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 $345 must accompany this form for permits with priority dates of July 9, 1987, or later.

Enter the date the priority date of the permit:

10/25/2018

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 503-986-0900.

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

Received
OCT 14 2025
OWRD

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-18745	G-18722	N/A

2. Property Owner (current owner information):

Applicant/Business Name		Phone No.	Additional Contact No.
White Family Vineyards LLC, Attn: Bryan White		541-799-4441	
Address 13696 N Applegate Road			
City Grants Pass	State OR	Zip 97527	E-Mail tazzdoc@aol.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		
White Family Vineyards LLC		
Address 13696 N Applegate Road		
City Grants Pass	State OR	Zip 97527

Additional Permit Holder of Record		
Address		
City	State	Zip

4. Date of Site Inspection:

07/09/2025

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

Name	Date	Association with the Project
Craig Camp	7/9/2025	General Manager, Troon Vineyard
Garett Long	7/9/2025	Director of Agriculture, Troon Vineyard
R. Dave Urton	7/9/2025	Irrigation system designer, HydroFlow

6. County:

Jackson

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)): N/A

Owner of Record		
Address		
City	State	Zip

Add additional tables for owners of record as needed

Received
OCT 14 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

CERTIFIED WATER RIGHT EXAMINER
78185
THEODORE R RESSLER
JUNE 29, 2007
STATE OF OREGON
RENEWS: 12-31-2026

CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Theodore Ressler		**503-967-7050**	
ADDRESS **Summit Water Resources, LLC, 4784 SE 17th Ave, Suite 111**			
CITY **Portland**	STATE **OR**	ZIP **97202**	E-MAIL **tressler@summitwr.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
	Bryan White	**Member of White Family Vineyards LLC**	**9/25/2025**

Received
OCT 14 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	**JACK 14419**	**L68494**
Well 2	**JACK 58188**	**L82374**
Well 3	**JACK 33910**	**L66133**

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	**Groundwater**	**Slagle Creek Basin**
Well 2	**Groundwater**	**Slagle Creek Basin**
Well 3	**Groundwater**	**Slagle Creek 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	**Primary Irrigation**	**Vineyard, Orchard**	**Apr 1 to Oct 31**	**0.116 cfs**
Well 2	**Primary Irrigation**	**Vineyard, Orchard**	**Apr 1 to Oct 31**	**0.058 cfs**
Well 3	**Primary Irrigation**	**Vineyard, Orchard**	**Apr 1 to Oct 31**	**0.078 cfs**
Total Quantity of Water Used				**No more than 0.174 cfs**

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

Groundwater is appropriated from each well and is individually metered, and then combined prior filtration. The filtered water is conveyed to a 3,000-gallon poly-tank located in the fertility barn, which functions as a bulge in the system. Two irrigation supply pumps draw water from 3,000 gallon tank and convey it by pipe to the drip irrigation system used to irrigate the vineyard and orchard. Irrigation of the entire place of use is incrementally completed by zones using a computer-controlled system

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

5. Variations:

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

(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 allowed for 15.1 acres of irrigation. The water user only developed 10.66 acres.

Received
OCT 14 2025 WR
OWRD

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	0.116 cfs	0.18 cfs[1]	0.027 cfs[2]	Primary Irrigation	15.1	10.66
Well 2	0.058 cfs	0.089 cfs[1]	0.031 cfs[2]	Primary Irrigation		
Well 3	0.078 cfs	0.32 cfs[1]	0.063 cfs[2]	Primary Irrigation		

Notes:

[1] Theoretical pump capacity

[2] All three wells are operated with a variable frequency drive (VFD), with the flow rate at any one time being adjusted to supply the water needed by the system. At the time of observation, the wells were operated at a rate less than the full authorized rate of the permit because the irrigation system demand was less than maximum. As documented by the theoretical pump calculations, each well has the capacity to appropriate water at the full rate authorized by the permit.

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES

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 (JACK 14419)

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
37 S	4 W	W.M.	31	SWSW	--	39	IR	6.94	N/A
37 S	4 W	W.M.	31	SESW	--	39	IR	0.27	N/A
37 S	4 W	W.M.	6	NWNW	--	39	IR	3.45	N/A
Total Acres Irrigated								10.66	N/A

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.

Received
OCT 14 2025
OWRD

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

There is a 3/4-inch access port on the west side of the split-top sanitary seal. There is no access tube.

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
Well logs provided in Attachment 3						

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

Well logs provided in Attachment 3

C. Groundwater Source Information (Sump)

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

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

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

D. Diversion and Delivery System Information

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

1. Is a pump used? YES

If "NO" items 2 through item 9 may be deleted.

Received
OCT 14 2025
OWRD

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	18CS15	Not Available	Submersible	Unknown	1-1/4-inch

3. Motor Information:

Manufacturer	Horsepower
CentriPro	3

4. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
3	35[A]	29.5 ft[B]	0[C]	0.18 cfs

Notes

[A] Operating pressure measured on discharge mainline of each well prior to discharge to the manifold.

[B] Depth to water measured during pumping

[C] Lift downstream of pump discharge is a component of the measured operational pressure

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

5. Provide pump calculations:

$$Q_{Pump} = \frac{\text{(horsepower)(conversion factor)}}{\text{(lift + pressure) } \textit{total head in feet}} = \text{cfs}$$

Conversion Factor: Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4\text{/sec/Hp}$

$$Q_{Pump} = \frac{(3)(7.04)}{[(35 \times 2.54) + 29.5]} = 0.18 \text{ cfs}$$

***Assumed minor frictional losses (pump column) accounted for by the 2.54 ft/psi conversion factor (versus 2.31 ft/psi). Frictional losses in the transmission pipeline and additional lift downstream of the well discharge are a component of the pressure measured at the wellhead.**

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)
7,010,007 gallons	**7,010,066 gallons**	**5 minutes**	**12 gpm or 0.027 cfs**

Note: all three wells are operated with a variable frequency drive (VFD), with the flow rate at any one time being adjusted to supply the water needed by the system. At the time of observation, the wells were operated at a rate less than the full authorized rate of the permit because the irrigation system demand was less than maximum. As documented by the theoretical pump calculations, each well has the capacity to appropriate water at the full rate authorized by the permit.

7. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
N/A				

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

8. Provide pump calculations:

N/A

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
N/A			

10. Is the distribution system piped? **YES**

If "NO" items 11 through item 16 may be deleted.

Received
OCT 14 2025 WR
OWRD

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
2"	200'	PVC	Buried
3"	840'	PVC	Buried
4"	1600'	PVC	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
Not used			

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (gpm)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
Not used					

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (gpm)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
Not used					

15. 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
15	0.43	[4,356 ft per acre]	18,140	0.174	0.26 gph per emitter

The drip tube has integrated emitters at 15-ft spacing. Each emitter has a rate of 0.26 gph. The drip tube expends the full length of each row, from the end posts of each trellis. The vine row spacing (between trellises) is 8-ft. There are approximately 4,356 emitters per acre.

