

**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.**

Received
JUL 11 2025
OWRD

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 # G-16199 | PERMIT # (IF APPLICABLE) G-15772 | PERMIT AMENDMENT # (IF APPLICABLE) T- |
|---------------------------------|--|---|

2. Property Owner (current owner information):

| | | | |
|--|--------------------|----------------------------------|---|
| APPLICANT/BUSINESS NAME Oregon Parks and Recreation Department | | PHONE NO. 541-390-9124 | ADDITIONAL CONTACT NO. 541-432-8855 |
| ADDRESS 72214 Marina Lane | | | |
| CITY Joseph | STATE OR | ZIP 97846 | E-MAIL Patricia.Bass@opr.d.oregon.gov |

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. **Each** permit holder of record must sign this form.

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

| | | |
|--|--------------------|---------------------|
| PERMIT HOLDER OF RECORD Oregon Parks and Recreation Department; Wallowa Lake Mgmt Unit | | |
| ADDRESS 72214 Marina Lane | | |
| CITY Joseph | STATE OR | ZIP 97846 |

| | | |
|--|-------|-----|
| ADDITIONAL PERMIT HOLDER OF RECORD N/A | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

4. Date of Site Inspection:

6/5/2025

OPRD has an approved Permit Extension of Time for this permit that extends the C-Date for this permit through October 1, 2019. This COBU demonstrates the beneficial water use that was developed by OPRD under this permit prior to October 1, 2019. This document provides system and well production records and information prior to the C-Date, as available, supplemented as necessary with current information for comparison purposes.

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

| NAME | DATE | ASSOCIATION WITH THE PROJECT |
|---------------|-----------|------------------------------|
| Brandon Payne | 6/5/2025 | Site Operator |
| Patricia Bass | 5/15/2025 | Park Manager |

6. County:

Wallowa

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 | | |
| CITY | STATE | ZIP |

Add additional tables for owners of record as needed

Received
JUL 11 2025
OWRD

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 Trevor Grandy | | PHONE NO. 971-200-8545 | ADDITIONAL CONTACT NO. |
| ADDRESS 147 SW Shevlin Hixon Dr. Suite 201 | | | |
| CITY Bend | STATE OR | ZIP 97702 | E-MAIL tgrandy@gsiws.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 |
|----------------------|----------------------|--|--------|
| <i>Patricia Bass</i> | Patricia Bass | OPRD Wallowa Lake Management Unit Manager | 7/3/25 |

Received
JUL 11 2025
OWRD

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 | WALL 655 | L-95239 |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings) **See Attachment B for Well Log**

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

| POA NAME OR NUMBER | SOURCE BASIN LOCATED WITHIN | TRIBUTARY |
|-----------------------|--------------------------------|-----------|
| Well 1 (A Well) | Wallowa River Basin | |

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 | Grass | April 1 to Sept. 30 | 0.14 cfs * |
| Total Quantity of Water Used | | | | 0.14 cfs |

*Rate measured through the flowmeter during the site inspection. The Park manager verified that the pumping system or irrigation system has not changed since the C-Date of 10/1/2019.

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

Water is pumped via a 3 Hp submersible pump from Well 1 to a galvanized steel "T" at the wellhead. Water from the north "T" is conveyed via 45 mm "K-line" PVC hose to ¾-inch brass impact sprinklers. The "K-line" PVC is above-ground and park staff move the location of the sprinklers throughout the place of use. Water from the south "T" is conveyed via buried 2.5-inch PVC to two spigots at the boat launch office. The Park Host volunteer and staff irrigate the place of use near the boat launch with two 1-inch garden hoses and 2 sprinklers. Both "T's" are metered separately.

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

(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 permit authorized 13.5 acres of irrigation. OPRD only developed 12.9 of the authorized 13.5 acres. In addition, the final irrigated place of use following completion of the site development differs slightly from the authorized POU shown on the permit map. The entire POU is within OPRD-owned land and the park boundary. In addition, the POU map reflects the current PLSS files which appear to vary slightly from that shown on the application map. The COBU map provided in Attachment A displays the irrigated areas prior to October 1, 2019.

Additionally, the permit authorizes up to 0.89 cfs for commercial use. The water user did not develop commercial use under this 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 | 0.89 cfs - Commercial | Not Developed | Not Developed | Commercial | NA | NA |
| | 0.17 cfs - Irrigation | 0.14 cfs | 0.14 cfs | Irrigation | 13.5 | 12.9 |

Received
JUL 11 2025
OWRD

SECTION 4
SYSTEM DESCRIPTION

Received
JUL 11 2025
OWRD

Are there multiple POAs?

