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

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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:

September 20, 2007

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

SECTION 1

GENERAL INFORMATION

1. File Information:

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16932	G-16381	T- N/A

2. Property Owner (current owner information):

Applicant/Business Name	Phone No.	Additional Contact No.
USA-Bonneville Power Administration		**N/A**

Address			
5600 Red Hill Drive			
City	State	Zip	E-Mail
Parkdale	**OR**	**97041**	

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		
Confederate Tribes of Warm Springs		
Address		
6030 Dee HWY		
City	State	Zip
Parkdale	**OR**	**97041**

Additional Permit Holder of Record		
N/A		
Address		
N/A		
City	State	Zip
N/A	**N/A**	**N/A**

4. Date of Site Inspection:

7/10/2024

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

Name	Date	Association with the Project
Albert Santos	**7/10/2024**	**Parkdale Fish Hatchery Manager**

6. County:

Hood River

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

Owner of Record		
N/A		
Address		
N/A		
City	State	Zip
N/A	**N/A**	**N/A**

Add additional tables for owners of record as needed

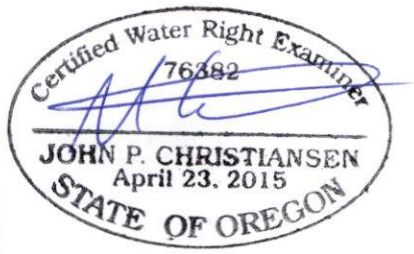
SECTION 2

SIGNATURES

CWRE Statement, Seal and Signature

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

Seal and Signature



CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
John Christiansen, PE, CWRE		503-563-6151	N/A
ADDRESS AKS Engineering & Forestry; 12965 SW Herman Rd, Ste 100			
CITY Tualatin	STATE OR	ZIP 97062	E-MAIL JohnC@aks-eng.com

Permit Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Mike Clark	Mike Clark	Hood River Supervisor	11/21/25

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SECTION 3

CLAIM DESCRIPTION

1. **Point of appropriation name or number:**

Point of Appropriation (POA) Name or Number (correspond to map)	Well Log ID # For All Work Performed on the Well (if applicable)	Well Tag # (if applicable)
POD 3 (Well #5)	**HOOD 50456**	**34418**
POD 4 (Well #6)	**HOOD 50457**	**61564**

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
POD 3 (Well #5)	**Rogers Creek Basin**	**Roger Creek**
POD 4 (Well #6)	**Rogers Creek Basin**	**Roger Creek**

3. **Developed use(s), period of use, and rate for each use:**

POA Name or Number	Uses	If Irrigation, List Crop Type	Season or Months When Water was Used	Actual Rate or Volume Used (CFS, GPM, or AF)
POD 3 (Well #5)	**Fish Culture**	**N/A**	**January 1 – December 31**	**0.55 CFS**
POD 4 (Well #6)	**Fish Culture**	**N/A**	**January 1 – December 31**	**0.55 CFS**
Total Quantity of Water Used				**1.10 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:

2 wells constructed at the Parkdale Fish Hatchery supply water to the fish hatchery tanks to support fish culture.
Water from the two wells is pumped via 4" HDPE pipes to an aerator holding tank to control water quality and temperature. Water is then conveyed via an 8" HDPE gravity feed supply line. Water is discharged into the fish hatchery ponds, as needed. Water is then treated to DEQ standards and outfalls to Rogers Creek.

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

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. YES (NO)

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

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
POD 3 (Well #5)	**0.78 CFS**	**0.55 CFS**	**0.55 CFS**	**Fish Culture**	**N/A**	**N/A**
POD 4 (Well #6)	**1.0 CFS**	**0.55 CFS**	**0.55 CFS**	**Fish Culture**	**N/A**	**N/A**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? YES (NO)

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

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

POD 3 (Well #5)

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1N	10E	WM	31	NE SW	N/A	N/A	Fish Culture	N/A	N/A
Total Acres Irrigated									

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

B. Groundwater Source Information (Well)

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

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

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

8" Bolted Cap

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"	230	230	10/09/2003	N/A	BONNEVILLE POWER ADMINISTRATION	M-K Drilling Co.

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

Well Log HOOD 50456

C. Groundwater Source Information (Sump)

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

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

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

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

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

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

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

4. Provide sump volume calculations:

N/A

D. Diversion and Delivery System Information

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

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

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

2. Pump Information:

Manufacturer	Model	Serial Number	Type (centrifugal, turbine or submersible)	Intake size	Discharge size
Rubbco	Tale-4-stage	N/A	Submersible	4"	4"

3. Motor Information:

Manufacturer	Horsepower
Franklin	25 hp

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)
25 hp	120psi	7'	10'	0.55

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

5. Provide pump calculations:

Efficiency for turbine pump (80%)=7.04
Pump capacity: (horsepower)(efficiency)/(lift+psi head) = Capacity in CFS

(25*7.04)/(7+10+(120*2.54)) = 0.55

*Minor Frictional Losses accounted for by the 2.54 ft/psi conversion factor.

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

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

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	N/A	N/A	N/A	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	N/A	N/A	N/A

10. Is the distribution system piped? **YES** NO

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

11. Mainline Information:

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4"	40	PVC C-900	Buried

12. Lateral or Handline Information:

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A	N/A	N/A	N/A

13. Sprinkler Information:

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

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)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

16. Pivot Information:

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (gpm)	Total Pivot Output (cfs)
N/A	N/A	N/A	N/A	N/A

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES (NO)

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

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

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

2. Storage Tank:

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

3. Bulge in System / Reservoir:

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

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? (YES) NO

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in cfs)
8"	HDPE	150	20'	605	.033	3.5

3. Provide calculations:

V=1.31(C)(r^.63)(s^.54) = 1.31(150)(.167^.63)(.033^.54) = 10.1 ft/second
Area of pipe = 3.14*.33^2 = .35sq ft
10.1*.35 = 3.5cfs

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

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
N/A	N/A	N/A	N/A

Attach measurement notes.

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

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

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

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

3. Provide calculations:

N/A

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

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
N/A	N/A	N/A	N/A

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

SECTION 4 (Continued)

SYSTEM DESCRIPTION

Are there multiple POAs? (YES) NO

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

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

POD 4 (Well #6)

A. Place of Use

1. Is the right for municipal use? YES (NO)

If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
1N	10E	WM	31	NE SW	N/A	N/A	Fish Culture	N/A	N/A
Total Acres Irrigated									

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

B. Groundwater Source Information (Well)

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

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

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

8" Bolted Cap

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"	225	270	10/16/2003	N/A	BONNEVILLE POWER ADMINISTRATION	M-K Drilling Co.

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

Well Log HOOD 50457

C. Groundwater Source Information (Sump)

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

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

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

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET
N/A	N/A	N/A	N/A	N/A	N/A

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

CURBING MATERIAL (CONCRETE, CONCRETE TILES, OR STEEL)	IF CONCRETE, PROVIDE THE THICKNESS OF THE WALL
N/A	N/A

4. Provide sump volume calculations:

N/A

D. Diversion and Delivery System Information

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

1. Is a pump used? (YES) NO

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

2. Pump Information:

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Robbco	7AHE3 STAGE	N/A	Submersible	4"	4"

3. Motor Information:

MANUFACTURER	HORSEPOWER
Franklin	30hp

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)
30 hp	142psi	16'	10'	0.55

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

5. **Provide pump calculations:**

Efficiency for turbine pump (80%)=7.04
Pump capacity: (horsepower)(efficiency)/(lift+psi head) = Capacity in CFS

(30*7.04)/(16+10+(142*2.54)) = 0.55

*Minor Frictional Losses accounted for by the 2.54 ft/psi conversion factor.

