERTY OWNERSHIP LINES.



1" = 1320'

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RECEIVED
JAN 22 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Attachment C: Well Log WASC_50922

RECEIVED WASC 50922

FEB 21 2001

WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 45711
START CARD # 136090

(1) LAND OWNER Well Number
Name MCCLASKEY ORCHARDS
Address 4575 BROWNS CREEK RD.
City THE DALLES State OR Zip 97058

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 575 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
24"	0	4	Cem/Bent	0	4	38 sks w/gel
20"	4	39	Cem/Bent	0	39	97 sks w/gel
15"	39	420	Cem/Bent	0	420	130 sks w/gel
12"	420	561				
10"	561	575				

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:	20"	0	4	375	☒	☐	☒	☐
	16"	+1	39	250	☒	☐	☒	☐
	12"	+4	419	250	☒	☐	☒	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s)

(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
1580+		500 & 575	4 HRS.
1400		400	2 HRS.
660		200	2 HRS.

Temperature of water 70°F Depth Artesian Flow Found
Was a water analysis done? ☒ Yes By whom AMJ
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☒ Other interference
Depth of strata: 129-134/286-375/403-409

(9) LOCATION OF WELL by legal description:
County WASCO Latitude Longitude
Township 2S N or S Range 13E E or W. WM.
Section 4 NW 1/4 SE 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest address) 82452 RAIL HOLLOW RD DUFUR, OR

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 02/16/01
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found Seep water @ 2-3'/129/440'

From	To	Estimated Flow Rate	SWL
440	496	200 gpm	106
496	553	300 "	106
553	572	1000+ "	106

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Blk basalt boulders&gravel w/brown clay	0	7	2-3'
Blk basalt blocks w/brn cly	7	12	2-3'
Gry-blk basalt,hard,frac.	12	18	
Brn basalt & lava,bkn	18	23	
Brn&gry-brn basalt,hard,frac	23	50	
Gry-black basalt,hard, (columbar)	50	129	
Brn basalt brkn	129	134	89'
Blk&gry-blk basalt,hard (Occ.columbar)	134	286	
Brn basalt&lava,brkn.w/stks of blk&gry-blk basalt	286	375	70'
Gry claystone	375	377	
Blue-blk clystn.ash bed	377	403	
Blk basalt,brkn,occ lava	403	409	100'
Gry-blk basalt,hard(columbar)	409	496	106'
Gry-blk basalt w/mineral seams,fracs.	496	520	"
Blk-gry basalt w/opn cracks	520	553	106'

Date started 10/02/00 Completed 02/16/01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 573
Signed Date 02/19/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

RECEIVED WASC 50922

FEB 2 1 2001
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the reverse side of this form.

PAGE 2
WELL I.D. # L 45711
START CARD # 136090

(1) LAND OWNER Well Number
Name MCCLASKEY ORCHARDS
Address 4575 BROWNS CREEK RD.
City THE DALLES State OR Zip 97058

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 575 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

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

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s)

(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
			1 hr.

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

(9) LOCATION OF WELL by legal description:
County WASCO Latitude Longitude
Township 2S N or S Range 13E E or W. WM.
Section 4 NW 1/4 SE 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest address) 82452 RAIL HOLLOW RD DUFUR, OR

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 02/16/01
Artesian pressure lb. per square inch Date

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Gry-blk basalt,very brkn shattered	553	555	106'
Red-brown lava & basalt broken	555	562	106'
Gry-blk basalt w/occ.lava seams	562	572	106'
Gry-blk basalt,hard,frac.	572	575	

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Date started 10/02/00 Completed 02/16/01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 573
Signed Date 02/19/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