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?

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 |
|-----------------------|------|------|-----|------|------|-----|------------|--------------------------------------|---|
| 2 N | 41 E | W.M. | 29 | SWNW | | | Irrigation | 6.0 | |
| 2 N | 41 E | W.M. | 29 | NWSW | | | Irrigation | 6.65 | |
| 2 N | 41 E | W.M. | 29 | NESW | | | Irrigation | 0.25 | |
| Total Acres Irrigated | | | | | | | | 12.9 | |

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

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-inch threaded PVC measuring port located on the top of the well cover

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 |
|--------------------|-----------------|----------------|--|---------------------------------------|---------------------------------|--------------------|
| 8-inch | 141 ft | 705 ft | 8/19/1992 | N/A | U.S. Dept. of Energy | Patrick Wallace |

See attachment B for the Well Log WALL 655

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.

See attachment B for the Well Log WALL 655, L-95239

Received

JUL 11 2025

OWRD

NO

C. Groundwater Source Information (Sump)**1. Is the appropriation from a dug well (sump)?**

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used?

YES

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 |
|--------------|---------|---------------|--|-------------|----------------|
| Sta-Rite | L30P4HH | | Submersible | 4-inch | 2-inch |

3. Motor Information:

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Franklin | 3 Hp |

4. Theoretical Pump Capacity:

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP *If a well, the water level during pumping | LIFT FROM PUMP TO PLACE OF USE | TOTAL PUMP OUTPUT (IN CFS) |
|------------|---------------|---|-----------------------------------|----------------------------------|
| 3 Hp | 40 psi | 29 | N/A | 0.14 cfs |

5. Provide pump calculations:

$Q_{\text{pump}} = (\text{Hp})(\text{efficiency}) / (\text{lift} + \text{psi head})$
 Turbine efficiency = 7.04 ft⁴ lb/sec/Hp (figure provided by OWRD)
 $(3)(7.04) / (29)(50 \times 2.54) = 0.14 \text{ cfs}$
 $0.14 \text{ cfs} \times 448.8 \text{ gpm/cfs} = 62.8 \text{ gpm}$
 (See Attachment C pump capacity calculation sheet)

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) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| 69 gal | 130 gal | 1 min | 0.14 cfs * |

*Pump Capacity measured during site visit on June 30, 2025

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?

YES

If "NO" items 8 through item 13 may be deleted.

8. Mainline Information:

| MAINLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|---------------|-----------|--------------|------------------------|
| 45-millimeter | 750 yards | "K-Line" PVC | Above |
| 2.5-inch | 350 feet | PVC | Below |

9. Lateral or Handline Information:

| LATERAL OR HANDLINE SIZE | LENGTH | TYPE OF PIPE | BURIED OR ABOVE GROUND |
|--------------------------|----------|--------------|------------------------|
| 0.5 to 1-inch | 800 feet | Garden hose | Above |

10. Sprinkler Information:

| SIZE | OPERATING PSI | SPRINKLER OUTPUT (GPM) | TOTAL NUMBER OF SPRINKLERS | MAXIMUM NUMBER USED | TOTAL SPRINKLER OUTPUT (CFS) |
|--------|---------------|------------------------|----------------------------|---------------------|------------------------------|
| ¾-inch | 50 psi | 7.2* | 9 | 9 | 0.14 cfs |

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

*Sprinkler output chart and specifications provided in Attachment D

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)?

NO

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

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?

NO

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

G. Gravity Flow Canal or Ditch

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

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

NO

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

Received

JUL 11 2025

OWRD

H. Additional notes or comments related to the system:

The POA location description on Permit G-15772 is measured from the SW Corner of Section 29. The COBU maps include a location description from the West Corner of Section 29 to fit the POU and measurement point on a 1-inch = 400-feet scale map. The permittee would prefer the POA location description from the West Corner of Section 29 is used if a certificate is issued for Permit G-15772.

Received
JUL 11 2025
OWRD

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 | 11/18/2004 | | |
| BEGIN CONSTRUCTION (A) | N/A | | |
| COMPLETE CONSTRUCTION (B) | N/A | | |
| COMPLETE APPLICATION OF WATER (C) | Extended to 10/1/2019 | June 2014 | Maximum application of water to irrigation place of use, water user following all permit/extension conditions. |

* 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

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

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

b. Were the Progress Reports submitted?

NO

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

Progress Reports are provided in Attachment E

3. Initial Water Level Measurements:

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

YES

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

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

March

c. Was the measurement submitted to the Department?