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

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

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	N/A	N/A	N/A	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	N/A	N/A	N/A

10. **Is the distribution system piped?** (YES) NO

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

11. **Mainline Information:**

Mainline Size	Length	Type of Pipe	Buried or Above Ground
4"	80	PVC C900	Buried

12. **Lateral or Handline Information:**

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
N/A	N/A	N/A	N/A

13. **Sprinkler Information:**

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

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)
N/A	N/A	N/A	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A	N/A

16. Pivot Information:

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

E. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir)? YES (NO)

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

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

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

2. Storage Tank:

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

3. Bulge in System / Reservoir:

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

F. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? (YES) NO

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

2. Complete the table:

Pipe Size	Pipe Type	"C" factor	Amount of Fall	Length of Pipe	Slope	Computed Rate of Water Flow (in CFS)
8"	HDPE	150	20'	605	.033	3.5

3. Provide calculations:

V=1.31(C)(r^.63)(s^.54) = 1.31(150)(.167^.63)(.033^.54) = 10.1 ft/second
Area of pipe = 3.14*.33^2 = .35sq ft
10.1*.35 = 3.5cfs

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

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
N/A	N/A	N/A	N/A

Attach measurement notes.

G. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

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

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

2. Complete the table:

Canal or Ditch Type (material)	Top Width of Canal or Ditch	Bottom Width of Canal or Ditch	Depth	"N" Factor	Amount of Fall	Length of Canal / Ditch	Slope	Computed Rate (in cfs)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

3. Provide calculations:

N/A

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

Date of Measurement	Who Made the Measurement	Measurement Method	Measured Quantity of Water (in cfs)
N/A	N/A	N/A	N/A

Attach measurement notes.

H. Additional notes or comments related to the system:

N/A

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SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	09/11/2008		
Begin construction (A)	N/A		Hatchery Facility Has Been in Operation since 1999
Complete construction (B)	10/01/2022		Connected Well 1 and 2 to Hatchery Facility
Complete application of water (C)	10/01/2022		Original C-date was 10/1/2012. Extension of Time Extended C-Date to 10/1/2022.

* must be within period between permit, or any extension final order issuance and the date to completely apply water

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

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

a. Did the Extension Final Order require the submittal of Progress Reports? (YES) NO

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

b. Were the Progress Reports submitted? (YES) NO

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

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? (YES) NO

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

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

March 2009

c. Was the measurement submitted to the Department? (YES) NO

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

Date of Measurement	Measurement Made By	Method	Measurement
N/A	N/A	N/A	N/A

4. Annual Static Water Level Measurements:

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

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

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

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

d. If "YES", were those measurements submitted to the Department? (YES) NO

e. If the annual measurements were not submitted, provide the measurements now:

Date of Measurement	Measurement Made By	Method	Measurement
N/A	N/A	N/A	N/A

5. Pump Test:

a. Did the permit require the submittal of a pump test? (YES) NO

Ground water permits with priority dates on or after **December 20, 1988**, require the submittal of a pump test prior to issuance of a certificate. In some cases, the permit holder may qualify for a multiple well exemption or an unreasonable burden exemption.

For additional information regarding pump tests see:
https://www.oregon.gov/OWRD/programs/GWWL/GW/Pages/PumpTestProgram.aspx

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

b. Has the pump test been previously submitted to the Department? YES (NO)

c. Is the pump test attached to this claim? (YES) NO

d. Has the pump test been approved by the Department? YES (NO)

e. Has a pump test exemption been approved by the Department? YES (NO)

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

6. Measurement Conditions:

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

If "NO", items b through f relating to this section may be deleted.
Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

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

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
POD 3 (Well #5)	Endress+Hauser	RB015416000	Working	4868806.00	March 2009
POD 4 (Well #6)	Endress+Hauser	RB015416000	Working	4868806.00	March 2009

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

d. If a meter has not been installed, has a suitable measuring device been installed and approved by the Department? (N/A) YES NO

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

NAME	TITLE	APPROXIMATE DATE
N/A	N/A	N/A

f. Measurement Device Description

DEVICE DESCRIPTION	CONDITION (WORKING OR NOT)	DATE INSTALLED
N/A	N/A	N/A

7. Recording and reporting conditions:

a. Is the water user required to report the water use to the Department? (YES) NO

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

b. Have the reports been submitted? (YES) NO

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

8. Other conditions required by some permits, permit amendment final orders, or extension final orders:

a. Were there special well construction standards? YES (NO)

b. Was submittal of a ground water monitoring plan required? (YES) NO

c. Was submittal of a water management and conservation plan required? YES (NO)

d. Was a Well Identification Number (Well ID tag) assigned and attached to the well? (YES) NO

WELL ID #	DATE ATTACHED TO WELL
L-34418	Unknown, Assumed to be installed at the time of well installation (10/09/2003)
L-61564	Unknown, Assumed to be installed at the time of well installation (10/16/2003)

e. Other conditions? (YES) NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s) in the box below. If the condition required the approval of a plan, submit documentation that the plan was approved.

The water user shall install and maintain adequate treatment facilities meeting current DEQ Requirements to remove sediment before returning the water to the stream.

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, Parkdale Fish Hatchery**
Attachment B	**Permit G-16381**
Attachment C	**Extension of Time**
Attachment D	**Well Logs**
Attachment E	**Tax Map**
Attachment F	**Pump Test (Well #1)**
Attachment G	**OWRD G-16381 Monitoring Plan**
Attachment H	**Multiple Well Exemption Form**

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

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

Attachment A: Claim of Beneficial Use Map

Attachment B: Permit G-16381

STATE OF OREGON

COUNTY OF HOOD RIVER

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION
6040 DEE HWY
PARKDALE, OR 97041

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

APPLICATION FILE NUMBER: G-16932

SOURCE OF WATER: WELL 1 (HOOD 50097), WELL 2 (HOOD 50096), WELL 5 (HOOD 50456), AND WELL 6 (HOOD 50457) IN ROGERS CREEK BASIN

PURPOSE OR USE: FISH CULTURE

MAXIMUM RATE: 1.36 CUBIC FEET PER SECOND BEING NO MORE THAN 0.13 CFS FROM WELL 1 (HOOD 50097), 0.34 CFS FROM WELL 2 (HOOD 50096), 0.78 FROM WELL 5 (HOOD 50456), AND 1.0 CFS FROM WELL 6 (HOOD 50457)

PERIOD OF USE: JANUARY 1 THROUGH DECEMBER 31

DATE OF PRIORITY: SEPTEMBER 20, 2007

WELL LOCATION:

WELL 1 (HOOD 50097) - NE ¼ SW ¼, SECTION 31, T1N, R10E, W.M.; 1703 FEET NORTH AND 283 FEET WEST FROM S1/4 CORNER, SECTION 31

WELL 2 (HOOD 50096) - NE ¼ SW ¼, SECTION 31, T1N, R10E, W.M.; 1483 FEET NORTH AND 148 FEET WEST FROM S1/4 CORNER, SECTION 31

WELL 5 (HOOD 50456) - NE ¼ SW ¼, SECTION 31, T1N, R10E, W.M.; 1458 FEET NORTH AND 688 FEET WEST FROM S1/4 CORNER, SECTION 31

WELL 6 (HOOD 50457) - NE ¼ SW ¼, SECTION 31, T1N, R10E, W.M.; 1433 FEET NORTH AND 823 FEET WEST FROM S1/4 CORNER, SECTION 31

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE ¼ SW ¼
SECTION 31
TOWNSHIP 1 NORTH, RANGE 10 EAST, W.M.