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
Not used				

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **NO**

Received
OCT 14 2025
OWRD

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

2. Storage Tank:

MATERIAL (CONCRETE, FIBERGLASS, METAL, ETC.)	CAPACITY (IN GALLONS)	ABOVE GROUND OR BURIED
Plastic	3,000 gallons	Above ground

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.

H. Additional notes or comments related to the system:

N/A

Received
OCT 14 2025
OWRD

Received
OCT 14 2025
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well 2 (JACK 58188)

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
37 S	4 W	W.M.	31	SWSW	--	39	IR	6.94	N/A
37 S	4 W	W.M.	31	SESW	--	39	IR	0.27	N/A
37 S	4 W	W.M.	6	NWNW	--	39	IR	3.45	N/A
Total Acres Irrigated								10.66	N/A

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:

There is a 3/4-inch access port on the southwest side of the split-top sanitary seal. There is no access tube.

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
Well logs provided in Attachment 3						

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

Well logs provided in Attachment 3

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

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

1. Is a pump used? **YES**

If "NO" items 2 through item 9 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	2823018314D	10GS20	Submersible	Unknown	2-inch

3. Motor Information:

Manufacturer	Horsepower
CentriPro	2

4. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
2	35 [A]	70.1 ft [B]	0 [C]	0.089 cfs

Notes
[A] Operating pressure measured on discharge mainline of each well prior to discharge to the manifold.
[B] Depth to water measured during pumping
[C] Lift downstream of pump discharge is a component of the measured operational pressure

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

5. Provide pump calculations:

$$Q_{Pump} = \frac{\text{(horsepower)(conversion factor)}}{\text{(lift + pressure) } \textit{total head in feet}} = \text{cfs}$$

Conversion Factor: Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4\text{/sec/Hp}$

$$Q_{Pump} = \frac{(2)(7.04)}{[(35 \times 2.54) + 70.1]} = 0.089 \text{ cfs}$$

Received
OCT 14 2025
OWRD

***Assumed minor frictional losses (pump column) accounted for by the 2.54 ft/psi conversion factor (versus 2.31 ft/psi). Frictional losses in the transmission pipeline and additional lift downstream of the well discharge are a component of the pressure measured at the wellhead.**

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)
10,609,599 gallons	10,609,681 gallons	6 minutes	14 gpm or 0.031 cfs

Note: all three wells are operated with a variable frequency drive (VFD), with the flow rate at any one time being adjusted to supply the water needed by the system. At the time of observation, the wells were operated at a rate less than the full authorized rate of the permit because the irrigation system demand was less than maximum. As documented by the theoretical pump calculations, each well has the capacity to appropriate water at the full rate authorized by the permit.

7. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
N/A				

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

8. Provide pump calculations:

N/A

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
N/A			

10. Is the distribution system piped? YES

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
2"	200'	PVC	Buried
3"	840'	PVC	Buried
4"	1600'	PVC	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
Not used			

Received
OCT 14 2025
OWRD

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (gpm)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
Not used					

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

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (gpm)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
Not used					

15. 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
15	**0.43**	**[4,356 ft per acre]**	**18,140**	**0.174**	**0.26 gph per emitter**

The drip tube has integrated emitters at 15-ft spacing. Each emitter has a rate of 0.26 gph. The drip tube expends the full length of each row, from the end posts of each trellis. The vine row spacing (between trellises) is 8-ft. There are approximately 4,356 emitters per acre.

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
Not used				

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **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
Plastic	**3,000 gallons**	**Above ground**

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.

Received
OCT 14 2025
WR
OWRD

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.

H. Additional notes or comments related to the system:

N/A

Received
OCT 14 2025
OWRD

Received
OCT 14 2025
OWRD

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

If *"YES"* you will need to copy and complete a separate Section 4 for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well 3 (JACK 33910)

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
37 S	4 W	W.M.	31	SWSW	--	39	IR	6.94	N/A
37 S	4 W	W.M.	31	SESW	--	39	IR	0.27	N/A
37 S	4 W	W.M.	6	NWNW	--	39	IR	3.45	N/A
Total Acres Irrigated								10.66	N/A

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:

The well cap must be removed to access the casing interior for water level measurement. There is no access tube.

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
Well logs provided in Attachment 3						

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

Well logs provided in Attachment 3

C. Groundwater Source Information (Sump)

1. Is the appropriation from a dug well (sump)? **NO**

If "NO", items 2 through 4 relating to this section may be deleted.
Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

D. Diversion and Delivery System Information

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

1. Is a pump used? **YES**

If "NO" items 2 through item 9 may be deleted.

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Goulds	Unknown	Not available	Submersible	Unknown	2-inch

3. Motor Information:

Manufacturer	Horsepower
Franklin Electric	7.5

4. Theoretical Pump Capacity – Pump at Well:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the depth to water from the ground surface measured at the well during pumping)	Lift to Place of Use (the lift from the ground surface at the well to the place of use)	Total Pump Output (in cfs)
7.5	45 [A]	53.3 ft [B]	0 [C]	0.32 cfs

Notes
[A] Operating pressure measured on discharge mainline of each well prior to discharge to the manifold.
[B] Depth to water measured during pumping
[C] Lift downstream of pump discharge is a component of the measured operational pressure

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

Received
OCT 14 2025
OWRD

5. Provide pump calculations:

$$Q_{Pump} = \frac{\text{(horsepower)(conversion factor)}}{\text{(lift + pressure) } \textit{total head in feet}} = \text{cfs}$$

Conversion Factor: Turbine & Submersible Pumps, 80% eff. $\frac{(550 \text{ ft lb/sec/Hp})(.80)}{(62.4 \text{ lb/cu ft})} = 7.04 \text{ ft}^4\text{/sec/Hp}$

$$Q_{Pump} = \frac{(7.5)(7.04)}{[(45 \times 2.54) + 53.3]} = 0.32 \text{ cfs}$$

***Assumed minor frictional losses (pump column) accounted for by the 2.54 ft/psi conversion factor (versus 2.31 ft/psi). Frictional losses in the transmission pipeline and additional lift downstream of the well discharge are a component of the pressure measured at the wellhead.**

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)
34,589,992 gallons	34,590,190 gallons	7 minutes	28 gpm or 0.063 cfs

Note: all three wells are operated with a variable frequency drive (VFD), with the flow rate at any one time being adjusted to supply the water needed by the system. At the time of observation, the wells were operated at a rate less than the full authorized rate of the permit because the irrigation system demand was less than maximum. As documented by the theoretical pump calculations, each well has the capacity to appropriate water at the full rate authorized by the permit.

7. Theoretical Pump Capacity – Pump at Sump:

Horsepower	Operating PSI	Lift from Source to Ground Surface (the lift from the water surface to the pump)	Lift to Place of Use (the lift from the pump to the place of use)	Total Pump Output (in cfs)
N/A				

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

8. Provide pump calculations:

N/A

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

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)
N/A			

10. Is the distribution system piped? **YES**

If "NO" items 11 through item 16 may be deleted.