YES

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

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

Received

JUL 11 2025

OWRD

4. Annual Static Water Level Measurements:

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

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**

d. If "YES", were those measurements submitted to the Department? **YES**

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**

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**

c. Is the pump test attached to this claim? **YES**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO**

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

A copy of the pump test submitted to OWRD is provided in Attachment F

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**

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**

c. Meter Information

| POD/POA NAME OR # | MANUFACTURER | SERIAL # | CONDITION (WORKING OR NOT) | CURRENT METER READING | DATE INSTALLED |
|----------------------|--------------|-----------|-------------------------------|--------------------------|----------------|
| Well 1 – North T | Sensus | 95362639* | Working | 69 gallons | 12/15/2024 |
| Well 1 – South T | Master Meter | 6919952 | Working | 14,954,268 gal | 2010 |

***The original Sensus meter (S/N 75980210) on the North T was installed by June 2014 and replaced on December 15, 2024**

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

Received

JUN 11 2025

OWRD

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **YES**

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

b. Have the reports been submitted? **YES**

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? **NO**

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

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

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

| WELL ID # | DATE ATTACHED TO WELL |
|-----------|-----------------------|
| L-95239 | March 2008 |

e. Other conditions? **YES**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Several "standard conditions" are included on Permit G-15772 including well construction/location deviation, substantial interference with senior water rights, well construction standards, as well as several other standard conditions. The permittee is either in compliance with these conditions or the conditions do not apply (i.e. water use rotation agreement).

Additionally, Permit G-15772 includes condition limiting/discontinuing the use of water under the permit if annual water level measurements reveal certain drawdown events. Annual water level measurements from Well 1 display none of the events described in this condition have occurred.

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 | WALL 655 Well Log |
| Attachment C | Theoretical Pump Calculation Worksheet |
| Attachment D | Rainbird ¾-inch Inlet Brass Impact Sprinkler Capacity Chart |
| Attachment E | 2014 and 2019 Progress Reports for Permit G-15772 |
| Attachment F | Copy of June 5, 2025 Pump Test; Submitted to OWRD July 7, 2025 |

Received

JUL 11 2025

OWRD

Received

JUL 11 20

OWRD

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.

Oregon Parks and Recreation Department supplied information for the water system components and component locations prior to October 1, 2019. During the site inspection the CWRE surveyed the system component locations. The COBU map was created by GSI Water Solutions, Inc. mapping staff using Geographic Information System (GIS) software. The georeferenced data sources used in creating the COBU map are described on the map. Additional data and information specific to the permittee's wells, place of use, and the permittee's use of water under the water right described in this Claim of Beneficial Use report were obtained from the permittee.

Received

JUL 11 2025

OWRD

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

Received
JUL 11 2025
OWRD

Received

JUL 11 2025

OWRD

Attachment A

Claim of Beneficial Use Maps

Claim of Beneficial Use: Permit G-15772 - Oregon Parks and Recreation Department

Received

JUL 11 2025

OWRD

Attachment B

OWRD Water Well Report: WALL 655

Claim of Beneficial Use: Permit G-15772 – Oregon Parks and Recreation Department

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

WALL WALL 655
655

OCT 12 1992

WATER RESOURCES (START CARD) #

41992 (Pg. 1)

(1) OWNER:

Name U.S. Dept. of Energy, Bonneville Power
Address P.O. Box 3621
City Portland State OR Zip 97208

Well Number

(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 Exploratory

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 705 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|-----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 12" | 0 | 141 | Cement | 0 | 141 | 69 sacks |
| 8" | 141 | 705 | | | | |

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:

| Casing: | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | | | | |
| | 8" | +1 | 141 | .230 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/plpe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 800+ | | 705 | 1 hr. |
| | | | |
| | | | |

Temperature of Water 72° 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 Wallowa Latitude _____ Longitude _____
Township 2N N or S. Range 41E E or W. WM. _____
Section 29 NW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date 8-19-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 249

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 249 | 256 | 60 | 29 |
| 287 | 329 | 150 | 29 |
| 525 | 542 | 300 | 29 |
| 611 | 653 | 300 | 29 |

(12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|----------------------|------|-----|-----|
| Brown clay | 0 | 1 | |
| Gravel | 1 | 29 | |
| Gravel & brown clay | 29 | 40 | |
| Brown basalt | 40 | 67 | |
| Gray basalt | 67 | 78 | |
| Red & brown basalt | 78 | 82 | |
| Red & green basalt | 82 | 84 | |
| Brown basalt | 84 | 97 | |
| Black basalt | 97 | 116 | |
| Black & brown basalt | 116 | 131 | |
| with green soapstone | | | |
| Gray basalt | 131 | 157 | |
| Red & brown basalt | 157 | 164 | |
| Gray basalt | 164 | 191 | |
| Brown basalt with | 191 | 196 | |
| yellow soapstone | | | |
| Gray basalt | 196 | 249 | |
| Red basalt | 249 | 256 | W1 |
| Brown basalt | 256 | 270 | |
| Gray basalt | 270 | 287 | |

(Cont. Pg. 2)

Date started 8-10-92 Completed 8-19-92

(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. Material used and information reported above are true to my best knowledge and belief.