Measurement, recording and reporting conditions:

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

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

The water user shall develop a plan to monitor and report the impact of water use under this permit on water levels within the aquifer that provides water to the permitted well(s). The plan shall be submitted to the Department within one year of the date the permit is issued and shall be subject to the approval of the Department. At a minimum, the plan shall include a program to periodically measure static water levels within the permitted well(s) or an adequate substitute such as water levels in nearby wells. The plan shall also stipulate a reference water level against which any water-level declines will be compared. If a well listed on this permit (or replacement well) displays a total static water-level decline of 25 or more feet over any period of years, as compared to the reference level, then the water user shall discontinue use of, or reduce the rate or volume of withdrawal from, the well(s). Such action shall be taken until the water level recovers to above the 25-foot decline level or until the Department determines, based on the water user'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.

The water user shall install and maintain adequate treatment facilities meeting current DEQ requirements to remove sediment before returning the water to the stream.

STANDARD CONDITIONS

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.

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 not be valid, unless the Department authorizes the change in writing.

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

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

If the riparian area is disturbed in the process of developing a point of diversion, the permittee shall be responsible for restoration and enhancement of such riparian area in accordance with ODFW's Fish and Wildlife Habitat Mitigation Policy OAR 635-415. For purposes of mitigation, the ODFW Fish and Wildlife Habitat Mitigation Goals and Standards, OAR Chapter 635, Division 415, Section 030 adopted November 13, 1991 shall be followed.

The use may be restricted if the quality of the source stream or downstream waters decreases to the point that those waters no longer meet existing state or federal water quality standards due to reduced flows.

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.

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

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

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

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

Completion of construction and complete application of the water to the use shall be made on or before October 1, 2012. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

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

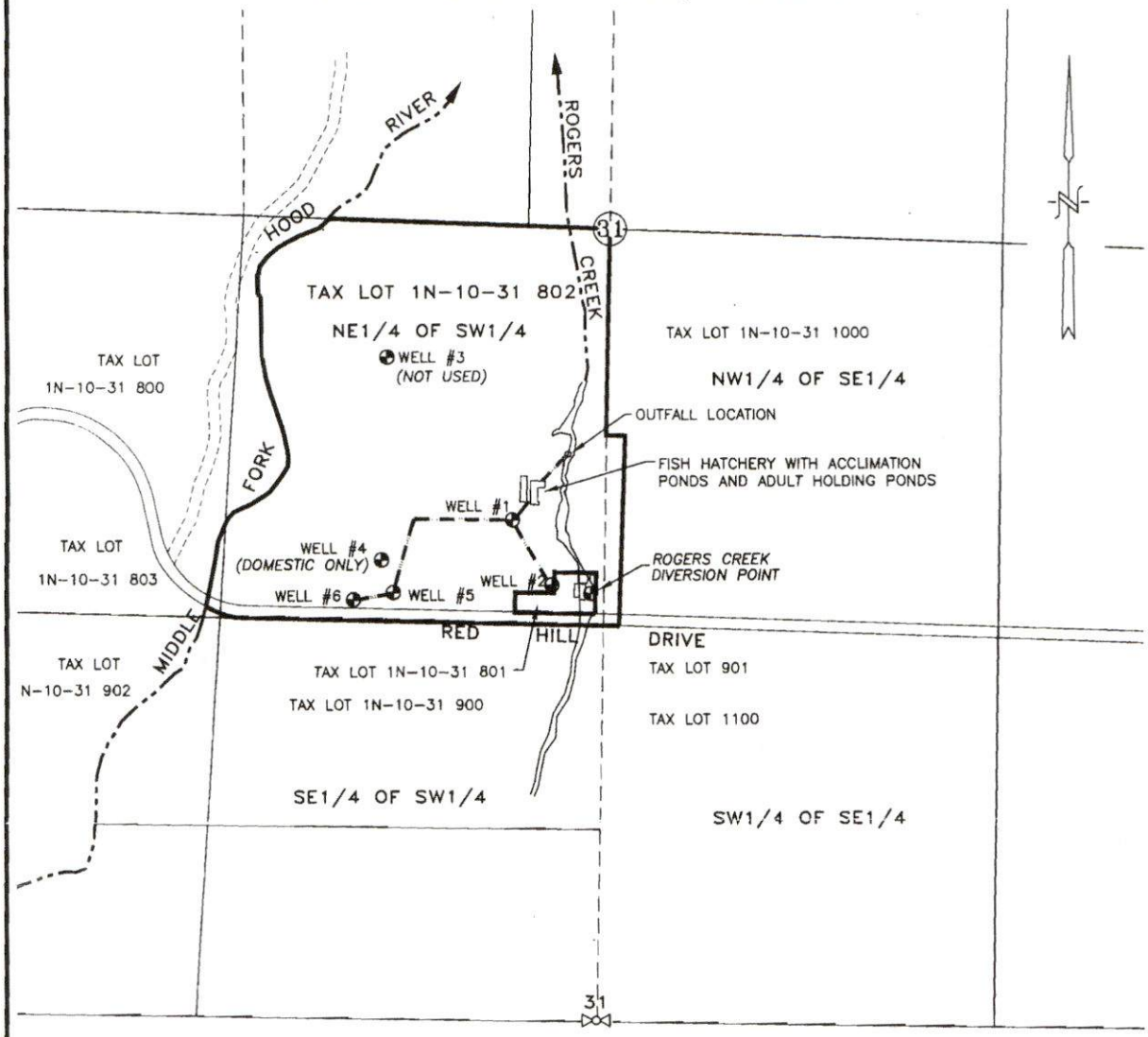
Issued SEPTEMBER 11, 2008

E. Timothy Wall.

for Phillip C. Ward, Director
Water Resources Department

SECTION 31, TWP.1 N. RANGE 10 E. W.M.

HOOD RIVER COUNTY, OREGON



L E G E N D :

- WELL #1; 1703' NORTH & 283' WEST
- WELL #2; 1483' NORTH & 148' WEST
- WELL #3; 2258' NORTH & 708' WEST
- WELL #4; 1568' NORTH & 728' WEST
- WELL #5; 1458' NORTH & 688' WEST
- WELL #6; 1433' NORTH & 823' WEST

ALL COORDINATES FROM THE S1/2 CORNER, SECTION31

---- EXISTING WATER MAIN

Received
DEC 04 2025
OWRD

WATER RIGHT

GROUND WATER APPLICATION

SCALE: 1"= 400'

APPLICATION No. G-16932

PERMIT No. _____

IN THE NAME OF:
CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION

DATE: SEPTEMBER 19, 2007

RECEIVED
SEP 20 2007
WATERRESOURCES DEPT
SALEM OREGON

Certified Water Right Examiner #132
Larry M. Toll
November 19, 1987
STATE OF OREGON

EXPIRES: 06/30/08

BY: TENNESON ENGINEERING CORP.
409 LINCOLN STREET,
THE DALLES, OREGON. 97058
PH. (541) 296-9177
FAX (541) 296-6657

NOTE:
"THIS MAP IS NOT INTENDED TO PROVIDE DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES."