Attachment D: Tax Map

Attachment E: Water Use Report Based on Water Right

Water Use Report Based on Water Right

◉ excel
○ text

Permit: G 15094 *

LINDELL, ROBERT 82452 RAIL HOLLOW RD DUFUR, OR 97021

Records per page: 24 View All

Acre-feet (AF) of Water Used

Water Year*	Report ID	Facility	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Water Used	Irrigated Acres
2023	61493	PA WELL (WASC 50922/L-45711)	30.10	0.00	0.00	0.00	0.00	0.00	1.36	31.61	90.66	126.04	49.31	40.70	369.78	225.00
2022	61493	PA WELL (WASC 50922/L-45711)	30.08	0.00	0.00	0.00	0.00	0.00	1.53	13.45	60.61	109.17	83.22	57.83	355.89	225.00
2021	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	40.58	101.72	76.75	102.23	91.23	30.84	443.35	225.00
2020	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	59.44	71.62	87.99	76.41	61.20	93.77	450.43	225.00
2019	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	3.16	76.35	128.26	84.96	89.54	59.22	441.49	225.00
2018	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	2.27	80.43	111.89	123.24	94.68	60.67	473.18	225.00
2017	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29.53	161.65	115.59	61.78	35.65	404.20	225.00
2016	61493	PA WELL (WASC 50922/L-45711)	30.84	0.00	0.00	0.00	0.00	0.00	0.00	53.40	132.66	49.13	92.18	61.64	419.86	225.00
2015	61493	PA WELL (WASC 50922/L-45711)	30.55	0.00	0.00	0.00	0.00	0.00	41.20	107.98	99.47	141.61	59.82	29.71	510.35	
2014	61493	PA WELL (WASC 50922/L-45711)	4.63							78.33	100.03	92.45	92.68	60.45	428.56	93.00
2013	61493	PA WELL (WASC 50922/L-45711)	30.76	0.00	0.00	0.00	0.00	0.00	11.08	83.76	72.96	86.62	120.39	61.00	466.57	
2012	61493	PA WELL (WASC 50922/L-45711)	5.37	0.00	0.00	0.00	0.00	0.00	0.00	51.13	83.93	80.96	48.36	60.85	330.62	
2011	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	13.18	0.00	90.24	103.41	59.75	61.52	328.11	
2010	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	7.71	54.18	52.24	134.60	95.60	36.54	380.87	
2009	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.17	89.35	93.07	82.24	81.57	381.40	

2008	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	59.44	16.07	72.32	93.47	83.10	22.96	347.35
2007	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	5.79	55.57	120.51	101.08	61.80	30.09	374.84
2006	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.75	92.53	92.09	89.39	66.77	355.52
2005	61493	PA WELL (WASC 50922/L-45711)							0.21	41.38	75.93	87.15	71.04	15.70	291.41
2005	61495	WELL 2 (PROPOSED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.05	4.05	3.92	12.02
2004	61493	PA WELL (WASC 50922/L-45711)	32.18	0.00	0.00	0.00	0.00	0.00	0.00	71.97	78.76	75.56	63.11	33.01	354.59
2004	61495	WELL 2 (PROPOSED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2003	61493	PA WELL (WASC 50922/L-45711)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.14	95.88	101.02	49.57	68.62	345.23
2003	61495	WELL 2 (PROPOSED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*The water year is named for the calendar year in which it ends. Example: the 2018 water year begins Oct. 1, 2017 and ends Sep. 30, 2018.

- The Water Resources Department makes reasonable efforts to screen the data for quality control; however, the Department cannot accept responsibility for errors, omissions, or accuracy of the information. Notification of any errors is appreciated. Send notifications to owrd.waterusereporting@water.oregon.gov or call 971-345-7489.
- Water use is reported by point of diversion (POD), rather than by water right.
- If a POD is shared with multiple water rights, it is not feasible to separate out the amount used under the water right being queried from water used by other rights using this same POD.
- Monthly amounts indicate:
  - For diverted rights, the total amount diverted during the month;
  - For storage rights, the amount generally stored in the reservoir/pond during the month, as represented by the volume of water impounded on approximately the same day each month.
- Water use amounts have all been converted to "acre-feet" (AF), regardless of the original measurement unit reported. One AF is the volume of water that will cover an acre of ground one foot deep = 325,850 gallons.
- Zeroes indicate that a report was received stating that no water was used during those months; if a year is not listed, no report of water use was received for that year.