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
2"	200'	PVC	Buried
3"	840'	PVC	Buried
4"	1600'	PVC	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
Not used			

13. Sprinkler Information:

Size	Operating PSI	Sprinkler Output (gpm)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (cfs)
Not used					

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

Received
OCT 14 2025 WR
OWRD

14. Drip Emitter Information:

Size	Operating PSI	Emitter Output (gpm)	Total Number of Emitters	Maximum Number Used	Total Emitter Output (cfs)
Not used					

15. 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
15	**0.43**	**[4,356 ft per acre]**	**18,140**	**0.174**	**0.26 gph per emitter**

The drip tube has integrated emitters at 15-ft spacing. Each emitter has a rate of 0.26 gph. The drip tube expends the full length of each row, from the end posts of each trellis. The vine row spacing (between trellises) is 8-ft. There are approximately 4,356 emitters per acre.

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
Not used				

E. Storage

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

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

If "YES" is it a: Storage Tank **YES**
Bulge in System / Reservoir **NO**

Received
OCT 14 2025
OWRD

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

2. Storage Tank:

Material (concrete, fiberglass, metal, etc.)	Capacity (in gallons)	Above Ground or Buried
Plastic	**3,000 gallons**	**Above ground**

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.

H. Additional notes or comments related to the system:

Received
OCT 14 2025
OWRD

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	11/19/2021		
Begin construction (A)	11/19/2026	Prior to 11/19/2026	Drilled the wells
Complete construction (B)	Not specified	N/A	N/A
Complete application of water (C)	11/19/2026	07/09/2025	Date of documented beneficial use

* MUST BE WITHIN PERIOD BETWEEN PERMIT, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)? **NO**

If "NO", items a and b relating to this section may be deleted.

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
Refer to GWIS entry for JACK 14419, JACK 58188, and JACK 33910. The reference levels previously established by the Department for each well are listed below:			

Well	Log	Reference Level (ft-bls)	Established in
1	JACK 14419	+2.2	C.89334
2	JACK 58188	7.33	C.89334
3	JACK 33910	18.33	C.89333

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
Refer to GWIS entry for JACK 14419, JACK 58188, and JACK 33910			

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? **NO**

d. Has the pump test been approved by the Department? **YES***

***The pump test has been approved for JACK 33910 via email correspondence with OWRD. See Attachment 4.**

e. Has a pump test exemption been approved by the Department? **YES***

***The pump test exemption has been approved for JACK 14419 and JACK 58188 via email correspondence with OWRD. See Attachment 4.**

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**

Received
OCT 14 2025
OWRD

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
Well 1	**Netafim**	**19-40061201**	**Working**	**7,009,866.0 gallons** *(7/9/2025 @ 2:15 PM)*	**2019**
Well 2	**Netafim**	**19-40061209**	**Working**	**10,609,494.2 gallons** *(7/9/2025 @ 2:15 PM)*	**2019**
Well 3	**Netafim**	**19-40061214**	**Working**	**34,589,622.1 gallons** *(7/9/2025 @ 2:15 PM)*	**2019**

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

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? **NO**

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

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

a. Were there special well construction standards? **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
L68494 (JACK 14419)	**Prior to 11/19/2026**
L82374 (JACK 58188)	**Prior to 11/19/2026**
L66133 (JACK 33910)	**Prior to 11/19/2026**

e. Other conditions? **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

Received
OCT 14 2025
OWRD

SECTION 6

ATTACHMENTS

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

ATTACHMENT NAME	DESCRIPTION
Attachment 1	**Maps**
Attachment 2	**Water Right Information**
Attachment 3	**Well Logs**
Attachment 4	**Pump Testing**
Attachment 5	**Documentation of Signatory Authority**

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.

The points of appropriation, visible system components, and the place of use were visited during the site inspection. The location of the points of diversion and the extent of the place of use were obtained from a field survey completed during the site inspection. The map was created using Geographic Information System (GIS) software and spatial datasets obtained from Bureau of Land Management (BLM), Oregon Geospatial Enterprise Organization (OGEO). Jackson County, Josephine County, and ESRI. Additional data and information specific to the permittee's property and the use of water under the water use permit described in this Claim of Beneficial Use report were obtained from the permittee.

Received
OCT 14 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
OCT 14 2025
OWRD