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.

Signed Petrick Wallace WWC Number 121
Date 9-1-92

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

(START CARD) #

2N/41E/29C
41992 (Pg. 2)

(1) OWNER:

Name U.S. Dept. of Energy, BPA Well Number _____
Address P.O. Box 3621
City Portland State OR Zip 97208

(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 Exploratory

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 705 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

| HOLE | | SEAL | | Amount | |
|----------|---------|----------|---------|-----------------|--|
| Diameter | From To | 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: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(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 Wallowa Latitude _____ Longitude _____
Township 2N N or S. Range 41E E or W. WM.
Section 29 NW SW SW
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Minam, OR

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date 8-19-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 249

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

(12) WELL LOG:

WATER RESOURCES DEPT.
Ground elevation _____
SALEM, OREGON

| Material | From | To | SWL |
|--|------|-----|-----|
| Red & brown basalt with green & yellow soapstone | 287 | 329 | WB |
| Black basalt | 329 | 333 | |
| Red basalt | 333 | 340 | |
| Gray basalt | 340 | 412 | |
| Red & brown basalt | 412 | 448 | |
| Brown basalt | 448 | 456 | |
| Gray basalt | 456 | 525 | |
| Red basalt with yellow soapstone | 525 | 542 | WB |
| Brown basalt with yellow soapstone | 542 | 586 | |
| Gray basalt | 586 | 611 | |
| Red & brown basalt | 611 | 653 | WB |
| Gray basalt | 653 | 677 | |
| Gray basalt with green soapstone | 677 | 705 | |
| | | | |
| | | | |
| | | | |
| | | | |

Date started 8-10-92 Completed 8-19-92

(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. Material used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date JUL 11 2025

(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.

Signed Patricia Walker WWC Number 1216
Date 9-1-92



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Received

JUL 11 2025

OWRD

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): Oregon Parks & Recreation Dept.
Mailing Address: 725 Summer St. NE Suite C
City, State, Zip: Salem, OR 97301
Mailing Address (to send Well I.D.): 72214 Marina Lane
City, State, Zip: Joseph, OR 97846

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: _____ (North/South) Range: _____ (East/West) Section: _____
Tax Lot: _____ County: _____ 1/4 _____ 1/4
Street Address of Well, City: _____
Owner at time the well was constructed, (if known): _____
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): Cynthia A. Hutton, Program Coordinator

PHONE: (541) 523-2499 FAX: (541) 523-2884

Or: contact Jim Hutton NE District Manager (541) 983-2277 ext. 24

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification #:

WALL 65595239

RECEIVED

JAN 31 2008

WATER RESOURCES DEPT
SALEM, OREGON

Received

JUL 11 2025

OWRD

Attachment C

Theoretical Pumping Calculations

Claim of Beneficial Use: Permit G-15772 – Oregon Parks and Recreation Department

Pump Capacity Calculation Sheet

using Department designed formula:

Well 1

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

Efficiency:

Centrifugal = 6.61

Turbine = 7.04

Data Entry (fill in underlined blanks)

HP = 3
Efficiency = 7.04
Lift = 29
PSI = 50

Results Calculated

$(hp)(\text{efficiency}) = 21.12$
Head based on psi = 127.0
Total dynamic head = 156.0
(head + lift)

Pump Capacity = 0.14 feet per second

Received

JUL 11 2025

OWRD

Received

JUL 11 2025

OWRD

Attachment D

Rainbird $\frac{3}{4}$ -inch Inlet Brass Impact Sprinkler Capacity Chart

Claim of Beneficial Use: Permit G-15772 – Oregon Parks and Recreation Department



Learn Shop Repair About

Search entire store here...