W.O. #12593wr

Attachment C: Extension of Time

Oregon Water Resources Department
Water Right Services Division

Water Rights Application
Number G-16932

Final Order
Extension of Time for Permit Number G-16381
Permit Holder: The Confederated Tribes of the Warm Springs Reservation

Permit Information
Application File G-16932 Permit G-16381
Basin: 4 – Hood / Watermaster District 3
Date of Priority: September 20, 2007

Authorized Use of Water

Source of Water: Well 1 (HOOD 50097), Well 2 (HOOD 50096), Well 5 (HOOD 50456), and Well 6 (HOOD 50456) in Rogers Creek Basin within the Hood Basin
Purpose of Use: Irrigation of Acres
Maximum Rate: 1.36 Cubic Feet Per Second being no more than 0.13 CFS from Well 1, 0.34 CFS from Well 2, 0.78 CFS from Well 5, and 1.0 CFS from Well 6. Cubic Feet per Second (cfs)

This Extension of Time request is being processed in accordance with Oregon Revised Statute 537.630 and 539.010(5), and Oregon Administrative Rule Chapter 690, Division 315

Application History

Permit G-16381 was issued by the Department on September 11, 2008. The permit called for completion of construction and complete application of water to beneficial use by October 1, 2012. On September 13, 2012, The Confederated Tribes of the Warm Springs Reservation

Appeal Rights
This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. A request for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 you may either file for judicial review, or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

submitted to the Department an Application for Extension of Time for Permit G-16381. In accordance with OAR 690-315-0050(2), on July 2, 2013, the Department issued a Proposed Final Order proposing to extend the time to complete construction and the time to fully apply water to beneficial use to October 1, 2022. The protest period closed August 16, 2013, in accordance with OAR 690-315-0060(1). No protest was filed.

Findings of Fact

The Department adopts and incorporates by reference the findings of fact in the Proposed Final Order dated July 2, 2013.

At time of issuance of the Proposed Final Order the Department concluded that, based on the factors demonstrated by the applicant, any comments received, and information within the file, the permit may be extended subject to the following conditions:

CONDITIONS

1. **Checkpoint Condition**

The permit holder must submit a completed Progress Report Form to the Department by **October 1, 2018.** ***A form will be enclosed with your Final Order.***

(a) At each checkpoint, the permit holder shall submit and the Department shall review evidence of the permit holder's diligence towards completion of the project and compliance with terms and conditions of the permit and extension. If, after this review, the Department determines the permit holder has not been diligent in developing and perfecting the water use permit, or complied with all terms and conditions, the Department shall modify or further condition the permit or extension to ensure future compliance, or begin cancellation proceedings on the undeveloped portion of the permit pursuant to ORS 537.260 or 537.410, or require submission of a final proof survey pursuant to ORS 537.250;

(b) The Department shall provide notice of receipt of progress reports in its weekly notice and shall allow a 30 day comment period for each report. The Department shall provide notice of its determination to anyone who submitted comments.

CONCLUSION OF LAW

The applicant has demonstrated good cause for the permit extension pursuant to ORS 537.630, 539.010(5) and OAR 690-315-0040(2).

Order

The extension of time for Application G-16932, Permit G-16381, therefore, is approved subject to conditions contained herein. The deadline for completing construction and for applying water to full beneficial use within the terms and conditions of the permit is extended from October 1, 2012 to October 1, 2022.

DATED: September 13, 2013

Dwight W. French, Administrator
Water Right Services Division
for PHILLIP C. WARD, DIRECTOR

- If you have any questions about statements contained in this document, please contact Michele McAleer at (503) 986-0825.
- If you have other questions about the Department or any of its programs, please contact our Water Resources Customer Service Group at (503) 986-0900

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

Copy!

Extension of Time
Progress Report Form
For Checkpoints

TO THE DIRECTOR OF THE OREGON WATER RESOURCES DEPARTMENT

Permit Holder: The Confederated Tribes of the Warm Springs Reservation

Application G-16932
Permit G-16381

Report Due no later than October 1, 2018
DO NOT SUBMIT PRIOR TO 30 DAYS BEFORE DUE DATE

Mailed To Salem OWRD 10/26/2018

Progress Report Form for 2018

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-16381 **FAILURE TO SUBMIT THIS REPORT WILL MOST LIKELY RESULT IN ANY FUTURE EXTENSION BEING DENIED.**

INSERT DATES	LIST ALL WORK ACCOMPLISHED and FINANCIAL INVESTMENTS For the period of time between October 1, 2012 and October 1, 2018	FINANCIAL INVESTMENT
2017	Well water plumbed to early rearing building as auxillary water source.	$350,000

2. **Compliance with terms and conditions of the permit and/or previous extension.**
   1. The following pages describe Compliance to Term & Conditions of Permit.
   2. Work that is scheduled to Completed to comply with Permit.

3. **Total number of acres irrigated to date=** NA *(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 = .58 **cfs (cubic feet per second), or**

   Maximum rate used to date = 262 **gpm (gallons per minute), or**

   Acre Feet stored to date = NA **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 REORTS WILL BE RETURNED. AN ANSWER IS REQUIRED IN EACH ITEM. USE N/A FOR ITEM 3 IF THE USE IS NOT IRRIGATION.

Signature _____ Date _____

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Item #2 on Progress Report. Compliance with terms and conditions of the permit and / or previous extension. Yes

- Well # 5 (Hood 50456), Well #6 (Hood 50457) are used for fish culture as Identified in Permit. Well water from wells #5 & #6 are plumbed through a single magnetic flow meter reads flows from wells #5 & #6. This meter was installed and operational in 2009 during construction of well building, pump controls, and piping to hatchery fish ponds. (This was omitted at the time permit was issued. Total investment cost: $6,243
- OWRD has monitored water levels on Well #1 annually and #6 quarterly since 2008. To date.
- **Attached are Ground level measurements for both wells.** Water Master reported that 2017 was too much snow to access well #1 to measure. He will make a site visit soon to measure well #1 for 2018.
- **Attached** Monitoring Program for Permit G-16381.
- **Condition #4 on Permit Application G-16932**: NA

  Currently facilities are below the threshold of DEQ requiring treatment. This will be monitored and should facility grow beyond DEQ threshold we will respond.

Item #2 on Progress Report. Compliance with terms and conditions of the permit and / or previous extension. (Work scheduled)

- Well #1 (Hood 50097) is used for Domestic Water for hatchery buildings. Will install flow meter in Fiscal Year 2020.

- Well #2 (Hood 50096) is used for Domestic Water for hatchery residences addresses: 5600 & 5610. Will install flow meter in Fiscal Year 2020.
- Pump tests will be completed before 2022.

Item 4: Is the maximum flow rate used to date from Well #5 & #6.

Attachment D: Well Logs

STATE OF OREGON hood 50096

WATER WELL REPORT

(as required by ORS 537.765)

RECEIVED

NOV 24 1997

WATER RESOURCES DEPT.
SALEM, OREGON

W 91964

(START CARD) # ID# L16333

(1) OWNER: Well Number 01

Name BONNEVILLE POWER ADNINISTRATION

Address PO BOX 491

City VANCOUVER, State WA Zip 98666

(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 165 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	top	100	Cement	40'	100'	30 SACKS
6	100	165	bentonite	top	40'	22 sacks

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

☒ Other BENTONITE-DAY

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	159		☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 160'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☒ Screens Type .30 Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	165	.30	.	5.5"		☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150 gpm	100%	155	1 hr.

Temperature of Water 57° Depth Artesian Flow Found 150'

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 HOOD RIVER Latitude Longitude

Township 1N N or S. Range 10E E or W. WM.

Section 31 NE ¼ SE ¼

Tax Lot 802 Lot Block Subdivision

Street Address of Well (or nearest address) 5600 RED HILL ROAD MT. HOOD, PARKDALE, OR 97041

(10) STATIC WATER LEVEL:

0 ft. below land surface. Date 11-11-9

Artesian pressure 41lbs lb. per square inch. Date 11-11-9

(11) WATER BEARING ZONES:

Depth at which water was first found 150'

From	To	Estimated Flow Rate	SWL
150'	165'	150 gpm	0

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
TOP SOIL	0	2	
BOULDERS & SAND	2	12	
BRN & GRAY BASALT, FRACT	12	19	
RHYOLITE & RED CINDERS	19	49	
GRAY CINDERS & CLAY	49	61	
RHYOLITE & RED CINDERS	61	78	
RHYOLITE & ASH	78	91	
RHYOLITE	91	102	
RHYOLITE & ASH	102	117	
RHYOLITE, MED HARD	117	125	
RIVER GRAVEL & WHITE CLAY	125	134	
RHYOLITE & BASALT	134	146	
SAND, COURSE & RIVER GRAVEL	146	150	
RHYOLITE & BASALT, WB	150	165	0

Received
DEC 04 2025
OWRD

Date started 11-06-97 Completed 11-11-97

(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.