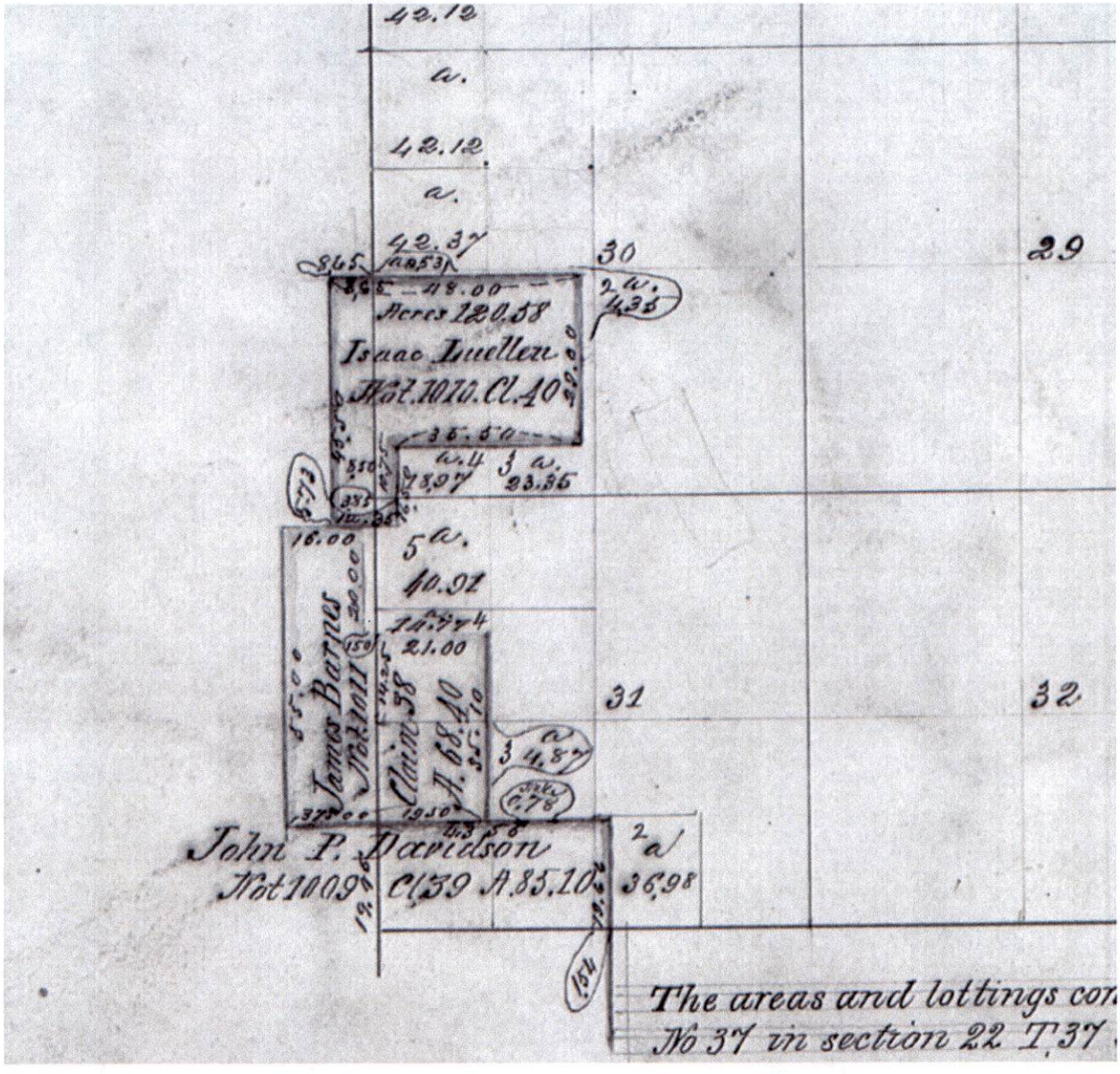
Received
OCT 14 2025
OWRD

Attachment 1

Maps

Township 37 South, Range 4 West

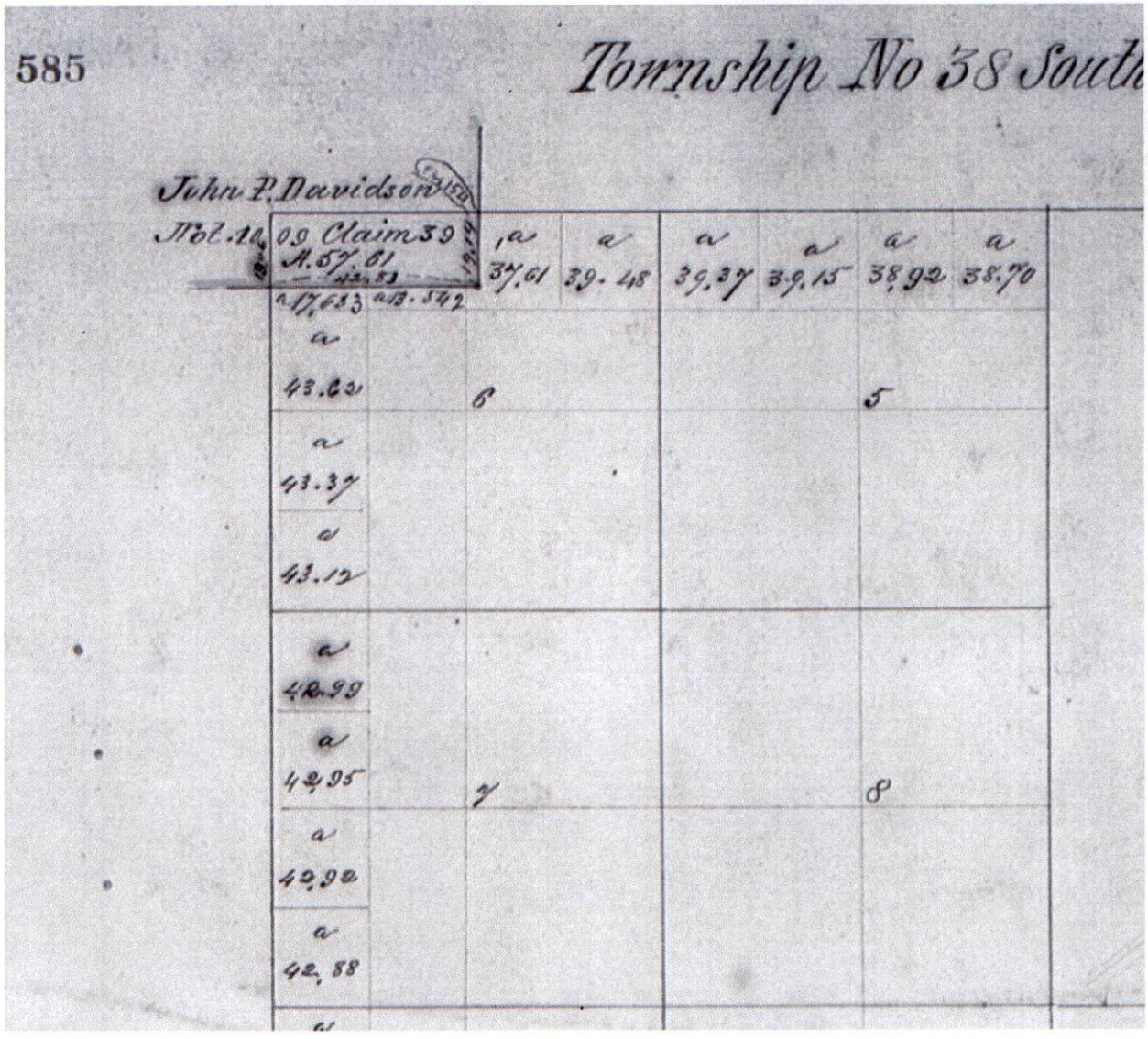
https://www.blm.gov/or/landrecords/landsurvey/gPlatView1_2.php?path=POR&name=t370s040w_001.jpg&tr=037-0S004-0W