Home > 35ADJTNTB - 3/4" Inlet Brass Impact Sprinkler

35ADJTNTB - 3/4" Inlet Brass Impact Sprinkler

★★★★★ 11 Reviews

\$59.99

IN STOCK

SKU#: A38890

List Price ~~\$85.99~~

Qty

1



Add to Cart

ADD TO WISH LIST

ADD TO COMPARE



This product can expose you to chemicals including lead, which is known to the state of California to cause cancer and developmental harm. [More Information](#)

- The #1 best-selling brass impact sprinkler
- Traditional favorite with classic impact sound
- Brass, bronze, and stainless steel construction lasts longer than competitors' zinc sprinklers
- Easy to install and adjust; full (360°) or part circle (20° to 340°) coverage with infinite pattern adjustment
- Adjustable deflector flap adjusts spray distance from 23' to 50' radius
- High gallonage output; 3/4" male pipe thread connection

[Impact Sprinkler Troubleshooting Guide](#)

| 35A-ADJ-TNT-B | | | | | |
|----------------|--------|---------------|------------|-------------|-------------|
| Pressure (PSI) | Nozzle | Radius (Feet) | Flow (GPM) | Precip In/h | Precip In/h |
| 30 | — | 44 | 5.5 | 0.55 | 0.63 |
| 40 | — | 47 | 6.4 | 0.56 | 0.64 |
| 50 | — | 49 | 7.2 | 0.58 | 0.67 |
| 60 | — | 51 | 7.8 | 0.58 | 0.67 |



Received
JUL 11 2025
OWRD



Chat w

Received

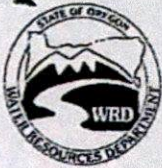
JUL 11 2025

OWRD

Attachment E

2014 and 2019 Progress Reports

Claim of Beneficial Use: Permit G-15772 – Oregon Parks and Recreation Department



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Received
JUL 11 2025
OWRD

Extension of Time
Progress Report Form
For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

RECEIVED

SEP 30 2014

Permit Holder: Oregon Parks and Rec Dept.; Wallowa Lake Management Unit
Application G-16199 Permit G-15772

Progress Report for 2014

Report Due no later than October 1, 2014

DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

WATER RESOURCES DEPT
SALEM, OREGON

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-15772.

FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION BEING DENIED.

| DATES | LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between September 11, 2009 and October 1, 2014 | FINANCIAL INVESTMENT |
|------------|---|-------------------------|
| April 2010 | Pump, controls and irrigation distribution system installed | \$13,000 |
| Aug. 2013 | Cattle fenced out and weed abatement in future camping area | \$14,130 |
| June 2014 | Road and parking improvements for future camping area | \$7500 |
| Aug. 2014 | Archaeological testing to allow water distribution to camp host area | \$13,000 |
| Sept. 2014 | Host site development, visitor contact area development | \$60,500 |

2. Describe actions to achieve compliance with conditions of the permit and/or previous extension.
Initial and annual static water level tests have been completed.
Water meter has been installed.
Application of irrigation water to assist in weed abatement has been within limits.

3. Total number of acres irrigated to date: 8 (NA if not applicable)

4. Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, to date.

Maximum rate used to date = .10 cfs (cubic feet per second)

or

Maximum rate used to date = _____ gpm (gallons per minute)

or

Acre Feet stored to date = _____ AF

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

INCOMPLETE REPORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM.

Signature Jim Hutton Date 9/30/14

Printed Name/Title Jim Hutton / Eastern District Manager

Diligence Shown ☒ Yes ☐ No

Date Public Noticed: 10-7-14

For OWRD use only

Reviewed by: Machelle Bamberg Date: 9-30-14



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Received
JUL 11 2025
OWRD

Extension of Time Progress Report Form For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: Oregon Parks and Recreation Dept.

Application G-16199

Permit G-15772

Report Due no later than October 1, 2019

Progress Report Form for 2019

As authorized in ORS 690-315-0050(6), this progress report is required in order to ensure diligence is exercised in the development and perfections of Permit G-11972

| INSERT DATES | LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between October 1, <u>2014</u> and October 1, <u>2019</u> | FINANCIAL INVESTMENT |
|--------------|--|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. **Compliance with terms and conditions of the permit and/or previous extension.**

Initial and static water level measurements have been completed and reported.

Water meter has been installed.

Application of irrigation water to assist with weed abatement has been within limits.

3. **Total number of acres irrigated to date= 12.9 (if applicable)**

4. **Provide the maximum rate, or duty if applicable, of water diverted for beneficial use under this permit, if any, made to date.**

Maximum rate used to date = 0.14 cfs (cubic feet per second), or

Maximum rate used to date = _____ gpm (gallons per minute), or

Acre Feet stored to date = _____ AF

Report the rate in the same units of measurement as specified in the permit, being cfs (cubic feet per second), gpm (gallons per minute) or AF (acre-feet). Do not provide daily, monthly or annual water volume totals.