WWC Number

Signed Date

(bonded) Water Well Constructor Certification:

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

WWC Number 0731

Signed Charles S Moore Date 11-20-97

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/9

HOOD 50097

AMDENDED WELL LOG

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

WELL LABEL # L 16334

START CARD # 91966

(1) LAND OWNER

Owner Well I.D. 02

First Name _____ Last Name _____

Company BONNEVILLE POWER ADMINISTRATION

Address PO BOX 491

City VANCOUVER State WA Zip 98666

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 100 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	25	Bentonite	0	14	6	S
6	25	100	Cement	14	25	6	S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other _____

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

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

Explosives used: [ ] Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	○	0	95	.025	●	○	X	○
○	○		○				○	○	○	○
○	○		○				○	○	○	○
○	○		○				○	○	○	○
○	○		○				○	○	○	○

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) _____

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V-WIRE Material STAINLESS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		5.5	95	100	.3	1	500	

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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		90	1

Temperature 57 °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HOOD RIVE Twp 1 N N/S Range 10 E E/W WM

Sec 31 NE 1/4 of the SE 1/4 Tax Lot 802

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

(●) Street address of well ( ) Nearest address

5600 RED HILL RD MT HOOD RIVER OR 97041

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-14-1997			3

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 96

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-14-1997	96	100	60			3

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL	0	2
BOULDERS & CLAY	2	15
BROWN BASALT, RHYOLITE, FRACTURED	15	32
SAND, COARSE & RIVER GRAVEL	32	51
RHYOLITE, FRACTURED	51	80
SAND, COARSE & RIVER GRAVEL	80	85
RHYOLITE, FRACTURED	85	93
SAND, COARSE & RIVER GRAVEL	93	96
BROWN BASALT, WATER BEARING	96	100

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APR 01 2008
WATER RESOURCES DEPT
SALEM OREGON

Received
DEC 04 2025
OWRD

Date Started 11-13-1997 Completed 11-14-1997

(unbonded) Water Well Constructor Certification

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

License Number 1256 Date 03-27-2008

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

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

License Number 731 Date 03-27-2008

Password : (if filing electronically) _____

Signed _____

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.88

hood 30097

HOOD 30097 RECEIVED

NOV 24 1997

WATER RESOURCES DEPT. SALEM, OREGON

L 16334

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

(START CARD) # W 91966

(1) OWNER: Well Number 02

Name BONNEVILLE POWER ADMINISTRATION

Address PO BOX 491

City VANCOUVER State WA Zip 98666

(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 100 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	Top	25'	bentonite	Top	14'	SACKS
6"	25	100				

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

☒ Other BENTONITE-DRY

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	94		☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 94

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☒ Screens Type V wire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	100	.30		5.5		☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 gpm	100%	90'	1 hr.

Temperature of Water 57° 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 HOOD RIVER Latitude Longitude

Township 1N N or S. Range 10E E or W. WM.

Section 31 NE ¼ SE ¼

Tax Lot 802 Lot Block Subdivision

Street Address of Well (or nearest address) 5600 RED HILL ROAD MT. HOOD, PARKDALE OR 97041

(10) STATIC WATER LEVEL:

3' ft. below land surface. Date 11-14-9

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 96'

From	To	Estimated Flow Rate	SWL
96'	100'	60 gpm	3'

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
TOP SOIL	0	2	
BOULDERS & CLAY	2	15	
BRN BASALT, RHYOLITE, FRACT	15	32	
SAND, COURSE & RIVER GRAVEL	32	51	
RHYOLITE, FRACTURED	51	80	
SAND, COURSE & RIVER GRAVEL	80	85	
RHYOLITE, FRACTURD	85	93	
SAND, COURSE & RIVER GRAVEL	93	96	
BROWN BASALT, WATER BEARING	96	100	3'

Received

DEC 04 2025

OWRD

Date started 11-13-97 Completed 11-14-97

(unbonded) Water Well Constructor Certification:

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

WWC Number

Signed Date

(bonded) Water Well Constructor Certification:

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

WWC Number 0731

Signed Date 11-20-97

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 8/98MC JO/

HOOD 50456

HOOD 50456

STATE OF OREGON
Water Supply Well Report
(as required by ORS 537.765)

Received Date:

Well ID Tag # L 34418

Start Card # 153668

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

(1) Owner
Well Number: 1

Name: BONNEVILLE POWER ADMINISTRATION

Street: P O BOX 491
City: VANCOUVER State: WA Zip Code: 98666

(2) Type of Work
[X] New [ ] Alter (Recondition) [ ] Alter (Repair)
[ ] Deepening [ ] Abandonment

(3) Drill Method
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
Other:

(4) Proposed Use
[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Injection
[ ] Livestock [ ] Thermal Other: TEST WELL

(5) Bore Hole Construction
[ ] Special Standards: Depth of completed well: 230.00 ft.
[ ] Explosives Used: Amount: Type:

Hole

Diameter	From	To
12.00	0.00	25.00
8.00	25.00	300.00

Seal

Mtrl	From	To	Sacks/lbs
BE	0.00	25.00	20

How was seal placed? B Other: BENTONITE DRY
Back fill placed from: Material:
Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	0.00	205.00	.250	S	X		205	Out

(7) Perforation / Screens
Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method
S	80.00	205.00	0.25	2.00	400	8.00		C	HOLTE

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	350.00	G	100.00	220.00	6.00

Temperature of Water: 49 F
Was water analysis done? [ ] Depth of artesian flow:
by whom?
Did any strata contain water unsuitable for use? [ ] Too Little [ ] Salty
[ ] Muddy [ ] Odor [ ] Colored other:
Depth of strata:

(9) Location of Hole by legal description
County: HOOD Latitude: Longitude:
Township: 1.00 N Range: 10.00 E
Section: 31 NESW Lot: Block:
Tax Lot: 802 Subdivision:
Street Address of Well (or nearest address):
5620 RED HILL DR PARKDALE OR 97041
MAP, with location identified, must be attached.

(10) Static Water Level
Feet below land surface: 22.0 Date: 10 / 09 / 2003
Artesian Pressure: Date:

(11) Water Bearing Zones
Depth at which water was first found: 83.00 ft.