Received
OCT 14 2025
OWRD

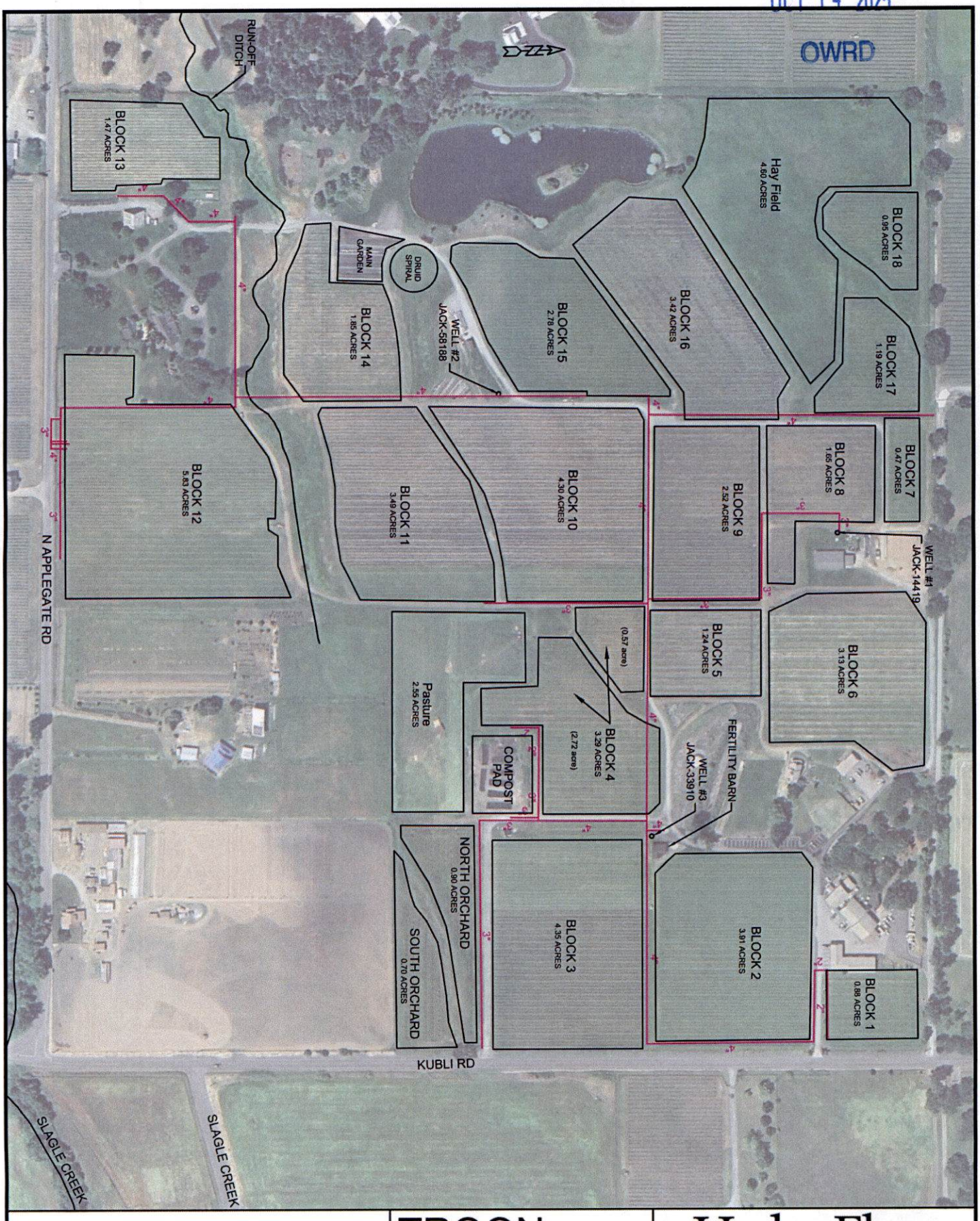
Township 38 South, Range 4 West

https://www.blm.gov/or/landrecords/landsurvey/gPlatView1_2.php?path=POR&name=t380s040w_002.jpg&tr=038-0S004-0W



Received
OCT 14 2025
OWRD

Received
OCT 14 2025
OWRD



2

SITE - IRR MAIN

7/30/25

TROON

1475 KUBLI ROAD
GRANTS PASS, OR

Hydro Flow
Design·Build·Service
(541)-772-4453 CCB# 110565

Received
OCT 14 2025
OWRD

Attachment 3

Water Right Information

STATE OF OREGON

COUNTY OF JACKSON

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

WHITE FAMILY VINEYARDS LLC
13696 N APPLEGATE ROAD
GRANTS PASS OR 97527

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

APPLICATION FILE NUMBER: G-18745

SOURCE OF WATER: WELL 1 (JACK 14419), WELL 2 (JACK 58188/L82374) AND WELL 3 (JACK 33910/L66133) IN SLAGLE CREEK BASIN

PURPOSE OR USE: IRRIGATION OF 15.1 ACRES

MAXIMUM RATE: 0.174 CUBIC FOOT PER SECOND

WELL SPECIFIC RATES:

POA Name	Rate
WELL 1 (JACK 14419)	0.116 CFS
WELL 2 (JACK 58188/L82374)	0.058 CFS
WELL 3 (JACK 33910/L66133)	0.078 CFS

THE USE OF WATER UNDER THIS PERMIT OR SUBSEQUENT CERTIFICATE(S), IN COMBINATION WITH CERTIFICATES 89333 AND 89334, AND ANY RIGHTS RESULTING FROM APPLICATION G-18746, SHALL NOT EXCEED A TOTAL OF 0.376 CUBIC FOOT PER SECOND

ANY FUTURE CHANGES TO THESE RIGHTS (E.G. AN APOA IN A TRANSFER), MUST BE ACCOMPANIED BY A COMMENSURATE REDUCTION IN THIS WELL-SPECIFIC MAXIMUM PERMITTED RATE

PERIOD OF USE: APRIL 1 THROUGH NOVEMBER 1

DATE OF PRIORITY: OCTOBER 25, 2018

Received
OCT 14 2025
OWRD

AUTHORIZED POINTS OF APPROPRIATION:

POA Name	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
WELL 1	37 S	4 W	WM	31	SE SW	1085 FEET NORTH AND 1615 FEET EAST FROM SW CORNER, SECTION 31
WELL 2	37 S	4 W	WM	31	SW SW	270 FEET NORTH AND 1280 FEET EAST FROM SW CORNER, SECTION 31
WELL 3	37 S	4 W	WM	31	SE SW	680 FEET SOUTH AND 540 FEET WEST FROM NE CORNER, DAVIDSON DLC 39

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 and 2.5 acre-feet for each acre irrigated during the irrigation season of each year.

AUTHORIZED PLACE OF USE:

Twp	Rng	Mer	Sec	Q-Q	Acres
37 S	4 W	WM	31	SW SW	11.6
37 S	4 W	WM	31	SE SW	0.3
38 S	4 W	WM	6	NW NW	3.2

PERMIT SPECIFIC CONDITIONS

1. 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.

2. **Water Use Measurement, Recording, and Reporting:**

   A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter at each point of appropriation. The permittee shall maintain the device in good working order.

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

   C. The Director may require the permittee to keep and maintain a record of the volume of water diverted, and may require the permittee to report water use on a periodic schedule as established by the Director. In addition, the Director may require the permittee to report general water-use information, the periods of water use and the place and nature of use of water under the permit.

   D. The Director may provide an opportunity for the permittee to submit alternative measuring and reporting procedures for review and approval.

Received
OCT 14 2025
OWRD

3. **Static Water Level Measurement:**

To monitor the effect of water use from the well(s) authorized under this permit, the Department requires the water user to obtain, from a qualified individual (see below), and report annual static water level measurements. The static water level shall be measured in the month of March. Reports shall be submitted to the Department within 30 days of measurement.

Received
OCT 14 2025
OWRD

Measurements must be made according to the following schedule:

Before Use of Water Takes Place

Initial and Annual Measurements
The Department requires the permittee to report an initial water level measurement in the month specified above once well construction is complete and annually thereafter until use of water begins; and

After Use of Water has Begun

Seven Consecutive Annual Measurements
Following the first year of water use, the user shall report seven consecutive annual static water level measurements. The first of these seven annual measurements will establish the reference level against which future annual measurements will be compared. Based on an analysis of the data collected, the Director may require the user to obtain and report additional annual static water level measurements beyond the seven year minimum reporting period. The additional measurements may be required in a different month. If the measurement requirement is stopped, the Director may restart it at any time.

All measurements shall be made by a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board and be submitted to the Department on forms provided by the Department. The Department requires the individual performing the measurement to:

A. Identify each well with its associated measurement; and

B. Measure and report water levels to the nearest tenth of a foot as depth-to-water below ground surface; and

C. Specify the method used to obtain each well measurement; and

D. Certify the accuracy of all measurements and calculations reported to the Department.

The water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s) if any of the following events occur:

A. Annual water level measurements reveal an average water level decline of three or more feet per year for five consecutive years; or

B. Annual water level measurements reveal a water level decline of 15 or more feet in fewer than five consecutive years; or

C. Annual water level measurements reveal a water level decline of 25 or more feet; or

D. Hydraulic interference leads to a decline of 25 or more feet in any neighboring well with senior priority.

The period of non-use or restricted use shall continue until the water level rises above the decline level which triggered the action or until the Department determines, based on the permittee's and/or the Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The water user shall in no instance allow excessive decline, as defined in Commission rules, to occur within the aquifer as a result of use under this permit. If more than one well is involved, the water user may submit an alternative measurement and reporting plan for review and approval by the Department.