Signature Patricia Bass

Date 7/3/25

For OWRD use only

Diligence Shown ☐ Yes ☐ No

Date Public Noticed: _____

Reviewed by: _____

Date: _____

Received

JUL 11 2025

OWRD

Attachment F

Copy of Pump Test Submitted to OWRD

Claim of Beneficial Use: Permit G-15772 – Oregon Parks and Recreation Department



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM CRITERIA

Pump tests are intended to provide aquifer & well information for groundwater resource characterization & to help solve well problems.

Forms can be sent to:

WRD_DL_pumptestsupport@water.oregon.gov

This pump test workbook contains 3 sheets (not including this sheet).

Cover Sheet

Methods Sheet

Data Sheet

*clickable shortcuts

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 minutes for the first 10 minutes, ≤ 5 mins for 10-30 mins, and ≤ 15 mins 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% of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an e-tape & 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 well constructors, Oregon registered professional geologists or engineering geologist, Certified water rights examiners, Oregon registered professional engineers)

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

[Pump test requirements for OAR 690-217 can be found online here.](#)

Received
JUL 11 2025
OWRD

Received

JUL 11 2025



OREGON
WATER
RESOURCES
DEPARTMENT

OWRD

PUMP TEST FORM
COVER SHEET

Owner / Business :

Name
OR Parks & Recreation Dept.

Phone Number
503-986-0707

Owner Street Address
725 Summer St NE, Ste C

State
Oregon

City
Salem

Zip
97301

If different from owner,

Test Conducted By
Trevor Grandy

Qualifications
Professional Geologist

License #
G2765

Company
GSI Water Solutions

Phone Number
971-200-8545

Company Street Address
147 SW Shevlin Hixon Dr. Suite 201

Company State & Zip
Bend, OR 97702

E-mail
tgrandy@gsiws.com

Tested Well Information :

Well Log
WALL

Well Log #
655

Well Tag L-#
95239

Date Drilled
8/19/1992

TWP RNG SEC QQ
2N-41E-29-NWSW

Surveyed Location
2000 ft N, 1150 ft E from SW corner Section 29

Latitude
45.623

Longitude
-117.7227

Water Right(s) Information : include letter in front (ex. G-xxxxx)

Application
G-16199

Permit
G-15772

Transfer

Certificate

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

Trevor Grandy

Operator Initials: TG

Date: 6/5/2025

Owner Initials: PB

Date: 7/3/2025



OREGON
WATER
RESOURCES
DEPARTMENT

PUMP TEST FORM
METHOD SHEET

1 Are there any wells, other than domestic or stock wells, within 1000' of the tested well? no

2 If yes, identify the well by OWRD log number. Note the approximate distance to each well from tested well and approximate pumping rate.

| Well Log | Distance From Pumped Well | Date & Time Pump On | Pumping Rate |
|----------|---------------------------|---------------------|--------------|
| | ft | | gpm |
| | ft | | |
| | ft | | |
| | ft | | |

3 Is there a lake, stream, or other surface water body within 1/4 mile of the tested well? yes

| Approx. Distance | Approx. Elevation Difference |
|------------------|------------------------------|
| 200 ft | 23 ft |

4 Was the test conducted during normal use of the well? yes

Where pumped water was discharged?

Irrigation sprinklers

How far from pumped well was water discharged?

100-1000 ft

5

Water-Level Measurement Method

Electric Tape

If other, please state:

N/A

If airline used, give length (ft)

*Airline mmt must be verified by an e-tape mmt.

Verify Airline here:

N/A psi ft
E-tape ft

If Pressure Transducer used,

Manufacturer:

N/A

Serial #:

Date Last Calibrated:

Units:

Pump Type

Submersible

If other, what pump type?

N/A

Pump HP

3 Hp

Pump Set

180 ft

Idle Time unit

20 hours

Discharge Method

Flowmeter

If Flowmeter used,

Manufacturer:

Sensus

Serial #:

95362639

Date Last Calibrated:

12/15/2024

Units:

(gpm) gallons per minute

Measuring Point (MP)