From	To	est Flow	swl
80.00	230.00	350.00	22

(12) Well Log
Ground Elevation:

Material	From	To	swl
SOIL W/GRAVEL & SAND	0.00	5.00	
BOULDERS & GRAVEL	5.00	46.00	
RYOLITE W/BOULDERS & GRAVEL	46.00	83.00	
GRAVEL W/BROWN CLAYSTONE,	83.00	110.00	22
WATERBEARING	83.00	110.00	22
RED ANDICITE, VESCULAR,	110.00	113.00	22
WATERBEARING	110.00	113.00	22
GRAY BASALT, VESCULAR,	113.00	142.00	22
WATERBEARING	113.00	142.00	22
BOULDERS & GRAVEL W/BROWN	142.00	169.00	22
& RED CINDERS, WATERBEARING	142.00	169.00	22
GRAVEL & BROWN CLAY,	169.00	182.00	22
WATERBEARING	169.00	182.00	22
RYOLITE & ANDICITE, VESCULAR	182.00	230.00	22
WATERBEARING	182.00	230.00	22
CINDERS, CAVING	230.00	300.00	22

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NOV 13 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date Started: 09 / 30 / 2003 Date Completed: 10 / 09 / 2003

(unbonded) Water Well Constructor Certification:
I certify that the work I perform 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 the best knowledge and belief.
Signed by: WWC #:

(bonded) Water Well Constructor Certification:
I accept responsibility for the constuction, 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 by: CHARLES MOORE WWC #: 731
M-K DRILLING CO. Phone: 509-767-1342

HOOD 50456

STATE OF OREGON

Water Supply Well Report

(as required by ORS 537.765)

HOOD

Received Date:

Well ID Tag # L 34418

Start Card # 153658

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

(1) Owner

Well Number: 1

Name: PARKDALE FISH FACILITY
THE CONFEDERATED TRIBES OF WARM SPRINGS RES

Street: P O BOX 1169

City: WARM SPRINGS State: OR Zip Code: 97761

(2) Type of Work

[X] New [ ] Alter (Recondition) [ ] Alter (Repair)
[ ] Deepening [ ] Abandonment

(3) Drill Method

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
Other:

(4) Proposed Use

[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Injection
[ ] Livestock [ ] Thermal Other: TEST WELL

(5) Bore Hole Construction

[ ] Special Standards: Depth of completed well: 230.00 ft.
[ ] Explosives Used: Amount: Type:

Hole

Diameter	From	To
12.00	0.00	25.00
8.00	25.00	300.00

Seal

Mtrl	From	To	Sacks/lbs
BE	0.00	25.00	20

How was seal placed? Other: BENTONITE DRY
Back fill placed from: Material:
Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	0.00	205.00	.250	S	X		205	

(7) Perforation / Screens

Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method
S	80.00	205.00	0.25	2.00	400	8.00		C	HOLTE

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	350.00	G	100.00	220.00	6.00

Temperature of Water: 49 F
Was water analysis done? [ ] Depth of artesian flow:
by whom?
Did any strata contain water unsuitable for use? [ ] Too Little [ ] Salty
[ ] Muddy [ ] Odor [ ] Colored other:
Depth of strata:

(9) Location of Hole by legal description

County: HOOD Latitude: Longitude:
Township: 1.00 N Range: 10.00 E
Section: 31 NESW Lot: Block:
Tax Lot: 802 Subdivision:
Street Address of Well (or nearest address):
5620 RED HILL DR PARKDALE OR 97041
MAP, with location identified, must be attached.

Received DEC 04 2025 OWRD

(10) Static Water Level

Feet below land surface: 22.0 Date: 10 / 09 / 2003
Artesian Pressure: Date:

(11) Water Bearing Zones

Depth at which water was first found: 83.00 ft.

From	To	est Flow	swl
80.00	230.00	350.00	22

(12) Well Log

Ground Elevation:

Material	From	To	swl
SOIL W/GRAVEL & SAND	0.00	5.00	
BOULDERS & GRAVEL	5.00	46.00	
RYOLITE W/BOULDERS & GRAVEL	46.00	83.00	
GRAVEL W/BROWN CLAYSTONE,	83.00	110.00	22
WATERBEARING	83.00	110.00	22
RED ANDICITE, VESCULAR,	110.00	113.00	22
WATERBEARING	110.00	113.00	22
GRAY BASALT, VESCULAR,	113.00	142.00	22
WATERBEARING	113.00	142.00	22
BOULDERS & GRAVEL W/BROWN	142.00	169.00	22
& RED CINDERS, WATERBEARING	142.00	169.00	22
GRAVEL & BROWN CLAY,	169.00	182.00	22
WATERBEARING	169.00	182.00	22
RYOLITE & ANDICITE, VESCULAR	182.00	230.00	22
WATERBEARING	182.00	230.00	22
CINDERS, CAVING	230.00	300.00	22

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OCT 27 2003
WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date Started: 09 / 30 / 2003 Date Completed: 10 / 09 / 2003

(unbonded) Water Well Constructor Certification:
I certify that the work I perform 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 the best knowledge and belief.
Signed by: WWC #:

(bonded) Water Well Constructor Certification:
I accept responsibility for the constuction, 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 by: CHARLES MOORE WWC #: 731
M-K DRILLING CO. Phone: 509-767-1342

HOOD 50457

STATE OF OREGON
Water Supply Well Report
(as required by ORS 537.765)

HOOD

Received Date:
Well ID Tag # L 61564
Start Card # 153656

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

(1) Owner
Well Number: 2
Name: BONNEVILLE POWER ADMINISTRTION

Street: P O BOX 491
City: VANCOUVER State: WA Zip Code: 98666

(2) Type of Work
[X] New [ ] Alter (Recondition) [ ] Alter (Repair)
[ ] Deepening [ ] Abandonment

(3) Drill Method
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
Other:

(4) Proposed Use
[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Injection
[ ] Livestock [ ] Thermal Other: WELL TEST

(5) Bore Hole Construction
[ ] Special Standards: Depth of completed well: 270.00 ft.
[ ] Explosives Used: Amount: Type:

Hole

Diameter	From	To
12.00	0.00	30.00
8.00	30.00	215.00
10.00	215.00	225.00

Seal

Mtrl	From	To	Sacks/lbs
BE	0.00	30.00	25
CE	215.00	225.00	7

How was seal placed? B Other: BENTONITE DRY
Back fill placed from: Material:
Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	0.00	225.00	.250	S	X		225	Out

(7) Perforation / Screens
Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	450.00	G	100.00	270.00	1.00

Temperature of Water: 54 F
Was water analysis done? [ ] Depth of artesian flow:
by whom?
Did any strata contain water unsuitable for use? [ ] Too Little [ ] Salty
[ ] Muddy [ ] Odor [ ] Colored other:
Depth of strata:

(9) Location of Hole by legal description
County: HOOD Latitude: Longitude:
Township: 1.00 N Range: 10.00 E
Section: 31 NESW Lot: Block:
Tax Lot: 802 Subdivision:
Street Address of Well (or nearest address):
5620 RED HILL DR PARKDALE OR 97041
MAP, with location identified, must be attached.

(10) Static Water Level
Feet below land surface: 21.0 Date: 10 / 11 / 2003
Artesian Pressure: Date:

(11) Water Bearing Zones
Depth at which water was first found: 65.00 ft.

From	To	est Flow	swl
225.00	320.00	450.00	21

Received
DEC 04 2025
OWRD

(12) Well Log
Ground Elevation:

Material	From	To	swl
SOIL & SAND	0.00	1.00	
SAND	1.00	5.00	
BOULDERS & GRAVEL	5.00	30.00	
ANDICITE W/BOULDERS & GRAVEL	30.00	65.00	
BROWN & RED CINDERS & GRAVEL	65.00	83.00	21
W/CLAY, WATERBEARING	65.00	83.00	21
GRAY & RED CINDERS & GRAVEL	83.00	140.00	21
WATERBEARING	83.00	140.00	21
BROWN & GRAY GRAVEL & CINDERS	140.00	182.00	21
WATERBEARING	140.00	182.00	21
ANDICITE, VESCULAR,	182.00	262.00	21
WATERBEARING, BROWN, GRAY,RED	182.00	262.00	21
ANDICITE & CINDERS,	262.00	320.00	21
WATERBEARING, CAVING	262.00	320.00	21

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NOV 13 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date Started: 10 / 10 / 2003 Date Completed: 10 / 16 / 2003