4. **Scenic Water Way:**

Use of water under authority of this permit may be regulated if analysis of data available after the permit is issued discloses that the appropriation will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway in quantities necessary for recreation, fish and wildlife in effect as of the priority date of the right or as those quantities may be subsequently reduced.

5. **Well Identification Tag:**

Prior to using water from any well listed on this permit, the permittee shall ensure that the well has been assigned an OWRD Well Identification Number (Well ID tag), which shall be permanently attached to the well. The Well ID shall be used as a reference in any correspondence regarding the well, including any reports of water use, water level, or pump test data.

STANDARD CONDITIONS

1. If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may be subject to cancellation, unless the Department authorizes the change in writing.

2. If substantial interference with surface water or 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.

Received
OCT 14 2025
OWRD

3. The well(s) shall be constructed and maintained in accordance with the General Standards for the Construction and Maintenance of Water Supply Wells in Oregon. The works shall be equipped with a usable access port adequate to determine water-level elevation in the well at all times.

4. Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

5. 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.

6. 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.

DEVELOPMENT AND COMPLETION TIMELINE REQUIREMENTS

1. Prior to receiving a certificate of water right, the permit holder shall submit to the Water Resources Department the results of a pump test meeting the Department's standards for each point of appropriation (well), unless an exemption has been obtained in writing under OAR 690-217. The Director may require water-level or pump-test data every ten years thereafter.

2. Construction of the well shall begin within five years of the date of permit issuance. The deadline to begin construction may not be extended. This permit is subject to cancellation proceedings if the construction deadline to begin is missed.

3. Complete application of the water shall be made within five years of the date of permit issuance. If beneficial use of permitted water has not been made before this date, the permittee may submit an application for extension of time, which may be approved based upon the merit of the application.

4. 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.

Issued NOV 19 2021

Dwight French
Water Right Services Division Administrator, for
Thomas M. Byler, Director
Oregon Water Resources Department

Received
OCT 14 2025
OWRD

Received
OCT 14 2025
OWRD

Attachment 3

Well Logs

JACK 14419

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

DEC 19 1988 (START CARD) # 8541

37S 4W 31

(1) OWNER:

Well Number:

Name Bill Sears

Address 13696 N. Applegate Rd

City Grants Pass State OR Zip 97527

(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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☑ Depth of Completed Well 250 ft.

Explosives used Yes ☐ No ☑ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0'	20'	cement	0	20'	8 sacks
6"	20'	250				

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:	6"	+1'	85'	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 85'

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Air perforator

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	85	7/8"	500	1½"	6"	☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60+-		245	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 Jackson Latitude Longitude

Township 37 N or (S) Range 4 E or (W) WM.

Section 31 ¼ ¼

Tax Lot 800 Lot Block Subdivision

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

14' ft. below land surface. Date 11-22-88

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	90'	15+-	14'
150'	160'	44+-	14'

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Brown Clay	0	15'	14'
Gray sandstone	15'	250'	

Received OCT 14 2025 OWRD

Date started 11-21-88 Completed 11-22-88

(unbonded) Water Well Constructor Certification:

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

Signed WWC Number 1449 Date 12-13-88

(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 Randall E. Avelka WWC Number 1379 Date 12-14-88

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88

L 68494

For Official Use Only:

Received Date:	County Well Log ID #	Well Identification Tag #
11-10-03	JACK 14419	L-68494

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY.

RECEIVED
NOV 10 2003
WATER RESOURCES DEPT
SALEM, OREGON

BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):

Name: Robert N. WALDEN + EVA M. WALDEN

Mailing Address: 1465 KUBLI Rd.

City: GRANTS PASS State: OR Zip: 97527 Phone: (541) 660-9218

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

WELL LOCATION:

County: JACKSON Well # (*designation owner has given to well if multiple wells exist on same property*): _____

Township: 37S North or South, (circle one) Range: 4W East or West, (circle one) Section: 31 ____ 1/4 ____ 1/4

Tax Lot #: 800 (**not** the "tax acct.#") Type of Well: water supply X monitoring ____

Address of Well: 1465 KUBLI Rd GRANTS PASS, OR. 97527
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: _____ No: X
(*If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201 for research*)

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(*Optional*): Latitude _____ Longitude _____ (*May sometimes be obtained from Well Log Report*)

WELL INFORMATION: *(If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)*

Start Card #: 8541 Approx. Well Construction Date: 11-22-88

Well Constructor: VIC DURDEN WWC # 1449

Name of Land Owner at Time of Construction (*or list of prior landowners*)
BILL SEARS

Well Depth (in feet): 250' Static Water Level (*in feet*): 14'

Diameter of Exposed Well Casing (*in inches*): 6"

Received
OCT 14 2025
OWRD

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172, *or fax to 503-378-8130*

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED: 8-5-02

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

2

WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

JACK 33910

State Well No. 37S/4W-31a

State Permit No.

RECEIVED
NOV 14 1977
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Dick Troon

Address 1475 Kubli Road
Grants Pass, OR 97526

(2) TYPE OF WORK (check):

New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ]

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [X] Driven [ ]
Cable [ ] Jetted [ ]
Dug [ ] Bored [ ]

(4) PROPOSED USE (check):

Domestic [X] Industrial [ ] Municipal [ ]
Irrigation [ ] Test Well [ ] Other [ ]

CASING INSTALLED: Threaded [ ] Welded [X]

" Diam. from 0 ft. to 100 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS: Perforated? [ ] Yes [X] No.

Type of perforator used

Size of perforations in. by in.

perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? [ ] Yes [X] No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? [ ] Yes [X] No If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.
" " " "
" " " "

Air test 60 gal./min. with 60 ft. drawdown after 1 hrs.

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used Cement Grout

Well sealed from land surface to 95 ft.

Diameter of well bore to bottom of seal 10 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal 24 sacks

How was cement grout placed? Grout pump and drop pipe.

Was a drive shoe used? [X] Yes [ ] No Plug Size: location ft.

Did any strata contain unusable water? [ ] Yes [X] No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? [ ] Yes [X] No Size of gravel:

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County ~~Josephine~~ JACKSON Driller's well number

NE ¼ SW ¼ Section 31 T. 37 R. 4W W.M.

Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 105 ft.