1.00 ft

above

land surface

Description of MP

Threaded PVC measurement port

Time Pump Turned On

Date

6/5/2025

Time

8:47

Time Pump Turned Off

Date

6/5/2025

Time

12:49

Total Pumping Time

Hours

4

Minutes

2

Received
JUL 11 2025
OWRD



OREGON
WATER
RESOURCES
DEPARTMENT

Received
JUL 11 2025
OWRD

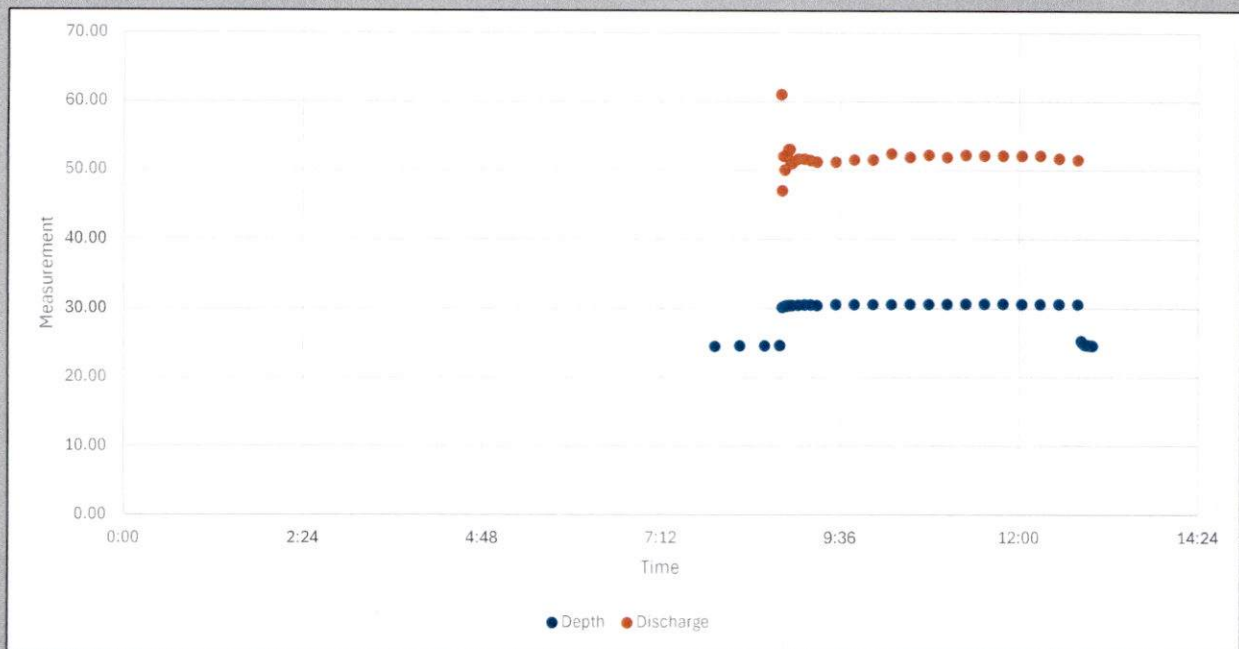
PUMP TEST FORM
DATA SHEET

Excel Tips:

1. **Duplicate** cells by dragging bottom right corner of 2 highlighted cells of the same data
2. Quick **time format** cells by highlighting the cells with the time difference needed and dragging bottom right corner of highlighted cells (ex. 10:00 & 10:02 (highlight cells) > 10:04 (next cell))
3. Rows are can be added and deleted.
4. To save on paper, make sure to delete excess, unused rows prior to **printing**