(unbonded) Water Well Constructor Certification:
I certify that the work I perform 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 the best knowledge and belief.
Signed by: WWC #:

(bonded) Water Well Constructor Certification:
I accept responsibility for the constuction, 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 by: CHARLES MOORE WWC #: 731
M-K DRILLING CO. Phone: 509-767-1342

HOOD 50457

STATE OF OREGON
Water Supply Well Report
(as required by ORS 537.765)

HOOD

Received Date:

Well ID Tag # L 61564

Start Card # 153656

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

(1) Owner
Well Number: 2

Name: PARKDALE FISH FACILITY
CONFEDERATED TRIBES OF WARM SPRINGS RESERVATION

Street: P O BOX 1169

City: WARM SPRINGS State: OR Zip Code: 97761

(2) Type of Work
[X] New [ ] Alter (Recondition) [ ] Alter (Repair)
[ ] Deepening [ ] Abandonment

(3) Drill Method
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
Other:

(4) Proposed Use
[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Injection
[ ] Livestock [ ] Thermal Other: WELL TEST

(5) Bore Hole Construction
[ ] Special Standards: Depth of completed well: 270.00 ft.
[ ] Explosives Used: Amount: Type:

Hole

Diameter	From	To
12.00	0.00	30.00
8.00	30.00	215.00
10.00	215.00	225.00

Seal

Mtrl	From	To	Sacks/lbs
BE	0.00	30.00	25
CE	215.00	225.00	7

How was seal placed? B Other: BENTONITE DRY
Back fill placed from: Material:
Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	0.00	225.00	.250	S	X		225	

(7) Perforation / Screens
Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	450.00	G	100.00	270.00	1.00

Temperature of Water: 54 F
Was water analysis done? [ ] Depth of artesian flow:
by whom?
Did any strata contain water unsuitable for use? [ ] Too Little [ ] Salty
[ ] Muddy [ ] Odor [ ] Colored other:
Depth of strata:

(9) Location of Hole by legal description
County: HOOD Latitude: Longitude:
Township: 1.00 N Range: 10.00 E
Section: 31 NESW Lot: Block:
Tax Lot: 802 Subdivision:
Street Address of Well (or nearest address):
5620 RED HILL DR PARKDALE OR 97041
MAP, with location identified, must be attached.

(10) Static Water Level
Feet below land surface: 21.0 Date: 10 / 11 / 2003
Artesian Pressure: Date:

(11) Water Bearing Zones
Depth at which water was first found: 65.00 ft.

From	To	est Flow	swl
225.00	320.00	450.00	21

Received
DEC 04 2025
OWRD

(12) Well Log
Ground Elevation:

Material	From	To	swl
SOIL & SAND	0.00	1.00	
SAND	1.00	5.00	
BOULDERS & GRAVEL	5.00	30.00	
ANDICITE W/BOULDERS & GRAVEL	30.00	65.00	
BROWN & RED CINDERS & GRAVEL	65.00	83.00	21
W/CLAY, WATERBEARING	65.00	83.00	21
GRAY & RED CINDERS & GRAVEL	83.00	140.00	21
WATERBEARING	83.00	140.00	21
BROWN & GRAY GRAVEL & CINDERS	140.00	182.00	21
WATERBEARING	140.00	182.00	21
ANDICITE, VESCULAR,	182.00	262.00	21
WATERBEARING, BROWN, GRAY,RED	182.00	262.00	21
ANDICITE & CINDERS,	262.00	320.00	21
WATERBEARING, CAVING	262.00	320.00	21

RECEIVED
OCT 27 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date Started: 10 / 10 / 2003 Date Completed: 10 / 16 / 2003

(unbonded) Water Well Constructor Certification:
I certify that the work I perform 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 the best knowledge and belief.
Signed by: WWC #:

(bonded) Water Well Constructor Certification:
I accept responsibility for the constuction, 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 by: CHARLES MOORE WWC #: 731
M-K DRILLING CO. Phone: 509-767-1342

HOOD 50457

STATE OF OREGON
Water Supply Well Report
(as required by ORS 537.765)

HOOD

Received Date:
Well ID Tag # L 61564
Start Card # 153656

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

(1) Owner
Well Number:
Name:
Street:
City: State: Zip Code:

(2) Type of Work
☐ New ☐ Alter (Recondition) ☐ Alter (Repair)
☐ Deepening ☐ Abandonment

(3) Drill Method
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
Other:

(4) Proposed Use
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation ☐ Injection
☐ Livestock ☐ Thermal Other:

(5) Bore Hole Construction
☐ Special Standards: Depth of completed well:
☐ Explosives Used: Amount: Type:

Hole Diameter	From	To	Seal Mtrl	From	To	Sacks/lbs
8.00	225.00	320.00				

How was seal placed? Other:
Back fill placed from: Material:
Filter pack from: Size:

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used

(7) Perforation / Screens
Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method

Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration

Temperature of Water:
Was water analysis done? ☐ Depth of artesian flow:
by whom?
Did any strata contain water unsuitable for use? ☐ Too Little ☐ Salty
☐ Muddy ☐ Odor ☐ Colored other:
Depth of strata:

(9) Location of Hole by legal description
County: Latitude: Longitude:
Township: Range:
Section: Lot: Block:
Tax Lot: Subdivision:
Street Address of Well (or nearest address):
MAP, with location identified, must be attached.

(10) Static Water Level
Feet below land surface: Date:
Artesian Pressure: Date:

(11) Water Bearing Zones
Depth at which water was first found:

From	To	est Flow	swl

(12) Well Log
Ground Elevation:

Material	From	To	swl

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SALEM, OREGON

Date Started: Date Completed:

(unbonded) Water Well Constructor Certification:
I certify that the work I perform 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 the best knowledge and belief.
WWC #:
Signed by:

(bonded) Water Well Constructor Certification:
I accept responsibility for the constuction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
WWC #: 731
Signed by: Charles L Moore
Phone: 509-767-1342

Attachment E: Tax map

Attachment F: Pump Test (Well #1)

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Confederated Tribes of Warm Springs (Parkdale Fish Hatchery)		541-352-7936	541-352-9326
Address: 5620 Red Hill Drive			
City: Parkdale	State: OR	Zip: 97041	E-Mail: Albert.santos@ctwsbnr.org

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification: (SELECT) Pump Installer	License #: MATHESP787R7
Company: Mather & Sons		Phone No.: 360-256-1310	Additional Contact No.:
Address: 12307 NE 95th Street			
City: Vancouver	State: WA	Zip: 98682	E-Mail:

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

Well Log # (Ex: MARI 99999)	Well Tag # (Ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
50097	L- 16334	Domestic Well #1	100'		11/14/1997	

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
1N	10F	31	NE1/4 SW1/	1703'N 283'W from S1/4 corner, section 31	45.524350	-121.621670

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

Application	Permit	Transfer	Certificate	Is the tested well an authorized POA on this right?
G- 16932	G- 16381	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

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

YES Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

Well Log # (Ex: MARI 99999)	Bearing & Distance from Pumped Well (ft)	Date & Time Pump On	Date & Time Pump Off	Pumping Rate (GPM)
HOOD 50456 (WELL 5)	SW; 475-FT	NOT PUMPED →		
HOOD 50457 (WELL 6)	SW; 600-FT	NOT PUMPED →		

Yes Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is below the surface water body.
Approximate distance: 300 ft.
Approximate elevation difference: 10 ft.

Yes Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Down embankment next to nursery Buildin
How far from the pumped well was water discharged? 15 ft.

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

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PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* ____ ____ psi ____ feet. *E-Tape:* 100 ____ feet.