Static level 10 ft. below land surface. Date 10/31/77

Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 6

Depth drilled 200 ft. Depth of completed well 200 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Clay, brown & decomposed granite	0	90	
Granite, brown med hard w/fractures	90	125	
Granite, gray hard w/fract.	125	200	10

Received
OCT 14 2025
OWRD

Work started 10/31 1977 Completed 11/2 1977

Date well drilling machine moved off of well 11/2 1977

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] [signature] (Drilling Machine Operator) Date 11/3, 1977

Drilling Machine Operator's License No. 695

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name McClanahan Well Drilling (Person, firm or corporation) (Type or print)

Address 141 NE Beacon Drive, Grants Pass, OR

[Signed] [signature] (Water Well Contractor)

Contractor's License No. 614 Date November 3, 1977

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119

L-66133

JACK 33910

For Official Use Only:

Received Date:	County Well Log ID #	Well Identification Tag #
8-11-03	Jack 33910	L-66133

WELL IDENTIFICATION APPLICATION FORM

RECEIVED
AUG 11 2003
WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Richard Troon

Mailing Address: 1475 Kubli Road

City: Grants Pass State: OR Zip: 97527 Phone: (N/A

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

County: Jackson Owner's Well Number (1st or 2nd well on property, etc) #2

Township: 37 N *or* (S) Range: 4 E *or* (W) Section: 31, SW 1/4 SW 1/4

Tax Lot Number: 1200 Type of Well: water supply X monitoring ____

Address of Well (if different from above): 1475 Kubli Rd., Grants Pass 97527
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: ____ No: X

If Yes: Application #: ____ Permit #: ____ Certificate #: ____

***(Optional)*:** Latitude ____ Longitude ____ (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.

Start Card Number: ____ Approx. Well Construction Date: ____

Well Constructor: Paquin

Name of Land Owner at Time of Construction: ____

Well Depth (in feet): 220' Static Water Level (in feet): 20' 6"

Diameter of Exposed Well Casing (in inches): 8"

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172

Received
OCT 14 2025
OWRD

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED: 10/9/2001

Received
JACK 58188
OCT 14 2025

Jack 58188

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

OWRD

WELL I.D. # L 82374
START CARD # 190798

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Larry Martin
Address 13696 North Applegate RD
City Grants Pass State OR Zip 97527

(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 360 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	18	Bentonite	0	18	9 sacks
6	18	360				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Poured
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:	6	+2	98	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	0	336	160	☐	☒	☐	☐
	4	340	360	160	☐	☒	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) 98

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type Sand Blocker Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
336	340					☐	☒
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
22		355	1 hr.

Temperature of water 55 Depth Artesian Flow Found 130
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 Jackson Latitude _____ Longitude _____
Township 38 S N or S Range 4 W E or W. WM.
Section 6 NE 1/4 SW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 13696 N. Applegate

(10) STATIC WATER LEVEL:
85 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date 10/6/06

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	134	12	85
146	160	3	85
207	212	3	85
236	240	2	85
285	290	2	85

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	83	
Consolidated Brown Black and White Decomposed Granite	83	120	
Consolidated Black White Tombstone Granite	120	360	

RECEIVED
DEC 18 2006
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
OCT 16 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/6/06 Completed 10/6/06

(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.
Signed Phil Lathe WWC Number 1847 Date 10/10/06

(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.
Signed Michael Pierce WWC Number 1251 Date 10/10/06

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

Received
OCT 14 2025
OWRD

Attachment 4

Pump Testing

Ted Ressler

From: WOODY Jen L <jennifer.l.woody@state.or.us>
Sent: Tuesday, February 18, 2014 9:07 AM
To: Ted Ressler
Subject: RE: Pump test exemption

Hi Ted,
I see in the database that the pump test for JACK 33910 (Permit G-16173)was reviewed and approved on 2/13/2014. The letter is probably in the mail.
Jen

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Thursday, February 13, 2014 4:07 PM
To: Jen Woody
Subject: RE: Pump test exemption

Hi Jen

Was this pump test reviewed and/or approved? I'm getting ready to submit the COBU for the water rights associated with the test wells, and wanted to update the COBU if the test has been approved.

Thanks!
Ted

From: Jen Woody [mailto:jennifer.l.woody@state.or.us]
Sent: Friday, January 03, 2014 1:45 PM
To: Jen Woody; Mike Zwart; Ted Ressler
Subject: RE: Pump test exemption

Sure, that would be helpful.
Jen

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Friday, January 03, 2014 1:43 PM
To: Mike Zwart; Jen Woody
Subject: RE: Pump test exemption

I have the pump test data already entered in an excel file. I can send that along if it would be helpful in the review of the pump test.

Ted

From: Ted Ressler
Sent: Friday, January 03, 2014 12:32 PM
To: Mike Zwart; Jen Woody
Subject: RE: Pump test exemption

Received
OCT 14 2025
OWRD

Mike and Jen

Attached is a copy of the pump test report completed at JACK 33910 (Permit G-16173) and a multiple well exemption for the other two wells used by Troon Vineyards under Permit G-16184. Please let me know if you have any questions about the pump test or the multiple well exemption request.

Please copy me on the notice of whether the pump test is approved and the multiple well exempt request is granted. Thank you.

Happy New Year.

Ted

From: Mike Zwart [mailto:mike.j.zwart@state.or.us]
Sent: Tuesday, December 03, 2013 3:32 PM
To: Ted Ressler
Cc: Jen Woody
Subject: RE: Pump test exemption

Ted,

I would be able to grant a multiple-well exemption for the wells not tested here. The wells are apparently penetrating granite or its weathering products. So, your plan looks good. You might want to inform Jen Woody of your plans and schedule when you know that. The three wells are reasonably close and she may have an interest in collecting data at the other wells, assuming they will be idle during the test.

Mike

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Tuesday, December 03, 2013 12:46 PM
To: Mike Zwart (mike.j.zwart@state.or.us)
Subject: Pump test exemption

Mike

I'm working with a property owner (Troon Vineyards) in Jackson County to prepare a COBU for two water use permits, Permit G-16173 and Permit G-16184. There are three wells associated with these two water rights as listed below and shown on the aerial photo. Both permits require a pump test, but no pump tests have been yet completed. I was thinking that a multi-well pump test exemption would be an appropriate plan for these wells/water rights. The wells are within 5 miles of each other and produce water from the same fractured bedrock aquifer. Before moving forward with a pump test, I did want to review the planned multi-well exemption with you to see if you saw any reason why the request could not be made and approved (assuming that a properly conducted pump test is completed). I suspect that either JACK 33910 or JACK 58188 would be used for the testing due to accessibility of the discharge piping and valving for pump-to-waste during the testing. If the plan looks good, I will put together a formal request after the pump test is completed.

JACK 33910 (Permit G-16173)
JACK 14419 (Permit G-16184)
JACK 58188 (Permit G-16184)

Received
OCT 14 2025
OWRD

Thank you and please feel free to give me a call with questions or to discuss.

Ted Ressler

From: Mike Zwart <mike.j.zwart@state.or.us>
Sent: Tuesday, January 21, 2014 3:40 PM
To: Ted Ressler
Subject: RE: Pump test exemption

Ted,

Sorry, but I forgot to actually say that the multiple well exemption you requested is approved. Jen and I agreed to that. Adrienne is back here on Thursday. Do you need a paper letter of approval for either the test or the exemption, or is e-mail okay?