*Measurements in decimal foot

| Date | Time | Depth to Water Below MP | Discharge Rate | Units | Pump ON / OFF | Airline (psi) | Flowmeter | Units | Comments |
|----------|-------|-------------------------|----------------|-------|---------------|---------------|-----------|--------|---|
| 6/5/2025 | 7:55 | 24.50 | | | off | | | | |
| 6/5/2025 | 8:15 | 24.60 | | | off | | | | |
| 6/5/2025 | 8:35 | 24.60 | | | off | | | | |
| 6/5/2025 | 8:47 | 24.62 | | | off | | 0 | | Pump turned on |
| 6/5/2025 | 8:48 | | 61 | | on | | 61 | gallon | Used test function on flowmeter to set start of test at 0 gallons |
| 6/5/2025 | 8:49 | 30.17 | 47 | | on | | 108 | gallon | |
| 6/5/2025 | 8:50 | 30.28 | 52 | | on | | 160 | gallon | |
| 6/5/2025 | 8:51 | 30.32 | 50 | | on | | 210 | gallon | |
| 6/5/2025 | 8:52 | 30.41 | 52 | | on | | 262 | gallon | |
| 6/5/2025 | 8:53 | 30.39 | 52 | | on | | 314 | gallon | |
| 6/5/2025 | 8:54 | 30.43 | 53 | | on | | 365 | gallon | |
| 6/5/2025 | 8:55 | 30.43 | 53 | | on | | 418 | gallon | |
| 6/5/2025 | 8:56 | 30.43 | 51 | | on | | 469 | gallon | |
| 6/5/2025 | 8:57 | 30.45 | 51 | | on | | 520 | gallon | |
| 6/5/2025 | 9:02 | 30.50 | 51.6 | | on | | 778 | gallon | |
| 6/5/2025 | 9:07 | 30.54 | 51.6 | | on | | 1036 | gallon | |
| 6/5/2025 | 9:12 | 30.55 | 51.4 | | on | | 1293 | gallon | |
| 6/5/2025 | 9:17 | 30.48 | 51.2 | | on | | 1549 | gallon | |
| 6/5/2025 | 9:32 | 30.58 | 51.2 | | on | | 2317 | gallon | |
| 6/5/2025 | 9:47 | 30.60 | 51.5 | | on | | 3089 | gallon | |
| 6/5/2025 | 10:02 | 30.62 | 51.5 | | on | | 3862 | gallon | |
| 6/5/2025 | 10:17 | 30.64 | 52.4 | | on | | 4648 | gallon | |
| 6/5/2025 | 10:32 | 30.65 | 51.9 | | on | | 5395 | gallon | |
| 6/5/2025 | 10:47 | 30.67 | 52.2 | | on | | 6103 | gallon | |
| 6/5/2025 | 11:02 | 30.66 | 51.9 | | on | | 6802 | gallon | |
| 6/5/2025 | 11:17 | 30.71 | 52.2 | | on | | 7513 | gallon | |
| 6/5/2025 | 11:32 | 30.71 | 52.1 | | on | | 8219 | gallon | |
| 6/5/2025 | 11:47 | 30.70 | 52.1 | | on | | 8918 | gallon | |
| 6/5/2025 | 12:02 | 30.66 | 52.1 | | on | | 9629 | gallon | |
| 6/5/2025 | 12:17 | 30.65 | 52.1 | | on | | 10326 | gallon | |
| 6/5/2025 | 12:32 | 30.65 | 51.7 | | on | | 11029 | gallon | |
| 6/5/2025 | 12:47 | 30.64 | 51.5 | | on | | 11793 | gallon | |
| 6/5/2025 | 12:49 | | | | off | | 11883 | gallon | Pump turned off |
| 6/5/2025 | 12:50 | 25.33 | | | off | | | | |
| 6/5/2025 | 12:51 | 25.02 | | | off | | | | |
| 6/5/2025 | 12:52 | 24.88 | | | off | | | | |
| 6/5/2025 | 12:53 | 24.75 | | | off | | | | |
| 6/5/2025 | 12:54 | 24.71 | | | off | | | | |
| 6/5/2025 | 12:55 | 24.68 | | | off | | | | |
| 6/5/2025 | 12:56 | 24.66 | | | off | | | | |
| 6/5/2025 | 12:57 | 24.63 | | | off | | | | |
| 6/5/2025 | 12:58 | 24.63 | | | off | | | | |
| 6/5/2025 | 12:59 | 24.59 | | | off | | | | 100% recovery |



*Rough hydrograph using the Data Sheet to use as a review reference of the data entered.

Received
JUL 11 2025
OWRD



July 7, 2025

Oregon Water Resources Department
ATTN: Mr. Gerry Clark
725 Summer Street NE, Suite A
Salem, OR 97301

Subject: Claim of Beneficial Use for Permit G-15772 – Application G-16199
Oregon Parks and Recreation Department

Dear Gerry:

This Claim of Beneficial Use (COBU) is submitted on behalf of Oregon Parks and Recreation Department (OPRD) for Permit G-15772. The water user applied water authorized under Permit G-15772 to its maximum extent by June 2014.

The POA location description on Permit G-15772 is measured from the SW Corner of Section 29. The COBU maps include a location description from the West Corner of Section 29 to fit the POU and measurement point on a 1-inch = 400-feet scale map. Both location descriptions are an accurate summary of the location of the POA. The permittee would prefer the POA location description from the West Corner of Section 29 is used if a certificate is issued for Permit G-15772.

If you have any questions regarding the enclosed COBU, please call me at (971) 200-8545.

Sincerely,

A handwritten signature in blue ink, appearing to read "T. Grandy", is written over a faint, larger signature.

Trevor Grandy, RG, CWRE
GSI Water Solutions, Inc.

Enclosures: Claim of Beneficial Use for Permit G-15772
Check in the amount of \$230

CC: Patricia Bass, Oregon Parks and Recreation Department

Received
JUL 11 2025
OWRD