Length of air line (if used): ____

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

Pressure transducer (if used):

Manufacturer: ____ *Serial #:* ____

Date Last Calibrated: ____ *Units:* ____

Pump Type: Submersible

HP: 2 Pump set at: 85 feet.

Pump idle time: ____

Discharge Measurement Method: 5 gal. bucket + stopwatch

Flowmeter (if used):

Manufacturer: ____ *Serial #:* ____

Date Last Calibrated: ____ *Units:* ____

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

Measuring Point (MP): Measuring point distance [above] land surface 1.5 feet.

Description (e.g., top port of 1 inch port pipe, west side) Top of well casing

Time pump turned on: Date 10/13/2025 Time 11:30

Time pump turned off: Date 10/13/2025 Time 3:30

Total pumping time: 4 hours 0 minutes.

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

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

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

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

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

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

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

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

OPERATOR SIGNATURE: ____ DATE: 10/28/25

OWNER SIGNATURE: ____ DATE: ____

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

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PUMP TEST FORM
DATA SHEET

Well Log # (ex: MAR 99999)	Well Tag # (ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
50097	L- 16334	#1 Shop Well	100'	Bonneville Power	11/14/1997	10/13/2025

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, _____)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
10/13/2025	10:30	0	9'2"	0	Pre-test			
10/13/2025	10:50	20	9'2"	0	Pre-test			
10/13/2025	11:10	40	9'2"	0	Pre-test			
10/13/2025	11:30	60	9'2"	0	Pre-test			
10/13/2025	11:30	60	9'2"	60	Pumping			
10/13/2025	11:32	62	9'2"	60	Pumping			
10/13/2025	11:34	64	9'2"	60	Pumping			
10/13/2025	11:36	66	9'2"	60	Pumping			
10/13/2025	11:37	67	9'2"	60	Pumping			
10/13/2025	11:38	68	9'2"	60	Pumping			
10/13/2025	11:39	69	9'2"	60	Pumping			
10/13/2025	11:40	70	9'2"	60	Pumping			
10/13/2025	11:45	75	9'2"	60	Pumping			
10/13/2025	11:50	80	11'6"	60	Pumping			
10/13/2025	11:55	85	12'0"	60	Pumping			
10/13/2025	12:00	90	12'8"	60	Pumping			
10/13/2025	12:15	105	14'0"	60	Pumping			
10/13/2025	12:30	120	14'0"	60	Pumping			
10/13/2025	12:45	135	14'0"	60	Pumping			
10/13/2025	1:00	150	14'0"	60	Pumping			
10/13/2025	1:15	165	14'0"	60	Pumping			
10/13/2025	1:30	180	14'4"	60	Pumping			
10/13/2025	1:45	195	14'4"	60	Pumping			
10/13/2025	2:00	210	14'4"	60	Pumping			
10/13/2025	2:15	225	14'4"	60	Pumping			
10/13/2025	2:30	240	14'4"	60	Pumping			
10/13/2025	2:45	255	14'4"	60	Pumping			
10/13/2025	3:00	270	14'4"	60	Pumping			
10/13/2025	3:15	285	14'4"	60	Pumping			
10/13/2025	3:30	300	14'4"	60	Pumping			
10/13/2025	3:31	301	14'4"	60	Recovery			
10/13/2025	3:32	302	13'0"	60	Recovery			
10/13/2025	3:33	303	12'9"	60	Recovery			
10/13/2025	3:34	304	11'7"	60	Recovery			
10/13/2025	3:35	305	10'4"	60	Recovery			
10/13/2025	3:36	306	9'6"	60	Recovery			
10/13/2025	3:37	307	9'2"	60	Recovery			

Attachment G: OWRD G-16381 Monitoring Plan

Monitoring Program for Permit G-16381

The following monitoring program is submitted to cover a permit condition.

1. The well that will be reported on under this monitoring plan will be Well #1 (HOOD 50097). [Only one well will be reported on since all wells (Well #1 – Hood 50097, Well #2 – Hood 50096, Well #5 – HOOD 50456, & Well #6 – HOOD 50457) produce water from the same aquifer. Well #1 is being selected because it already has the monitoring system in place and this well is close to the hatchery building for easy access.]

2. The well will have the water level measurements taken in March of each year.

3. The first measurement under this requirement will be made in March 2009 and will be considered the reference measurement.

4. The measurement will be made using an airline.

5. The measurement of depth will be recorded to the nearest ¼ inch (0.02 foot).

6. Under normal circumstances, well measurements made in March would be made prior to the beginning of the irrigation season in this area. Also, measurement will be made of static water levels with the well being off for at least 24 hours.

7. The person who makes the measurement will be either an employee of the Confederated Tribes of the Warm Springs Reservation of Oregon or someone hired to make the measurement. If a person is hired, they will be a certified water rights examiner, registered professional geologist, registered professional engineer, licensed well constructor or pump installer licensed by the Construction Contractors Board.

8. The reports will be made annually and submitted within 60 days after the measurement is made. The form used will that provided by OWRD.

Mike Zwart

From: Mike Zwart
Sent: Wednesday, December 10, 2008 2:28 PM
To: Larry Toll
Subject: Permit G-16381

Larry,

I am approving the water-level measurement plan you sent with your letter of December 3, 2008. This is for the Confederated Tribes of the Warms Springs Reservation of Oregon. I will put a copy of this e-mail in the file.

Mike

Michael J. Zwart - Hydrogeologist
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503.986.0844 fax: 503.986.0902

Attachment H: Multiple Well Exemption Form

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PUMP TEST MULTIPLE WELL EXEMPTION REQUEST FORM

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
The Con. Tribes of W.S. (PF Hatchery)		(541) 352-7936	(541) 806-0791
Address: 5620 Red Hill Drive Parkdale, OR 97041			
City: Parkdale	State: OR	Zip: 97041	E-Mail: albert.santos@CTWSBNR.org

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

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

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

Well Log # (Ex: MARI 99999)	Well Tag # (Ex: L-999999)	Well Name or #	Test Date	Application	Permit	Transfer	Certificate
50097	L-16334	#1 Shop well		G-16932	G-16381	T-	

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
1N	10E	31	NE¼SW¼	1703' North & 283' West from S1/4 Corner Section 31	45.524350	-121.621670

2. List each well and associated water right(s) for which you are requesting a multiple well exemption. This does *not* include the tested well. If a well is listed on more than one water right, be sure to include them all here:

	Well Log # (Ex. MARI 99999)	Well Tag # (Ex. L-999999)	Well Name or #	Application	Permit	Transfer
a	50096	L-16333	East of Residence 5600 #2	G-16932	G-16381	T-
b	50456	L-34418	By Pumphouse #5	G-16932	G-16381	T-
c	50457	L-61564	Close to Red Hill Dr. #6	G-16932	G-16381	T-
d	50455	L-61557	Behind RV shed at well bldg #4	G-16932	G-16381	T-
e		L-		G-	G-	T-

(Continued)

	Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
a	1N	10E	31	NE¼SW¼	1483'N & 148'W from S1/4 corner. Sec. 31	45.523760	-121.621220
b	1N	10E	31	NE¼SW¼	1458'N & 688'W from S1/4 corner Sec. 31	45.523880	-121.623450
c	1N	10E	31	NE¼SW¼	1433'N & 823'W from S1/4 corner. Sec. 31	45.523750	-121.623870
d	1N	10E	31	NE¼SW¼	1568'N & 728W from S1/4 corner Sec. 31	45°31'27"N	121°37'25"W
e							

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

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

Signature: _____ Date: 11/10/2025 License #: _____

Printed Name: Alberto E. Santos (Circle One): Owner, (Employee) CWRE, RG, PE, WWC, Pump Installer

Phone: 541-352-7936 Email: albert.santos@ctwsbnr.org