Mike

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Tuesday, January 21, 2014 1:10 PM
To: Jen Woody; Mike Zwart
Subject: RE: Pump test exemption

Jen and Mike

I'm wrapping up the COBUs for the two water rights associated with the pump test and pump test exemption. I was wondering what the status was of the pump test and exemption. If your reviews are not completed yet, that is no problem, I'll just note this in the COBU. I just wanted to check before finalizing the COBUs.

Thanks
Ted

From: Jen Woody [mailto:jennifer.l.woody@state.or.us]
Sent: Friday, January 03, 2014 1:45 PM
To: Jen Woody; Mike Zwart; Ted Ressler
Subject: RE: Pump test exemption

Sure, that would be helpful.
Jen

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Friday, January 03, 2014 1:43 PM
To: Mike Zwart; Jen Woody
Subject: RE: Pump test exemption

I have the pump test data already entered in an excel file. I can send that along if it would be helpful in the review of the pump test.

Ted

Received
OCT 14 2025
OWRD

From: Ted Ressler
Sent: Friday, January 03, 2014 12:32 PM
To: Mike Zwart; Jen Woody
Subject: RE: Pump test exemption

Mike and Jen

Attached is a copy of the pump test report completed at JACK 33910 (Permit G-16173) and a multiple well exemption for the other two wells used by Troon Vineyards under Permit G-16184. Please let me know if you have any questions about the pump test or the multiple well exemption request.

Please copy me on the notice of whether the pump test is approved and the multiple well exempt request is granted. Thank you.

Happy New Year.

Ted

From: Mike Zwart [mailto:mike.j.zwart@state.or.us]
Sent: Tuesday, December 03, 2013 3:32 PM
To: Ted Ressler
Cc: Jen Woody
Subject: RE: Pump test exemption

Ted,

I would be able to grant a multiple-well exemption for the wells not tested here. The wells are apparently penetrating granite or its weathering products. So, your plan looks good. You might want to inform Jen Woody of your plans and schedule when you know that. The three wells are reasonably close and she may have an interest in collecting data at the other wells, assuming they will be idle during the test.

Mike

From: Ted Ressler [mailto:TRessler@gsiws.com]
Sent: Tuesday, December 03, 2013 12:46 PM
To: Mike Zwart (mike.j.zwart@state.or.us)
Subject: Pump test exemption

Received
OCT 14 2025
OWRD

Mike

I'm working with a property owner (Troon Vineyards) in Jackson County to prepare a COBU for two water use permits, Permit G-16173 and Permit G-16184. There are three wells associated with these two water rights as listed below and shown on the aerial photo. Both permits require a pump test, but no pump tests have been yet completed. I was thinking that a multi-well pump test exemption would be an appropriate plan for these wells/water rights. The wells are within 5 miles of each other and produce water from the same fractured bedrock aquifer. Before moving forward with a pump test, I did want to review the planned multi-well exemption with you to see if you saw any reason why the request could not be made and approved (assuming that a properly conducted pump test is completed). I suspect that either JACK 33910 or JACK 58188 would be used for the testing due to accessibility of the discharge piping and valving for pump-to-waste during the testing. If the plan looks good, I will put together a formal request after the pump test is completed.

JACK 33910 (Permit G-16173)
JACK 14419 (Permit G-16184)
JACK 58188 (Permit G-16184)

Thank you and please feel free to give me a call with questions or to discuss.

Ted

Theodore R. Ressler, RG, CWRE
Senior Hydrogeologist

Received
OCT 14 2025
OWRD

GSI Water Solutions, Inc.
55 SW Yamhill Street, Suite 300 Portland, OR 97204
office: 503.239.8799 fax: 503.239.8940
direct: 971.200.8509 cell: 503.701.4535
tressler@gsiws.com

Received
OCT 14 2025
OWRD

Ted

Theodore R. Ressler, RG, CWRE
Senior Hydrogeologist

GSI Water Solutions, Inc.

55 SW Yamhill Street, Suite 300 Portland, OR 97204
office: 503.239.8799 fax: 503.239.8940
direct: 971.200.8509 cell: 503.701.4535
tressler@gsiws.com

Received
OCT 14 2025
OWRD

Received
OCT 14 2025
OWRD

Attachment 5

Documentation of Signatory Authority

OREGON SECRETARY OF STATE
Corporation Division

HOME | Business Xpress | business name search | oregon business guide | license directory | business registry/renewal | forms/fees | notary public | uniform commercial code | uniform commercial code search | documents & data services

Received
OCT 14 2025
OWRD

Business Name Search

New Search Printer Friendly

Business Entity Data

05-16-2025 13:10

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
1318261-90	DLLC	ACT	OREGON	04-25-2017	04-25-2026	
Entity Name	WHITE FAMILY VINEYARDS, LLC					
Foreign Name						

New Search Printer Friendly

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	13696 N APPLEGATE RD					
Addr 2						
CSZ	GRANTS PASS	OR	97527		Country	UNITED STATES OF AMERICA

Please click here for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	04-25-2017	Resign Date
Name	BRYAN		WHITE			
Addr 1	13696 N APPLEGATE RD					
Addr 2						
CSZ	GRANTS PASS	OR	97527		Country	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS				
Addr 1	1475 KUBLI RD					
Addr 2						
CSZ	GRANTS PASS	OR	97527		Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER		Resign Date

Name	BRYAN		WHITE			
Addr 1	1475 KUBLI RD					
Addr 2						
CSZ	GRANTS PASS	OR	97527		Country	UNITED STATES OF AMERICA

New Search Printer Friendly

Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
WHITE FAMILY VINEYARDS, LLC	EN	CUR	04-25-2017	

Please read before ordering Copies.

New Search Printer Friendly

Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	03-10-2025		FI		
	AMENDED ANNUAL REPORT	03-09-2024		FI		
	AMENDED ANNUAL REPORT	03-16-2023		FI		
	AMENDED ANNUAL REPORT	03-11-2022		FI		
	AMENDED ANNUAL REPORT	03-11-2021		FI		
	AMENDED ANNUAL REPORT	03-14-2020		FI		
	AMENDED ANNUAL REPORT	03-09-2019		FI		
	AMENDED ANNUAL REPORT	03-29-2018		FI		
	ARTICLES OF ORGANIZATION	04-25-2017		FI	Agent	

Received
OCT 14 2025
OWRD

For comments or suggestions regarding the operation of this site, please contact : corporation.division@sos.oregon.gov

© 2025 Oregon Secretary of State. All Rights Reserved.

October 9, 2025

Mr. Gerry Clark
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271

Subject: Claim of Beneficial Use for Permit G-18722

Mr. Clark:

On behalf of the permittee, please find enclosed Claim of Beneficial Use (COBU) report for Permit G-18722 (Application G-18745) accompanied by a check in the amount of $345 for payment of the COBU submittal fee. Please do not hesitate to contact me at 503-701-4535 with questions about the enclosed COBU.

Respectfully submitted,

Theodore Ressler, RG, CWRE
Summit Water Resources LLC

Enclosures:
Claim of Beneficial Use for Permit G-18722
Check # 2080 in the amount of $345

Cc: Bryan White – White Family Vineyards LLC

Received
OCT 14 2025
OWRD