Attachment F: Pump Test

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
McClaskey Orchard - Cherry Hill		541-298-6800	
Address: 4575 Browns Creek Rd			
City: The Dalles	State: OR	Zip: 97058	E-Mail: rachel@mcclaskeyorchards.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
Devin Springer		(SELECT)	
Company: Mather & Sons		Phone No.: 360-256-1310	Additional Contact No.:
Address: 12307 NE 95th St			
City: Vnacouver	State: WA	Zip: 98686	E-Mail: contact@matherpumps.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
	L- 45711		575'	McClaskey	02/16/2001	02/16/2001

(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)

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-	G-	T-		○ 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.*

☐ 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)

☐ Is there a lake, stream or other surface water body within ¼ 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 [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

☐ Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: _____
How far from the pumped well was water discharged? _____ ft.

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: _____ *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* 500 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:* _____

Pump Type: Turbine
HP: 250 Pump set at: 330 feet.
Pump idle time: 1 week

Discharge Measurement Method: _____
Flowmeter (if used):
Manufacturer: McCrometer *Serial #:* _____
Date Last Calibrated: _____ *Units:* GPM

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 4 feet.
Description (e.g., top port of 1 inch port pipe, west side) Soung port at well head

Time pump turned on: Date 10/1/24 Time 12:00
Time pump turned off: Date 10/1/24 Time 4:00
Total pumping time: 4 hours _____ minutes.

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

- ☑ 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_ROSs!-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: _____ DATE: 10-1-24

OWNER SIGNATURE: _____ DATE: _____

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

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 45711		575'	McClaskey Orchards	02/16/2001	9/30/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
9/30/24	12:00		196.5	0	Pre-test			
	12:01		196.5	0	Pre-test			
	12:02		196.5	0	Pre-test			
	12:03		237	1400	Pumping			
	12:04		237	1400	Pumping			
	12:05		237	1400	Pumping			
	12:10		237	1400	Pumping			
	12:15		237	1400	Pumping			
	12:20		237	1400	Pumping			
	12:25		237	1400	Pumping			
	12:30		237	1400	Pumping			
	1:00		237	1400	Pumping			
	1:30		237	1400	Pumping			
	2:00		237	1400	Pumping			
	2:30		237	1400	Pumping			
	3:00		237	1400	Pumping			
	3:30		237	1400	Pumping			
	4:00		237	1400	Pumping			
	4:00		237		Recovery			10 Seconds
	4:00		196.5		Recovery			

OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-					

Date	Time	Time Since Pumping Started (min)	**Depth to Water Below MP**	**Discharge Rate (gpm, cfs, _______)**	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments

Submittal Transmittal

AKS Engineering & Forestry LLC | 12965 SW Herman Rd. Suite 100 Tualatin, OR 97062

FROM: Steve Russell
AKS Engineering & Forestry LLC
12965 SW Herman Rd.
Suite 100
Tualatin, OR 97062
russells@aks-eng.com
503-563-6151

TO: n/a
Oregon Water Resources Department
725 Summer Street NE Suite A
Salem, OR 97301-1266
503-986-0900

PROJECT:	Water Rights - Lindell 11314	DATE SENT:	12/20/2024
SUBJECT:	COBU to OWRD	ID:	00001
PURPOSE:	For Review and Comment	VIA:	Mail

REMARKS: COBU to OWRD

CONTENTS

QTY:	DATED	DESCRIPTION:	ACTION:
1	12/19/2024	G-15094 COBU	

QTY:	DATED	DESCRIPTION:	ACTION:
1	12/19/2024	COBU check 1270	

Received
DEC 23 2024
OWRD

THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSE ONLY

0 485 970 1,940 Feet

T.2S. R.13E. W.M.
WASCO COUNTY
1" = 2000'

02S13E

1/29/2018

CANCELLED
600
1100
1300
1400
1500
1600
4500

02S13E